

**Minutes of a Virtual Trust Board meeting held on  
Tuesday, 13<sup>th</sup> December 2022 at 2.45 p.m.**

**PRESENT**

Ms E Mullan, Chair  
Dr M O’Kane, Chief Executive  
Ms G Donaghy, Non-Executive Director  
Mrs P Leeson, Non-Executive Director  
Mrs H McCartan, Non-Executive Director  
Mr M McDonald, Non-Executive Director  
Mr J Wilkinson, Non-Executive Director  
Dr S Austin, Medical Director  
Mr C McCafferty, Interim Director of Children and Young People’s Services  
/Executive Director of Social Work  
Ms C Teggart, Director of Finance, Procurement and Estates  
Mrs H Trouton, Executive Director of Nursing, Midwifery, Allied Health  
Professionals and Functional Support Services

**IN ATTENDANCE**

Mr B Beattie, Director of Adult Community Services  
Mrs L Leeman, Interim Director of Performance and Reform  
Ms J McGall, Director of Mental Health and Disability Services  
Mrs C Reid, Interim Director of Unscheduled Care  
Mrs T Reid, Interim Director of Surgery & Elective Care, Cancer & Clinical  
Services & Integrated Maternity & Women’s Health  
Mrs V Toal, Director of Human Resources and Organisational Development  
Mrs R Rogers, Head of Communications  
Mrs P McKeown, Communications Manager  
Mrs S Judt, Board Assurance Manager  
Mrs S McCormick, Committee Secretary (*Minutes*)

**APOLOGIES**

Dr G Hampton, Divisional Medical Director, Unscheduled Care  
Dr K McElvanna, Consultant General Surgeon, DHH  
Dr Neill, Consultant General Surgeon, DHH

## **1. CHAIR'S WELCOME**

The Chair welcomed everyone to the virtual meeting including Dr Stephen Austin, following his recent appointment to the Trust as Medical Director. A number of public members were also welcomed to the meeting.

At this point, the Chair acknowledged the request for speaking rights from Mr Karl Hughes, Chair of the Community Fora for DHH Pathfinder Group and advised she would invite him to address the Board under Item 3. The Chair also referred to a further letter from Mr Hughes, along with a letter received from Dr Connor Patterson from the DHH Future Group and advised the Trust will issue responses to both in due course. The Chair outlined her intention to provide other public members with an opportunity to speak if time permitted.

## **2. DECLARATION OF INTERESTS**

The Chair asked members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

## **STRATEGY**

### **Speaking Rights**

**The Chair invited Mr Karl Hughes to address the meeting.**

Mr Hughes welcomed the opportunity to address the Board. He stated the DHH Future Group, along with Pathfinder colleagues met on Friday 9<sup>th</sup> December and discussed the announcement that the Trust intended to proceed to public consultation specific to the decision taken earlier in the year to relocate Emergency General Surgery from Daisy Hill Hospital (DHH) to Craigavon Area Hospital (CAH).

In light of this, Mr Hughes stated members of the aforementioned stakeholder groups wished to put on record their view that it is crucial, that in order to avoid a loss of public confidence at the outset of the process, it must be emphasised that the Trust's intention is to deliver a major improvement in services. He stated it was vital that the designation of DHH as an elective surgical hub is publicly confirmed in the Trust's consultation statement as a key element of any proposed re-configuration of surgical services. Mr Hughes went on to say, group members were of the view that it is essential the case for a new service model also includes

the provision of a high-quality diagnostic imaging suite at DHH. He urged the Trust to state that the rationale for these changes is to secure DHH status as an acute hospital with a 24/7 ED, protect its teaching hospital role and bring the recruitment of new specialist staff, new bed capacity, new buildings and new equipment. In concluding his remarks, Mr Hughes referred to the potential that exists in the long term for DHH to provide acute healthcare services to patients from both sides of the border and stated this should be maximised upon. He welcomed the ongoing engagement between local political representatives and the Dublin Government in this regard. Mr Hughes assured members, stakeholders are committed to working in partnership with the Southern Trust to secure the very best health and well-being outcomes for the Southern population.

At this point, on behalf of Future Group/Pathfinder colleagues, Mr Hughes asked, “In light of the recent decision to suspend emergency general surgery at South West Acute Hospital (SWAH), what do the Trust expect will be the level of emergency surgical diverts from SWAH to CAH and what assurances can be offered to residents of the Southern Trust, that their Emergency Surgery needs can still be met at CAH?”

In her response, the Chief Executive concurred with Mr Hughes’ deliberations on the major improvement in services needed for DHH. She referred in particular to the cross-border initiative, the commissioning of which lies with the Northern Ireland Executive and the British Government. The Chief Executive stated the Trust will continue to contribute to the provision of care to residents living in the border region and in the Republic of Ireland and any further expansion of services by Governance would be fully welcomed by the Trust, however she pointed out, to support this, the Organisation would require all of the modernisations referred to. In relation to SWAH, the Chief Executive advised a number of conversations have taken place with the Western Trust in relation to patients transferring to CAH in particular and at this point she asked Mrs T Reid to provide an update and speak to the temporary arrangements for Emergency General Surgery services at Southern Trust.

### **South West Acute Hospital (SWAH)**

Mrs T Reid advised that the Trust has been working with SWAH in terms of the number of potential patients who may require transferring to CAH. Currently the Southern Trust has experienced no significant impact on services. She assured members the Trust is meeting on a daily basis

with colleagues from SWAH and the SPPG in terms of applying lessons learned.

### **3. EMERGENCY GENERAL SURGERY**

#### **i) Temporary arrangements for Emergency General Surgery services at Southern Trust – Update**

At the outset, Mrs T Reid reminded members the Trust initially began reviewing Emergency General Surgery (EGS) provision on foot of concerns raised with the Trust Senior Management Team (SMT) in regards to staffing challenges and she took time to outline the chronology of events from September 2020 to date. At the Board meeting on 23<sup>rd</sup> June 2022, members considered an update paper on the Southern Trust Public Consultation Process and also agreed that the Trust would pause their Consultation process until such times as the regional review of Emergency Surgery Standards were published by the Department of Health (DoH). All Trusts are assessing services against these standards and this would ensure a consistent approach.

Mrs T Reid stated that the contingency model implemented by the Trust in February 2022 remains in place and continues to work well. Learning is ongoing and daily contact continues with all leads and allied specialities. The average number of admissions continues to be between 12-13 per day. Approximately 3-5 patient transfers per day occur from DHH ED to CAH General Surgical Wards and members noted transfer can be via patients own transport, private ambulance and Northern Ireland Ambulance Service (NIAS). The Emergency General Surgical Unit Mobile Phone continues to operate 24/7 for DHH ED and DHH Inpatient Specialties requiring opinion/referral. GPs also have access to the tool, Monday to Friday 9am to 4pm, which is well utilised with 5-7 calls per day. Mrs T Reid was pleased to advise the Emergency General Surgical Ambulatory Unit has opened on the ground floor of CAH, seeing approximately 5 to 8 patients per day and members noted the detail. No serious adverse incidents have been recorded in the contingency period.

The Trust remains challenged in the area of staffing and Mrs T Reid provided a detailed update on the current position, however she welcomed the recent appointment of a single General Surgery Consultant and advised the successful applicant will take up post in February 2023. A further recruitment campaign will take place early in the New Year when newly qualified surgical trainees will be eligible to

apply, however Mrs T Reid stated it was important to note the Southern Trust will be competing with other Trusts across the region to recruit from this cohort of trainees. Until there is a final agreement on a preferred model, the EGS surgical nursing staff in DHH will continue to care for emergency medical patients.

Members considered the valuable staff and patient feedback, which demonstrates that overall, staff are content with the new model and patients' feedback at ward and ambulatory unit level has been positive. In conclusion, Mrs T Reid referred to the Corporate Risk Register and assured members it is being monitored and evaluated during the project and drew member's attention to Table 4.1, demonstrating a summary of the key issues and mitigation measures.

At this point, the Chair invited questions from Trust Board members in the first instance, followed by those from public attendees.

Ms Donaghy began by welcoming the positive feedback from service users in terms of the effectiveness of the contingency model so far, along with the evidence of good cooperation between CAH and DHH in terms of bookable theatre lists. However, she referred to page 8 of the report, which outlines a number of key risks to the model and whilst she recognised the Trust was exploring other means of providing internal transfers between CAH and DHH, raised concern around the associated impact on NIAS as a result of transfers between the two sites. She also highlighted the developing situation with the SWAH in terms of the anticipated flow of surgical patients to the Southern Trust and noted her concern that additional SWAH admissions on top of those from DHH would place further service pressure on the Organisation. In responding, Mrs T Reid advised a bed scoping exercise had been undertaken which determined that on occasions, surgical beds were not required for SWAH admissions but used for other patients, however she assured members, surgical patients are prioritised for surgical beds on a daily basis. Ms T Reid said transfers from the SWAH are anticipated to be minimal, possibly 2-3 per day. She reassured members that the use of Trust ambulatory models should assist in reducing required bed capacity within the surgical unit and free up beds for SWAH admissions. Mrs T Reid stated the Trust will continue to monitor the situation and work closely with the SWAH, NIAS and the Strategic Planning and Performance Group (SPPG).

In relation to emergency transfers, Mrs T Reid advised that as part of the contingency model the Trust has contracted a private ambulance firm to assist with transfers from DHH to CAH where it is risk assessed to be appropriate, to help reduce the pressures on the NIAS.

Ms Donaghy reiterated her reservations in relation to transfers from the SWAH and whilst an advocate for regionalisation stated she remained concerned about the impact on capacity and patient safety at the Southern Trust. Ms Donaghy went on to ask, if the agreed Terms of Reference for the initial consultation would now require revision in light of the matters discussed and if the Trust had sufficient resources in place to cope with the additionality of admissions coming from the SWAH. In responding, Mrs T Reid advised the Trust will continue to work with the SWAH and SPPG to monitor the numbers of patients attending CAH and the Southern Trust in general from the Western locality and will escalate issues should there be significant concerns. She emphasised the position in relation to SWAH admissions is a work in progress. The Trust will continue to analysis patient volumes and work with the SPPG in relation to the resource required to support the additionality. Ms Donaghy suggested it would be useful for this information to come back to Trust Board for further consideration and assurance purposes. The Chair welcomed this approach.

### ***Action – Mrs T Reid***

At this point, the Chair suggested that Mrs Leeman would incorporate how the SWAH is going to impact on the consultation document under agenda item 3ii. Mrs McCartan stated that it was her understanding from media reports that Emergency Surgery patients from SWAH would transfer to Altnagelvin Hospital as opposed to CAH. She stated the contingency arrangements appear to be working well and noted no Serious Adverse Incidents (SAI) had occurred. Mrs McCartan referred to the average number of admissions (12-13 per day) and asked if this included the 3-5 average transfers from DHH to which Mrs T Reid confirmed this to be the case. Mr McDonald said he was assured that the Newry Future Group and the presentation made by Mr Hughes, see the consultation process within the positive context of what the potential is for DHH in the long term and welcomed the political representation within the group as helpful.

Mr Wilkinson emphasised quality of patient care and safety across the Southern Trust must always be central and asked for reassurance that

the Trust has done everything within its power to attract, recruit and appoint consultants and theatre nursing staff in order to be well equipped to deliver care. He went on to seek further reassurance that whilst a regional approach has not yet been agreed for the implementation of the review of General Surgical Services, work being progressed by the Trust will not be in conflict with any regional approach agreed in the future. In responding, Mrs T Reid concurred with Mr Wilkinson's comments regarding patient quality and safety. She went on to update members in relation to a recent specialist recruitment drive of which 20 applicants are now progressing through the process. Mrs T Reid said the Trust continues to try to recruit consultant posts with one successfully recruited in recent times. The Trust plans to advertise early in 2023 for those staff graduating from the new training scheme, however recruiting and retaining consultant posts continues to be a challenge across the region.

At this point, Mrs Leeman stated it was important to remember that the review of General Surgery in NI was not restricted to emergency surgery, but was an all-encompassing review including the wider aspects of surgery, for example: elective planning, the designation of elective centres, infrastructure and training. She emphasised this work will continue over a significant period of time and whilst some elements are progressing, no formal mechanism has been implemented by the DoH to date. By way of assurance, she stated the Trust has engaged fully with the DoH on its plans in terms of elective centres and the Consultation of emergency surgery to ensure the Organisation is not out of line with anything that is moving regionally. Mr Wilkinson welcomed this approach and thanked Mrs Leeman for her input.

In advance of inviting questions from public members, the Chair summarised the key points drawn from members' discussion:-

- Trust Board to be provided with a summary of the impact of SWAH and how the Trust will safely take on additional patients
- Resources are required in order for the Trust to deliver fully on additional patients coming from SWAH and ensure safety for patients
- Ensure the work being progressed by the Trust at a local level remains in correlation to work progressing under the regional review of General Surgery in NI

### **Question from Mr Francis Gallagher**

Mr Gallagher stated, his comment informed by professional medical opinion, was focused on the long term impact the removal of emergency care would have on DHH. He stated, a local Acute hospital rests on seven interdependent acute pillars and if one, such as EGS is removed, it has a profound impact on the remainder. In closing his remarks, Mr Gallagher emphasised his concerns were around the impact the proposal would have on the whole future of the hospital.

### **Question from Mr Justin McNulty, SDLP**

Mr McNulty welcomed the comprehensive update provided by Mrs T Reid, however he raised a number of concerns, stating firstly the paper states cross site working for covering emergencies is not recommended. Mr McNulty went on to record his reservations in regards to the two occasions referred to by Mrs T Reid when it was necessary to transport consultant general surgeons from CAH to DHH and stated this did not give him confidence in regards the remote model being espoused to. He raised further concern around the language being used and said the communication today is somewhat of a fait accompli, contingency arrangements are working well and this is the direction of travel the Trust appears to be moving forward with and stated he was very uncomfortable with the approach.

At this point, Mr McNulty referred to the DoH Review of Urgent and Emergency Care Report (October 2022) which refers to a Type 1 Emergency Department as being; *“a consultant lead service with designated accommodation for the reception of emergency care patients providing both emergency medicine and emergency surgical services on an around the clock basis”*. He asked, “How can DHH maintain its Type 1 ED status unless it has capacity to provide emergency surgical services on an around the clock basis?” Mr McNulty emphasised, the guidelines have been adopted by the DoH and by extension the Trust and stated it was his opinion that logically either emergency surgery is restored in DHH or its Type 1 Acute Hospital status is lost.

Mrs Leeson welcomed the success in nurse recruitment alluded to by Mrs T Reid and asked if the Trust was planning to reopen Paediatric Theatres at DHH, adding it would tangibly endorse the Trusts commitment to the hospital. In responding, Mrs T Reid reiterated the

Trust is currently working to finalise 20+ applicants and place staff. She assured members that as the organisation continues to develop nurse staffing it is envisaged capacity will increase in all theatres including paediatrics. Mrs Leeson asked for a timeframe, to which Mrs T Reid advised there were a number of facts to be considered, alongside training that may be required in developing nursing staff skills to ensure their competency in Theatre. In light of this, she suggested it would most likely be well into the New Year.

At this point, the Chief Executive acknowledged the concerns raised by Mr McNulty, particularly in relation to anxiety around the sustainability of DHH ED with elements that were traditionally associated with an ED being provided in a different way. She emphasised the important work of stabilising patients so they are safe for transfer and treatment in other places. By way of reassurance, she stated the Trust has no plans to close DHH, however reorganisation was required to ensure DHH ED can function safely. The Chief Executive acknowledged there is always anxiety removing any services however, the Trust have strongly committed to elective surgical provision on the DHH site and this will hold all of our services in place to allow the ED to function.

### **Question from Dr Donal Duffin**

Dr Duffin advised that in his capacity as a community representative, feedback on the contingency arrangements has been positive however, he advised that the communications link between the Emergency Department (ED) in DHH and the surgical team in CAH is currently one single mobile phone. Dr Duffin alluded to the risk and requested that the matter would be addressed. He went on to raise a further concern in terms of a gap in the ability on occasions, to access communication lines when the senior surgeon is unavailable in theatre and asked that this would also be looked into.

### **Action – Mrs T Reid**

In referring to Mr McNulty's concerns, Dr Duffin reminded members of the proposed closure of DHH ED five years ago and spoke of the turnaround, as a result of the tremendous work accomplished in partnership with the DHH Pathfinder Group. Dr Duffin emphasised, the ED is not dependent on emergency surgery, they are two separate specialities and we must not allow anyone to say changes to Emergency surgery will have an effect on the ED and he set out

context in support of this. In concluding his remarks, Dr Duffin reiterated that proposed Emergency Surgical changes will not adversely affect DHH ED.

At this point, Dr Austin referred to the link between surgery and DHH and advised work is progressing around further enhancing patient pathways for emergency general surgery.

In conclusion, the Chair recorded thanks to everyone for their contribution and asked if there were any further queries, these would be followed up through her office.

## **ii) Consultation on Emergency General Surgery proposal**

Mrs Leeman referred members to the paper and appendices detailing the proposal to re-start a period of public consultation, seeking to bring forward a permanent model of care for emergency general surgical services for the population of the Southern Trust.

Whilst the temporary service change, in place since February 2022 has been working well, a number of factors have presented which now lead the Trust to seek approval from the Trust Board to progress with next steps. Mrs Leeman reminded members that at the Board meeting held on 23 June 2022, the formal arrangements around a public consultation process were put on hold, when the Trust Board agreed to pause the consultation process until such times that the regional review of General Surgery Services, were published by the DoH.

At this point, Mrs Leeman guided members through the five key factors, driving the Trust to re-start the Consultation process and members considered the detail. In particular, she pointed out the importance of clarifying the interim arrangements at the SWAH, which will impact the Southern Trust consultation. Whilst the Trust has undertaken extensive bed model to identify capacity, this work will need reviewed moving towards a new consultation period in light of the SWAH.

Members noted the Trust has sought support from the Strategic Planning and Performance Group (SPPG) of the DoH, to be seen to consult on a permanent service change, subject to Trust Board approval. Mrs Leeman advised that a letter was received from SPPG on 6 December 2022 providing this support to proceed to consultation,

however she pointed out it was important to note that the resultant outcomes of a consultation would be subject to further DoH approval.

Mrs Leeman referred members to Appendix 2, which sets out the proposed timeline for Consultation (pending approval) and next steps. Members noted in particular, it was envisaged that Consultation papers would be presented to Trust Board for approval at the meeting scheduled for 26<sup>th</sup> January 2023. Following a consultation period running through February, March and April the Trust will engage further with interested groups. Mrs Leeman stated it was important to note that without a period of purdah to facilitate a local government election, the Trust would be in a position to review and bring forward the outcomes of the consultation to the Board for determination by the end of May 2023.

In concluding her remarks, Mrs Leeman stated the Trust is seeking:

- a) Trust Board approval to re-commence a public consultation on a permanent change to the model of Emergency General Surgery across the Southern Trust and
- b) Trust Board approval on the proposed timescales with a planned consultation commencing in late January 2023.

The Chair invited questions from members and Ms Donaghy again reiterated her serious concerns in relation to the impact the temporary changes at SWAH will have on the Southern Trust. She recorded the need for a Business Case to assure members that the consultation on the provision of Emergency Surgery, for now not just the Southern Trust but potentially the Western Trust, was safe. Ms Donaghy stated she did not feel proper and due process was being adhered to and that broadening the Terms of Reference in the absence of detailed information to inform decision making was concerning.

By way of reassurance, the Chief Executive reminded member's patients across the region currently access Trust services. She emphasised the matter was about trying to ascertain whether this model is the best emergency surgical provision for the Southern Trust. She acknowledged there are areas which require improvement and stated the consultation was a mechanism by which these could be highlighted. Continuing, the Chief Executive reminded members the Terms of Reference for the Consultation were not finalised and supported the opportunity to revisit the wording. Mrs Leeman stated the expectation of the SPPG is that the Trust would provide services for

the presenting population and acknowledged Ms Donaghy's comments to be a reasonable observation. Mrs Leeman agreed to revisit the Terms of Reference in this regard.

***Action – Mrs Leeman***

Mrs McCartan referred members to page 5, which states, “the regional working group asked each Trust to apply the new standards to existing services, as they stand, without investment” and asked Mrs Leeman if this would be challenging. In responding, Mrs Leeman advised this was seen as a baseline exercise when standards were initially published, however moving forward the Trust would envisage requiring a level of investment. In relation to the regional standards, Mrs McCartan asked a number of further questions on regional elective care centres and clinical infrastructure to which Mrs Leeman responded appropriately.

Mr McDonald spoke about the importance of setting out a clear communications framework at the commencement of the consultation process. He stated, earlier debate from public members was extremely useful and the Trust must ensure the public are well informed moving forward. Mrs Leeman concurred with Mr McDonald and stated the process would be fully inclusive.

Mr Gallagher requested clarity on the consultation dates, to which Mrs Leeman provided a detailed summary of the proposed timeframe as alluded to earlier in the meeting. Mr Gallagher asked if the consultation dates would be announced in the local press to which the Chair reminded Mr Gallagher, the purpose of the meeting today was to seek Trust Board approval to proceed to consultation. At this point, Mrs McKeown stated that following the meeting, the Trust would move to issue a statement setting out the proposed direction of travel, however no specific dates or details will be released until consultation documents are approved at the Trust Board meeting in January 2023. She went on to advise that a communications campaign will then proceed via social media, the press and all usual channels, for the duration of the consultant period. Mr Gallagher welcomed this approach.

Mr McNulty asked if the consultation would provide him with an opportunity to challenge the assertion, consultant general surgeons are no longer being trained. He stated that in 2011 NHS England had 1,910 general surgeons rising to 2,571 in 2022, representing a 35% increase

in General Surgeons in the NHS in England. He asked what measures can we implement to ensure we have sufficient numbers of General Surgeons to ensure we have a Type 1 Emergency Department at DHH. Mrs Leeman stated all feedback would be taken on board and responded to within the Consultation document.

In closing, the Chair advised Mr McNulty any decision on trainee surgeons was a matter for the DoH and a decision of investment, will be made by a new Minister of Health. She emphasised the Southern Trust would be fully supportive of an increase and we would welcome all trainees within our hospital sites across the Southern Trust.

The Chair asked members to consider the following:-

- The Trust is seeking Trust Board approval to re-commence a public consultation on a permanent change to the model of Emergency General Surgery across the Southern Trust.

**Trust Board approved the re-commencement of a public consultation on a permanent change to the model of Emergency General Surgery across the Southern Trust.**

- The Trust is seeking Trust Board approval on the proposed timescales with a planned consultation commencing in late January 2023.

**Trust Board approved the proposed timescales with a planned consultation commencing in late January 2023.**

## **ACCOUNTABILITY**

### **4. INDUSTRIAL ACTION UPDATE**

The Chair invited Mrs Toal to provide an update on the Industrial Action undertaken by UNISON and NIPSA Trade Union members on Monday 12<sup>th</sup> December 2022 and current planning for the upcoming Industrial Action by the Royal College of Nursing (RCN) on 15<sup>th</sup> and 20<sup>th</sup> of December in the Southern Health and Care Trust. She referred to the joint statement issued by the Chief Executives of the six Health Trusts as very welcome.

Mrs Toal stated that a period of sustained Industrial Action on a number of issues namely, safe staffing levels, pay and the reimbursement of mileage payments has begun. She said action short of strike commenced with UNISON and NIPSA on the 5<sup>th</sup> December and both Unions followed this with a day of strike on Monday 12<sup>th</sup> December.

Members were advised the implementation of the pay review body recommendations for Agenda for Change (AfC) staff has been announced, recommending an increase of £1,400 per annum which will bring staff in Northern Ireland back into pay parity with colleagues in England. Implementation is forecast to be the end of the financial year. A temporary uplift of 10p per mile for anyone travelling over 3,500 miles per annum has also been agreed, at this stage up until end of March 2023. Mrs Toal stated the strength of feeling on the picket line in regards to: the level of pay and impact of staff vacancies, along with the cost of living pressures and mileage reimbursement was very evident, therefore the correspondence referred to by the Chair from the six Chief Executives in support of action was indeed most welcome.

Mrs Toal advised a significant number of Trust services including, day care and domiciliary care services along with theatre sessions and outpatient appointments have been affected as a result of the Industrial Action, however as a result of constructive working relationships between Trust staff and Trade Union colleagues, contingency planning is progressing and critical areas have been covered. In terms of further disruption, the Royal College of Nursing (RCN) has confirmed that all their members will take strike action on Thursday 15<sup>th</sup> December and Tuesday 20<sup>th</sup> December, from beginning of Day shift or 8am to 8pm. Mrs Toal assured members the Trust will work with RCN in the same way to ensure all critical services are covered and patient safety protected. In conclusion, the Chair commended the work already undertaken by Trust staff in preparation for Industrial Action to ensure the appropriate mitigations and derogations are in place.

## **5. ANY OTHER BUSINESS**

In conclusion, the Chair recorded thanks to everyone for their attendance and participation in the virtual meeting and advised the next meeting was scheduled to take place on Thursday, 26<sup>th</sup> October 2023 at 10 a.m.

***The meeting concluded at 4.20 p.m.***

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_