Southern Health and Social Care Trust

Minutes of a Trust Board meeting held on Thursday, 25th May 2023 at 10.30 a.m. in the Boardroom, District Council Offices, Monaghan Row, Newry

PRESENT

Ms E Mullan, Chair
Dr M O'Kane, Chief Executive
Ms G Donaghy, 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

IN ATTENDANCE

Mr B Beattie, Director of Adult Community Services
Ms J McGall, Director of Mental Health and Disability Services
Mrs C Reid, Director of Surgery and Clinical Services
Mrs T Reid, Director of Medicine and Unscheduled Care
Mrs S Hynds, Deputy Director of Human Resources *(for Mrs Toal)*
Mrs J McConville, Assistant Director of Corporate Planning *(for Mrs Leeman)*
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary *(Minutes)*

APOLOGIES

Mrs P Leeson, Non-Executive Director
Mrs L Leeman, Interim Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed members to the meeting of the Trust Board in Monaghan Row, Newry and particularly welcomed Mrs Siobhan Hynds and Mrs Janet McConville deputising for their respective Directors.

At this point, the Chair reminded members that a key priority for the Board is engagement with front line staff so that they better understand what is going on across the wider Trust area and equally the role of the Trust Board and how it conducts its business. She particularly welcomed five members of Trust staff from the Mental Health Directorate and stated that she would appreciate their feedback in terms of today's meeting. The Chair extended a warm welcome to public attendees joining the meeting either online or in person and reminded everyone of some aspects of meeting etiquette and the business of the meeting proceeded.

At this point, the Chair advised that under agenda item no.7, the Board would be receiving updates on acute medicine, Daisy Hill Hospital and Stroke Services. She stated that Daisy Hill Hospital is loved and cherished by its community and its staff and when we hear later in the meeting of the challenges being faced and what actions are being taken, it is important that all the wonderful work that is done every day is not forgotten.

The Chair stated that as a Board, we like to begin meetings with service user engagement and she shared feedback from two patients' recent experiences in Daisy Hill Emergency Department and Daisy Hill Stroke Unit.

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.

3. CHAIR'S UPDATE

The Chair spoke of the challenges facing Health and Social Care and noted that workforce recruitment and retention remains a significant issue. She noted the budget allocated by the Secretary of State and the impact on the indicative budget for the Southern Trust. She stated that whilst the Trust awaits the outworkings of the budget, it is very clear the Trust is facing significant challenges in the coming year which will have

long term impacts. Ms Donaghy referred to the Permanent Secretary's letter dated 22nd May 2023 *and the* Chair advised that this letter and the Equality Impact Assessment of the 2023-24 Budget Outcome is available on the Department of Health's website.

4. CHIEF EXECUTIVE UPDATE

The Chief Executive provided a comprehensive update on a number of current issues. She reported on the financial outlook for 2023/24 which remains very challenging across Northern Ireland. She stated that the Trust does not have full certainty of an approved Budget for 2023-24 however the SPPG has provided the Trust with a draft indicative allocation of £847m which is much lower than what is required. A range of saving measures including a reduction in Off-Contract Agency, waste and discretionary spending will be key to enable the Trust to live within its budget allocation.

The Chief Executive advised that the number of nursing student places in Northern Ireland is to be reduced by 300. Furthermore, it was expected that training places for physiotherapy will be reduced during a time while there is 12% of physiotherapy positions currently vacant.

In relation to Primary Care, the Chief Executive spoke of the GP practices that have or will be handing their contracts back to the Department of Health. The Department of Health is working hard to ensure the continuation of GP services in the area.

The Chief Executive informed members that following the legislation passed last year, police can now enforce exclusion zones set up to block anti-abortion protests outside health clinics in Northern Ireland. She advised that Trusts are working to put these zones in place.

Regarding Emergency General Surgery, the Chief Executive reminded members that the consultation closed on 21st April 2023 and the project team is currently reviewing all responses and working on the outcome report.

The Chief Executive updated members on the Urology Lookback Review. She advised that the phase one of the review is now in the final stages and the team is moving into phase 2.

In concluding, the Chief Executive provided an update on a number of items: increase in pancreatic cancer, Cervical Screening Programme in

Scotland, Nursing and Midwifery Vision and the pay implementation as outlined in the update.

Mr Wilkinson stated that the budget allocation impacts the people the Trust serves and it is the responsibility of all parties to ensure that discussions continue around budget allocation. He asked if the Trust had escalated its concerns on the budget position to the SPPG and Department of Health. The Chief Executive confirmed that the Trust had to which Ms Teggart added that the Trust is awaiting its final budget and noted the difficult financial year ahead. The Chair advised that a letter from the Chair's Forum has been sent the Department of Health detailing the impact the budget will have on Trusts and the delivery of care.

Ms Donaghy noted the Cancer wait times and lengthy waiting lists. She welcomed the fact that The Royal College of Emergency Medicine has called for political leadership.

5. MINUTES OF MEETING HELD ON 30TH MARCH 2023

The minutes of the meeting held on 30th March 2023 were agreed as an accurate record.

The Board approved the minutes of the meeting held on 30th March 2023.

6. MATTERS ARISING

Members noted the updates from Directors.

ACCOUNTABILITY

7. UPDATE ON SERVICES

i. Acute Medicine, Daisy Hill Hospital

The Chair invited the following individuals with Speaking Rights to address the board. Their submissions are attached at Appendix 1.

- **Liz Kimmins, MLA, Sinn Féin**

Ms Kimmins stated that recruiting and retaining medical staff has been a significant issue in Daisy Hill Hospital in recent years. She raised her

party's concern at the long term implications for the future of Daisy Hill Hospital and particularly asked:

- *What efforts have been made to recruit?*
- *What is being done to address the situation in DHH?*
- *What is the back-up plan?*
- *Why have there been no applicants for high level job posts?*

- **Deborah Yapicioz, Unison**

Ms Yapicioz provided a submission to Trust Board and in particular she queried the lack of engagement with Trade Unions and staff. Furthermore, she stated that the morale across the whole workforce is worrying low. In particular, Ms Yapicioz asked:

- *What meaningful steps are Trust Board and management taking to stop further staff leaving and attract new staff?*

- **Noel Keenan and Mary Luckie, Save Daisy Hill Hospital Emergency Surgery Group.**

Mr Keenan and Ms Luckie expressed their concern that 6 Consultants have chosen to end their tenure with DHH. They queried:

- *Why did senior Medical Consultants leave?*
- *What is the Trust doing about the situation?*

- **Donal Duffin, Public Representative**

Mr Duffin asked how the Trust plans to resolve the issue in Medicine without collapsing the hospital as he felt that the plans suggested do not come close to doing so. Furthermore, he requested a response on the following below:

- *Where are we now,*
- *How bad is the situation*
- *How did we get here?*
- *Did the staff who left have exit interviews?*

- **Justin McNulty, MLA, SDLP**

Mr McNulty expressed his concerns on the current situation at Daisy Hill Hospital and stated that there has been a dearth in investment and

ambition for Daisy Hill Hospital for many years. He noted his disappointment on the cessation of stroke services at DHH and how this will impact the wider and rural community. Mr McNulty referred to the withdrawal of emergency general surgery and how hospital and community based services do not exist in isolation from each other and decisions in one area will inevitably have implications for the others. Decisions such as this must be taken carefully, they must be evolutionary; and, they must be carried out service by service, understanding the connectivity between clinical services that form the infrastructure of a hospital. Mr McNulty felt that there has been no real attempts to recruit either consultants or other senior staff to DHH and the efforts to retain current staff. In concluding, Mr McNulty stated that Daisy Hill is now a hospital in crisis and on the brink of collapse as an acute site.

The Chair thanked those with speaking rights for their passionate concerns. She respectfully asked that members of the public refrain from posting on social media during the meeting. Briefings will be provided to Trust staff that day and it was important that staff hear from the Trust first.

The Chief Executive also thanked those with speaking rights for their contributions. She noted the concerns being expressed and advised that a review was being undertaken to understand how this situation has happened and to help the Trust learn from it as well as learning for other peripheral hospitals across Northern Ireland who are facing similar problems. The outcome will be provided at a future meeting.

Action: Chief Executive

The Chief Executive stated that she was aware that the people in Daisy Hill Hospital (DHH) have always felt neglected in the system and that she understood their anxiety and frustration. She referred to the Trust's aging infrastructure and the issue of available space which unfortunately are not quick fixes. The Chief Executive stated that DHH is a cohesive unit with staff who are passionate about what they do and it is not lost on the Trust how difficult it is for some of them to leave and how difficult it is for those staff who are left.

The Chief Executive set out the challenges with medical staffing across the Trust in some specialties and particularly at DHH. She stated that the regional and international shortage of consultants, difficulties recruiting specialist grade and junior doctors and the serious over reliance on locum doctors are matters of great concern in meeting the demand for acute inpatient medicine and providing stable medical staffing cover in medical

wards. The pressures have now escalated with increasing reliance on medical locum cover and a number of Consultant medical staff ending their tenure at the hospital.

The Chief Executive advised that the Trust's current priorities are patient safety, the psychological safety of staff and ensuring that the ED is protected. The initial focus will be to stabilise staffing for the summer months in anticipation of a more permanent solution. She advised that as there are insufficient substantive stroke consultants at DHH, the decision has been taken on patient safety grounds to again divert all acute stroke patients to Craigavon Area Hospital with effect from 31st May 2023.

The Chief Executive stated that the Trust continues to pursue every available option and is also working with the other HSC Trusts, NI Ambulance Service and the Department of Health. A meeting has been arranged for the following week involving all Trusts to seek support to address the challenges. The Chief Executive also advised of discussions with Professor Mark Taylor in relation to general medical surgery and engagement with Nuffield Trust to review acute medicine locally across the Trust. She advised that in discussion with the Permanent Secretary, it has been agreed that an external reference group will be appointed. The Chief Executive stated that she hoped to have a plan in place within the next 10 days. The aspiration is to build up support services such as the DAU and Acute Care at Home. A Chief Operating Officer has been appointed for DHH.

Dr Austin concurred with the Chief Executive's comments around the issue of recruitment and retention of medical staff which have now escalated with a number of consultant medical staff ending their tenure at DHH. He spoke of ongoing discussions and liaising with staff as well as collaborative regional working to address the challenges.

Mrs T Reid stated that she has spent time with her colleagues in DHH listening to the pressures being faced. Staff are working exceptionally hard and the Trust understands the impact the current challenges are having on them. Workload, specialty experience and work/life balance are key issues being raised. The Trust will continue to work with staff and listen to their experiences and views to help shape their vision for the short to medium term. More community based care, new ambulatory models etc. will also be explored.

The Chair stated that the Trust is taking the situation seriously and a review is being undertaken to understand how we got to this point. The

Trust is working with other Trusts, SPPG, DoH and Nuffield Trust. She welcomed the meeting the following week to start to explore and scope what can be done as well as any development of community support services from within the Trust. She emphasised the importance of staff being the centre of all discussions over the medium and longer term.

At this point, Mr McDonald declared an interest in this item given that he has a vested interest being a resident of Newry. He spoke of the need for everyone to work together and for further investment in DHH as it has an active role to play. He asked that the Chief Operating Officer for DHH and the regional group work closely with DHH Pathfinder and DHH Futures Group to ensure involvement of the local population. The Chief Executive welcomed any help and support from staff and the population to help the Trust learn and improve.

Ms Donaghy concurred with Mr McDonald's comments. She referred to the Elective Overnight Surgical Centre at DHH and Dr Duffin's suggestion that the departments are interlinked (3 legs of the stool) and the Elective Hub, ED and the medical department will not work without one another. Dr Austin used one example of a successful standalone elective surgery unit in England.

Mr Wilkinson asked if the Trust would be 'robbing Peter, to pay Paul' in order to stabilise medical provision and protect ED? The Chief Executive stated that she would not be in a position to answer this until a robust plan was developed.

Mrs McCartan asked that given the urgency of the situation, what was the timeframe for strengthening such initiatives as Acute Care at Home. Mr Beattie gave assurance that work is ongoing to further develop Acute Care at Home. Mr McCafferty stated that 2 new Paediatric inpatient wards have just opened in DHH and there is the commitment to upscale elective surgery. Mrs C Reid updated on the progress of the elective overnight stay centre in DHH. The Chief Executive stated that a plan needs to be developed and in place as soon as possible. Funding was raised to which the Chief Executive advised that once a plan is in place, the funding requirement will become clearer.

Mr McDonald made the point that any negativity about DHH has the potential to impact on staff recruitment and retention. He asked about possible cross border investment for DHH.

Mrs T Reid spoke of the reduction in un-commissioned beds whereby the Trust has been able to re-profile its beds back to its original medical footprint. Rachel Killen, UNISON, asked what would happen to staff. Mrs T Reid stated that the Trust continues to work with staff on the Respiratory Ward and there are current vacancies at DHH.

Dr Duffin sought clarification that as at 31st May 2023, will thrombolysis be available at DHH? He also queried why the elective overnight stay at DHH was not communicated more out to the community.

Ms Margaret Devlin stated that it was important that the positives of DHH were communicated. She also stated that consideration needed to be given as to what training measures need to be put in place to help staff.

The Chair stated that the significant challenges in medical staffing at DHH have been discussed and a commitment given from the Trust Board and the Senior Leadership Team to pursue every viable option in order to minimise the impact of the situation and stabilise the workforce. She restated the Trust's 3 main priorities - patient safety, psychological safety of staff and protection of the ED.

In concluding discussion on this item, the Chair advised that questions raised by those with Speaking Rights will be responded to by Trust Board following the meeting.

ii. Stroke Services

Mrs T Reid presented an update on Stroke Services. She set the background in context and explained that the paper provides a further update to the position presented in March 2022 and also provides the progress to date, the further opportunities that can be achieved and the challenges being faced by the service on this quality improvement journey.

Mrs T Reid reported that both CAH and DHH sites have maintained their Combined Total Key Indicator Level (of B and C respectively). Lurgan and South Tyrone are amalgamated in the results and have improved their Combined Total Key Indicator Level 'C'.

Areas of improvement were discussed. Mrs T Reid advised that the SSNAP Action Plan Groups and The Stroke Project Group continue to meet regularly to review all aspects of Stroke Care; Acute AHP staffing have been temporarily appointed as well as community stroke posts for

22/23; Stroke Ambulatory and Virtual Stroke Ward pathways are nearing completion and will be live by September 2023; a proposal to reconfigure the Ramone building and provide an extension to accommodate 12 beds has been agreed. Mrs T Reid reported that two Quality improvement projects are running simultaneously on the CAH and DHH Site: ED to Stroke unit in less than 4 hours and 'Door In Door Out' (DIDO) for potential Thrombectomy Patients. She updated members on Rapid Artificial Intelligence (AI) for CT scans of suspected Stroke Patients which is part of a pilot with WHSCT, NHSCT and BHSCT and the Dizzy pathway in the Emergency Department, ENT and Stroke.

Mrs T Reid reported on the challenges, namely bed pressures, the delay in the outworkings of the regional Stroke Consultation and outcome on location of hyper acute sites and recruitment and retention for medical staff. She added that workforce continues to present a challenge to the operational day to day delivery of care and treatment for stroke patients.–. Ongoing discussions are being held with Strategic Performance and Planning Group (SPPG) colleagues regarding need for additional recurrent investment for all elements of the stroke service.

Mr McDonald reminded members that Dr Michael McCormick, Consultant Stroke Physician has presented Stroke data to the Governance and Performance Committees previously highlighting the challenges that the service has faced. Mr McDonald referred to slide 5 of the presentation on the national audit assurance template. He noted the 21% decline in October 2022 to December 2022 for those applicable Patients assessed by a Nurse or one therapist within 24hours and all relevant therapists within 72 hours and rehab goals within 5 days. Mrs T Reid attributed this to the reduced availability of AHPs at the weekend. She agreed to bring further information back on how the availability of AHPs at the weekends impact the figures.

Action: Mrs T Reid

Mr McDonald asked for further clarity on slide 6 where it demonstrates the percentage of patients reaching the Stroke Unit within 4hours. Mrs T Reid explained that the fall in figures for DHH relates to when the stroke divert was commenced and challenges in medical cover.

Ms Donaghy referred to slide 13 where it states that it has been proven difficult to protect beds due to the extreme pressures on the system. She noted that Dr Michael McCormick has made the case previously on the importance of protecting stroke beds. Mrs T Reid explained that the

stroke beds are monitored on a daily basis, however with the pressures across the system, including winter pressures, it is difficult to achieve this. She added that the large number of patients in the Emergency Department and to keep patient flow across the system, in some instances, it is necessary to use the stroke beds. In responding to a question asked by Ms Donaghy, Mrs T Reid provided assurance that thrombolysis can be given in the Emergency Department.

In response to a question from Donal Duffin, Mrs T Reid explained the process for clot retrieval from the initial admission, 1st scan and retrieval in Belfast. Furthermore, in response a question by Mr McNulty, Mrs T Reid provided assurance that there will be a stroke specialist available on the DHH site, access to thrombolysis and scans 24/7. Acute stroke services will be available on the CAH site 24/7.

Members of public left the meeting at this point

8. DRAFT ANNUAL REPORT ON THE DISCHARGE OF DELEGATED STATUTORY FUNCTIONS AND CORPORATE PARENTING REPORT 2022/23 (ST1146/23)

Mr McCafferty presented the above named report for approval. He explained that the Delegated Statutory Functions report, Corporate Parenting report and related papers specify the powers and duties which the HSCB has delegated to the Trust. The report outlines how the Trust has discharged the relevant functions across all programmes of care and includes where challenges have presented.

From the outset, Mr McCafferty commended the social work staff for their dedicated hard work to the service. A presentation was included in members' papers and Mr McCafferty took members through the detail. He raised sustained workforce shortages across all Directorates and stated that there is an increased focus on attraction, recruitment and retention of social work staff. However, he noted there is a regional shortage of qualified social workers available which means that there will be vacancies in some front line services for the foreseeable future which in turn impacts on service delivery.

Mr McCafferty presented key data and reported that there are 6397 children in need, 492 children on the Child Protection Register and 623 Looked After Children in the Southern Trust. He noted that there has been an increase of 13 foster carers since March 2022, totalling 276. Mr McCafferty added that the teams continue to focus on staffing challenges

in relation to managing unallocated childcare cases and affording priority to Child Protection and Looked after Children episodes.

Adult Services was discussed. Mr McCafferty noted the increased demand for adult services post Covid. In relation to Physical and Sensory Disability, he reported that there was a 28% increase in the number of adults in receipt of services, 60% uptake of carers assessments offered, 15% increase in direct payments and a 17% increase in carer cash grants, non-recurrent funding.

Mr McCafferty reported on the Mental Capacity Act and noted the significant process made with compliance, however he spoke of the impact of demand on core staff, inadequate funding, high activity in Care Home Support, Integrated Care, Learning Disability and Memory Teams.

Mr Wilkinson asked that given the recognised pressures, did the Trust need to prioritise its resources as regards children's services? Mr McCafferty advised that priority is given to child protection and looked after children and this has a knock on effect manifesting in high numbers of unallocated Family Support cases. Mr Wilkinson also asked how the value we place on staff is communicated to them. Mr McCafferty spoke of the importance of retaining staff and the importance of culture and advised of the increased focus on valuing our staff and the numerous ways this is done.

Mrs McCartan welcomed the detailed report and reminded members of Trust Board's statutory responsibility as a corporate parent for Looked After Children. She noted the complexity of the situations and the challenge that social workers face with system pressures. Mr McCafferty acknowledged the difficult circumstances that children and young people face, however he stated that majority of the Looked after children and young people make positive transitions into adulthood and independence.

Ms McGall welcomed the significant service improvements and significant amount of work ongoing across all areas. In relation to Learning Disability Annual Reviews, Ms McGall noted that performance was below target and stated that it was importance to be mindful of the impact of the Mental Capacity Act legislation which has had a detrimental impact on the ability to undertake annual reviews. Ms McGall advised that there is significant amount of work ongoing across all areas.

The Chair spoke of the Young People's Pledge and the importance of Trust Board delivering on this. Ms Teggart stated that funding is critical for these services and it is important that this is raised with SPPG and DoH

Mr Beattie commented on the compliance of Annual Reviews in Adult Community Services and provided assurance that those individuals were in receipt of services and there are checks in the system to ensure priority cases are addressed.

In response to a question asked by Ms Donaghy, the Chief Executive commented that Mrs Toal is reviewing the viability to reinstate the excellence awards which acknowledges the hard work of staff.

Mr McCafferty advised that foster carers are critical to Looked after children's service and encouraged members to retweet, share and promote the need for foster carers across all social media platforms.

The Board approved the Draft Annual Report on the Discharge of Delegated Statutory Functions and Corporate Parenting Report 2022/23 (ST1146/23)

9. DRAFT OUTTURN FOR THE PERIOD ENDING 31ST MARCH 2023 (ST1147/23)

Ms Teggart presented the Draft Outturn Financial Performance Report ended 31st March 2023. She reported that the draft Annual Accounts were presented to the Audit Committee on 4th May 2023.

Ms Teggart advised that this report provides a robust analysis of the use of the Trust's financial resources. She advised that the draft outturn position has been established measuring actual expenditure against RRL confirmations received from SPPG/PHA and NIMDTA. The total current year allocation in 2022-23 was c£924m.

Ms Teggart reported that the Trust overspent on payroll expenditure totalling £621m at month 12. The main areas of spend are within Medical and Nursing. Investment in payroll includes agency, bank, locum, overtime and additional duty hours. The most significant area of flexible spend is Agency (including Medical Agency) with a wte of 816 at March 2023 and a cumulative spend of £68m. In total at Month 12 March 2023, there were 249 wte's employed specifically under Covid Response. Of these direct wte c71% were employed on temporary contracts. Covid

costs reductions will be monitored as part of the Financial Sustainability and Productivity Review.

In relation to off contract agency and critical shift payments, Ms Teggart reported on the expenditure over Months 07 to Month 12. She explained that there was not sufficient downturn in Off Contract Agency spend to yield savings when the increase in Critical Shift Payment spend was taken into account therefore the Agency Reduction Target was not achieved.

Ms Teggart reported that the loss of income associated with Covid-19 due to the reduced footfall in canteens, cessation of car parking charges and reduced client contributions was covered by Covid-19 funding.

Ms Teggart reported that the prompt payment cumulative performance for 2022/23 was 93.5%. Regarding the Capital Resource budget of c£40.1m as at March 2023, Ms Teggart advised that the Trust spent its full Capital allocation with the exception of a small surplus of £1k.

In concluding, Ms Teggart reminded members that the final draft accounts will be tabled at the next Trust Board meeting in June 2023.

In response to a question asked by Mrs McCartan, Ms Teggart noted that receiving funding at the start of the year helps to aid planning for the year ahead, however the Trust will not be able to seek further funding towards the end of the year following a new process, therefore it is critical that planning is correct from the outset.

The Board approved the Draft Outturn for the period ending 31st March 2023 (ST1147/23)

10. GOVERNANCE COMMITTEE

- **Committee Chair Report from 9th February 2023**
  Mr McDonald presented his Committee Chair Report from the meeting held on 9th February 2023.

- **Minutes of meeting held on 12th January 2023 and 9th February 2023**
  Mr McDonald presented the minutes of the Governance Committee meetings for information purposes.

- **Committee Terms of Reference (ST1148/23)**
  Mr McDonald presented the Committee Terms of Reference for approval

  The Board approved the Governance Committee Terms of Reference (ST1148/23)

11. ENDOWMENTS & GIFTS COMMITTEE

- **Committee Chair Report from 20th March 2023**
  Ms Donaghy presented her Committee Chair Report from the meeting held on 20th March 2023.

- **Minutes of meeting held on 30th January 2023**
  Ms Donaghy presented the minutes of the Endowments & Gifts Committee meeting for information purposes.

12. AUDIT COMMITTEE

- **Committee Chair Report from 24th April 2023 and 4th May 2023**
  Mrs McCartan presented her Committee Chair Report from the meetings held on 24th April 2023 and 4th May 2023.

- **Minutes of meeting held on 6th March 2023**
  Mrs McCartan presented the above named minutes of the Audit Committee meeting for information purposes.

STRATEGY

13. CORPORATE PLAN 2022/23 SIX MONTHLY UPDATE

Mrs McConville presented the Corporate Plan 2022-2023 which provides a high level summary of the outcomes of the corporate priorities.

Mrs McConville advised that 2022/2023 continued to be a year of many competing demands and priorities. Despite this, the Trust was able to make progress in many of its corporate priorities as outlined in the report. She noted that there are areas that require further development which have been rolled forward into the 2023/24 plan. Mrs McConville advised that the Trust is progressing the development of a longer term plan, 2024/25 and beyond which will seek to reset the Trust's vision and corporate objectives. In concluding, Mrs McConville informed members that a further one year plan for 2023/24 will be presented to the Trust Board meeting in June 2023.

In response to a question asked by Mr McDonald, the Chief Executive provided assurance that the long term plan for the Integrated Care System (ICS) will be incorporated into 1 year corporate plan.

CULTURE

14. EXECUTIVE DIRECTOR OF SOCIAL WORK UPDATE

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.

Mr McCafferty guided members through the report and advised that the Directed Delegated Statutory Functions Report was submitted to SPPG on 12th May 2023. Mr McCafferty advised member that this EDSW report is primarily concerned with Looked after Children and the Trust's responsibilities as Corporate Parent. He referred to the areas of achievement and noted that the Trust has maintained the position of ensuring that every Looked After Children has an allocated Social Worker and an up to date care plan. The Short Breaks Service for children with a disability and the Fostering Service has continued to recruit new carers to ensure the growth of these much needed services. Mr McCafferty reported that the Southern Trust became the first Trust in the region to begin implementation of the new regional Framework for Integrated Therapeutic Care which aims to improve outcomes for Looked After Children and young people through the delivery of trauma informed care.

Mr McCafferty reported on the areas of concern; placement capacity, accommodation options for Care experienced young people, social work staffing deficits and increasing demand/numbers of LAC and resource implications.

Mrs McCartan welcomed the comprehensive report and asked for further information on the regional Framework for Integrated Therapeutic Care. Mr McCafferty explained that the framework was developed by the Department of Health to guide the delivery of care to care experienced children and young people in Northern Ireland. It has a vision of improving outcomes for children and young people through the delivery of trauma informed care and has been informed by

knowledge and established best practices both in NI and internationally. He added that there will be a wide range of training to be undertaken by relevant staff and is being rolled out by an AHP lead. Mrs McCartan asked if funding has been made available to the Trust to become a pilot test site, to which Mr McCafferty advised that funding is limited.

Mr McDonald suggested that a Board workshop on trauma informed practice would be useful. The Chair welcomed this suggestion and agreed to take forward with Mr McCafferty.

Action: Chair / Mr McCafferty

OTHER MATTERS

15. APPLICATION OF TRUST SEAL (ST1149/23)

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 (ST1149/23)

16. CHAIR AND CHIEF EXECUTIVE'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTOR'S BUSINESS AND VISITS

The Chair drew members' attention to the written report detailing events the she, along with the 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.

17. ANY OTHER BUSINESS

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

Trust Staff and attendees were given an opportunity to provide feedback at the end of the meeting which the Chair welcomed as helpful.

In concluding, the Chair recorded thanks to everyone for their participation and advised the next meeting would take place on Thursday, 22nd June 2023 at 10.30 a.m.

The meeting concluded at 2.00 p.m.

SIGNED: _____ **DATED:** _____