

**Minutes of a Trust Board Meeting held on
Thursday, 21st November 2024 at 9.00 a.m.
in the Boardroom, First Floor, Trust Headquarters, Craigavon**

PRESENT

Ms E Mullan, Chair
Ms G Donaghy Non-Executive Director
Mrs L Ensor, Non-Executive Director
Mr J Johnston, Non-Executive Director
Mr R Lynas, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Dr S Austin, Executive Medical Director
Mr C McCafferty, Director of Children and Young People's Services/Executive
Director of Social Work
Ms C Teggart, Executive Director of Finance, Procurement and Estates
Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery & Allied
Health Professionals, Functional Support Services and IPC

IN ATTENDANCE

Ms J McGall, Director of Mental Health and Disability Services
Mrs C Reid, Director of Surgery & Clinical Services
Mrs T Reid, Director of Medicine and Unscheduled Care
Mrs V Toal, Director of Human Resources and Organisational Development
Ms E Wilson, Director of Planning, Performance and Informatics
Mr B Beattie, Director of Adult Community Services
Mrs R Rogers, Head of Communications
Mr S Wallace, Head of Office (Minutes)

APOLOGIES

Dr M. O'Kane, Chief Executive
Mrs M O'Hagan, Director of Transformation and Improvement
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed all in attendance to the meeting and noted apologies received. She particularly welcomed the public attendees from across the community and elected representatives joining virtually via MS Teams. The Chair noted the attendance of the Trust Nursing, Midwifery and IPC staff and hoped for an opportunity to hear their feedback at the end of 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. Mrs Toal and Ms Donaghy declared an interest in item 12.

3. CHAIRS UPDATE

The Chair presented this for information and asked for any questions, no questions or issues were raised.

4. CHIEF EXECUTIVES UPDATE

Dr Austin provided a summary of the Chief Executive update noting introduction of the at a glance performance dashboard which features information on complaints and compliments, finance which he noted the predicted end of year break even position, people information on staffing and the Trust activity information which shows a general increase in performance.

Dr Austin also referred to Maternity and Gynaecology services stating similar to other specialties throughout health and social care, Obstetrics and Gynaecology including maternity services, have been facing growing staffing challenges, impacting midwifery and consultant teams. He referenced ongoing work to sustain safe maternity services across the Southern Trust area in the immediate term. As part of planning for safe and effective Obstetrics and Gynaecology services in the medium and long term, a formal project structure has been established to take forward this important work.

Dr Austin also referenced the independent review led by Professor Mary Renfrew which has produced a report containing a series of recommendations to transform services across all settings and ensure better outcomes and experiences for women, babies and families in Northern Ireland.

Dr Austin noted the Department of Health (DOH) having received an additional £350m as part of a budget reallocation exercise known as a monitoring round. The Health Minister noted that this would still leave £130m short of a balanced budget. Dr Austin noted the Child and Adolescent Mental Health Service (CAMHS) waiting time statistics for quarter ending 30 September 2024, show that the Southern Trust had the least numbers of young people waiting for a CAMHS assessment. Of those on a waiting list in Southern Trust, none had waited longer than nine weeks.

Dr Austin also referred to the DOH having announced plans to improve services for children with disabilities which involves increasing short breaks capacity and expanding family, therapeutic and behavioural supports in the community. He noted this will be supported regionally by up to £13m a year in additional multi-year funding, including up to £2m for the rest of the current financial year. Dr Austin referred to the Health Minister in October 2024 launching a reconfiguration framework for hospitals noting the framework sets out the key principles to underpin service re-organisation. The framework categorises NI hospitals into 4 main types: Local Hospitals, General Hospitals, Area Hospitals and Regional Centres.

Dr Austin also informed members that the DOH recently published its 2024/25 Winter Preparedness Plan including a series of initiatives across primary, secondary and social care to protect key health and social care services during another highly challenging winter period. HSC Trusts have also published localised winter plan summaries on their websites. Dr Austin also advised that an additional investment of £5m has been allocated to the Health Trusts for 2024/2025 to enhance independent sector provision of care packages for the over-65 population.

Dr Austin noted the Health Minister recent announcing of the first locations for Live Better, a new initiative on addressing health inequalities. He stated the initial phase of the programme will involve neighbourhoods in Belfast and Derry/Londonderry, with the intention of expanding the approach, should it prove effective, across multiple urban and rural communities and activities will focus on 3 core outcomes – Starting Well, Living Well, and Ageing Well.

Dr Austin referred to the UK COVID Public Inquiry and the attendance of Public Health Agency (PHA) chief executive Aidan Dawson to give evidence. Dr Austin noted the DOH is consulting on potential new laws to deal with another public health emergency like Covid-19.

Dr Austin noted the Irish government intention to fund university places for Republic of Ireland students to study health subjects in Northern Ireland. Approximately 160 third-level places will be made available at Ulster University at a cost of €9.5m (£8m). Places will be for students from the Republic who want to study nursing or a range of other subjects including physiotherapy, occupational therapy, dietetics, speech and language and radiotherapy.

Finally, Dr Austin noted the NHS patient-safety system is to be overhauled changing the way patient safety is regulated and monitored in England. The health secretary Wes Streeting said the current system was "overly complex", as he set out a review programme.

Ms Donaghy asked were the Republic of Ireland student places contracted to HSE Ireland or NHS UK. Dr Austin advised that the students will likely be able to decide where they wish to practice following completion of their studies.

Mr Lynas asked regarding the Blueprint item and the four categories of hospital and what the definitions for these are. Dr Austin advised that the following are the categories are defined as, Local Hospitals, which are a diverse group delivering primary, secondary and community services in support of the area and general hospitals; General Hospitals, which deliver defined secondary care services including unscheduled care, geared to a specific, more isolated geographical location; Area Hospitals, which deliver a full range of secondary care services, both unscheduled and elective, to the communities within a geographical area currently defined by the distribution of integrated services delivered by regional Trust and Regional Centres, which deliver specialist regional inpatient services for the whole population of Northern Ireland.

5. MINUTES OF PREVIOUS MEETING HELD ON 26TH SEPTEMBER 2024

Minutes of the meeting held 26th September 2024 were approved.

6. MATTERS ARISING

All matters arising were marked as addressed, the Chair noted a letter was issued to the Patient and Client Council regarding attendance at Patient and Service User Experience Committee and asked for this to be noted in the matters arising table.

7. SHSCT ANNUAL STRATEGIC PLAN UPDATE

Mrs McConville presented a progress report regarding the Trust Annual Strategic Plan. She noted the paper contained the Trust priorities and the related key strategic actions. She further advised that a comprehensive end of year report will be presented in due course. She added that actions in year are aligned to key priority programmes including Timely Care programme, Financial Governance workstreams, RISE programme, People Framework and the Daisy Hill Hospital stabilisation plan. Mrs McConville noted some actions will carry forward to new financial year as part of the Trust 5 year plan.

Ms Donaghy asked regarding the workforce challenges facing the Trust in Maternity services and asked should this be flagged specifically. Mrs Cathrine Reid noted the ongoing issues around Maternity services and it was considered that this should be taken in the wider context of workforce challenges across the Trust. The Chair noted this was included in the agenda as item 8.

Ms Teggart noted in terms of achievement the Trust is on target and where issues are discovered Trust Board will be notified where appropriate. Ms McGall noted the progress made in the first half of 2024/25 despite ongoing challenges and offered her thanks to staff for achievement.

The Chair asked that the final paper be brought to Strategy and Transformation Committee in January 2025 then subsequently to Trust Board.

8. SHSCT PROVISION OF OBSTETRIC AND GYNAECOLOGY SERVICES

The Chair invited those who requested speaking rights to address the Board.

Mr Karl Hughes thanked the Board for invitation to speak, and noted he was there in his capacity as a member of Daisy Hill Hospital Futures Group (DHHFG). He noted the public awareness of concerns relating to Obstetrics and Gynaecology services at Daisy Hill Hospital. He stated that DHHFG had not received an update in recent weeks on the status of these services.

Mr Hughes asked can the Trust confirm its commitment of maternity consultant-led for maternity services at Daisy Hill Hospital, asking have all relevant measures been put in place, if there is a commitment to making

critical shift payments to staff when required to minimise the need for diverts and asked what steps had been taken to stabilise Consultant staffing.

Dr Donal Duffin spoke next referring to previous concerns regarding the sustainability of services at Daisy Hill Hospital and the lessons learned from this. Dr Duffin referred to the Daisy Hill Hospital Expert Panel work and the solutions proposed and asked regarding the status of the report. Dr Duffin stated the importance of the Trust operating a one hospital two sites model for services emphasising neither Craigavon Area or Daisy Hill Hospital sites are large enough to sustain services alone.

Mrs Cathrine Reid referred to midwifery staffing concerns in relation to recruitment and sickness absence and noted work to increase the midwifery staffing complement that will be realised in January 2025. She noted that the high level of midwifery sickness absence at Daisy Hill Hospital Maternity had been a cause for the increased use of diverts recently. She added the Trust is developing a project structure to deliver safe and effective obstetrics and gynaecology services. Mrs Reid also noted there was now a daily sitrep to Trust staff and SPPG on the current position of services. She referred to the development of an escalation framework which includes the provision for critical shift payments where required. She advised that the Chief Nursing Officer and Deputy Chief Medical Officer are aware of ongoing concerns, risks and challenges within the service.

Dr Austin advised that medical workforce for obstetrics and gynaecology across the Trust remained challenging, both during in and out of hours periods. He stated to address this the Trust was seeking additional locums from across the UK and considering other international medical recruitment options, however noting the latter does take a length of time to upskill new recruits. He commented on retired consultant opportunities both for daytime and out of hours periods. He referenced ongoing discussions with teams to look at models of care going forward and added that for most rotas single consultants cannot cover both Craigavon Area and Daisy Hill Hospitals simultaneously, stating two separate rotas are required. He confirmed the Trust has a project plan developed to stabilise services in the short term and consider the medium and longer term provision.

Mrs Ferguson confirmed that a number of midwives are projected to join the Trust in January 2025. She advised that mitigations are in place including the previously mentioned escalation framework and daily sitrep processes. She noted that she remains in regular contact with midwifery colleagues and

recognises the interests of all in providing the best services to mothers and babies across the Trust. Dr Austin commented on the high visibility leadership from the Divisional Medical Director for Obstetrics and Gynaecology who is liaising closely with staff, encouraging clinical engagement in finding solutions.

The Chair sought assurance about communications with staff around medium and long-term plans. Mrs Ferguson stated that meetings take place on a weekly basis involving the Assistant Director of Maternity services where issues and concerns can be raised directly. She added that service managers have been asked to keep in regular contact with the midwives, noting that an absence of communication can create anxiety. Mrs Cathrine Reid also noted regular communications with the team along with strong medical and operational leadership.

Mr Lynas made reference to the previous Expert Panel report asking will this expertise be brought into the long-term project plan. Dr Austin stated that this report was based on medical services, however the principles and ideas and themes will be brought into the project plan as relevant. Mr Johnston noted there was an intention to develop a workforce plan, he added this was a critical step to moving forward and asked when this will be produced and will a costed business case be developed in parallel. Dr Austin stated that the first phase involves stabilisation which is ongoing, and the next stages will take into account expert opinions on the future of the service and a formal plan will be finalised early next year. He added that resources will be required, however noting a UK wide shortage of Obstetrics and Gynaecology medical staff, innovative solutions will be required to bridge this gap thinking beyond traditional models of care. The Chair noted the plan required to be fully costed for a business case. Dr Austin confirmed that finance and operational colleagues are working on this currently.

Ms Donaghy noted the importance of having visible leadership and the heavy reliance on locums, in particular at Daisy Hill Hospital and asked is there a leadership team in the hospital coordinating locums. Dr Austin noted a new Divisional Medical Director has been appointed in the last weeks and has spent significant time at Daisy Hill Hospital already. He added that Clinical Director posts will be advertised also in next number of days. He added a Chief Operating Officer for Daisy Hill Hospital has been in place to strengthen leadership visibility and support.

Mr McCafferty welcomed the progress in midwifery stability however noted the number of consultant vacancies across both Craigavon Area and Daisy Hill Hospital sites. He asked was there confidence that the current recruitment will be successful. Dr Austin stated other Trusts are also advertising currently and it is a competitive market, he added that making ourselves an attractive place to work and actively supporting to consultants who join us is critical. Mrs Leeson noted this remained a concern going forward noting that the Trust had little control over the ability to successfully recruit, she added she was reassured the communications with staff have increased.

The Chair asked about the timeline for the project group to commence and conclude and asked how this will involve our community partners and keep all informed of the stabilisation we are undertaking currently. Mrs Cathrine Reid stated the 4th December 2024 is the agreed commencement date adding she will chair the group. She noted that trade unions, SPPG and service user representatives will be invited. Mrs McConville added that the planning team were working through final elements of the project, which will include a formal structure with project board and sub groups, along with an expert reference group and service user reference group. She added there will be a meeting with the Trust PPI panel today to assist with service user and career identification. Mrs McConville also added that there is an indication from retired O&G director from outside the Trust may be willing to be involved. Mrs Cathrine Reid stated a Directors' Oversight Group in parallel had been set up to consider immediate actions required.

Mrs Tally stated that during 2023/24 the Trust launched PPI hubs in all operational directorates which could be useful to support this work. Ms Teggart asked in terms of an interim plan are we assured that we are looking at a one hospital two sites model and are staff supportive of this. Mrs Cathrine Reid noted this is central to the planning going forward.

Mrs Ensor asked how the Renfrew report recommendations will be included in this work. Mrs Ferguson stated that the Chief Nursing Officer is convening a group in December 2024 to consider this regionally. She noted this will require a regional approach due to strategic nature of the report findings and confirmed relevant areas will be brought into the Trust project group in due course.

Mrs Leeson asked do Trust contracts allow for staff to move base where required. Mrs Toal noted that contractually this is correct, however advised

that further focus is required to exercise this flexibility. Dr Austin stated most medical teams are not separated by site and do conduct work across Trust locations.

Mr Francis Gallagher thanked the Chair for opportunity to address the Board and stated he would speak as a member of the Daisy Hill Hospital Save Our Services (DHH SOS) campaign group. He referred to rallies previously organised by the group and the level of support these attracted. He asked should the regional acute hospital within the Southern Health and Social Care Trust be based in Newry rather than Craigavon given the relative travel times from some areas of the Southern Trust and the distance to Belfast hospitals from Craigavon. He also asked had there been a study on why staff have left Daisy Hill Hospital and is there a culture where staff are apprehensive about speaking out. He asked when maternity moved temporarily from DHH should there have been a business case completed. The Chair of Trust Board, on a point of clarification, noted that the services were not temporarily moved and that there were operational short term diverts based on safety concerns, which are a standard operational procedure for all Trusts.

Dr Austin noted that within Daisy Hill Hospital Obstetrics and Gynaecology, two senior consultant retirements had occurred over the two years and the issue, as previously stated, is with recruitment and availability of Obstetrics and Gynaecology doctors, which is a UK wide issue. He advised that several gynaecology services were based in DHH and there were efforts to expand capacity.

Dr Duffin noted he was pleased to hear the increase in communications with staff and this will help clarify the perceptions of the public that the service was closed or closing. He noted that positive communications stories on how good the gynae services are and good news stories about the department would be beneficial. Both Dr Duffin and Mr Hughes thanked the Board for the opportunity to attend.

ACTION – MRS CATHRINE REID

The Chair acknowledged the stabilisation work underway and the risks that remain. She noted the importance of stratifying risks and operational diverts when required for safety will take place. The Chair noted that this item will stay on Trust Board agenda and will seek updates to share with Board and external partners on a regular basis.

9. EXECUTIVE DIRECTOR OF SOCIAL WORK REPORT

Mr McCafferty presented the Executive Director of Social Work report. He noted the importance of community services impact in lessening the downstream impact on hospital services. He advised the report is in two sections, the first is regarding delegated statutory functions and the second on new arrivals to Northern Ireland. Mr McCafferty noted the service operating landscape remains challenging, stating there is an upward trend in referrals across all areas and this should be viewed in the context of long-standing social work force challenges. He advised of some success with recruitment however vacancies remain across all services. He added these challenges are similar across the entire HSC system.

Mr McCafferty noted the increased demographic growth experienced in the Southern Trust area. He stated that the Trust remains in a strong compliance position with regards to its delegated statutory functions. He added the Trust has recruited 37 new start social workers who commenced in July 2024. He commented that these staff were almost exclusively students who trained in the Southern Trust area.

Mr McCafferty noted the Trust vision for social work services moving forward. He referenced the progress made regarding performance in annual reviews, an improved adult social work service and progress in development of short break services for children with disabilities. He referenced his concerns on the impact of pending legislation on the Trust's ability to deliver with its current staffing complement. He added that the changing local and global circumstances has impacted on service demands adding that the Southern Trust receives a significant proportion of new arrivals to Northern Ireland. He added there had been an increase in separated or unaccompanied minors stating that they are immediately given Looked After Children status.

He brought the Boards attention to various schemes ongoing and the continuous efforts to respond to changing demographics, specifically noting cultural competency training and interpreting services usefulness. Mr McCafferty noted the Trust had reasonably good community and voluntary sector to support outreach and access across all areas. He closed by noting that the focus was on maintaining sustainable and safe services into the future.

The Chair thanked Mr McCafferty and acknowledged his efforts to deliver the best care we can within the resources we have available noting the complexity around the demands on services.

Mrs Ensor referred to the short breaks service and asked is this measured against a framework and how is its performance managed. Mr McCafferty noted that 650 residential care and over 2100 short breaks were provided to families last year noting this is quite highly performing when compared to other regional Trusts. He stated that benchmarking is based on unmet need.

Dr Austin referred to new arrivals to Northern Ireland and some reported hesitancy to avoid health services due to associated deportation risk and asked how do we encourage individuals to access services. Mr McCafferty stated this is a significant challenge and discussions with the Department of Health are ongoing to address issues such as these. He added there were risks of exclusion and work to constantly track new arrivals was ongoing. He added that Public Health Agency have a significant role in this, noting the Trust can only target resources to these in need that we are aware of.

The Chair asked regarding vaccination access in particular noting the work undertaken with the communities who were not coming forward via traditional mechanisms and asked are there lessons in this. Mr McCafferty stated there is a communications plan and multilingual format information. He noted this remains an area of emerging need and when considering the current trajectory, will require additional resource.

Mrs Leeson asked how the ministerial announcement on additional short break/respice investment will be cascaded to the Trust. Mr McCafferty stated details were still being worked through by the Department of Health/Strategic Planning and Performance Group. He noted however when known, the Trust short breaks service will have a focus on expanding and upscaling. He noted his commitment to increasing short breaks via fostering.

Ms McGall noted that as most children receiving services of this nature transition to adult services there will be the need for the same focus, development and investment in adult short breaks.

Mr Johnston asked what work has been done on profiling of the workforce. Mr McCafferty stated he was clear where gaps exist and this has been mapped. Mr Johnston asked had the Board viewed the plan, Mr McCafferty

stated not yet however is content to bring to the Board as part of the Executive Director of Social Work report.

ACTION - MR MCCAFFERTY

10. SERVICE IMPROVEMENT ‘ A ROAD LESS TRAVELLED’

The Chair welcomed the Short Breaks team who are providing ‘A Road Less Travelled’ presentation. Mr McCafferty noted the short breaks service was a service for the Trust to be proud of including how it has developed and how it has been led.

Content of presentation slides included in meeting papers

Mr Mark Irwin gave the background to the service and its remit. He noted the context of the service and the ethos to develop an equitable and accessible service to all those who need this. Mr Irwin described the development of the service and how service users were involved in this.

The team outlined the service, including three locality teams who took time to match the right carer with the right child and arrange supports around placements. The team provided an example of a service user was provided and described the teams work of how they engaged with the child, their family, the carers.

The team described specific elements of their journey to develop the service including the service branding which was undertaken, making service information leaflets more accessible and increased social media outreach. The team provided carer experience videos, the carer featured noted how rewarding the caring experience could be. The carer noted supports offered and the grateful thanks received and appreciation from Trust staff.

Two Trust team members gave personal reflections on their roles within the service and its development during her time working within the team. They noted the wider regional working, networking, day to day running of the service and the value this added. In conclusion the team noted future plans adding there was still more work to do to meet demand, stating a short breaks paper had been shared regionally and with SPPG that detailed next steps.

The Chair thanked the team for their presentation and invited questions.

Mrs Leeson asked how we manage the transition from children to adult services. Mr Irwin stated this is challenging and has been highlighted in various reviews. He noted the team liaise with adult teams to make this as seamless as possible.

Mr Beattie and Mrs Toal noted this service as a great example of service development and teamwork that exemplifies the ethos of the Trust People Framework. Mrs Teggart asked regarding the number of children not yet receiving the service and what is being done to encourage additional foster carers to come forward. Mr Irwin stated there was a lot of work being done to target carers but there are limits to what can be achieved. Mr McCafferty stated the feedback is welcome from Board members and encouraged each in their professional and personal capacities to push promotion of the service.

11. SHSCT WINTER PLAN 2024/25

Mrs McConville presented the Trust Winter Plan for 2024/25. She noted the format and presentation is slightly different this year and follows a regionally agreed template. She noted the plan sets out key initiatives under regionally agreed headings and advised the plan will be monitored under the Timely Care project, which is part of RISE programme board structure.

Mr Johnston stated the plan is easy to follow. He asked if PHA had issued any intelligence for winter planning in relation to influenza trend projections. Mrs Trudy Reid stated projections are routinely received and noted public health messaging around influenza vaccination is required. She added full delivery of the Winter Plan will be dependent on recruitment success.

Mr Lynas asked what delivery dependent on recruitment meant. Mrs Trudy Reid stated that within the timely care programme a number of workstreams, admission avoidance, timely diagnostics etc was dependent on recruiting additional staff. Mr Beattie noted there was no one simple fix, adding at ward level establishing a single discharge team was a key goal. He referred to overlap from AHPs, community teams, domiciliary care teams being of critical importance.

Mrs Ensor asked what are the risks on being able to deliver on this, have we taken a risk based approach and how would we deal with the worst case

scenario. Mr Beattie stated that the Trust has multiple work streams to tackle issues and a winter plan is in place.

Mr Johnston remarked on the potential for industrial action and have we tested our business continuity plans. Dr Austin stated we have had a need for business continuity implementation on regular basis with recent industrial action and escalation mechanisms are in place and taken in a managed and controlled manner. Mrs Toal agreed that industrial action planning is well documented and exercised due to recent previous experience. Mr Johnston asked regarding Pharmacy issues relating to business continuity, Mrs Trudy Reid agreed to respond to this separately following the meeting.

ACTION – MRS TRUDY REID

The Chair asked is Urgent Care Centre triage having an impact. Mrs Trudy Reid stated the Timely Care group had some received feedback relating to service users being provided with alternative pathways away from attending the Emergency Department. She stated this the region of c.108 service users per week moved to other pathways of care.

12. CERVICAL CYTOLOGY REVIEW UPDATE

The Chair welcomed Mrs Tracey Bell and Mrs Heather Thompson to the meeting via virtual links and thanked them for their written questions which will be answered via email as required.

Mrs Thompson thanked Trust Board for the invitation to speak on behalf of the Ladies with Letters group. She stated the group offered ladies who received cervical cytology recall letters to connect and share their stories. Mrs Thompson stated that they felt the concerns identified are far reaching and noted opportunities for early detection being missed. She advised that Biomedical Scientists (BMS) are bound by a regulatory code and noted the Ladies with Letters made a referral to HCPC for the BMS involved. Mrs Thompson referred to the Royal College of Pathologists service review report noting the requirement for retraining for some BMSs and asked should this have been picked up via the annual appraisal process. She also asked why the Trust cytology laboratory set a 90% standard instead of 85% for screener effectiveness.

Mrs Bell stated that one lady received assurance following a death of a service user that similar issues would not happen again. She also asked

why the Royal College of Pathologists robust measures detailed in 2021 were not put in place sooner. Mrs Bell acknowledged that the Trust has continuously apologised however this has come too late. She asked considering what has occurred that the Trust support the Ladies with Letters call for a statutory Public Inquiry given the scale of this event.

Dr Austin gave an update noting that the cervical cytology review had considered the slides of 17,543 women based on findings in Royal College of Pathologists report. He thanked the Western, Northern and Belfast Trusts for their support in conducting this work. He confirmed the slide review pathway was completed a number of weeks ago and as of last week, the call forward pathway was also complete, aside from a small number of women, for whom more time is required.

He added the final report is in the last stages of drafting and it will contain details on the methodology, combinations of service users, different pathways utilised and factual findings of the review. He added he expected this to be published in the coming weeks. He stated that staff did receive annual appraisals and 1-1 with the Lead BMS at various times. He advised that retraining is undertaken following underperformance with specific courses designed to refresh screening knowledge however acknowledged it clearly wasn't enough to pick these matters up.

Dr Austin added that screener performance did not get to expected levels noting that robust measures were put in place prior to 2021 which led to the identification of this issue. Dr Austin noted there are several standards applied for screener performance. He noted that for high grade sensitivity all standards are the same, with regards to abnormalities there are differences. He noted it is recognised effectiveness it may drop below 90% and factors such as consultant staff reviewing slides will impact this.

Ms Donaghy asked regarding HCPC hearings, what role does the Trust have in this process. Dr Austin advised that the Trust is not involved in the HCPC hearing process aside from when regulator requests information, the Trust provides information to the regulator. He noted we do support staff though any processes such as these. Ms Donaghy asked regarding a timeline for the final reports. Dr Austin noted the reports are factual reports describing findings, review process and outcomes. He stated currently the reports are in draft and takes time to make sure these are accurate. He advised these will be in the public domain in due course.

The Chair asked regarding the call forward pathway and the 16 women awaiting. Dr Austin stated there are individual reasons why delays had been experienced, he confirmed that the women affected understand why this is.

The Chair agreed to follow up in writing the questions submitted and again reiterated an apology on behalf of the Trust.

The Board accepted the report for assurance.

ACTION – MRS CATHRINE REID

13. SHSCT FINANCIAL PERFORMANCE (ST1211/24)

Ms Teggart presented the Trust Month 07 position, noting an update on financial performance targets and against plan for 24/25, advising there was a £165k surplus year to date and currently forecasting break even for end of year due to additional £1m growth funding and positive progress against savings targets.

Ms Teggart noted a positive benefit of Trust unallocated adjustments and receipt of deficit funding. She noted £7.5m savings had been achieved to date meaning 34% of £22m savings have been achieved. She noted underachievement in medical locum savings however this had been offset in overachievement in other savings targets, in particular nursing.

In relation to capital, Ms Teggart noted the Trust has to date spent £8.5m. She referred to the prompt payment target noting an achievement of 95% of the target within 30 days.

Ms Teggart referred to the breakdown of the spend position at end of October 2024, in particular the £4m overspend in MUSC and underspend in other directorates all on target to achieve control total. She noted the main variances are in relation to pay and mainly MUSC due to non-achievement medical locum payments. She advised that over-recovery in income has been achieved also.

Ms Teggart also noted the Trust unallocated £24m control total. She also referred to the risks of winter pressures that may incur costs and pay parity asks from Department of Health. She cautioned the Trust Directorate will need to continue to maintain a strong focus on achieving their savings targets and that MUSC spend will need to contain spend within control totals.

Ms Teggart noted that worst case scenario was £2m overspend and best case being break even.

The Chair stated it would be prudent for contingency for winter pressures to be considered. She also noted the over recovered income was money the Trust was owed and we had overperformed in terms of recovering this compared to the predicted position.

In response to a query regarding medical locums, Ms McGall noted there were two strands of medical locum work, International Medical Recruitment and a programme to reduce longer term locum usage. She noted both processes are continuing under the leadership of Dr Austin. She stated it is likely that there will remain long term locums due to recruitment challenges and welcomes the regional approach to medical locum management.

Mrs Trudy Reid stated that underachievement of savings in MUSC is related to challenges in recruitment. She advised that MUSC is currently managing an additional 127 patients across its services that the Trust is not funded for which has a significant impact.

Mr Johnston asked in terms of immediate impact of savings plan if there is any need to introduce further measures at this stage. Ms Teggart noted the RISE programme reviewed and monitored areas that are not performing as anticipated, some areas in the savings plan are overachieving which if offsetting areas of underachievement.

Trust Board approved Month 07 report

14. DRAFT MID YEAR ASSURANCE STATEMENT (ST1212/24)

This item was deferred.

15. REPORT TO THOSE CHARGED WITH GOVERNANCE

Ms Teggart referred to the report for those charged with governance and stated there were nine findings, for which there is an action plan to address by the end of the financial year.

The Board accepted the report for assurance.

16. **EXECUTIVE DIRECTOR OF NURSING, MIDWIFERY, AHPs, FUNCTIONAL SERVICES AND IPC REPORT**

Mrs Ferguson presented the Executive Director of Nursing, Midwifery, AHPs, Functional Services and IPC report. Mrs Ferguson noted the report was divided into 6 individual sections and notes the extensive work undertaken by the teams. She advised the report also covers professional development and practice, current international nurse recruitment, midwifery services, IPC, AHP and Encompass preparation.

Mrs Ferguson noted areas of improvement and achievement highlighting 3 winners at RCN awards, including nurse of year winner. She also referenced the Integrated Maternity and Women's Health section noting a new womens health hub opening at Daisy Hill Hospital. She also noted the launch of the IPC antimicrobial plan for 2024/30.

Mrs Ferguson specifically noted the work of the Trust Dysphasia team. In terms of concerns, she noted Community Mental Health NQIs indicators had slightly dipped due to new teams implementing NQIs, however a quality improvement plan was in place and improvement had been noted in recent months. She also noted the practice of patients being placed in corridor beds and the need to ensure safe effective care in these circumstances. She noted a patient experience audit was carried out regarding this, stating we are the first Trust to do an audit of this kind with generally favourable findings. She stated this audit was brought to Chief Nursing Officer who has asked other Trusts to do a similar audit. She also referred to an audit on uniform policy adding there was more work required in this area. Mrs Ferguson referred to challenges in elective AHP performance and that service improvement programmes are in place.

Ms Donaghy congratulated the Dysphagia team and noted a recent leadership walk where she witnessed the team's work.

The Chair noted the corridor bed audit stating it was disappointing we need this but reassuring safe, high quality care is being provided, in spite of the challenging circumstances. She also noted the settling in period for NQIs within Community Mental Health services.

17. COMMITTEE CHAIR REPORTS

i. FINANCE, PERFORMANCE AND WORKFORCE COMMITTEE 19.09.2024

Chair noted there was no areas for escalation to Trust Board.

ii. AUDIT AND RISK ASSURANCE COMMITTEE 17.10.2024 AND 31.10.2024

The Chair referred to Mr McDonald's report, first the concerns in relation to limited assurance in Internal Audit reports. Mrs Teggart stated there will be an update to SLT on Tuesday along with work being brought forward via the Trust Internal Audit forum. She added there has been progress year to date and the Chief Executive had set an implementation deadline for 31st December 2024.

Mrs Ensor stated that Internal Audit being part of Director 1-1s and performance reviews will help focus on completion.

The Board noted the Committee work programme.

iii. CHARITABLE TRUST FUNDS COMMITTEE 21.10.2024

The Chair noted SLT approval to close the Acute funds and realign to newly established funds. Ms Teggart stated that progression towards Trust charitable status is ongoing.

18. TRUST ANNUAL QUALITY REPORT (ST1213/24)

Mrs Tally presented the Trust Annual Quality report for approval noting the statutory duty publish this as part of the Department of Health Quality 2020 strategy. She stated the core dataset is determined by the Department of Health and allows regional oversight and comparisons.

Mrs Tally advised the report is structured in 4 themes, culture, workforce, measuring improvements and raising standards. She noted there was a lot to celebrate including the Trust People Awards and launch of the working together strategy. She referred to the Care Experience hubs, culture nights, International Women's and Men's days. She also referred to the reduction in falls by 16%, reduction in MRSA and C Diff HCAI and

improvements in hospital readmissions within 7 days. She also noted areas for improvement moving into 2025 including the 62-day cancer target, stating there is work ongoing on cancer optimisation plans to improve, however workforce issues remain challenging. She also referred to challenges specifically with breast cancer waiting times and further work required to maximise capacity. She advised the report will be published publicly to coincident with World Quality Day.

Trust Board approved the Trust Annual Quality Report 2023/24

19. **APPLICATION OF TRUST SEAL (ST1214/24)**

Ms Teggart noted 9 applications all for estates for application of the Trust Seal. Approval was received.

20. **ANY OTHER NOTIFIED BUSINESS**

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

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

In concluding, the Chair recorded thanks to everyone for their attendance and participation and to all those who had facilitated the meeting in any way. The Chair also noted her thanks to the outgoing Non-Executive Directors, Ms McCartan, Mr McDonald, Mrs Leeson and Ms Donaghy for their commitment and dedication to their roles over the duration of their tenure.

She advised the next public meeting of Trust Board would take place on Thursday, 30th January 2025 at 10.30 am.

PAPERS FOR INFORMATION

Members noted the following agenda items for information purposes.

a. Finance, Performance and Workforce Committee

- Minutes of meeting held on 30.05.2024

b. Audit & Risk Assurance Committee

- Minutes of meetings held on 02.05.2024 & 17.06.2024
- Committee Work Programme 2025

c. Charitable Trust Funds Committee

- Minutes of meeting held on 17.06.2024
- Committee Annual Report 2023/24
- Committee Work Programme 2025

**d. Chair's business and visits including Non-Executive Directors
Business and Visits**

e. Chief Executive's Business and Visits

The meeting concluded at 2.10 p.m.