

**Minutes of a Trust Board meeting held on
Thursday, 28th September 2023 at 10.30 a.m. in the
Boardroom, Trust Headquarters, Craigavon**

PRESENT

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

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 V Toal, Director of Human Resources and Organisational Development
Mrs J McConville, Assistant Director of Corporate Planning (*for Ms Wilson*)
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (*Minutes*)

APOLOGIES

Ms E Wilson, Director of Planning, Performance and Informatics

1. CHAIR’S WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting of the Trust Board and reminded everyone of some aspects of meeting etiquette. She noted the apologies above and welcomed Mrs J McConville, Assistant Director Corporate Planning, deputising for Ms E Wilson.

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 welcomed Trust staff from the Children and Young People's Directorate to observe the meeting.

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 referred members to her written update which included a letter from Mr Peter May, Permanent Secretary on Quality and Safety systems following the outcome of the trial of Lucy Letby. A presentation by Dr Damian Gormley, Deputy Medical Director was also included which highlights the decisions to admit to a hospital bed and the delayed discharges for those who are medically fit to leave the hospital for both Craigavon Area and Daisy Hill Hospital. This presentation was recently presented to the Performance Committee on 21st September 2023.

4. CHIEF EXECUTIVE'S UPDATE

The Chief Executive provided a comprehensive update on a number of current issues. She informed members that a new group, The Daisy Hill Hospital Expert Panel, has recently been established to work with the Trust to implement the ongoing stabilisation plans for acute inpatient medical services at Daisy Hill Hospital. The Expert Panel is independently chaired by Mairead McAlinden.

The Chief Executive reported on the recent industrial action across Northern Ireland. She noted that the Department of Health have advised that there is no money for health service staff in Northern Ireland to get pay rises. The review body said that as a result pay in Northern Ireland may fall behind other parts of the UK.

Waiting times were discussed. The Chief Executive was disappointed to report that the number of patients waiting for a first consultant-led outpatient appointment by 30th June was up 3.7% from 31st March and 10.1% higher than at 30th June 2022. Furthermore, there has been over

200,000 outpatient appointments cancelled by hospitals in 2022/23 and this is attributed to the number of staff shortages.

The Chief Executive referred to the recent statement by Hans Nagar, from the Royal College of Obstetrics and Gynaecologists who said to the BBC that the system for treating gynaecological cancer patients in N. Ireland "is close to the brink" and investment is needed to improve survival rates.

Regarding the latest GMC trainee satisfaction survey, the Chief Executive noted her concern that the report indicates that trainee doctors rank Northern Ireland hospitals among worst in UK for satisfaction. She added that this is concerning for future recruitment and retention of staff.

Mr Wilkinson commented that it was disturbing to read the number of assaults that were reported at NI Hospitals in the past five years. He asked for further clarity on why the Southern Trust had the highest level of assaults. The Chief Executive explained that the Southern Trust is explicit with its zero tolerance policy and added that the introduction of body worn cameras has been welcomed as it is having a positive impact on the number of assaults reported. Mrs Trouton added that staff are actively encouraged to report all types of assaults and the Trust has a violence and aggression working group to review this information for improvements. The Chair advised that this issue is a regional and national concern.

5. MINUTES OF PREVIOUS MEETING HELD ON 22ND JUNE 2023

The minutes of the meeting held on 22nd June 2023 were agreed as an accurate record.

The Board approved the minutes of the meeting held on 22nd June 2023.

6. MATTERS ARISING FROM PREVIOUS MEETING

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

CULTURE

7. **SERVICE IMPROVEMENT/LEARNING FROM STAFF AND SERVICE USER EXPERIENCE “HEARING THE VOICE OF STAFF AND SERVICE USERS: LOOKING BACK – MOVING FORWARD”**

The Chief Executive gave a presentation on ‘Hearing the Voice of Staff and Service Users. At the outset, she explained that Care Opinion highlights the patient and service user experience and stated that the number of compliments Trust services receive far outweigh the number of complaints. The Chief Executive presented feedback received on Maternity Continuity of Care, Team Emerald and Steps to Wellness Programme. Furthermore, she paid tribute to the teams who have received recognition in recent months.

The Chief Executive acknowledged that the health service in NI finds itself in extremely challenging times faced by financial pressures, staffing shortages, extensive demand and waiting lists, lack of government, industrial action and negative publicity. She spoke of the significant impact on service users and staff with the commencement of the Urology Services Public Inquiry.

The Chief Executive stated that the Senior Leadership Team reviewed parts of the staff survey data prior to the Covid pandemic in 2019. The question ‘*Is the care of patients / service users my organisation’s top priority?*’ A response of 74% of staff agreed which is slightly under the HSC average.

In concluding, members were advised that the Senior Leadership Team met with a number of staff who agreed to form a Culture and Leadership Subgroup and the recommendations clearly advised that a long term vision is required, a culture change driven by Safety and Quality, and greater engagement of staff. The Chief Executive reported that the Trust will:

- 1. ensure safe care and improving quality is our top priority*
- 2. invest in funding where it adds most value*
- 3. intentionally follow through on our actions*

Mr McDonald welcomed the honest, open and transparent presentation. He commented on the importance of lessons learned and moving forward. Mr McDonald stated that he felt that the health service needs political and financial support to address the ongoing issues.

Ms Donaghy advised at the recent Performance Committee meeting, waiting lists were reported on and stated there has been an increase of 205% in waiting lists. She noted her concern that this is having a detrimental impact on patient's health and wellbeing. She agreed on the need for political and financial support. Ms Donaghy reminded members that the Government have an obligation to provide access to timely, equitable and acceptable health care.

Mrs McCartan noted the significant challenges the Trust is facing and how this impacts on patients and staff. She referred to the letter from Mr Peter May on the importance of good governance. Mrs McCartan welcomed the new vision and 5 year strategic plan for the Trust, which will be presented to Trust Board in October 2023.

Mr Wilkinson welcomed the slide where it outlines that the Trust cannot live in the past and must move forward. He noted that Trust Board members must provide direction for a brand new better organisation and encourage staff to move with us. Mrs Trouton added that the clinical staff often comment that they are ready to move forward, particularly following the pandemic. Mr McCafferty stated that the 5 year strategic plan was important for staff to see that Trust Board is addressing the significant challenges. Mr Beattie spoke of the 3 principles for the strategic plan: better engagement, strive to be the best and utilise existing funds appropriately.

The Chair provided assurance that Trust Board will offer support to the Chief Executive on the roll out of the vision and the 5 year strategic plan in partnership with staff.

Mrs Toal informed members that the Engagement Plan will be presented to Trust Board on 26th October 2023.

Action: Mrs Toal

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

Mrs Toal presented the fourth Trust Board update on Our People Framework 2022-2025 which focuses on the period from July 2023 to September 2023. She reminded members of the three people priorities: wellbeing, belonging and growing. Mrs Toal guided members through the report highlighting the areas of achievement. She advised that the first meeting of the People & Culture Steering Group has been scheduled for

early October 23 with four of the five work-streams reporting to this group. Mrs Toal was pleased to report that 2 appointments have been made for the Band 6 Organisational Development posts. Furthermore, significant progress has been made to launch of the 'Recognising Our People' Toolkit for managers and staff and progressing plans to launch the new Trust 'Our People Awards' in October 2023.

In response to a question asked by Mrs Leeson, Mrs Toal explained that it has been challenging to implement the recommendations following the staff survey in 2019 due to the pandemic. Discussions are underway at a regional level to create a HSC staff survey in the future. Mrs Toal noted that it is important to engage at a local level and align with the new vision for the Trust.

Ms Donaghy felt that the weekly 'Chat with the Chief' is an excellent way for Dr O'Kane to engage with all levels of staff. Regarding the People Awards, Ms Donaghy asked if the plans can be shared with members. Mrs Toal agreed to circulate the People Awards plans. Mrs McCartan stated the staff recognition is important and the GREATiX process is working well to thank staff for their hard work and dedication.

Action: Mrs Toal

Mr McDonald suggested that a Non-Executive Director be identified as a champion for the People Framework. Mrs Toal welcomed this suggestion and agreed to link with the Chair for a nomination.

Action: Mrs Toal

Mrs Toal advised the People and Culture steering group have reviewed the work activity dashboard which will assist in measuring real time outcomes and feedback of the work across the Trust relating to implementation of the People Framework.

Responding to a question asked by the Chair, Mrs Toal advised that she envisaged that the People Framework will feed into the new governance steering groups and/or committees.

9. SECTION 75 PROGRESS REPORT AND PRESENTATION (ST1159/23)

The Chair welcomed Ms Cathy Lavery, Head of Equality, Diversity and Inclusion to the meeting. Mrs Toal introduced this item and stated that the

report reflects the progress made between April 2022 and March 2023. Mrs Toal stated that in line with our People Priorities and the People Framework, much work has continued during 2022/23. The Trust continues to take steps in promoting equality and inclusion and recognising the value of all its staff including those from culturally diverse backgrounds. The report has been shared in draft format with the Equality Commission on 31st August 2023 with the caveat that it will be tabled at the Trust Board meeting in September 2023 for approval and any changes will be communicated.

The following papers were included in members' papers: Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2022-23 (*Equality Commission prescribed template*); Appendix 1 Equality and good relations examples of outcomes, impacts and good practice; Appendix 2 Equality Action Plan & Disability Action Plan (2022-2023) Year 5 Progress Report; Appendix 3 Equality in Action newsletter.

Ms Lavery presented information within the Trust on gender, community background, requests for interpreters, Accessible Communication, Equality, Good Relations & Human Rights eLearning statistics, Diversity Days/Events, Menopause in the Workplace, International Nurses, Celebration Event for Young People in Care, Employee Networks and Culture Night 2023. Ms Lavery concluded the presentation by outlining the key priorities for the year ahead.

Dr Austin welcomed the increase of International Nurses joining the Trust from a range of different countries. He felt that this will drive diversity throughout the Trust. Dr Austin stated that the Trust has to encourage and support staff from a diverse background into leadership roles. Ms Lavery advised that this has been raised and work has been ongoing to attract international staff into management and leadership roles. She spoke of the Ethnic Minorities Staff Network which is co-chaired by Dr Kamath and Dr Tariq and how they are promoting staff into leadership roles.

Mr McDonald welcomed the appendices and felt that they provide a high level overview of the equality and diversity across the Trust. He spoke of the NINES project (Northern Ireland New Entrant Service) which provides a variety of clinics to support the health and social well-being of new immigrants, asylum seekers, refugees, targeted children 0-16 years. The service aims to support all new entrants by offering screening, health education and sign posting to other services. He welcomed the fact that this service has been in place in the Trust for a number of years.

The Board approved the section 75 Progress Report and Presentation (ST1159/23)

STRATEGY

10. PUBLIC CONSULTATION OUTCOME REPORT ON EMERGENCY GENERAL SURGERY (ST1160/23)

The Chair welcomed Mr Adrian Neil, Consultant Surgeon and Ms Amie Nelson, Head of Service General & Oral Surgery to the meeting.

At the outset the Chair advised that speaking rights had been requested and granted in line with Trust Standing Orders for Mr Francis Gallagher.

Mr Francis Gallagher (SOS Daisy Hill Group) addressed the Board. He began by outlining that they are a mass movement in Newry and mobilised the largest public rally of over 10,000 people in Newry to maintain services at DHH. He referenced the research by Dr Owen Finnegan who stated that you cannot have an acute hospital without an Emergency General Surgery (EGS) service and if you remove it, it will have a significant impact on other departments as all departments within an acute hospital are interdependent. Mr Gallagher stated that the role of general surgery is not confined to theatres, it is there to provide a backup, mentor and advise other departments throughout the hospital. He felt that by removing EGS, it will undermine DHH hospital as a whole. Mr Gallagher noted that patients in the rural communities require time critical care and removing EGS will have a detrimental impact on patient safety. Furthermore, Mr Gallagher stated it was his belief that the consultation process was flawed as it was not a Province wide consultation. Regarding recruitment and retention, Mr Gallagher stated that clinicians are contracted to work in the Southern Trust, not at a particular site, therefore EGS should be available in DHH. Mr Gallagher commented that the Trust should be investing more to empower their staff to have more autonomy in decisions. He reminded members that 12,000 people signed a petition to keep DHH EGS in place, 10,000 people attended the public rally and 600 people attended a public meeting to highlight their concern with removing EGS from DHH.

In concluding, Mr Gallagher stated that the Trust has to be open and honest with the public and their staff. He felt that if the Trust continues to remove services, DHH will be unsustainable. Mr Gallagher commented that it is important that politicians provide their support to the community and noted his concern that the public in the Newry and surrounding

areas are being marginalised by this decision to remove EGS service from DHH.

Mrs C. Reid introduced the presentation and advised that by way of definition, Emergency General Surgery is the overall term for the unscheduled service provided by the team, this could mean specialist advice, admission for tests and for some patients, an operation. She reminded members that the recruitment and retention of general surgical consultants has been an ongoing challenge across the region. From February 2022, in response to a shortage of general surgeons and to maintain patient safety, EGS was consolidated to a one site model at Craigavon Hospital. Mrs C. Reid advised that a 12 week consultation was launched in January 2023 to propose that all EGS will be delivered from CAH on a permanent basis.

The Chair invited Dr Austin to present an overview on the Provision of Emergency General Surgery, Public Consultation Feedback & Contingency Update. Dr Austin gave an update on the Single Site Model (CAH) for EGS Admissions & Operating. He referred to the consultation methodology and advised that the consultation ended on 21st April 2023 with a total of 11,377 responses which represents 3.18% of the SHSCT population. He spoke of the Contingency Single Site Model which has been in place for 18 months with improved quality and safety of care, improved access to sub-specialities, improved team working with positive trainee feedback received and Consultant Surgeons on the DHH site from Monday to Friday 9am to 5pm. Dr Austin reported that within the 18 months there have been no Serious Adverse Incidents recorded, positive patient feedback has been received and the number of complaints has reduced. Furthermore, he provided assurance that consultation met 28 out of 29 DoH key standards.

In concluding, Dr Austin stated that the Trust acknowledges the single site model has raised public concern, however Trust Board has to ensure that patients have access to a sustainable, safer, higher quality emergency general surgery service and also have access to a protected, vibrant Elective Surgery Centre in Daisy Hill Hospital. He asked members to approve the proposal that '*All emergency general surgery services for the area are permanently delivered at Craigavon Area Hospital*'. This report will be shared with the Department of Health for approval to proceed.

The Chair thanked Dr Austin and Mrs C. Reid for their presentation. Mr Neil reminded members that the change in model was due to patient

safety which had to be addressed. Furthermore, he stated that the number of operations flowing through EGS was low and this was insignificant to keep clinicians up to date with their specialty and training. He added that if a specialised operation has been needed in the past 18 months the Consultant has travelled to DHH to carry this out. Mr Neil advised that the majority of operations have been elective. He commented that Northern Ireland is behind consolidating EGS to one site compared to similar Trusts in England and Scotland.

In response to a question asked by Mrs Leeson, Ms Nelson advised that the introduction of the ambulance service to transport patients to CAH has been a welcomed addition to improve patient safety and patient flow. She spoke of the equality of access to services and reminded members that Upper GI, Gastroenterology and the MRI service has not been removed from DHH. Ms Nelson explained that concerns have been raised previously on the level of training provided to junior doctors as the activity and volume of EGS operations has been low in DHH. She added that Elective surgery remains the focus for DHH to reduce waiting lists and ensure that training for junior doctors on elective patients increases. Ms Nelson stated that continuity of care is imperative and felt with this new model this can be achieved. She added that ambulatory unit has made a significant impact to patient safety.

Ms Donaghy noted that Mr Gallagher felt that the process of the consultation was flawed and she asked how many of the DoH key standards the DHH site met. Mrs C. Reid agreed to source this information and feedback at the next meeting.

Action: Mrs C. Reid

Mr Wilkinson asked if the proposed model will benefit all of the SHSCT population. Mr Neil felt that this was the case with more elective surgery carried out, training improved for junior doctors, waiting lists and complaints reduced. Ms Nelson added that there was a low volume of EGS patients on the DHH site and this was unsustainable to continue to provide this service. She reported that with the revised model and increase in job advertisements, junior doctors are approaching the Trust to train in DHH, which is a welcomed development. She felt that this will sustain DHH into the future.

Mr McDonald reminded members that his appointment as a Non-Executive Director by the Permanent Secretary was for all service users in the SHSCT area. He noted that it is important to listen to the clinicians

who are running the service and when they highlight a patient safety matter it is imperative that Trust Board listen and address the issue.

Mrs McCartan stated that the purpose of the Trust is to ensure the best possible outcomes for patients and felt that the consultation provided evidence that this was the best model to adopt to ensure patient safety. She spoke of the sub-specialities, team working and transforming the training for future doctors while ensuring value for money.

Mr Neil advised that local Trusts are contacting the team for advice on the how the interim model has been performing and stated that it is clear that the Trust is doing the right thing for all parties involved.

A discussion ensued on the challenges of recruitment. Mr Neil reminded members that new posts are recruited to the SHSCT and not one specific site, therefore clinicians have to provide a service to CAH, DHH and STH.

The Chief Executive thanked all those involved with EGS and welcomed the expert advice which she felt reflected the current situation across the region with lack of general surgeons. She stated it is the Trusts responsibility to respond to these challenges to provide safe quality care.

Mr McNulty, MLA, SDLP commented that he was not accepting of the findings and will be writing to the Trust with his concerns. He felt that the Trust has shifted the goalposts, all of a sudden the recruitment situation has improved, it is now a fait accompli and raised concern that the model was not sold as a strategic approach. He queried the statement in relation to no SAIs had been identified and spoke of a patient story. Mr McNulty spoke of the recent interview provided by Dr Gareth Hampton, Consultant in Emergency Medicine where he highlighted the patient safety concerns in the unit. Dr Austin reminded members that the situation in the Emergency Department is separate to the EGS. He added that the challenge is retaining the level of training for doctors and ensuring their skills are kept up to date and EGS in DHH was not providing this with the small number of patients. Furthermore, the lack of successful recruitment meant that the department could not provide that safe service. In relation to the patient story, Dr Austin provided assurance that he has liaised with the family and advised that it was not related to EGS.

Mr Francis Gallagher spoke of the Mid Staffordshire crisis and stated that an outcome of that report highlighted the issue of over specialism of

services and asked that the Trust take this into consideration. Dr Austin noted that one of the issues from Mid Staffordshire was that the clinicians were not listened to and he advised that SHSCT staff have a voice and that Trust Board listen to their concerns and welcome suggested ways to improve patient safety.

Mr McDonald asked for further clarity regarding the circulation of the consultation across the Province, as highlighted by Mr Gallagher previously. Mrs McConville explained that in line with Department of Health guidance on implementation of service change, the Trust consulted with its local population and therefore the consultation followed due process.

The Chair asked members if they were content to approve that *'All Emergency General Surgery services for the area are permanently delivered at Craigavon Area Hospital'*.

The Board approved the Public Consultation Outcome Report and the recommendation on Emergency General Surgery (ST1160/23)

11. UPDATE ON GENERAL INTERNAL MEDICINE, DAISY HILL HOSPITAL

Dr Austin presented an update on General Internal Medicine, DHH. He reminded members that the stabilisation plan commenced in June 2023 which aims to stabilise and find a sustainable way forward for DHH. Dr Austin reported on the current consultant, junior and SAS doctor staffing. He provided an overview on the contingency proposal for medicine, the development of the Emergency Department, Rehabilitation Service, Acute Care at Home, pathways, improved patient flow, community provision and Elective Surgery Unit.

Dr Austin reported on the ongoing risks; medical staffing remains vulnerable, challenges transferring patients with NIAS, education improvement and monitoring and the need for a longer term plan to be developed.

In concluding, Dr Austin presented the next steps; patient safety, staff psychological and wellbeing, maintaining the Emergency Department and developing 'Home as the Hub'.

Ms Donaghy welcomed the focus on frailty with a geriatrician based in the Emergency Department 5 days a week supporting frail patients and

preventing admission where possible. She noted the number of locum Consultants and enquired if there is a risk of losing the training status in the unit. Dr Austin advised that there is a risk if the unit isn't stabilised and steps have been taken to recruit permanent medical cover and reviewing different models of care. He stated that the longer term locum consultants are committed to DHH. In responding to a question by Ms Donaghy, Dr Austin explained that specialty cover is required on site but can be challenging. He added that a cross site approach is needed.

Ms Teggart informed members that a financial stabilisation plan for DHH is in development which has been submitted to the DoH. She stated that the plan is a more expensive plan but the right plan to address the situation - £6m for a full year. Ms Teggart commented that she will be meeting with the Permanent Secretary to advise of the figure and how this will be added to the financial deficit for 2023/24. She reported that the Trust is going at risk with the model, however the DoH have advised they will support the Trust, yet funding still has to be secured.

Mrs McCartan asked if learning has been identified through this process. The Chief Executive said that funding should have been secured sooner to address the recruitment challenges. She explained that the challenges in general medicine differ from the challenges within the surgical divisions. The Chief Executive reported that within the next 20 years there will be a higher population of frail elderly people and the Trust needs to seek how to care for this co-hort of patients. She stated that it is crucial to ensure that these patients can be treated out of hospital and within the community or their own home. The Chief Executive outlined the difficulties in discharging patients from the hospital back into the community, therefore it is important to treat patients in their home in the first instance to prevent admissions to hospitals. The Chief Executive informed members that the longer term plan, as well as progress on the development of a Trust 5-Year Strategic Plan will be discussed at next Trust Board meeting.

Action: Dr Austin, Mrs T Reid, Ms Wilson

Dr Austin informed members that a small cohorts of international doctors will be trained and developed across both sites and where there are gaps in DHH these will be filled over time from this group.

The Chair asked for Mrs Mairead McAlinden, Chair – Daisy Hill Hospital Expert Panel to be invited to the next meeting. The Chief Executive agreed to liaise with Mrs McAlinden

Action: Chief Executive

Mr Donal Duffin spoke of the loss of respiratory beds and he stated that it is important to reinstate these beds and prioritise HDU cover. He added that frailty patients will increase and there is a need for additional geriatrician cover. Dr Austin commented that respiratory is a specialised area and work will continue to improve this cover in DHH. Mrs T. Reid reported that an audit of acuity was being progressed in relation to patients treated and in managed in HDU and the findings will be shared with the Expert Panel for review.

In a response to a question asked by Mr Justin McNulty, MLA, SDLP, the Chair confirmed that the Winter Plan will be presented to Trust Board in October 2023.

Action: Ms Wilson

Dr Austin reminded members of the elective surgical hub at DHH and reported that the morale is good among staff. Mrs C. Reid advised that there is a mix of operations that take place at the hub: breast, urology, gynae, endoscopy and CYP dental. She noted the theatre list continue to increase and this is welcomed by staff and patients.

Mr Francis Gallagher, SOS Daisy Hill Hospital Group advised that his group has met with the Permanent Secretary to seek clarification on what the future vision of DHH is and if it will remain a full acute hospital. Furthermore he provided members with personal stories from nursing staff.

The Chief Executive stated that there is demand for services in DHH, it has an excellent Emergency Department and with the stabilisation of general internal medicine she felt that the future of DHH is optimistic.

The Chief Executive advised that following numerous conversations with a range of stakeholders it is clear that the focus from SLT is to ensure that support is available for staff and cross site working is prioritised.

12. SUMMARY OF CAPITAL & REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1161/23)

Mrs McConville presented the above named report which provides a summary of 23 proposals with a capital/revenue value greater than £300,000 that have been developed between the period 1st April 2023 –

30th September 2023. Members considered the finer detail and noted all the proposals have been approved via the Strategic Investment Committee internal approval process prior to funding being committed. Capital business cases above the Trust's delegated limit of £5m have been submitted to the DoH to seek funding.

Mr Beattie was pleased to report that the Trust had as requested by SPPG submitted a business case proposal for a 'Live Monitoring System for the Trust delivered Domiciliary Care Service'. It will provide staff with a mobile device to enable them to stay in contact with base, to be contactable and to avail of Trust IT services while out in the community. Also in this business case is a proposal to lease subscriptions for a Live Monitoring system, which will be installed and operated via the mobile device. This will support care delivery, including a record of actual visits performed and access to the most up to date care plan for each service user.

The Board approved the Summary of Capital & Revenue Proposals in Excess of £300,000 (ST1161/23)

Accountability

13. INDEPENDENT SERIOUS ADVERSE INCIDENT REVIEW FINAL REPORT ON THE INVESTIGATION AND MANAGEMENT OF THE COVID-19 OUTBREAKS AT CRAIGAVON AREA HOSPITAL, (CAH) AND DAISY HILL HOSPITAL (DHH) BETWEEN AUGUST AND OCTOBER 2020.

Dr Austin presented the Covid-19 SAI Report which outlines the investigation of Covid-19 Outbreaks occurring between 10 August 2020 and 23 October 2020 in a number of inpatient wards in Craigavon and Daisy Hill Hospitals. He explained that the report was commissioned to review the management of the outbreak, identify system wide strengths and weaknesses in the management of the outbreak, use relevant findings to improve the quality and safety of care and to reduce the likelihood of future outbreaks and mitigate their impact, and engage with all affected patients, their families and staff who were directly affected by the SAI.

Dr Austin guided members through the report and informed members that the findings reported that there were 15 deaths among the 32 patients with Covid-19 with Covid-19 contributing to the premature death of 12 of the 15 infected patients. He advised that the report

highlighted that the quality of nursing care that patients received leading up to and during the outbreak was generally of a good standard and compliant with local policies and guidelines. No major deficiencies in nursing care that may have led to the outbreak or affected the care of the patients were identified. Dr Austin continued to provide a comprehensive overview of the patient pathways and their outcomes. He noted that there was insufficient and inadequate isolation and toilet facilities and poor ventilation in all the affected wards.

In concluding, Dr Austin reminded members that prior to the outbreaks there was a relative relaxation of the visitor policy and in keeping with the Northern Ireland regional guidance at the time of the outbreak, there was no regular screening of 'patient facing' healthcare workers for COVID-19 and no regular screening of in-patients during their admission. Maintaining social distancing was exacerbated due to the poor ward environments.

Mrs T. Reid added that the Southern Trust was the first regional Trust to announce a Covid-19 outbreak. She advised that the outbreak occurred following the opening of public facilities and shops and the public were mixing with each other again. Mrs T. Reid stated that the Trust estate was a significant contributing factor in the outbreaks. The Trusts aged estate does not comply with HTM or HBN with lack of isolation facilities including en-suite toilets and mechanical ventilation. If these facilities had been available there would have been no requirement for fans, which contributed to the spread of infection. Mrs T. Reid advised that overcrowding in the Emergency Department was extremely challenging during the pandemic and presented an increased risk for transmission of COVID 19. She explained that a number of improvements have been made, however the hospital estate still does not comply with HTM or HBN and overcrowding remains an issue. There is a requirement for additional funding to progress improvements to the hospital estate to help reduce the risks of transmission of COVID 19 and other health care associated infections.

In response to a question asked by Mr Wilkinson, Mrs T. Reid advised that a Trust IPC nurse provided advice, education and support to private nursing and care homes advising on prevention of infection, management of outbreaks and personal protective equipment. Furthermore, Mr Beattie stated that there was good partnership working with the care homes. He explained that the IPC nurses highlighted good practice and educated staff on PPE and IPC controls.

Mr Wilkinson asked that given all the knowledge from the pandemic and the outbreaks would the Trust be in a better position to manage the outbreaks if it happened again. Mrs T. Reid noted that outbreaks of COVID 19 continue and constraints due to the limited estate remain.

Mrs McCartan noted that the report refers to an action plan and asked if the progress on the recommendations be shared at a future Governance Committee. Dr Austin agreed to take this forward.

Action: Dr Austin

Mr McDonald sought assurance that the families affected by the outbreak were consulted with. Dr Austin provided assurance that all families were contacted and met. Learning identified through those conversations were collated and implemented, where appropriate. Furthermore he reported that those affected Health Care Workers were also contacted and feedback sought from their point of view.

Ms Donaghy asked what can be done to prevent an outbreak in the future. Dr Austin explained that the infrastructure needs addressed and spoke of the 10 year capital plan which requires negotiation with SPPG and DoH. Mrs McConville commented that following the nosocomial report, funding was secured for essential works in the Haematology and 4 South wards with ventilation works ongoing. Funding has been secured to improve the toilets/showers. She stated that the Trust requires major investment for a new build which will meet IPC compliance. The Chair advised that she met the Permanent Secretary along with the Chief Executive and Ms Teggart to outline the need for capital funding to address the estate constraints.

In response to a comment made by Mr Donal Duffin on his experience of the Haematology wards, Mrs T. Reid reported that following improvements the Haematology ward is a fully single room unit with mechanical ventilation.

14. i) DEPARTMENT OF HEALTH CIRCULAR: HSC BREAK-EVEN AND FINANCIAL RECOVERY

Ms Teggart presented the above circular for information. She explained that the purpose of the circular is to: clarify the break-even requirement to be applied to all HSC bodies and NIFRS; describe the process of financial contingency and recovery planning; and unify and delete a

range of existing circulars. Ms Teggart advised that the circular will be presented to the next Audit Committee in October 2023.

ii) FINANCIAL PERFORMANCE REPORT (ST1162/23)

Ms Teggart presented the Financial Performance Report at month 5 ending 31st August 2023 which provides an analysis of the use of the Trust's financial resources. She guided members through the presentation and began by highlighting the areas of improvements; the Trust prompt payment performance in the month of August was 95.9% with a cumulative position to date of 96.05%. Therefore, the Trust met its prompt payment target in August and on the cumulative year to date basis.

Ms Teggart advised that at month 5 2023 the Trust is reporting a deficit of £11.2m. The deficit and expenditure trends as reported at Month 5 are higher than anticipated at this stage of the financial year. Payroll expenditure totals £268m at month 5 and is £12m over budget. The expenditure trend from 22/23 continues with the main areas of overspend being Medical and Nursing which have expenditure in excess of budget of £7.5m and £6.4m respectively. Investment in payroll includes agency, bank, locum, overtime, CSP and additional duty hours. To date these elements have cost £37m. Non-pay expenditure is cumulatively over budget by £1m. Income from Non-RRL sources now totals £20m with an over-recovery at Month 05 of £2.3m.

Ms Teggart spoke of the Forecast Year-End Position and reminded members that the Financial Strategy was presented to Trust Board in May 2023 giving best estimate of the year-end forecast position based on discussions with SPPG, showing a projected year-end deficit of £47.3m. Following the submission of the financial plan, SPPG provided confirmation of further funding. Following a discussion with Trust Board it is anticipated that there will be a revised year-end deficit of £24.64m. Further to that the Trust received confirmation of an additional £1.76m for Covid PPE, reducing year end deficit to £22.8m. The Trust is at risk of breaking-even in 2023-24 with impact to service delivery unless the £22.8m deficit is addressed with additional funding from DOH.

Mrs McCartan recognised the difficult situation that the Trust faces. She noted that the situation is evolving and with a £23m overspend securing additional funding is critical. She asked if a recovery plan will be introduced to which Ms Teggart felt that at this point a recovery plan will take too long and the Trust must initiate the £17m savings immediately.

Ms Teggart stated the Trust will have the opportunity to report back concerns and the Chief Executive advised that she will be liaising with SPPG and DoH as the situation evolves.

In responding to a question asked by Mr Wilkinson, Ms Teggart noted that the Trust has a statutory obligation to break even for 2023/24. She advised that it is important that the Trust does not add to the deficit and ensure that savings are achieved throughout all areas of the Trust. The Chief Executive added that courageous discussions are needed on how the NHS is funded in Northern Ireland as the block grants won't be increased, the pay award has not been built into the costings and Trusts continue to accrue debt.

Mrs T. Reid referred members to the Medicine and Unscheduled Care section, advising that unfunded wards and undesignated/escalation beds, ED overcrowding and locum consultant costs contributed to the overspend, but noted funding had recently been approved for 3 North which was previously unfunded. Furthermore she noted the DHH stabilisation plan was also adding to the financial deficit in MUSC.

The Chair reported that it has been the practice that funding from the Mental Health and Disability Directorate has been utilised to fund the Acute Directorate to address their deficit. Ms McGall stated that the budget commissioned for Mental Health and Disability Services continues to be utilised to fund overspends in other Trust Directorates and to contribute to the Trust break-even position. As the funding is committed in other directorates, this means mental health and disability services cannot access this funding to deliver care in line with the commissioning intent. This is impacting on both current staff within the Directorate, service users and carers. Ms Teggart acknowledged that situation and advised that a longer term plan is required to agree how the Mental Health Directorate can utilise their full budget. She stated that this will have to form part of the planning in the 5 year plan where services will be prioritised within the Trust's allocated budget. Ms McGall referenced the impending roll out of the single regional Mental Health service across Northern Ireland, where there will be a focus on funding allocation and spend and transparency will be needed to allow for accurate evaluation of services in place and service gaps.

The Chair reiterated that breaking even is a statutory requirement, however the Trust also has to provide safe high quality care and the safety of patients cannot be compromised. She advised that she will

write to the Comptroller and Auditor General when the Trust has a better picture of the accounts.

The Board approved the Financial Performance Report (ST1162/23)

15. 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 for the period March 2021 to August 2023, there were 334 doctors due for revalidation. Of these, 273 have been revalidated and 61 doctors had their revalidation deferred (majority due to insufficient information available).

Regarding Medical Appraisal, Dr Austin reported, as at 15th September 2023, 476 doctors were due their appraisal. 276 have been completed, 7 are in progress with 193 not complete (for appraisal year 2022). He noted that it may take a long process to completed appraisals, however they do achieve completion as 99.4% for 2020 have been signed off.

In responding to a question by Mrs Toal on the international doctors arriving into the Trust in the future, Dr Austin explained that work is progressing to try and increase medical mentors for this cohort of staff. He added that the team are in the progress of identifying Consultant and SAS doctors to take this forward. Dr Austin acknowledged that the mentors require training.

16. AUDIT COMMITTEE

- Committee Chair Report from 15th June 2023

Mrs McCartan presented the Committee Chair Report from the meeting held on 15th June 2023.

- Minutes of meeting held on 24th April 2023

Mrs McCartan presented the minutes of the Audit Committee meeting for information purposes.

- Committee Annual Report 2022-23 (ST1163/23)

Mrs McCartan presented the Audit Committee Annual Report for approval.

The Board approved the Audit Committee Annual Report (ST1163/23)

17. ENDOWMENTS AND GIFTS COMMITTEE

- Committee Chair Report from 15th June 2023

Mr McDonald presented the Committee Chair Report from the meeting held on 15th June 2023, on behalf of Ms Donaghy.

- Minutes of meeting held on 20th March 2023

Mr McDonald presented the minutes of the Endowments and Gifts Committee meeting for information purposes.

- Committee Annual Report 2022-23 (ST1164/23)

Mr McDonald presented the Endowments and Gifts Committee Annual Report for approval

The Board approved the Endowments and Gifts Committee Annual Report (ST1164/23)

18. GOVERNANCE COMMITTEE

– Committee Chair Report from 7th September 2023

Mr McDonald presented his Committee Chair Report from the meeting held on 7th September 2023. He advised that following his appearance on the Nolan Show, Mr McDonald invited Dr Gareth Hampton, Consultant in Emergency Medicine to the Confidential Governance Committee to give an update on the safety of Emergency Departments. Mr McDonald advised that the Non-Executive Directors undertook visits to the Emergency Department. It has become clear from these visits and Dr Hampton's presentation that the (Decision to Admit) were extremely high over the bank holiday period. Mr McDonald stated that the discussions highlighted that the solutions could not be found solely in ED but a much broader analysis of patient flow, primary care and wider system issues. The Committee agreed that Trust Board needed to be appraised of the situation. A discussion ensued and Mrs T. Reid explained some of the mitigating steps to help address the situation in the interim: strengthen control room, increase working relationships with ward sisters, better use of the whiteboards, communicate and discuss with families the importance of discharging their family member when they are medically optimised/fit, increase the use of ambulatory units and pathways, funding

un-commissioned beds to provide substantive staffing, focus on simple discharges. Mrs T. Reid referenced work with other Directorate colleagues to improve patient flow to the community including packages of care and improve/increase the link with nursing homes to facilitate safe and effective discharge of patients. The communications team are highlighting on social media channels the importance of discharge when patients are medically optimised/fit as prolonged hospital stay can lead to deconditioning, muscle wasting, falls, confusion and health care associated infection, as well as impacting on bed availability for patients requiring admission.

Mr McDonald requested that a written update be provided to the next Governance Committee meeting on the current situation of the Emergency Departments.

Action: Mrs T. Reid

- Minutes of meeting held on 11th May 2023

Mr McDonald presented the minutes of the Governance Committee meeting for information purposes.

- Committee Annual Report 2022/23 (ST1165/23)

Mr McDonald presented the Committee Annual Report for approval

The Board approved the Governance Committee Annual Report (ST1165/23)

19. TRUST BOARD COMMITTEE COMPOSITION (ST1166/23)

The Chair reported that as part of the review of the Trust's Governance arrangements, a review of Trust Board Committees was undertaken. As a result, the Committees have been reconstituted as follows:-

- Governance Committee
- Audit and Risk Assurance Committee
- Remuneration and Terms of Service Committee
- Charitable Trust Funds Committee
- Finance and Performance Committee
- Patient and Client Experience Committee
- Strategy and Transformation Committee

The report details the Committees' composition, including changes to Committee Chairs, given that the tenure of 2 Non-Executive Directors will

end on 15th February 2024 and the tenure of 3 Non-Executive Directors will end on 31st December 2024.

The Board approved the Trust Board Committee Composition (ST1166/23)

20. BOARD GOVERNANCE SELF-ASSESSMENT TOOL (ST1167/23)

The Chair advised that members completed the attached tool and self-assessed its capacity and capability supported by appropriate evidence at a Board Workshop on 18th September 2023. Members considered and agreed to the RAG ratings applied.

The Board approved the Board Governance Self-Assessment Tool (ST1167/23)

OTHER MATTERS

21. APPLICATION OF TRUST SEAL (ST1168/23)

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 (ST1168/23)

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

The Chair drew members' attention to the written report detailing events 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.

23. ANY OTHER BUSINESS

The Chief Executive and 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.

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, 26th October 2023 at 10.30 am.

The meeting concluded at 3.30 p.m.

SIGNED: _____

DATED: _____