

**Minutes of a Hybrid Trust Board meeting held on Thursday,
26th January 2023 at 10.30 a.m.**

PRESENT

Ms E Mullan, Chair
Dr M O’Kane, Chief Executive
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director (*item 9 onwards*)
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive 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
Dr S Austin, Medical Director

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 Surgery & Elective Care, Cancer & Clinical
Services & Integrated Maternity & Women’s Health
Mrs T Reid, Director of Medicine and Unscheduled Care
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs D Ferguson, Assistant Director Nursing & Midwifery Education & Training
(*for Mrs Trouton*)
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (*Minutes*)

APOLOGIES

Mr J Wilkinson, Non-Executive Director
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

1. SERVICE IMPROVEMENT / LEARNING FROM STAFF AND SERVICE USER EXPERIENCE: EXPERIENCE OF BLACK, ASIAN AND MINORITY ETHNIC (BAME) COMMUNITY.

The Chair welcomed Ms Bernadette McAliskey who is the Coordinator of STEP, South Tyrone Empowerment Programme which is a rights based community organisation based in Dungannon who provide advice, support and advocacy, in particular across the Black, Asian and Minority Ethnic (BAME) communities.

Ms McAliskey thanked members for the opportunity to attend Trust Board to share a patient's journey within the Southern Trust who she is an advocate for. She outlined the patient's journey, explaining that they are a member of the BAME community and set in context the issues faced by the patient and their family.

The Chair thanked Ms McAliskey for the candour in sharing this patient's journey and acknowledged the strong working relationship STEP has with the staff teams across the Southern Trust.

The Chief Executive welcomed the presentation from Ms McAliskey and spoke of the importance in treating all patients the same, regardless of their race and/or religion and was disappointed to hear this story. She noted that this highlights the issue of unconscious institutional racism and this behaviour should be challenged. The Chief Executive mentioned that there is an increase of diverse communities in Northern Ireland which is excellent and that they will use Trust services and staff have to be mindful to ensure all patients are treated equally.

A discussion ensued on how to improve engagement with families. Mrs T Reid noted that there is a small cohort of patients with complex needs and work continues with Mr Beattie and Ms McGall to seek solutions on the safe discharge for these patients. She welcomed the comments on visiting and other concerns raised by the patient's family. She stated that further training will be developed with Human Resources for ward based staff in relation to BAME patients and their families.

Action: Mrs T. Reid / Mrs V. Toal

Mr Beattie acknowledged this patient's journey and provided assurance that both Acute and Adult Community Service Directorates are focused on ensuring the best outcome for the patient and their family.

Ms McAliskey reminded members that the equal rights for patients is paramount.

The Chair thanked Ms McAliskey for speaking on behalf of a patient and highlighting the challenges. Ms McAliskey welcomed the opportunity to speak with candour and the ability to be open and transparent with Trust Board.

2. CHAIR'S WELCOME

The Chair welcomed everyone to the hybrid meeting including Ms D Ferguson, Assistant Director deputising for Mrs Trouton. The Chair particularly welcomed five members of Trust staff from the Human Resources and Organisational Development Directorate and stated that she would appreciate their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues. Regular public attendees were also welcomed to the meeting.

The Chair reminded everyone regarding some aspects of virtual meeting etiquette and the business of the meeting proceeded.

3. 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.

4. CHAIR'S REMARKS

The Chair advised that this was the first hybrid meeting of the Trust Board since Covid. The Chair stated that the members are fully committed to Trust Board being open and transparent in all that it does and that includes moving to streaming its meetings live and recording them. The ability to continue to bring public members into the meetings via Zoom will remain.

The Chair commented that it has been 13 weeks since the last full Trust Board Meeting held in public and over the course of those weeks, we have seen significant pressures across health and social care, whilst the manifestation can be seen clearly within the Emergency Department and outside its doors, there is an impact across all the services. She advised that Trust Board thank the patients and the public for their support.

The Chair reminded the meeting that staff across three Trade Unions are taking Industrial Action today for safer staffing levels and for fair pay. She further acknowledged the robustness of the Urology Services Public Inquiry and its team, the openness and honesty with which our current and former staff have displayed to date in their evidence at hearings. This Trust will continue to deliver on its role to fulfil all requests and requirements of the Public Inquiry.

The Chair was pleased with the recent announcement of the LV investment allocated to Daisy Hill Hospital and acknowledged the staff who have led this to secure this investment.

5. CHIEF EXECUTIVE UPDATE

The Chief Executive provided a comprehensive update on a number of current issues. She reported that the Northern Ireland's HSC Trusts have agreed to focus on times limits for discharging patients and for ambulance handovers to ease pressure on emergency departments. Patients no longer requiring acute inpatient care will leave hospital within 48 hours of a suitable placement being identified, whether or not this is their first choice. For ambulances, a three-hour maximum wait will apply for patients to be off loaded in EDs to free up NIAS crews to respond to Category 1 calls in a timely fashion.

Mrs McCartan referred to the NIAS figures covering 20 December 2022 – 2 January 2023 and asked if the reference to the South region referred solely to the Southern Trust. The Chief Executive explained that this was the case and the figures were for Craigavon Area Hospital and Daisy Hill Hospital combined. She advised she has spoken to Mr Michael Bloomfield, Chief Executive NIAS who advised that wait times are slowly coming down, however there is ongoing work still to be done in this area.

In response to a question asked by Mr McDonald, Mrs Leeman agreed to seek from NIAS if there is a formal allocation of NIAS capacity for Emergency Ambulances per Trust.

Action: Mrs Leeman

The Chief Executive was pleased to report that Daisy Hill Hospital is set for a major upgrade of its low voltage electrical infrastructure with the approval of £9,152,000 from the Department of Health. This will provide a foundation to further expand services with the development of a twin diagnostic scanning suite in the long term. She reminded members that

Daisy Hill has been selected to be a regional Elective Overnight Stay Centre for planned surgery.

In relation to Covid-19, the Chief Executive stated that NI hospitals have seen a large increase in the number of patients with confirmed Covid-19 infections in the community in December 2022. She reminded members to avail of the Covid-19 and Flu vaccine.

The Chief Executive drew members' attention to 6.1 in the update that Northern Ireland's health trusts have confirmed they have postponed some non-urgent elective care operations due to ongoing hospital pressures. The Southern Trust has postponed some elective orthopaedic surgery.

Responding to a question asked by Ms Donaghy, Mrs Leeman replied that the Cross Border Scheme for elective care enable under EU Mobility regulations had been re-negotiated by the Minister to continue in a form post EU Exit. Unfortunately this scheme has now ceased for new applications.

The Urology Services Inquiry was highlighted. The Chief Executive reminded members that the inquiry commenced open public hearings on November 8th 2022 and evidence has been heard from a number of people. The hearings are available to stream live and the Trust continues to take on board the learning as the Inquiry proceeds.

6. MINUTES OF MEETING HELD ON 27TH OCTOBER 2022 AND 13TH DECEMBER 2022

The minutes of the meeting held on 27th October and 13th December 2022 was discussed. Mrs Leeman highlighted an error on the 27th October 2022 attendance. Following this amendment, the minutes were agreed as an accurate record.

The Board approved the minutes of the meeting held on 27th October and 13th December 2022

7. MATTERS ARISING

Members noted the progress updates from the relevant Directors to issues raised at the previous meeting.

STRATEGY

8. CONSULTATION ON EMERGENCY GENERAL SURGERY (ST1130/23)

The Chair welcomed Dr Adrian Neill, Clinical Director, Dr Kevin McElvanna, Consultant Surgeon and Ms Amie Nelson, Head of Service for General & Oral Surgery, Breast and Endoscopy, to the meeting.

Mrs C. Reid drew members' attention to the four papers included in their pack: Consultation document, Equality Impact Assessment, Rural Needs Impact Assessment and the Questionnaire. She reminded members that following the Trust Board on 13 December 2022, it was agreed that the Trust would move forward with a public consultation on a permanent solution for Emergency General Surgery Services in the Southern Trust. The Consultation Document details the challenges faced by the Trust in providing Emergency General Surgery on two acute sites, Craigavon Area Hospital and Daisy Hill Hospital and details the proposed service model. Mrs C. Reid advised that the documents have been shared with SMT, Project Team, Service User Reference Group, SPPG and PHA for comment. She added that the proposed consultation would seek to bring about a permanent change in service provision, providing stabilisation of workforce and certainty for the Southern Trust population.

Mrs C. Reid provided assurance that there will be no change to the Emergency Department at DHH and will remain a type 1 Emergency Department. She noted the importance of providing patients with the right care in the right place at the right time. Mrs C. Reid reminded members of the ongoing investment into DHH: £9m to carry out a major upgrade of Daisy Hill Hospital's low voltage electrical infrastructure and the DHH site has been announced as one of the regions Elective Overnight Stay Centre. She felt that this demonstrates to the local population the commitment from the Trust to improve and develop the DHH site and services.

Mrs C. Reid advised that the Consultation process is due to commence on 30 January 2023 and will run for a period of 12 weeks finishing on 24 April 2023. She noted the local council elections that are due to take place in May 2022 and stated that this may impact the consultation timeline.

Ms Nelson commented that the reconfiguration of Emergency General Surgery is to ensure that patients received safe high quality care and to deliver the best outcomes. She pointed out the challenges that the surgical teams have encountered delivering this service across two sites and how it has a significant impact on the recruitment, training and retention of staff and the difficulty in sustaining the current model.

Ms Nelson noted the difficulty in recruiting Consultants Surgeons to Daisy Hill Hospital Emergency Department, however it is the surgical team's view that delivering across two sites is not sustainable and outdated. She added that the Consultants aspire to deliver a high quality service with the best outcome available and this requires the need to adopt a new modernised model. Ms Nelson stated that the Consultant body identified the need for change and they are advocating for this modification. They have liaised with experts locally and nationally to seek out the best practice and working with the region to develop standards for a safe sustainable service. Ms Nelson commented that following these discussions it was evident for the need to change the model to achieve these high quality of care standards via one site. She added that having Emergency General Surgery delivered on one site provides access to specialist skill set from allied health professionals, radiology, critical care, ICU and ambulatory care which will enhance the new model further and will be led by senior Consultant surgeons. In conclusion, Ms Nelson felt the surgical team require support to adopt this new model in terms of continuing to provide a high quality Emergency General Surgery service for the population of the Southern Trust.

Mr Neill highlighted that the fundamental reason to adopt this new model is to provide a safe service for patients. He added that having the same service split across two sites is not sustainable due to recruitment, training, and retention of staff and infrastructure challenges. A one site model will provide access to specialised clinicians, nurses and the outcome will be much safer for patients by receiving the right care by specialised surgeons. Furthermore, Mr Neill advised that this will allow the Elective Surgery service to be carried out on the DHH site.

Mr McElvanna concurred with Mr Neill and Ms Nelson comments and reiterated the need for change to deliver a safe and sustainable service. He noted his concern that if the current model continues across two sites, the service will be significantly impacted and the inability to retain Consultant Surgeons. Mr McElvanna felt that the new model gives a

commitment to investment and development on both sites in relation to Emergency General Surgery on CAH site and Elective Surgery on the DHH site.

Ms Donaghy welcomed the document and noted that the content was clear and concise. She did suggest that the questions on page 23 be numbered. In response to a question asked by Ms Donaghy, Mr Neill explained that since the contingency plan was introduced in February 2022, a Consultant Surgeon has travelled to DHH on two occasions to carry out an emergency surgery operation as the patient was too unwell to travel. The patient was taken to theatre and treated effectively. Mr Neill provided assurance that DHH is equipped to deal with these particular cases. Ms Donaghy welcome this assurance.

Mr McDonald commented that he was assured with the presentation by the surgical team on the proposed model and welcomed that there were no major concerns with the contingency plan.

Mrs McCartan provided her support for the proposed model and spoke of the duty as Trust Board members to make the right decision for the Southern Trust population.

Mrs Leeman advised that she has met with the Department of Health and Mrs Reid and assurance were provided by them for investment into the DHH site e.g. elective overnight stay centre, LV investment and cross border site and the importance of maintaining a positive message on the future of DHH. She noted that the Trust is awaiting the outcome on the SWAH consultation and how this impacts the Southern Trust. Mrs T. Reid added that discussions with the Department of Health were positive and following the outcome of the SWAH consultation this consultation may need to be reviewed to encompass their recommendations.

At this point the Chair welcomed comments and questions from public members.

Mr Karl Hughes, DHH Pathfinder/Future Group representative requested that the consultation document be shared in advance of the next DHH Pathfinder meeting. The Chair agreed that this will be shared following approval. Mr Hughes reported that the group had met with NIAS last year during the contingency plan and concerns were raised. He advised that NIAS provided assurance that they will support and engage with Trusts

on any new models. Mr Hughes welcomed the evidence provided by the clinicians and surgical team for the proposed new model.

Mr Donal Duffin requested that the final consultation document be shared with him to which the Chair agreed to this. Mr Duffin spoke of the importance in ensuring that the clinicians and the surgical team are at the forefront of presenting this model to all appropriate group/communities as they are the experts. The Chief Executive asked Mr Duffin to discuss with his group what the Trust can do to ensure that the local community's fear and anxiety is reduced and reiterate that the Emergency Department will not be changing. Mr Duffin agreed and felt that engagement and communication should be presented by clinicians.

Mr John O'Dowd, MLA Sinn Féin welcomed the proposed new model, however he was mindful on the impact that this would have on the increase footfall on the CAH site. He felt that the DHH Pathfinder was an exemplary case on how to engage with the community to discuss sensitive issues impacting their local population. Mr O'Dowd commented that the terminology of the consultation is important to ensure that the lay person can understand the content.

Ms Margaret Devlin reminded members on the closure of Banbridge Hospital and she felt that there are similarities with DHH. She commented that the reasons Banbridge Hospital was closed was because staff were advised not take up posts and noted her concern that this may be occurring for recruitment of Consultant Surgeons in DHH. Ms Devlin noted that maintaining a safe service is the fundamental outcome for patients.

The Chief Executive noted her thanks to the Consultant Surgeons and surgical team to who led this process with excellent leadership, engagement and support to set the vision and guide everyone to this point.

The Chair thanked Mrs C. Reid, Mr Neill, Mr McElvanna and Ms Nelson for their informed and detailed presentation. She advised that the consultation will allow for community engagement.

The Board approved the Consultation on Emergency General Surgery (ST1130/23)

Mrs Leeson joined the meeting at this point

9. SUMMARY OF CAPITAL AND REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1131/23)

Mrs Leeman presented the above named report which provides a summary of proposals with a capital / revenue value greater than £300,000 that have been developed between the period 1st October 2022 – 31st December 2022. All proposals have been approved via the Strategic Investment Committee internal approval process prior to funding being committed.

Mrs Leeman reported that there are 3 revenue proposals from £300,000 - £1million, 0 revenue proposals greater than £1million and 6 capital proposals from £300,000 - £1million and 0 capital proposals greater than £1Million and the detail of each proposal was included in the report.

Mrs Leeman welcomed the expansion of the Stone Treatment Centre for the delivery of ESWL (Extracorporeal Shock Wave Lithotripsy) as a primary method for treating suitable renal and ureteric stones for the province. Mrs McCartan asked for further information on this enhancement. Mrs Leeman advised that it is proposed to increase ESWL Sessions from 4 to 10 Sessions per week within Stone Treatment Centre at Craigavon Area Hospital, maximizing the existing lithotripter by providing a full 10 session service resulting in 30 treatments per week.

Mrs Leeman was pleased to report on upgrading the DR Plain Film Room for the Armagh Community Hospital and South Tyrone Hospital through the purchase of two replacement scanners and supporting enabling works. This project seeks to improve image quality, modernise radiology services and reduce the inequality of radiology services operational in ACH and restore full diagnostic services within STH.

The Board approved the Summary of Capital and Revenue Proposals in Excess of £300,000 (ST1131/23)

CULTURE

10. MEDICAL DIRECTOR REPORT

Dr Austin presented the Medical Director's Report which outlines the purpose of Medical Appraisal and Revalidation, and provides an assurance to Trust Board on the implementation of the GMC regulations in relation to Medical Appraisal and Revalidation.

Dr Austin guided members through the report highlighting those areas of achievement.

In relation to the current position of activity, Dr Austin reported that since 1st September 2022, there has been a substantial improvement in the appraisal completion rate, increasing from 33.5% to 77%. He advised that work is ongoing to further increase the appraisal completion for 2021.

Dr Austin noted that for the period March 2021 to December 2022, there were 273 doctors due for revalidation with 199 revalidated and 74 were deferred. The rationale was outlined in the report.

Dr Austin stated that it is planned to create an Appraisal and Revalidation Board which will meet twice yearly with the purpose of providing assurance that appraisal and revalidation procedures and processes are fit for purpose to support the role to Southern Trust as a Designated Body. It is envisaged that this Board will also have membership to include a Non-Executive Director and an external Responsible Officer. Terms of Reference will be developed with the aim of reporting back at future meetings to Governance Committee and Trust Board as appropriate.

Regarding current risks for the Medical revalidation and appraisal workforce, Dr Austin explained that the workforce is stabilized with the support from temporary staff, however permanent posts for administrative support staff have been advertised with interviews planned early 2023.

In concluding, Dr Austin informed members that the Chief Executive has written to the General Medical Council to request that he is appointed as Responsible Officer for Southern Trust effective from 16th January 2023.

Mr Mc McDonald welcomed the improved position and noted that the framework around appraisals and revalidation provides a good level of assurance.

Mrs McCartan referred to the Appraisal and Revalidation Board and asked on the timeframe. Dr Austin advised that the Board will be established in the next 3-6 months. Terms of Reference will be produced and membership to be agreed, which will require a Non-Executive Director nomination.

Mrs McCartan also noted the improved position of completed appraisals and enquired how this was achieved. Dr Austin attributed the improved position to medical and clinical staff joining the medical and revalidation team to support clinicians and ensure they are being proactive in the months leading up to their appraisal date to finalise their documentation and ensure it is of high standard.

In response to a question asked by the Chair, Dr Austin explained that those doctors who are not engaging in the process will be escalated up through the division and subsequently the Medical Director who will request a 1:1 meeting with the doctor to establish the reason for non-engagement. Dr Austin added that following escalation and non-engagement the GMC will be notified and if appropriate utilise the MHPS Framework.

Ms Donaghy asked on the progress on the paying and private patient policy. Dr Austin commented that he is currently reviewing the policy which will then be submitted to the policy scrutiny committee in February and following approval an implementation plan will be drawn up to support application into practice. In relation to the electronic change of status form, Dr Austin explained that due to ongoing feedback, issues with IT and the need for further legal advice, the pilot project has been delayed. He spoke of the requirement to ensure Internal Audit requirements are satisfactory and it is envisaged that the issues will be resolved by the end of January 2023.

The Chair thanked Dr Austin for the comprehensive update and welcomed the progress to strengthen the medical and revalidation system.

11. EXECUTIVE DIRECTOR OF NURSING, MIDWIFERY AND AHPS REPORT

Mrs Ferguson presented the above named report which provides an overview of the work undertaken by Nurses, Midwives and Allied Health Professionals (AHPs) across all areas of care in the Trust. She guided members through the comprehensive document highlighting areas of good practice and achievements. Mrs Ferguson reported a slight improvement in the Nursing Quality Indicators a total of 37% areas completing NQIs, which is an increase of 6%. She added that from July 2022 to November 2022 there has been significant progress made in the development of new audits within existing areas, with seven new audit tools added and implemented, therefore there are a total of forty audit tools reported on. Mrs Ferguson noted an improvement in the

completion of Quality Improvement Plans and the implementation of new NQI Dashboard (QlikSense). She advised on the launch of new Nursing Quality Indicator Framework which will be an essential resource for all Nurses and Midwives in understanding and participating in the NQI process to assure, sustain and improve the safety and quality of care delivered.

International Nurse Recruitment was discussed. Mrs Ferguson reported that 133 international nurses have been recruited with 87 already arrived and their induction and development plan is underway. She added that support is in place for those ward level staff who will provide a wraparound service to the international nurses.

Mrs Ferguson was pleased to report that a number of Trust staff were successful at the AHP Advancing Healthcare Awards Northern Ireland 2022. She advised that Mr Daniel Harte won the Research and Development award for his '*Research into Traction Orthoses for Managing Complex Finger Fractures*'; Ms Hilary McFaul, Justine Smyth and Linda Mulgrew won the award for Service Improvement for '*Applying Evidence to Practice by increasing intensity of intervention for children with severe speech sound disorder: A quality improvement initiative*'

In relation to concerns and risks, Mrs Ferguson noted the challenge with scaling and spreading NQIs due to system pressures. She stated that work continues to progress the Nursing and Midwifery Assurance Framework and it is anticipated that this will be finalised by quarter 4. Mrs Ferguson reported on the continued reliance on Bank and Agency staffing to meet additional demand for nursing care across all areas, particularly Mental Health and Acute areas. She added that local and regional strategies are in place to address recruitment and retention and work continues with the Southern Regional College

Ms Donaghy referred to page 24 and noted that the male medical ward handover audit was lower than the female surgical ward and asked why this was. Mrs Ferguson agreed to review this information and provide an explanation for the next meeting.

Action: Mrs Ferguson / Mrs Trouton

Mrs Ferguson advised members on a breach of confidentiality when a member of the public found a handover sheet. Mrs Ferguson stated that handover sheets now only contain the patient's initials. Dr Austin

reminded members that he is Data Guardian for the Trust with the responsibility to ensure patient information is protected. He welcomed that patient's initials are now recorded on handover sheets, however the issue still remains that handover sheets are being taken off site and not disposed of in the correct confidential manner. Mrs Leeman added that this breach was reported to the Information Commissioners Office. Dr Austin enquired if this is an isolated incident to nursing and felt that a further discussion with Mrs Trouton on the importance of handover sheets would be beneficial to see if there are other mitigations that can be put in place for medical and nursing staff.

Action: Dr Austin / Mrs Trouton

In response to a question asked by Mrs McCartan, Mrs Ferguson explained that the NQIs is a regional initiative led by the Chief Nursing Officer. The NQIs provide an assurance that a high quality standard of care is provided to patients and if this is not the case, that process are in place to address the gap. Mrs Ferguson added that all Trusts have implemented these NQIs. Mrs McCartan noted that the total wards / teams that have commenced NQIs is 50% and asked if this was acceptable. Mrs Ferguson stated that she was pleased with this given the pressure on the teams/system are under and work continues to scale and spread NQIs across other areas.

Mr McDonald pointed out that following the presentation from Ms McAliskey at the start of the meeting on the experience of BAME patients within the Trust he asked if a BAME indicator could be created which would be beneficial to both staff and patients. Mrs Ferguson welcomed this suggestion and agreed to take this back to the teams for consideration.

12. EXECUTIVE DIRECTOR OF SOCIAL WORK REPORT

The Chair welcomed Ms Deborah Hanlon, Head of Adult Safeguarding to the meeting. Mr McCafferty presented the Executive Director of Social Work report for assurance. Mr McCafferty advised that this report provides a high level overview of issues relating to the social work and social care workforce, including challenges in relation to delivery of statutory functions. This reporting cycle has a primary focus on the Southern Trust's provision of Adult Safeguarding Services and provides assurance in relation to governance arrangements and service delivery in addition to areas for future development.

Mr McCafferty outlined that the Social Work profession continues to evidence its commitment to delivering high quality care through its discharge of Delegated Statutory Functions (DSF) which can be evidenced through the DSF report, Corporate Parenting report, and quarterly reports to the performance committee.

Mr McCafferty reported that there continues to be significant vacancies in social work, particularly within Children's Services. He added that the inability to recruit new staff remains a challenge for the foreseeable future and this is manifesting itself in high numbers of unallocated children's social work cases. This is putting additional pressures on remaining staff in social work teams across the Directorate. Mr McCafferty explained that refocusing staff into priority areas e.g. child protection and Looked after Children cases has impacted the family support service and its capacity to meet demand.

The regional Children's Social Work Service review was discussed. Mr McCafferty advised that Professor Ray Jones (Independent Chairperson) continues to facilitate a series of workshops across the region based on various themes and he has identified significant challenges associated with workforce and strategic planning, and has made interim recommendations regarding the workforce. In response to these recommendations, the DOH has commenced an options appraisal and each of the five CYP Directors are represented on this.

Mr McCafferty commented on adult safeguarding services within the Trust. He commented that work continues to be undertaken regionally in drafting a new Adult Protection Bill (NI), and associated statutory guidance. The Bill will place statutory responsibilities on Trusts, PSNI and on other agencies to carry out new duties and powers. Mr McCafferty provided assurance that the Trust has a range of mechanisms in place as outlined in the report to support assurances and accountability of the delivery of adult safeguarding services.

Mrs McCartan welcomed the detailed report and noted that it is important to remember that social work covers all 4 operational directorates. She asked how many social workers are employed, to which Mr McCafferty confirmed that there are approximately 2500 social care workers and approximately with 900 social workers employed in the Trust. Mrs McCartan welcomed the legislation for the Adult Protection Bill. Ms Hanlon explained that the Transformation Board is leading on this and she is the representative for all 5 Trusts.

She stated that the Bill is moving towards the end of its first draft and is ready for submission to the Assembly, for when it will be re-established.

Mrs Leeson noted her concern on the challenges to recruit and retain staff into the Directorate and asked how the additional employment of the family support assistant has helped with the workload and capacity gap. Mr McCafferty advised that 18 non-qualified social work assistant have been recruited which has helped towards stabilising the workforce, however he emphasised that these posts cannot be a substitute for social work personnel and that the Directorate remains committed to working towards a return to a full complement of social work staff. The assistant posts have helped alleviate some duties to allow the social workers to concentrate on high end delegated responsibilities.

13. PROGRESS REPORT ON OUR PEOPLE FRAMEWORK 2022 – 2025 AND ASSOCIATED HEALTH AND WELLBEING FRAMEWORK

Mrs Toal presented the above named framework for assurance. She advised that this update to Trust Board focuses on the first 9 months from April 2022 to December 2022 which highlights a number of areas of work that has been ongoing to progress the commitments contained within the Year 1 action plan. Mrs Toal reminded members that this report aligns to our 3 People Priorities: *Wellbeing, Belonging and Growing*.

Mrs Toal informed members on the appointment of two new band 7 Senior Organisation Development Practitioners, approved on an invest to save basis. She anticipated that this posts will be filled by the end of March / early April 2023 and they will be crucial to build the Organisational Development team.

Regarding governance arrangements, Mrs Toal stated that discussions are under way with SMT on the proposed new governance structures and it is anticipated that the establishment of a People & Culture Steering Group will form part of that structure. She spoke of the importance in having a clear governance structure below this Steering Group, not only to operationalise implementation, but to engage with the workforce to ensure they are involved in the development of further people related initiatives.

Mrs Toal commented on the key work streams and the importance of openness and civility within the workplace. She added that the Trust

has been liaising with Mersey Care NHS Foundation Trust to seek their views and Dr Austin, Mrs Hynds and herself attended a training course by Mersey Care which highlighted the importance of good culture which should begin with SMT to feed this down through the directorates to make a positive difference. Mrs Toal spoke of the barriers to openness as highlighted by Professor Peter McBride and noted the Trust Raising Concerns policy, and the update report that is presented to Governance Committee.

Mrs Toal commented on the industrial action and how this impacts on delivering this framework. She noted it is challenging to ensure staff feel valued at work when they are striking for reasons such as safe working conditions, fair pay and mileage costs.

In concluding, Mrs Toal reported that future reports will include a summary update from one Corporate Directorate and one Service Directorate, this report focused on the Adult Community Service and the HROD.

Ms Donaghy referred to the Inspiring Leaders Succession Planning initiative. She asked if this is only targeted to Assistant Directors or will it be cascaded down to all bands. Mrs Toal stated that this initiative is a work in progress and as the People Framework is worked through, it is anticipated that succession planning will be tailored to fit all bands.

Mr McCafferty noted the staffing challenges to fully implement the framework, however he felt that work should still continue to embed the framework as he reported that within his own CYP Directorate, following the change of senior managers, he found the framework was extremely helpful as a guide to set the ethos for good culture.

Mr McDonald welcomed the progress to date and was pleased that 67/74 actions have been implemented and that these are reaching out across all the organisation. Mrs Toal added that another piece of work to be established is the need for evidence that this framework is working. She stated that feedback is required from all staff that this framework is making a positive difference to the daily work. Mr McDonald commented that it is crucial to obtain the baseline data, correct indicators to measure the success of this framework in the future. Mrs Toal advised that she is in communication with a hospital in England who has done this survey very well and she will be enquiring how feedback can be captured within the Southern Trust.

Mr Beattie commented that he utilised this framework at his Directorate workshop and felt that it provided a basis to open the conversation up on growing the workforce and succession planning.

The Chief Executive informed members that she undertook a visit to Mersey Care NHS Foundation Trust and met staff who discussed the importance of feedback from service users as a measure of success. She added that the standard of culture and how the Trust carries out its business should start with Trust Board.

The Chair noted that when meeting with staff the phrase '*the small things matter*' is raised on a number of occasions. Therefore, ensuring how staff experiences and how they feel in the job that they do is paramount.

Ms Teggart welcomed the Directors' visits to teams and felt that this was an excellent way to get feedback from staff and how they appreciate that Directors took time to listen to their views.

Mrs Toal commented on the staff surveys and how Northern Ireland struggles with a low response rate across all 5 Trusts. She noted that regional work is ongoing on the best way to ensure these surveys are completed and staff feel comfortable in completing them. Dr Austin suggested linking with other National Trusts to ask for their experience on receiving a higher response rate.

14. 5 YEAR EQUALITY AND DISABILITY ACTION PLANS (2023 – 2028) PUBLIC CONSULTATION (ST1132/23)

The Chair welcomed Ms Cathy Lavery, Head of Equality, Diversity and Inclusion to the meeting to present the 12 weeks public consultation for approval. Mrs Toal set the background in context and explained that the six Trusts collectively wish to begin the public consultation on the new draft 5-year equality action plan and disability action plan which sets out the actions they will take forward collaboratively over the next five years. They have been shaped and developed with input from a range of stakeholders during the pre-consultation and engagement work.

Ms Lavery guided members through the two documents. She explained that the draft Equality Action Plan 2022-2028 includes actions aimed at improving the data we use to support decision making; addressing barriers to accessing health & social care; supporting our staff,

supporting informal/family carers and partnership working. Ms Lavery went on to detail the draft Disability Action Plan 2023-2028. She advised that this draft plan includes actions that will improve services, promote positive attitudes to people with a disability and encourage opportunities for disabled people to participate fully in public life. It also shows the commitment to mainstreaming disability issues and placing disability issues at the core of what we do.

Regarding the Engagement (pre-consultation), Ms Lavery informed members that two regional listening events were held in June and July 2022, with a range of stakeholders including service users, carers, staff and trade union representatives. In addition, an engagement event in October 2022 was held, facilitated by Disability Action to inform the Disability Action Plan. Ms Lavery added that both draft Plans are living documents and they are designed to be flexible and responsive to changing circumstances over the 5 year period. They will be reviewed on an on-going basis - with annual reports submitted to the Equality Commission for Northern Ireland.

Mrs Toal referred to the earlier discussion on institutional racism and stated that it is important to ensure that those international nurses do not face this issue and are treated equally, regardless of their religion and/or background. She felt that the presentation by Ms McAliskey brought a heightened awareness to this issue and would use this experience to include in future culture training for all staff. Ms Lavery added that the equality training rates have fallen and work is ongoing to increase online and face to face training while using patient stories and personal lived in experiences will be beneficial.

Mr McDonald commented that the Trust should not underestimate how far the HSC network has achieved as regards good relations. Mr McDonald spoke of the diversity network and how it is a good vehicle for staff to highlight culture competences and to provide their experience to help improve diversity within the Trust. He suggested that if there are relevant templates used by the Good Relations Council that he will forward these to Ms Lavery which can be implemented/adopted by the Trust. Mr McDonald welcomed the ongoing work by the Trust on all areas of diversity.

Mrs McCartan noted the extensive remit to be achieved in the next 5 years and felt that the document provides an assurance on how far the Trust has accomplished to date. She stated that the 5 year plan reinforces the need for constant training and the importance of good

relations with others. Mrs McCartan referred to the presentation by Ms McAliskey which highlights the importance of respect and an understanding of different cultures and orientations.

The Chief Executive reminded members that a key priority within the People Plan is *'Belonging'* and that everyone has a responsibility to ensure that people feel a sense of belonging in our Trust.

The Board approved to proceed to a 12 week public consultation on both draft plans.

ACCOUNTABILITY

15. UPDATE ON TRUST SERVICE DELIVERY PLAN INCLUDING RESILIENCE PLAN TO ADDRESS WINTER PRESSURES

Mrs Leeman presented the Service Delivery Plan Assessment position as at November 2022 for assurance. The report provides an update on the progress against the performance trajectories set out in the 2022/23 Service Delivery Plan with the primary focus on returning to pre-pandemic service provision by March 2023. Mrs Leeman informed members that the SPPG apply an overall RAG rating for individual Trusts based on the percentage of metrics recorded as red. The November position for the Southern Trust demonstrates that 48% of metrics are recorded in red which is a slight improvement compared to October, however there is still considerable room for improvement. She noted that that Trust is in line with regional Trusts. Mrs Leeman noted that Appendix 1 – SDP Assessment and Appendix 2 which provides additional detail on the ongoing challenging position in unscheduled care is included in members' papers.

Mrs Leeman referred to page 4 of the report and highlighted those areas of improvement: Learning and Physical Disability Day Centres, Domiciliary Care Hours, Initial Family Assessments Completed and Child Protection Cases, Mental health outpatients, Day cases/Endoscopy, CT, Cardiac Echocardiography levels, Dental and AHP activity, which collectively remains at 95% of pre-pandemic levels, however underperformance relates to physiotherapy, speech and language and orthoptics.

Regarding areas of concern, Mrs Leeman reported that challenges relate to activity associated with the cancer pathway against 31 and 62-day target areas, and to the unscheduled care pathways reflected in

weekend discharge rates and Length of Stay rates. Furthermore, there are challenges in relation to Adult Day Care, District Nursing, Outpatient/Elective Inpatient, Imaging Activity, Cardiac CT and Cath Labs and CDS General Anaesthetic Cases (Paediatric dental service). Mrs Leeman provided an assurance that a fortnightly Director and Divisional Medical Director meetings are in place to review performance.

Mrs Leeman commented that the performance for December 2022 has been impacted by the Industrial Action with activity reduced, however Directors continue to keep a focus on these areas.

The Chief Executive informed members that the Directors and their teams are working tirelessly to improve the performance and work through challenges and thanked them for their dedication.

Ms Donaghy referred the red rating regarding Cath Lab procedures and asked on the progress of the second Cath Lab. Mrs Leeman advised that SMT have put forward a high level business case which has been finalised and forwarded to the Commissioner. She added it was asked if this could be submitted as a CAWT application, however this was not successful and work continues to have those conversations if this may be accepted in the future due to the safety and quality for patients and the flow through the service. Mrs Leeman reminded members that when the current Cath Lab is out of service this has a significant impact on activity and having a second Cath Lab would be beneficial for patients and waiting lists. Ms Donaghy asked on the probability of securing a second Cath Lab to which Mrs Leeman stated that there is a significant demand for a second Cath Lab and also a regional demand. She advised that a regional capacity exercise is being undertaken and due to be completed by March 2023. Mrs Leeman stated that following the completion and analysis of this exercise, the outcome of a second Cath Lab is awaited.

Mrs McCartan welcomed the significant work by the teams who work hard on a daily basis for the Southern Trust population while dealing with extensive pressures and challenges.

Mrs Leeman spoke of the Unscheduled Care Challenges and Actions which was found at Appendix 2 of the report. She noted that the appendix provides additional explanation on the Trust actions to manage the impact of heightened unscheduled care pressures.

Mrs Leeman reported that there are continued growth in waits in the Emergency Departments each morning for patients waiting admission to an appropriate bed. This is a key indicator of whole system pressures locally. She reminded members that the Trust continues to have regionally the highest level of un-commissioned and additional beds in its hospital system with additional wards un-commissioned. The Trust is not resourced to provide for this volume of additional beds and needs to significantly reduce this level.

Mrs Leeman drew members' attention to page 16 of the report which explains that the Trust has supplemented its winter planning with additional actions to seek to better manage the position. She highlighted the number of actions to date including; a Senior Leadership and oversight meetings; external support which includes a diagnostic assessment by Greater Manchester Health Innovation with ongoing coaching; Operational Management and capacity; alternative to admission initiatives and Discharge & Flow. Mrs Leeman advised that a fortnightly Director and Divisional Medical Director meetings are in place to review performance.

Mr Beattie commented that work is ongoing locally and regionally to address the domiciliary care challenges with a number of ideas and different approaches in the place to drive forward changes in the system.

Mrs T. Reid reminded members on the importance of ensuring the right patient receives the right care in the right place at the right time and how this feeds into the overall performance targets.

Mr McDonald felt that the report clearly provides an assurance and demonstrates the mitigations in place and welcomed the effort by all teams during an extraordinary circumstances. Mr McDonald advised that a deep dive into Unscheduled Care is due to be presented at the next Performance Committee.

Mrs McCartan welcomed the detailed report and commented that it gives an indication on the level of challenges that Directors and teams are facing on a daily basis. Mrs McCartan noted the number of un-commissioned beds and how this compares to other Trusts and felt that the Trust was at a disadvantage when benchmarking performance. Mrs Leeman agreed, however she noted that if funding was made available, the Trust would use that resource to introduce more modern ways of working and be more responsive. Mrs T. Reid added that she

has met with SPPG with Mrs Leeman and discussions are ongoing to further attempt to seek additional funding going forward.

In responding to a question asked by Mrs McCartan, Mrs T. Reid explained following feedback from internal teams and SPPG, discharging medically fit patients within 48 hours is relatively working well. She noted a reduction in patient delays and constant work continues with patients and families to remind them that the best place for them when medically fit is their home, care home or respite.

Ms Teggart explained that the un-commissioned beds are funded, however this is through deficit funding and conversations continue with the Department to seek funding for these unallocated beds. The Chair reminded members to be mindful that patients are at the forefront of these un-commissioned beds.

16. FINANCIAL PERFORMANCE REPORT (ST1133/23)

Ms Teggart presented the Finance Report for approval, for the 9 months ending 31st December 2022 in which the Trust reported a deficit of £2.7m. She stated that it was previously reported that the Trust was anticipating achieving a break-even position by year-end however due to the increase in the payroll spend profile and the increase in flexible costs in month 9, the Trust is now predicting an overspend of c£1m at year-end. Ms Teggart added that the Trust is still committed to work towards achieving a break-even position but unless there is an obvious downturn in spend in subsequent reporting periods the achievement of a break-even position remains at some risk. Those main risks influencing achievement of a break-even position include: cost of living and other inflationary increases, cost of Winter Plan, Achievement of the £2.507m Agency reduction target, DoH in-year imposed additional saving target of £643k.

Ms Teggart continued to present the report and highlighted that Agency spend has increased in month by c£743k and the use of Critical Shift Payment (CSP) has increased by c£65k in month with a spend in December of c£800k. Of this spend c£600k was within Bank. In overall terms all flexible spend (including CSP) has increased by c£800k in December 2022. Ms Teggart reported that in order to work towards achieving a break-even position agency costs need to reduce by c£1.5m by year-end. As Trusts await the implementation of the new Agency Procurement contract in February/March this year, this target will continue to be closely monitored each month.

In terms of prompt payments, Ms Teggart reported that the performance in the month of December 2022 was 87.8% with cumulative position to date of 93.9%. Therefore the Trust did not meet the prompt payment target in December 2022, and is now below meeting the target of 95% within 30 days on a cumulative basis. She attributed this to staff sickness and holidays and provided assurance that the teams are working to improve this position.

Mrs McCartan referred to page 3 and noted the cumulative variances for each Directorate. She welcomed the positive variances in the Mental Health, Adult Community Services and Corporate Directorates and how this has a positive impact on the overall deficit. She commented on the inability to secure a number of discharge packages for those patients with complex needs and asked how this is progressing. Ms McGall advised that she continues to work with Finance to ensure that the funding available is utilised to secure discharge packages. She spoke of the legacy underspend and how the teams are thinking of different ways to spend and invest this funding. Ms Teggart stated that decisions will have to take place on releasing the allocation of funding for un-commissioned beds to the Mental Health and Adult Community Services Directorate.

Ms Donaghy noted the intention to reduce payroll costs by reducing agency use and asked how the staff/posts will be replaced and filled. Ms Teggart explained on a number of ways how this will be achieved: working towards filling permanent vacant posts, introduce critical shift payments, reduce/remove off contract agencies and maximise the use of bank staff. She advised that she is awaiting the procurement contract for agency use which will help reduce the off contract use. The Chief Executive added that 133 international nurses have been recruited and they will bring a wealth of skill mix and there is an opportunity to strengthen the workforce across many areas. Ms Ferguson provided assurance that there is significant work ongoing by all the teams and nurse bank to reduce off contract agency spend. She added that rostering staff and aligning students to posts is having a positive impact. Ms Ferguson stated that there is an issue of nurses leaving the Acute Directorate due to its intense nature and pressures and there is a lot of work to be done to address this. She commented that linking this with the People Strategy and the Regional Retention Plan will help towards making these areas a better place to work. Mrs McCartan added that she visited the Nurse Bank in December 2022 and appreciated the efforts from the team to reduce agency spend. She

welcomed that they liaised closely with ward managers and how they were conscious of their responsibility to reduce this spend.

The Chief Executive stated that stabilising the workforce for Mental Health is crucial and she noted that there needs to be a balance between funding for addressing patient's mental health and their physical health and the money is be used for how it was budgeted.

Mr McDonald agreed that using bank staff and the introduction of critical shift payments will help reduce costings. He noted that subsidising the Acute Directorate with funding from other Directorates is not sustainable and it would be beneficial from the outset to set out exactly how much the Acute Directorate costs/spends. The Chief Executive reminded members that the single Mental Health Service for NI when introduced will have its own collective budget.

The Chair commented that there will always be a need to use agency and locum cover, however moving to on contract agency use will bring a degree of support in improving the financial position.

The Board approved the Financial Performance Report (ST1133/23)

17. CORPORATE PARENTING PROGRESS REPORT

Mr McCafferty presented the Corporate Parenting Progress Report for assurance. He reminded members that the Trust is required to provide a 6 month report to SPPG to provide assurance on compliance and to ensure the Trust Board is fully briefed on its Corporate Parenting responsibilities. The report provides a statistical update on the Trust's performance in relation to Directed Delegated Statutory Functions in respect of Children's Services.

Mr McCafferty drew members' attention to the cover sheet which provided an overview on the areas of improvement and areas of concerns. In relation to areas of improvement, Mr McCafferty reported that within the Children with Disability (CWD) social work service the volume of placements in relation to overnight Short Break services had increased and provision is now higher than pre pandemic levels. He advised that the Short Breaks Team continues to work in collaboration with the Family Placement (fostering) service to increase the number of Short Breaks carers for CWD and their families. However, he added

that there is a continued need for foster placements that can manage children with complex needs or behaviours remains a service priority.

Regarding Family Placement, Mr McCafferty commented that the service continues to work collaboratively on recruitment initiatives and this focus ensures there is a concerted effort to recruit carers for the young people requiring placement. This has ensured that the Trust does not rely on independent sector foster care provision and the associated financial pressures.

Mr McCafferty advised that the Trust's Leaving and After Care provision continues to provide high levels of support to young people with a focus on employment, education, training and accommodation. He reminded members that the Young People will be attending Trust Board on 30th March to discuss 'Our Pledge'.

Mr McCafferty provided assurance that all children on the child protection register and children requiring a child protection investigation have an allocated social worker and protection plan which is reviewed and adjustments made as per procedural requirements.

Areas of concerns were discussed. Mr McCafferty reported that there continues to be significant vacancies within Children's Services which impacts on capacity in delivering Delegated Statutory Functions. He added that there is a demand for overnight respite provision for children with a disability that continues to increase within the Trust area. Furthermore, Mr McCafferty noted that the demand on fostering placements continues to be a significant pressure for the Family Placement Service. The number of Looked after Children in the Trust continues to rise, which in turn requires the need to recruit additional foster carers. He spoke of the challenges to ensure that there are a range of Family Placement options available to meet the needs of children, however current pressures can result in placements being made on the basis of capacity rather than match with the child's needs. Mr McCafferty felt that the impact from the Covid-19 pandemic on families and communities is yet to be fully understood and the consequence will become more apparent in the future.

In concluding, Mr McCafferty stated that challenges remain in all divisions within Children's Services including Health Visiting and AHPs which has an impact on the Looked After Children and Child Protection Cases. He stated that despite the challenges within the service he paid

credit to the staff who continue to remain in post to meet all the demands in a hugely challenging environment.

Mrs Leeson commended the staff that have kept the short break and respite service running which can reduce the number of young people entering care and in turn reduce the number of foster carers needed.

In response to a question asked by the Chair, Mr McCafferty noted that it can be challenging to reach those families to provide support from a BAME background and stated that they are disproportionately represented in referral statistics in some localities.

Mrs McCartan advised that during her Non-Executive Director visits to Children's Homes she can see first-hand the challenge that young people face and also the staff. She commended the registered managers who are always forthcoming in their conversations and highlighting the issues that need addressed.

18. DEPARTMENT OF HEALTH CODE OF CONDUCT AND CODE OF ACCOUNTABILITY FOR BOARD MEMBERS OF HEALTH AND SOCIAL CARE BODIES, OCTOBER 2022

The Chair drew members' attention to the Department of Health's Codes of Conduct and Accountability for HSC Board Members published in October 2022. She stated that these codes provide the basis on which HSC bodies should seek to fulfil the duties and responsibilities conferred upon them by the Department of Health. The document is for all existing board members and will be issued to all new appointees. The Chair advised that all board members should subscribe to these codes and should be judged upon the way the codes are observed.

The Chair informed members that these codes will be discussed at a future Remuneration Committee.

A discussion ensued on the content and members felt that there were a number of areas requiring further clarification. The Chair asked that members to forward their suggestions to the Board Assurance Manager.

Action: All

19. PERFORMANCE COMMITTEE

- **Committee Chair Report from 1st December 2022**

Mrs Leeson presented her Committee Chair Report from the meeting held on 1st December 2022.

- **Minutes of meeting held on 22nd December 2022**

Mrs Leeson presented the minutes of the Performance Committee meeting for information purposes.

- **Committee Work Programme 2023 (ST1134/23)**

Mrs Leeson presented the Work Plan for 2023 for approval.

The Board approved the Performance Committee Work Plan 2023 (ST1134/23)

20. PATIENT & CLIENT EXPERIENCE COMMITTEE

- **Committee Chair Report from 8th December 2022**

Ms Donaghy presented the Committee Chair Report from the meeting held on 8th December 2022.

- **Minutes of meeting held on 15th September 2022**

Ms Donaghy presented the minutes of the Patient & Client Experience Committee meeting for information purposes.

- **Committee Terms of Reference (ST1135/23)**

Ms Donaghy presented the Committee Terms of Reference for approval.

The Board approved the Committee Terms of Reference (ST1135/23)

21. APPLICATION OF TRUST SEAL (ST1136/23)

Ms Teggart sought approval for the Application of the Trust Seal to contract documentation as outlined in members' papers.

The Board approved the Application of the Trust Seal (ST1136/23)

22. CHAIR AND CHIEF EXECUTIVE'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS

The Chair drew members' attention to the written report detailing events the Trust Chair and Chief Executive had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was also noted.

23. ANY OTHER BUSINESS

The Chair asked the Executive Directors of Medicine, Social Work, Nursing and Finance if there were any other issues relating to their professional roles they wished to bring to the Board's attention. There were none noted.

The Chair asked members for feedback on how they found the facilities of the new boardroom and the hybrid approach. The Chair welcomed the comments received and agreed to take these forward for future meetings.

In concluding, The Chair recorded thanks to everyone for their participation and advised the next meeting would take place on Thursday, 30th March 2023 at 10.00 a.m.

The meeting concluded at 3.00 p.m.

SIGNED: _____

DATED: _____