

**Minutes of a Trust Board meeting held on Thursday, 22nd June 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
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Dr S Austin, Medical Director
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
Mrs L Leeman, Interim Director of Performance and Reform
Ms J McGall, Director of Mental Health and Disability Services
Ms M Magennis, Assistant Director Social Work Governance, Workforce Development & Training (*for Mr McCafferty*)
Mrs C Reid, Director of Surgery and Clinical Services (*Items 1-10*)
Mrs T Reid, Director of Medicine and Unscheduled Care
Ms E Wilson, Director of Planning, Performance and Informatics
Mrs V Toal, Director of Human Resources and Organisational Development
Mr B Conway, Assistant Director of Cancer and Clinical Services (*Items 11-25*)
Mrs D Ferguson, Assistant Director Nursing, Midwifery Workforce and Education
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (*Minutes*)

APOLOGIES

Ms G Donaghy, Non-Executive Director
Mr C McCafferty, Interim Director of Children and Young People’s Services /Executive Director of Social Work

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed everyone to the hybrid meeting of the Trust Board and reminded everyone of some aspects of meeting etiquette and respectfully asked that no one would video or record the proceedings of the meeting. The business of the meeting proceeded.

Following the recording of apologies, the Chair particularly welcomed Ms E Wilson, Director of Planning, Performance and Informatics to her first meeting. The Chair also welcomed Mrs M Magennis, Assistant Director Social Work Governance & Workforce Development, deputising for Mr C McCafferty. Members noted Mrs D Ferguson would deputise for Mrs Trouton from 12 noon onwards and Mr B Conway would deputise for Mrs C Reid from 1.45 p.m. onwards.

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. The Chair advised Trust staff from the Finance, Procurement and Estates Directorate would join the meeting later on the agenda and she would welcome their feedback at the conclusion of the meeting.

The Chair advised that under agenda item 7, the Board would receive an update on the Elective Overnight Stay Centre at Daisy Hill Hospital (DHH) and at agenda item 8, an update would be provided on the Interim Stabilisation Plan for General Internal Medicine at DHH. She acknowledged the last number of weeks had caused great concern for both Southern Trust staff and local communities and gave assurance that DHH has an important role to play in the future provision of health and social care across the Southern locality. The Chair emphasised that the Senior Leadership Team has been working hard to bring a plan together that is safe for patients and staff and maintains the 24/7 ED department and brings care closer to home. The focus of this work has been to provide a sustainable interim solution until the DoH does a broader piece of work on the role of our hospitals in the delivery of HSC across the region.

The Chair commended the award winning staff from the recent Royal College of Nursing, 'Nurse of the Year Awards' and acknowledged the six staff from across the Trust who were very worthy winners.

The following good news and celebratory events were acknowledged by Board members:-

- Learning Disability Week;
- The recent appointments of Ms H Trouton and Ms C Teggart as Deputy Chief Executives;
- Congratulations to Professor N Damani on being awarded the OBE for services to Infection, Prevention Control and his work with the World Health Organisation;
- Congratulation to Mrs Z Parks recognised as HR Professional of the Year at the recent HPMA Awards. Northern Ireland Medical and Dental Training Agency (NIMDTA) have also recognised Zoe's work, along with Dr P Benshaw and Dr A Diamond for their work with the Southern Academy for International Medical Doctors;
- National Competition – 'Skills for Health Hero's' Award. One of the Trust's administration staff, Ms M McLroy from the Dungannon Integrated Care team, was awarded Operational Support Worker of the Year. That element is sponsored by UNISION;
- Mrs L Campbell, Trust Head of Dysphasia for the Trust has been shortlisted for the Health Service Journal (HSJ) Awards 2023

The Chair shared the following reflections from Service Users/Staff in relation to services delivered by the Southern Trust:-

- i) Cloughreagh House Rehabilitation Unit – 'My Life is much Richer'
- ii) Acute Care at Home Team – Service user experience

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 in relation to the budget allocated to the Trust and emphasised that commencing the year with a £47.3m funding gap, is an extremely challenging ask for the Trust. She advised that the Health and Social Care Chairs met with the Permanent Secretary and it was very clear from the DoH, that the Trust must live within the budget allocation for 2023/24. A financial strategy and draft financial plan would be presented for approval later in the meeting.

The Chair advised that recruitment across all six Trusts for Non-Executive Directors has commenced. A waiting list will be populated to support vacancies over the next 12 months.

4. MINUTES OF PREVIOUS MEETING HELD ON 25TH MAY 2023

The minutes of the meeting held on 25th May 2023 were agreed as an accurate record.

The Board approved the minutes of the meeting held on 25th May 2023.

5. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the updates from Directors included within the action template.

Item 7ii - Stroke Services

Mr McDonald advised that he had spoken to some staff following a meeting attended by the Permanent Secretary. He spoke of their general level of concern particularly in relation to AHPs providing rehabilitation services for stroke patients and emphasised there is still much work to do in terms of reassuring staff about their jobs. In responding, the Chief Executive alluded to the challenges the Trust has encountered in recent weeks communicating uncertainty to staff and services users and added that as the work being proposed today becomes clear, this should assist in alleviating some of the concerns.

6. CHIEF EXECUTIVE'S UPDATE

The Chief Executive provided a comprehensive update on a number of current issues and referred in particular to the medical staffing issues at DHH. She advised that a retired HSC Chief Executive has been identified to lead the review into the recent turnover of Consultants from General Internal Medicine in DHH to understand more fully the reasons for leaving and identify learning for the Trust and that a retired Medical Director will also assist with this work. The timescale for completion of this work is envisaged as Autumn 2023.

Members noted that the Emergency General Surgery (EGS) consultation is underway. A significant number of responses and submissions have been received by the Trust throughout the consultation process. Work is

ongoing by the project team to review and carefully consider all responses. It is envisaged the Consultation outcome report will be presented to Trust Board for a final decision on 28th September 2023. Contingency plans for emergency general surgery continue.

The Chief Executive referred to the significant challenges in waiting times and highlighted the public services ombudsman has recently reported on the system of communicating with patients on healthcare waiting lists in Northern Ireland. Members noted the report identified significant and repeated failures in updating patients, amounting to systemic maladministration. Mrs McCartan asked if the Trust had reviewed the report and reflected on whether there was a requirement to make any changes to internal processes within the Southern Trust. In responding, Mrs C Reid advised the Trust had reviewed the report and has set up an Outpatient Modernisation Steering Group. This group has met and terms of reference have been completed and an update will be provided to the Trust Delivering Better Value Group. Mrs McCartan asked if the Board could be kept informed with regards any changes to the Trust's internal processes taken forward through the Outpatient Modernisation Steering Group. The Chair welcomed this and suggested a summary report on shared learning would be provided at the appropriate time.

Action – Mrs C Reid

By way of future update on the communication with patients as a result of the ombudsman report, Mrs Leeman advised that the DoH has recently launched a patient portal which is the first step in communication to ensure patients are able to access online the waiting times in their local Health Trusts. Mrs Leeman stated that whilst the portal was still under development, it was very much welcomed.

Mr Wilkinson referred to Primary Care under point 6 of the paper and the DoH request seeking support from the Trust at the Mullaghbawn Surgery. He asked about resource implications and if there would be additional pressures placed on the Trust if assistance was to be provided. In responding, Mr Beattie advised the request was under early consideration, but from initial engagement with SPPG colleagues, they have provided the Trust with assurances on what is currently in place and what they have been able to secure so far. Mr Beattie stated it is envisaged the Trust will act as 'Host' for approximately 9 months, taking forwards stabilising the practice and getting it back into ownership of a GP. The Trust is responding by offering surround supports and acting in a coordination role. The Chair asked if there were financial resources

coming to the Trust to support this. Mr Beattie stated that any emerging issues requiring financial assistance will be alerted to SPPG colleagues, which he would expect them to fully cover. Members were assured the matter would be kept under review.

STRATEGY

7. DAISY HILL HOSPITAL ELECTIVE OVERNIGHT STAY CENTRE – UPDATE

The Chair welcomed Mr Declan McClements, Interim Assistant Director of General Surgery and ATICS and Mr Ted McNaboe, Divisional Medical Director, Surgery and Elective Care. Mrs C Reid spoke to a paper which sets out the current position and proposed next steps to support a phased plan for the delivery of Elective Overnight Stay Centre in Daisy Hill Hospital.

Members welcomed the areas of improvement as outlined in the paper. In particular, the recruitment of eight new surgical nurses to Daisy Hill Hospital theatres, as well as the increase from 13 theatre sessions to 18 theatre sessions via the 'flexible theatre list' from 19 June 2023. Whilst increasing surgery, there is also the introduction of a Gynaecology Ambulatory Unit (3 sessions per week), an expanded Early Pregnancy Clinic (5 sessions per week) and two protected Gynaecology in-patient beds for unscheduled attendances (Phase 1 – July 2023, Phase 2 expansion – September 2023).

Members were advised that to return to commissioned levels of activity, there is a group exploring a variety of options to increase capacity and future proof the service with bespoke theatre recruitment and an adaptable theatre workforce which will be the enabler for patient safety and care, and long-term reduction of waiting lists. The plan is to increase to 28 theatre sessions by 3rd October 2023. Members welcomed the opportunities to further expand elective surgery to focus on those people waiting the longest across all specialties.

Mrs McCartan raised MRI provision and welcomed the temporary MRI scanner coming onto the DHH site on 19 July 2023. She noted the dependence on procurement of a MRI scanner for permanent services and asked if this was on the Trust's capital investment plan to which Mrs Leeman confirmed that it was.

Mr McDonald welcomed the positive development around the elective surgical hub which he stated was a real boost not just for Daisy Hill Hospital, but for the region. He referred to the medical staffing issue at Daisy Hill Hospital and asked if there was a risk that this would impact on elective surgery activity. Dr Austin stated that he believed that this would not be the case and cited an example of a successful standalone elective surgery unit in England.

In concluding, the Chief Executive thanked Mr McClements and Mr McNaboe for their enthusiasm and commitment to increasing planned surgical activity at Daisy Hill Hospital.

8. TEMPORARY SERVICE CHANGE – GENERAL INTERNAL MEDICINE, DAISY HILL HOSPITAL (ST1150/23)

At the outset the Chair advised a number of speaking rights had been requested and granted in line with Trust Standing Orders. The Chair stated that whilst the Chief Executive and relevant Directors would endeavour to provide responses to as many questions as possible during the meeting, a combined Trust response would be shared with all those who have requested speaking rights and posted on the Trust website following the meeting.

At this point the Chair asked the following contributors to address the Board.

Eddie Curtis (Save DHH Group)

Mr Curtis raised the following points:-

- Urgent requirement for Communication to the public on the proposed alterations at DHH.
- In light of the public rally this Sunday at DHH, it would be useful to get proper communication in writing which could be read out or detailed to the public and allow for proper flow of communication to alleviate a lot of the fears that are out there.
- In light of the Pathfinder group not operating at the moment, there is a requirement for some sort of forum to be set up so that communication can be provided to community leaders regionally to ensure proper flow of information.
- We are interested in comments on the high dependency unit and how it is going to be impacted and we are interested in the reduction in beds.

Shauneen Malone (Save DHH Group)

Ms Malone raised the following points:-

- Stabilisation of DHH.
- Requested confirmation that DHH ED is completely safe.
- Requested confirmation that DHH will retain its Acute status
- Asked if there a timeframe by which the stabilisation programme will be completed.
- DHH is a fully functional hospital, but staff have not wanted to work at the hospital because they feel there has been few job progression opportunities and there is no advancement in careers and only cuts.
- What is the comparison in the amount of resources put into CAH versus DHH? DHH has always been under threat and we never hear of CAH closing or services cut there.
- Perception that CAH is favoured over DHH
- When the consultants resigned from DHH, did they do an exit interview as to why they left? Can these be looked at for trends over the years?
- As of 20th June 2023, certain staff at DHH have no idea what is going on and this was after a meeting with Dr O’Kane. The staff still have no idea, what is being stopped, started or progressed. Why are the Trust’s plans so unclear? There is a clear lack of communication between the Trust and staff.
- Asked about the re-deployment contract and emphasised that staff are fearful about signing these contracts because they think they are going to be moved to CAH.
- Is there an exact date when CAH Consultants will be asked to go to DHH?

Liz Kimmons (MLA Sinn Fein)

Ms Kimmons raised the following points:-

- Referred to the ongoing engagement since the last Board meeting and emphasised the need to keep the pressure on the DoH to prioritise DHH.
- Raised the communication gaps and highlighted the fear that remains amongst staff. She emphasised the need to have clear, coherent updates for people and that they know and understand fully what is being proposed and what it will mean for them and the wider public.

- Welcomed the positive development around the Elective Surgical Hub and MRI scanner at DHH and how this will help to tackle waiting lists as well as hopefully alleviating pressures on GP services etc.
- Stated that the MRI scanner will help to attract staff as it provides greater diagnostics for DHH.
- In advance of the presentation on DHH, conscious that proposals would be in the short term and emphasised the need for a robust long term plan to be put in place for DHH so we don't end up in this situation again.

Justin McNulty (MLA SDLP)

Mr McNulty raised the following points:-

- Welcomed the positive news, but need detail and confirmation on the commitments in relation to the Elective Surgical Hub and MRI scanner at DHH in writing.
- If the Trust proposals are adopted, will DHH retain its status as an Acute Hospital in its own right?
- The Trust is on record as saying negative commentary by elected reps is an impediment to recruitment and retention of key staff in DHH. How much of an impact does the imbalance of resource allocation and investment overseen by the Trust have on the recruitment and retention of key staff at DHH?
- The Trust and DoH have placed huge emphasis on the immediate stabilization of DHH. Has there been any forward planning done beyond the media crisis? What is the 5 year plan for DHH? Will the Trust commit to producing and honouring a 5 and 10 year plan with firm commitments for the future of the hospital on a regional basis?
- Can the Trust confirm that the Northern Ireland Medical & Dental Training Agency (NIMDTA) will be sending trainees specifically to DHH rather than just to 'The Trust'? How long has NIMDTA committed to keeping trainees in DHH?
- Has the Trust identified any themes or trends in the reasons sighted for Consultants leaving the hospital?
- Are the reasons for departures within the Trust's ability to address? If not, what representations if any, has the Trust made to the agency or agencies with the ability to mitigate those factors? For example, the Consultant tax issues.
- The Trust has cited regional assistance from other Trusts as a means by which to offset the impact of proposed changes to DHH. What specific assistance has been requested by the Southern Trust

and what commitments of assistance have been provided by other Trusts thus far?

- Raised concern about terms like mutual aid and stated this requires clarity.
- Has the Trust lobbied the DoH and the UK Government for remuneration packages/enhancement benefits? If so, when was the most recent representation made and what was the response to it?
- What extraordinary efforts have the Trust engaged in, in an effort to attract high calibre consultants to these shores? That means above and beyond advertising in the British Medical Journal.
- Sought clarity on the bed numbers.

Mr McNulty raised a further two questions related to Item 7, DHH Elective Overnight Stay Centre

- Sought clarity on the bed figures.
- Mr McClements stated in the presentation 'it was the ambition to get back to commissioned levels at DHH'. In light of the comment, I require clarity that DHH will be a new ES hub, or is the reality just to get back to where we were before?
- Sought clarity that DHH would remain an acute hospital and not a support for CAH.

At this point, under the following themes the Chief Executive reflected on the points raised by those with speaking rights.

Communication

The Chief Executive acknowledged the task of communicating uncertainty has been challenging. She pointed out the Trust had endeavoured to be open and honest, however recognised the initial suggested changes based on clinical input had caused significant stress and anxiety amongst staff and the general public. The Chief Executive advised that in response, the Trust has taken feedback on board and along with further clinical input and that from medical staff and other staff from DHH, continues to further develop its plans around what can be safely delivered on the DHH site.

The Chief Executive alluded to the misconception around beds and stated this would be clarified through the presentation Dr Austin would deliver later in the meeting. She asked all present to be mindful of the significant pace at which the Trust has been working to ensure the bed

numbers presented today are those which will work safely to deliver best care. The Chief Executive assured everyone the Trust continues to welcome feedback to inform learning into the future.

Stabilisation and length of Plan

The Chief Executive stated that the Trust proposal will include immediately stabilising inpatient medical services at DHH over the next 4-6 months. She went on to point out that following Trust Board agreement, work will immediately move to the next phase of the stabilisation plan, covering the medium term and asked members to be mindful regarding winter pressures. Alongside this work, the Trust will continue to progress toward implementing a 5-10 year long term sustainable plan for DHH. The Chief Executive went on to advise that the Trust continues to work closely with regional colleagues who are assisting to immediately stabilise services which have been at risk due to workforce challenges. She also referred to ongoing engagement with the Department of Health on these matters and stated she has met with those who are leading on the blueprint in relation to how services may look in the future and emphasized that learning will be really important. In response to the concerns over whether DHH will retain its Acute Hospital status, the Chief Executive assured all present the proposed plan secures the acute status of DHH and maintains the Emergency Department on a 24/7 basis whilst minimising impact on other services.

The Chief Executive advised that concerns in relation to re-deployment emails would be addressed by Mrs Toal later in the meeting.

Exit Interviews

In relation to the questions posed regarding exit interviews, the Chief Executive advised that conversations have taken place with staff when they have indicated their intention to leave and on occasions, since their departure. She advised a review is being conducted by two retired senior health personnel to more fully understand the reasons for the unprecedented turnover of medical staff at DHH and to identify any learning for the Trust.

Northern Ireland Medical and Dental Training Association (NIMDTA) Trainees

The Chief Executive stated that NIMDTA are fully supportive of trainees coming to DHH and Dr Austin would elaborate further under his

presentation. Members noted NIMDTA have requested the Trust put a number of supports in place including; weekly meetings with the trainees and enhanced clinical and education support. The Trust is working with regional colleagues and NIMDTA to support postgraduate educational teaching, training and examination preparation support for doctors in training.

Return to Commissioned Levels

By way of clarity in relation to the points raised by Mr McNulty on returning to commissioned levels at DHH and the new Elective Surgical Hub, the Chief Executive stated that following a downturn in elective activity due to the pandemic and ongoing pressures on medical beds, the DHH surgical team have been rebuilding and recruiting to their service in preparation for returning to pre-pandemic levels of surgical activity. Work is ongoing with regional colleagues to explore how waiting lists across Northern Ireland can be addressed and plans continue to be worked up for the elective overnight surgical hub on the site. The Chief Executive advised that Trusts have been tasked by the SPPG and DOH to reach 2019 commissioning levels and the Southern Trust will work towards this target as a first step, with ambitions to achieve more. She stated it was important to note that the £47.3m funding deficit facing the Trust in 2023/24 will have a significant impact on increasing levels beyond the commissioned provision at this point in time, however members were assured should funding become available, it would be ring-fenced for this service.

Pre-Deployment Contract

Mrs Toal spoke about the staff information and support hub in Committee room 1 where the Trust HR team have been based with trade union colleagues, working to respond to queries from staff. Mrs Toal said that it was important to be clear that the form linked to redeployment protocols was not issued by the Trust as part of the DHH issue. She stated once the Interim Stabilisation Plan is agreed, then Trust HR colleagues will work with staff and match as closely as possible.

The Chair invited Dr Austin to speak and he presented the proposed stabilisation plan for DHH, the full details of which were included in members' papers. He explained that the Trust has developed temporary contingency arrangements to support the stabilisation of

medical services at DHH. These arrangements include the requirement to temporarily re-profile the current medical bed provision.

The proposed changes are based on 4 key underlying principles:

1. Patient Safety & Risk Management
2. Maintaining a 24/7 ED
3. Staff Wellbeing and Psychological Safety
4. Service Development supporting “Home as the Hub”.

The key components of the service change will see a profile of 83 inpatient beds within the wider medical group. This bed capacity includes General Internal Medicine, Cardiology, Higher Dependency Medical patients, Short Stay and Clinical Decision bed spaces in ED and Care of the Elderly/Rehabilitation specialities. This is a reduction in commissioned bed capacity from 104 to 83.

Dr Austin stated that due to the evolving situation at DHH, permission is sought to move to enact temporary contingency arrangements to support the sustainability of safe GIM services at DHH to ensure safe and effective care for our patients.

Mr McNulty sought clarity on the bed numbers presented. Dr Duffin asked the Trust to make sure it retains the services of the locums to get through the next six months. He welcomed the expansion of the senior medical staff coming from CAH to DHH and asked for definite numbers and when they would be coming. Dr Austin advised that there would be 3 Senior Medical Consultants and 1 locum. Mr Karl Hughes asked about regional support to which Dr Austin spoke of their support with regional training. Mr E Curtis raised the importance of the Rural Needs Act being taken into consideration to which Mrs Leeman advised that a Rural Needs Assessment is undertaken as part of the consultation process.

The Board approved the temporary service change for General Internal Medicine at Daisy Hill Hospital (ST1150/23)

9. SOUTHERN TRUST FINANCIAL STRATEGY 2023 – 2024 AND FINANCIAL PLAN (ST1151/23)

Ms Teggart stated that the financial outlook remains extremely challenging and despite planning to deliver significant regional savings, the Department of Health (DoH) projected position remains in material deficit of £473m.

Members were asked to note the formal notification from the DoH setting out the 2023/24 allocation, included at Appendix 3. Ms Teggart pointed out the funding allocation for 2023/24 remains significantly below the level required to break-even. With the expectation of achieving a savings target of £26.3m and further savings of £21m to reach break-even relating to growth and pressures, the total savings to be achieved in 2023/24 is £47.3m. Members noted the projected opening current year effect revenue resource limit budget is £864.8m and this does not include any additional funding for growth and also includes a considerable reduction in Covid budget.

Members took time to consider the finer detail in relation to the funding gap for 2023/24 and concluded that to implement a savings plan to the value of £47.3m (in order to reach a break-even position as at 31st March 2024) will have a detrimental impact on services and will be extremely difficult to achieve in 2023/24. Ms Teggart emphasised the potential deficit poses a significant risk to the Organisation and outlined a number of measures being taken forward by way of mitigation. She stated clearly the financial period ahead will be extremely challenging and the Trust must ensure no additional expenditure is incurred on top of the savings measures being planned.

Discussion ensued and Mrs Leeson asked a question around the equity situation and whether the Trust receives recognition from the DoH for achieving financial targets. In responding, Ms Teggart advised this was a very unclear area and she had asked the Strategic Planning and Performance Group (SPPG) to set out how they plan to address this. The Trust will continue to raise the matter of savings targets with the DoH.

Members recognised the difficult financial environment and Mr McDonald asked if it would be unreasonable to assume the Urology Services Inquiry would be funded externally and consequently, might there be movement of around £6m to assist in reducing the £21m savings gap. The Chief Executive stated it was her understanding that previous Inquires have been funded by the DoH and there could be movement in terms of reducing the £21m savings requirement if the DoH did concede on the matter. In response to a further question from Mr McDonald around encouraging good financial discipline across Directorates, Ms Teggart updated members on work being progressed in terms of base line payroll and nursing. She also advised the SLT will need to undertake further decision making around commissioned and un-

commissioned budgets. Mr McDonald asked for assurance that as management move forward with developing savings plans, if challenges arise that directly impact services, these matters will be brought to the attention of Board members formally. Ms Teggart assured members she would continue to report back to the Board on a monthly basis through the Financial Performance Report and members will be kept up to date on any significant issues which may arise.

Whilst mindful that the most significant cost profile for the Trust is payroll related, Mrs McCartan asked how much the Organisation envisaged being able to effect in terms of savings on agency costs under the new Off-Contract Agency Framework. In responding, Ms Teggart advised that all areas will have implemented the new Off-Contract Agency Framework by the end of August 2023, and a reduction in costs is already being realised, however she stated further work was required on the Critical Shift Payments (CSP) allowance. Ms Teggart advised work is continuing regionally to ensure consistency of approach which is key to ensuring best use of the agency contract. A further piece of work will be undertaken internally looking at ways the Trust can reduce the use of contract agency as well as off-contract agency.

The Chief Executive advised that she continues to outline to the DoH the enormity of the situation in terms of reaching a break even position by year end and added it was important to keep the public informed regarding the potential impact on service provision and waiting times. In response to a question from Mrs McCartan on the Trust's obligation to meet its statutory duty to break-even despite a considerable budget reduction, the Chief Executive reiterated that the current budgetary proposals present an extremely challenging situation for all Trusts.

At this point, members noted the correspondence from Ms J Turkington, under Item 3 Chair's Business, in relation to the Draft Financial Strategy/Financial Plan.

In drawing discussion to a conclusion, the Chair asked members if they were content to approve the Financial Strategy with an opening deficit of £47.3m. Mrs McCartan emphasised the importance of ensuring the DoH are fully aware the Trust is focused on financial discipline and working to effect efficiency savings. Ms Teggart advised the DoH have requested all Trusts submit financial plans setting out how they intend to achieve savings targets. The Chair stated clear principles must be established and that patient safety is paramount.

The Board approved the Financial Strategy and Financial Plan 2023-2024 (ST1151/23)

10. CORPORATE PLAN 2023-2024 ‘ONE YEAR PLAN’ (ST1152/23)

Mrs Leeman presented the one-year corporate plan which sets out the corporate priorities for the year ahead. She pointed out this is the second one-year plan the Trust has brought post pandemic period and will provide a bridging position whilst engagement is commenced with staff, service users, statutory partners and other stakeholders and wider community on the development of the strategic outlook to underpin the next corporate plan.

Mrs Leeman went on to explain the 5 priorities for the year ahead:-

i) Provide Better Experience, ii) Deliver Better Value, iii) Deliver Best Outcomes, iv) Support our people, v) Advance health equity for all. These will align to the Institute of Health Care Improvement (IHA) Aims and she shared a number of examples to evidence work already underway linking the Trust priorities and Trust Corporate Objectives. She added that teams will use the areas of focus to guide their annual directorate plans and scorecards for achievement. Mrs Leeman highlighted a new element within the corporate plan namely ‘Healthy Lives’, which will encompass health equity and sits in line with the Trust’s journey with the Integrated Care System model.

In relation to developing strategy, Mrs Leeman advised the Trust has established links with MerseyCare NHS Foundation Trust to support and inform the Organisation into the future. She added that whilst longer term strategic plans are required, there is an immediate need to bring forward shorter plans for hospital services and other areas where stabilisation is required.

In concluding, Mrs Leeman emphasised it was important to keep in mind the current financial climate and the impact this will have on Trust budgets, as well as the associated potential impact on the deliverability of the Trust’s plan, particularly the investment which will be necessary to sustain and develop services with limited recurrent growth funding.

Discussion ensued and Mrs McCartan asked why a longer term plan had not been developed as opposed to a further bridging plan, to which Mrs Leeman advised that prior to the pandemic, the DoH intention was to align all Trust planning cycles in the same period, as well as aligning Trust Corporate Plans with the Programme for Government, however in

the absence of an Executive this has not progressed. Trust management have asked for clarification on Corporate planning through the Trust Accountability meeting with DoH officials, however the Trust vision is to move forward with a longer term outlook and work towards a 3 year plan for the next financial year. She advised that management will follow a similar approach to the prior year and report back to Trust Board at mid-year on progress in terms of specific targets.

Mr McDonald stated that given discussion earlier in the meeting on DHH and the need for a framework into the future, it would be important to take forward collaborative arrangements to develop a one year plan for DHH and suggested within the framework of the Corporate plan there is potential to take an immediate look at the DHH site at a high level. Mrs Leeman concurred and stated it would be meaningful for the community if an action plan was developed pending the regional blueprint work and added something similar could be worked up for South Tyrone Hospital (STH) looking at its future role and the services it will bring.

The Chair welcomed the discussion and forward thinking, however she asked members to be mindful regional work on the reconfiguration of hospital services needed to progress.

The Board approved the Corporate Plan 2023-2024 – ‘One Year Plan’ (ST1152/23)

CULTURE

11. SERVICE IMPROVEMENT PRESENTATION

Urology Services Cancer Improvement – Cancer Multi-Disciplinary Team

The Chair welcomed Mr B Conway, Assistant Director Cancer and Clinical Services and Dr A Uprichard, Clinical Director of Cancer Services to provide an overview of the cancer multi-disciplinary meeting improvement work. At the outset, Mr Conway noted thanks to the Board for providing the opportunity to update members on the service improvement work being addressed over the past 18 months in relation to Cancer MDTs in the Trust. Mr Conway advised Dr Uprichard, sits on two of the Trust MTD meetings, namely Urology and Lung.

By way of introduction, Mr Uprichard provided some regional context and referred to the Campbell Report of 1996, which set out to revolutionise Cancer Care in Northern Ireland (NI) and recommended setting up a Regional Cancer Centre in NI, as well as a unit in each Trust for the delivery of treatment. The establishment of Cancer MDTs was also recommended and these were commissioned from 2008 along with the cancer tracking resource. Mr Uprichard pointed out that the resource for the commissioning behind this was based on the cancer incidents and prevalence from 2008 which importantly, has dramatically increased. In evidencing this, he referred to data included within the Cancer Strategy from last year, stating the number of cancer cases has increased by 54% over the past 25 years and is projected to double even further by year 2040. Dr Uprichard stated that from his perspective and delivering systematic treatment for cancer patients, the Oncology transformation work of 2018/2019 had projected a 6% increase in the delivery of systematic therapy of cancer, however data from the regional resources system used to prescribe these treatments shows a 42% increase in the delivery of systematic treatment for cancer in NI over the last 4 years.

Members noted Cancer MDTs comprise a variety of expert health care professionals who have specialised knowledge and training in specific cancers. The purpose of the teams being to support the delivery of high quality cancer care for all patients. From a local context, Dr Uprichard advised there are currently 8 specialist Cancer MDTs across the Southern Trust which meet weekly and he alluded to some of the difficulties in meeting this requirement.

At this point, Mr Conway guided members through the improvement journey so far, stating that the focus has been looking at the recommendations from a number of reviews including the:- i) Urology Services Adverse Incident (SAI) Report and Recommendations, ii) Royal College of Surgeons Urology Casenote Review and ii) Urology Services Public Inquiry which remains ongoing. Additionally the team have been linking closely with Ms M O'Hagan and her work with the Urology 'Lookback' with the purpose of triangulating all the issues being identified to ensure they are linking into the Trust improvement plan moving forward.

In taking the improvement plan forward, Mr Conway stated a big focus is making sure Cancer MTD processes are robust and are addressing the recommendations from the reports and supporting the delivery of high quality cancer care for patients coming through services, as well as involving service users along the improvement journey. Mr Conway took time to outline how service user involvement has developed in response

to the ongoing Urology Services Public Inquiry and also within the MDTs, including the role of 'Care Opinion' focus and the Cancer Nurse specialist.

In concluding the presentation, Mr Conway guided members through the ongoing challenges for MDTs including service pressures due to an increased number of referrals, as well as medical workforce challenges across most specialties along with regional Oncology workforce pressures. He emphasised much progress has been achieved, however recognised there was much work still to do. Whilst members recognised the difficult environment across the service, the ongoing improvement work being progressed was very much welcomed.

Discussion ensued and Mrs McCartan welcomed the clinical expertise through Dr Uprichard. She stated the presentation was most helpful in putting into context the performance data presented to members at the Trust Performance Committee in terms of Cancer targets. Mrs McCartan welcomed the strengthening of governance arrangements including enhanced monitoring and assurance processes, along with significant investment through the additional posts such as the Cancer MDT lead role. In terms of the increase of patients diagnosed with cancer and the pressure being experienced right across the system, she asked how long it was envisaged it would take to reduce some of the waiting times for patients seeking an assessment who are not red flagged, or are waiting referral into the system. Mr Conway stated, where previously there was a focus on cancer access with less focus on how the cancer MDT processes were working, now there is a clear focus on both. He acknowledged there remains ongoing challenges in relation to cancer access and updated members on a regional approach whereby the Trust has been asked to implement optimisation plans across four sites and identify opportunities for improvement and further processes to improve access and manage the current pressures differently.

In referring to the performance meetings, Dr Austin alluded to the benefit in working alongside Dr Uprichard as Clinical Lead in Oncology and asked was there opportunity for him to join the meetings, alluding to a collective leadership approach. Dr Austin also asked if the team had good access to data and was there opportunity to share data for clinical improvement. In responding, Mr Conway confirmed there was real strength in clinical specialists joining the performance meetings and this was the plan going forward. In relation to data, he advised that with the support of Mrs Leeman's team a 'Click App' has been put in place for cancer performance and this has been shared with the speciality teams and they are being encouraged to look at this data live which gives them

information to ensure the patients are coming through the pathway efficiently.

Mrs T Reid highlighted the volume of workload undertaken by MDTs and stated that in light of the projections going forward which would put further pressure on teams already stretched, what plans are being put in place to address some of the challenges. Dr Uprichard recognised the current volume of work is very challenging and acknowledged the need to be looking ahead. He updated on work being taken forward with MDT Chairs to ascertain what their particular pressures are and also thinking more creatively about how we can work differently.

In response to a question from the Chair, Mr Conway explained that the investment in additional posts to build up the team had been agreed on a non-recurrent basis, however eventually a recurrent funding stream will have to be identified and he alluded to a possible future source of funding through the Cancer Strategy.

In concluding the item, the Chair thanked Dr Uprichard and Mr Conway for their clear and informative presentation and stated that whilst the Urology Services Inquiry is unfolding, it is hugely important Trust Board understands that progress is being made behind the scenes and more importantly the efforts of staff to ensure patient safety and improving the patient journey.

Dr Uprichard left the meeting at this point.

12. EXECUTIVE DIRECTOR OF NURSING, MIDWIFERY AND AHPs REPORT

Ms Ferguson presented the above named report which provides an overview of the extensive work undertaken by Nurses, Midwives and Allied Health Professionals (AHPs) across all areas of care in the Trust and the work of the Corporate Nursing, Midwifery and AHP Staff. In particular, Ms Ferguson referred to the good work being undertaken as part of the Safety and Quality Board (SQB) pilot, as well as the establishment of a regional Nursing and Midwifery Quality Assurance Network and Community of Practice. Members welcomed the detail included on the staff who have successfully completed their BSc Pre registered Nursing programme with the Open University as well as staff who have received awards across professions.

Updating on areas of concern, Ms Ferguson advised that while staffing levels have improved across many areas, continued demand being

greater than commissioned capacity is challenging operationally. She also referred to the new Agency Framework for Nurses and Midwives in Northern Ireland which the Trust welcomes and stated work is ongoing with finance colleagues to significantly reduce off contract agency use, however noted the associated challenges.

Members asked a number of questions including whether Charitable Trust Funds could be utilised for the investment required to fund ROTEM machines for each Labour Ward. The Chief Executive advised that the appropriate Directorate Fund Managers would consider this further.

Action – Mrs Trouton / Mrs C Reid

Mr McDonald welcomed the recent Culture Night and asked that the good work being undertaken by the International Nurse Recruitment Team and the Trust's work in relation to racial equality, be showcased through 'Good Relations Week' in September.

Action – Mrs Trouton / Mrs V Toal

Dr Austin commended the Safety and Quality Boards on Wards and stated that these were an asset to the Trust and suggested that thought could be given to looking at how key information could in some instances be presented to service users in a more meaningful way. Ms Ferguson agreed to take the comments on board.

13. 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 Responsible Officer Regulations in relation to Medical Revalidation.

Members reflected on the areas of achievement. Dr Austin advised that in relation to the current position at 19th June 2023, there has been an increase in appraisal activity from 1st September 2022, with 475 doctors requiring appraisals for the 2022 appraisal year, compared to 427 in the prior year. The number of doctors who completed their appraisals by May rose by 20% from appraisal year 2021 to 2022. However, out of 475 doctors only 135 (28%) had completed the 2022 appraisal process and Dr Austin stated he would like to see an improvement in compliance moving forward.

In terms of Revalidation, members noted that for the period March 2021 to June 2023, there were 301 doctors due for revalidation of which 222 revalidated. The number deferred due to insufficient information was 72.

Members asked a number of questions regarding the robustness of the appraisal process to which Dr Austin provided comprehensive responses.

14. PROGRESS REPORT ON OUR PEOPLE FRAMEWORK 2022-2025 AND ASSOCIATED HEALTH AND WELLBEING (HWB) FRAMEWORK

Mrs Toal presented a progress report on 'Our People Framework 2022 – 2025 and associated Health and Wellbeing Framework', focusing on the challenges and achievements of the first quarter of the 2nd year (April 2023 - March 2024). She reminded members that progress reports align to the Organisations 3 People Priorities; Wellbeing, Belonging and Growing.

By way of improvement/achievements, Mrs Toal brought members up to date on welcome investment in the HROD team including a number of Senior OD Practitioner appointments. A further Digital Lead post using regional funding, has been advertised to strengthen the work with digital transformation programmes. Mrs Toal referred to discussion earlier in the meeting around DHH and the implementation of the stabilisation plan. She emphasized the importance of incorporating the 'People Plan' priorities in all aspects of the work being taken forward including supporting and investing in the 'Wellbeing' of new teams and advised the HROD team would work along with the management of change process and Mrs T Reid to ensure the 3 People Priorities are tightly embedded throughout the process.

Mrs Toal went on to advise that an online recognition event to celebrate year one of the 'People Framework' along with plans for year two, will take place later in the year. She also alluded to the value of 'Leadership Walks', which have provided good examples of how the work associated with the strategy is beginning to make an impact. Members noted the work of the Culture and Leadership Subgroup, aligned to the external reference group is at an early stage and the Trust has secured the assistance of 'critical friend' expertise to establish how the Organisation will set out its route map and ascertain what the culture of the Organisation should look like. A Culture and Leadership Subgroup of the External Reference Group (ERG) has been formed to work collectively to ensure a change in culture and they engaged in a helpful session with

the Senior Leadership Team (SLT) on their experiences and what they would like to see moving forward.

In concluding, Mrs Toal advised work continues supporting the ongoing commitments outlined in the Year 1 action plan and the Year 2 priorities outlined in the Trust Corporate Plan 2023-2024.

At this point Ms McGall and Ms Ferguson reflected on the work being undertaken across their Directorates in terms of key drivers to support the delivery of 'Our People Framework'. In thinking about the 3 People Priorities, Ms McGall stated that across the Mental Health and Disability Directorate, Mental health awareness training for Managers has been a scorecard priority in 2022/23 and a big focus on psychological safety has been extremely important to support the 'Wellbeing' of our staff. Mrs McGall said sharing learning of good practice has been really important. By way of fostering a sense of 'Belonging' and 'Growing', the Directorate have endeavoured to grow leaders through development and coaching sessions and stated productivity from the attention and investment in this area is becoming evident. The roll out of Greatix across the Bluestone unit is successfully impacting on the retention of staff which is very welcome.

Ms Ferguson said that embedding the framework within the Nursing, Midwifery and AHP Directorate has been about keeping it at the forefront across teams and on agendas. She advised the Directorate had given particular focus to new international nurses and were keen to give them a sense of 'Belonging' by ensuring an appropriate programme was in place to enable them to fully integrate into the Trust. Ms Ferguson stated that moving forward into Year 2 the Directorate will focus on reinforcing staff development programmes for Band 6-8A and the format of the programmes will encompass the three people priorities.

Members welcomed the good progress to date.

ACCOUNTABILITY

15. YEAR-END REPORT OF CAPITAL INVESTMENT 2022/23

Mrs Leeman presented a summary of capital investment during the year 2022/2023. Members noted the Trust was allocated a total of £40m capital funding of which £15.7m was ring fenced for specific purposes

including ICTi, Backlog Maintenance, Diagnostic equipment and GP Practices. Members considered the finer detail outlined within the report.

Mrs Leeman alluded to the important work carried out by the Trust's Capital Allocations Group (CAG) responsible for allocating General Capital Funding. Members noted the Trust received £9.16m for the financial year under review, of which £6.4m (70%) went to Estates Capital Works.

Members noted a number of ongoing areas of challenge including, securing capital funding to progress major capital projects listed on the 10 Year Capital Plan, along with limited availability of capital funds for general capital allocations in 2023/24 and a number of competing priority requests for funding. Mrs McCartan stated it was important to note the £40m CRL had been expended in full for the financial year and welcomed the positive engagement and good working relationships between planning/finance and estates colleagues in order to achieve full spend.

16. STATEMENT OF LOSSES AND SPECIAL PAYMENTS (ST1153/23)

Ms Teggart spoke to this report detailing losses amounting to £9.9m for the year ended 31 March 2023. She pointed out that a significant element of this was due to Special Payments, largely as a result of clinical negligence, employers and public liability claims which totalled £9.42m. Three of the losses were above the delegated limit for the Trust and as a direct result required Department of Health approval.

Ms Teggart referred in particular to pharmacy stock losses and stated a robust discussion on the matter had taken place at the Audit Committee meeting in May 2023. She reassured members the Trust is working to strengthen processes to ensure stock is utilised in the best possible way.

Board members approved the Statement of Losses and Special Payments (ST1153/23)

17i. FINAL YEAR-END OUTTURN 2022/2023 (ST1154/23)

Ms Teggart presented the report which provides members with detail of the Trust's year-end outturn as at 31st March 2023 and the main areas of movement from the reported position in 2021/22. She guided members through a summary of the key financial performance highlights in 2022-23 and was pleased to advise the Trust achieved its statutory break-even target with a small surplus of £33k. Members were mindful of the continued challenges as the system re-builds post Covid-19 and in

securing this position in light of increasing growth demands and rising costs.

Ms Teggart advised the final Resource Revenue Limit (RRL) net expenditure for the period was £923,562k, an increase of £45,929k compared to the prior year and members noted the finer detail provided within the paper. The Capital Resource Limit (CRL) spend of £40,180k increased by 6.5% compared to 2021-22. There was a CRL underspend of £1k within the financial year under review.

In relation to prompt payment statistics, Ms Teggart welcomed good performance with the Trust achieving a 93% target of invoices paid within the 30 day period and 67.8% of invoices were paid within 10 days against the 77% target. Management costs remain at 3% of total income on a like for like basis with prior year figures.

Staff costs increased by £23,042k or 3.85% and members noted the impacting factors including flexible arrangements including use of Critical Shift Payments and usage of medical and non-medical agency. The number of whole time equivalent (WTE) persons employed during the year rose by 2.78% on prior year figures. In relation to Non-Pay expenditure, Ms Teggart reported a decrease of £7,127k and outlined the finer detail.

In conclusion, Ms Teggart advised the Annual Report and Accounts, including the Governance Statement have been robustly scrutinised by the Audit Committee and the same principle applied to the Trust Funds Accounts, through both the Endowments and Gifts Committee and the Audit Committee prior to recommendation for formal approval by Trust Board. She reminded members the Trust financial statements will remain subject to further changes by the Comptroller and Auditor General (C&AG) in advance of formal certification. Ms Teggart put on record her thanks to the Finance and Procurement teams for the high standard of work undertaken in order to achieve a year end position so close to budget. She also thanked staff and colleagues across all Directorates for the important role they play monitoring finance on a monthly basis.

Members welcomed the year-end position and reflected on the assistance provided by the DoH. The rigour of the financial reporting undertaken by the Trust Finance Team was recognised and commended. Mrs McCartan advised she had worked collectively with Mr Wilkinson and Mr McDonald to consider their responsibilities in terms of the level of scrutiny they provide as Audit Committee members. She also advised that in line with

good practice, Audit Committee members met in closed session prior to the Audit Committee meeting on 15th June with representatives from both External and Internal Audit. The meeting had been positive.

In conclusion, the Chair emphasised the importance of the prudent administration of public money in order to deliver the right service at the right time across the Southern locality.

Board members approved the Final Year-End Outturn 2022/23 (ST1154/23)

17ii. FINAL DRAFT ANNUAL REPORT AND ACCOUNTS (INCLUDING GOVERNANCE STATEMENT YEAR END 31 MARCH 2023 (ST1154/23)

The Chair highlighted the final Annual Report for the period ended 31 March 2023 which showcases the remarkable work that has been delivered and achieved right across the Southern locality within the last 12 months. The Chair reminded members the document would be publicly available on the Trust website in due course.

Ms Teggart recorded thanks to the entire Finance team for their diligent work in achieving a clean audit opinion. As Chair of the Audit Committee, Mrs McCartan confirmed the draft Annual Report and Accounts had been reviewed twice by the Audit Committee and welcomed the breakeven position at year end, noting the assistance received from the Department of Health. She concurred with Ms Teggart and thanked the Trust Finance staff along with the External Auditors for the high standard of work delivered.

In conclusion, Ms Teggart advised that ASM would be recommending to the Comptroller and Auditor General (C&AG) that an unqualified audit opinion on the Trust accounts be issued. The final report is expected in September 2023.

Board members approved the Annual Report and Accounts (including Governance Statement) year-end 31st March 2023 (ST1154/23)

18. DRAFT REPORT TO THOSE CHARGED WITH GOVERNANCE 2022/23

Ms Teggart drew members attention to the report which provides external assurance on the systems and controls the Trust has in place. Members noted the draft report had also been presented to the Audit Committee by the External Auditors on 15th June 2023.

Members noted the Northern Ireland Audit Office (NIAO) had made five findings in relation to the internal control environment. Ms Teggart spoke in particular to the Priority 2 finding regarding a deterioration in the 'first line of defense' elements of some aspects of the Internal Control environment. Ms Teggart assured members the Trust will work to promptly address the issues identified from the 2022-23 Internal Audit reports, particularly where these relate to ensuring that the existing controls are robustly applied throughout the Trust. In relation to the Priority 3 finding regarding, Remuneration Report Disclosures, Ms Teggart stated this was a regional issue and the Trust will liaise with the Department of Health to determine and agree the appropriate disclosure for 2023-24 reporting period.

19. GOVERNANCE COMMITTEE

– Committee Chair Report from 11th May 2023

Mr McDonald presented his Committee Chair Report from the meeting held on 11th May 2023.

20. PERFORMANCE COMMITTEE

– Committee Chair Report from 1st June 2023

Mrs Leeson presented her Committee Chair Report from the meeting held on 1st June 2023.

- Minutes of meeting held on 2nd March 2023

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

21. PATIENT & CLIENT EXPERIENCE COMMITTEE

– Committee Chair Report from 8th June 2023

Mr Wilkinson presented his Committee Chair Report from the meeting held on 8th June 2023. In particular Mr Wilkinson advised the 'Working Together Strategy' was operational and the Committee had considered the Key Performance Indicators. Members were advised the Directorate Hubs were established and working well.

Mr Wilkinson stated there was great potential to demonstrate improvement coming through the Directorate Hubs.

Mr Wilkinson raised the important work of the Bereavement service within the Trust and advised the personnel delivering the service were

returning to other posts and there was some concern the service may cease. He emphasised the service was well regarded by all those involved in delivering and receiving it and stated it was important to bring it to the attention of Board members for consideration. Mr McDonald concurred, adding the team provides a very valuable service to people at a difficult time. The Chief Executive advised the Senior Leadership Team (SLT) had discussed the matter. She alluded to the difficult financial environment including the £47.3m opening deficit discussed earlier in the meeting and stated there would be difficult decisions required moving forwards.

– **Minutes of meeting held on 9th March 2023**

Mr Wilkinson presented the minutes of the Patient and Client Experience Committee meeting for information purposes.

– **Committee Work Programme 2023 (ST1156/23)**

Mr Wilkinson presented the Committee Work Programme 2023 for approval.

The Board approved the Committee Work Programme 2023 (ST1156/23)

22. REGISTER OF BOARD MEMBERS' INTERESTS 2022/23

The Chair advised that the Register of Interests for Board members has been updated for 2022/23 and is available on request from the Chair/Chief Executive's office. She reminded members that the onus is on individuals to declare any interests.

OTHER MATTERS

23. TRUST BOARD DATES 2023-2024 AND TRUST BOARD ANNUAL CYCLE OF REPORTING 1.9.2023 – 31.8.2024 (ST1157/23)

Members discussed the Board meeting dates for 2024 along with the Trust Board Annual Cycle of Reporting for the period outlined above.

The Board approved the Proposed Meeting Dates 2024 along with the Annual Cycle of Reporting (ST1157/23)

24. APPLICATION OF TRUST SEAL (ST1158/23)

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 (ST1158/23)

25. 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.

At this point, the Chief Executive, on behalf of the Senior Leadership Team, commended Mrs Leeman, Interim Director of Performance and Reform, for her commitment to the work of the Trust over many years and acknowledged her expertise and professionalism in engaging with both Trust colleagues and external stakeholders alike. The Chair and Non-Executive Director colleagues concurred and wished Mrs Leeman well in her retirement.

In concluding, the Chair recorded thanks to everyone for their attendance and participation in the next meeting and to all those who had facilitated the meeting in any way. She advised the next meeting would take place on Thursday, 28th September 2023 at 10.30 am.

The meeting concluded at 16.25 p.m.

SIGNED: _____

DATED: _____