Northern Health and Social Care Trust

Minutes of One Hundred and Fifty Ninth Trust Board Meeting held on Thursday 22nd August 2024 at 10:30am, Boardroom, Bretten Hall, Antrim Hospital Site

Present:

Anne O'Reilly, Chair

Jennifer Welsh, Chief Executive

Owen Harkin, Deputy Chief Executive/Director of Finance

Carol Diffin, Non-Executive Director, Vice Chair

Kathy Mackenzie, Non-Executive Director

Scott Armstrong, Non-Executive Director

Terri Scott, Non-Executive Director

Gerard McGivern, Non-Executive Director

George Platt, Non-Executive Director

Suzanne Pullins, Executive Director of Nursing, Paediatrics, Women's Services and Corporate Support

Maura Dargan, Executive Director of Social Work

Dr Dave Watkins, Executive Director of Medicine

Gillian Traub, Director of Operations.

Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing

Neil Martin, Director of Strategic Planning, Performance and ICT

Kevin McMahon, Director of Surgical and Clinical Services

Audrey Harris, Director of Medicine and Emergency Medicine

Paddy Graffin, Director of Infrastructure

Joanne Edgar, Head of Communications

Karen O'Kane, Business Support Manager

In attendance:

Oonagh Burns, Assistant Director, Employee Relations (for Jacqui Reid)

James Patterson, Clinical Director/Consultant Surgeon

Northern Health and Social Care Trust

Sarah Williamson, Assistant Director, Performance, Reform and Quality Improvement

Marianne Johnson, Head of Strategic Reform

Alison Irwin, Head of Equality

Sharlene McCaughey, Human Resources Graduate Trainee

Clare Weir, Journalist

Michelle Weir, Journalist

Peter Winter, Journalist

TB88/24 **Apologies**

Apologies were received from Glenn Houston, Non-Executive Director, Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications, Diane Spence, Director of Community Care and Victoria Moore, Boardroom Apprentice.

TB89/24 **Conflicts of Interest/Declaration of Interest**

There were no conflicts or declarations of interest declared.

TB100/24 **Chair's Report**

Ms O'Reilly wished to put on record the strong stance taken by the Trust in support of staff during the recent civil unrest. The Chair thanked the staff involved in helping staff, running support sessions and those who worked behind the scenes.

TB101/24 **Chief Executive's Report**

The Chief Executive referred to her previously released statement and reiterated her thanks to and support for all staff. Mrs Welsh said she was proud of the Trust's diverse workforce who played a crucial role in provision of health and social care. Mrs Welsh was appalled that any staff were left feeling vulnerable and unwelcome.

Mrs Welsh then briefly referred to the most significant agenda item, which was the suite of papers for approval to launch a public consultation into how the Trust could transform General Surgery services across the Northern Trust area.

The Chief Executive thanked staff across both Causeway Hospital and Antrim Area Hospital sites, who work hard to deliver emergency inpatient surgery and elective surgery at both sites.

The main driver behind the need for change is the sustainability of the service. The Trust cannot sustain the current model into the longer term and is the only Trust in Northern Ireland to deliver surgical service in this way. In addition, new standards for emergency and elective surgery contained within the Department of Health's 2022 Review of General Surgery, cannot be fully met within the current service configuration.

Following discussions with the consultant surgical teams in Antrim Area Hospital and Causeway Hospital, towards the end of 2023 Trust Senior Managers started early engagement with staff in relation to the future provision of general surgery, and this led to today's presentation to Trust Board.

Mrs Welsh re-iterated her thanks to staff and clarified that there were not any concerns about the safety of surgical services at present, but there is a concern about sustainability of the service and that could cause difficulty with future provision. The Trust preferred to act in a planned manner to protect the safety of the services and patients, rather than wait for a crisis to occur. The Chief Executive said this was why the public consultation process was so important. The Trust wants to engage with as many people as possible over the coming weeks; to explain how the Trust arrived at this evidence-based proposal for change and to provide answers and reassurance about the future of the general surgery service.

TB102/24 Minutes of meeting held on 27th June 2024

The minutes of the previous meeting were agreed as a fair and accurate record, subject to a minor change in Jacqui Reid's title.

TB103/24 Matters Arising

There were no matters arising, not already on the agenda.

Build **N**orthern Partnerships and Integrate Care & Improve Population Health and Address **H**ealth & Social Care Inequalities

TB104/24 Section 75 Annual Progress Report 2023/24

In advance of Mrs Irwin presenting the report, Ms O'Reilly took the opportunity to make a formal tribute, both personally and

professionally, to Mrs Irwin for all she had done for the Trust. Mrs Irwin's expertise and experience spread much further than the boundaries of the Trust and on behalf of Trust Board, the Chair thanked Mrs Irwin. Mrs Irwin returned those thanks to the Chair and Trust Board and stated that she had always been free and welcome to address the Board.

Mrs Irwin then presented what was her 23rd Annual Progress Report. The report, which is completed on a template issued by the Equality Commission, was very comprehensive and Mrs Irwin drew attention to a number of highlights.

- The Northern Trust is the only Trust to have a partnership with AccessAble, which works to increase access for those with complex needs to health service premises. The Trust has had over 29,000 users and Mrs Irwin thanked Mr Graffin and his Estates Team for their work on this.
- The Carers' Hub had over 21,000 contacts with carers during the year and also held a very successful conference on Carers' Rights Day.
- A number of frameworks and networks continue to be developed, including, Workforce Equality Diversity and Inclusion, Ethnic Diversity, as well as Cultural Awareness and Deaf Awareness.
- The Trust received no Section 75 complaints.

Mr McGivern reiterated the Chair's comments in relation to Mrs Irwin, as well as those made by the Chief Executive in relation to the recent civil unrest. He then asked what was in place for staff members who face abuse or prejudice. Mrs Burns advised that there were a number of avenues and that a range of messages were broadcast to staff to keep them informed of what services there are. The Trust also held a number of drop-in sessions and the Equality, Diversion and Inclusion leads, Dr Darshan Kumar and Michelle Morris, had walked a number of the Trust's sites. Staff had welcomed this and the support and visibility from Senior Leaders.

The Chair commented that legislation may come into play in a crisis but this is because the values are embedded and the Trust was able to take action as soon as possible. The importance of this could not be underestimated. Ms O'Reilly also commended what was a very good report.

Trust Board approved the Section 75 Annual Report for submission.

TB105/24 Involvement Annual Report 2023/24

Mrs Irwin spoke to the Involvement Annual Report, which will be submitted to the Public Health Agency. It was noted that there had been a 72% increase in involvement activity with patients, service users and staff from the previous reporting period and over 300 Care Opinion stories submitted. Over 80% of these were positive and the Trust was learning from those experiences which were not positive. Mrs Irwin commended that for the active role they played in the website.

Mr McGivern asked if there was engagement with service users on the assessment of the adoption service. Maura Dargan confirmed that there was no formal engagement and Mrs Irwin added that there were adoptive parents on the Service User Involvement Panel. Mr Patterson said that, as a clinician, Care Opinion was a very valuable resource. Mrs Welsh concurred with these comments on Care Opinion and praised the easily accessible and usable format of the report. The Chair noted that Care Opinion was first introduced in 2019 and it was now being used as a performance metric for service users' experience. It performs as an early warning system for staff and provides an assurance as well. The Chair was pleased to see that, whilst there were some negative reports, the majority were positive, and noted that there were over 5800 compliments received, which provided a counterbalance to the number of complaints received.

Trust Board commended, and noted, the report.

Continue to improve **O**utcomes and Experience

TB106/24 Launch of General Surgery Public Consultation: Working with you to Transform General Surgery

Ms Traub, Mr McMahon, Mr Patterson and Mr Martin each presented on a specific section on the proposal to launch the General Surgery Public Consultation.

Mr McMahon began by laying out the background to the proposal and said the key driver was sustainability of the service and said the Trust wished to act in a planned way. He reiterated the Trust's

commitment to a 24/7 Emergency Department (ED) on the Causeway site.

Mr Martin then spoke to the options considered by a team of staff, from both surgical and medical services and outlined the criteria used. He advised that three options were shortlisted for public consideration; one of which was to do nothing, the second to centralise emergency surgery on Causeway site, with elective at Antrim Area and the third, the preferred option, to centralised emergency surgery at Antrim with elective to be provided from Causeway. The Trust had already held over 30 engagement events with staff and external organisations.

Mr Patterson advised that, from his clinical perspective, the quality of the services provided and the safety of patients was key for all consultant staff. Mr Patterson then outlined how the preferred option would work in practice and spoke to a number of potential scenarios.

Ms Traub informed Trust Board of the potential positive impacts of the proposal; sustainable service, decreased elective waiting lists, improved potential to meet Royal College of Surgery standards, and becoming a more attractive employer for consultant staff. Ms Traub also spoke on the enhanced sustainability of the Causeway Site. The Trust had already issued its Strategic Vision for Causeway and committed to a 24/7 ED on the site and there will be a new MRI Scanner, which the Trust plans to have operational in April 2025. Ms Traub stated that there are no plans to remove General Surgery from the Causeway Site and that whilst there will be more patients on the Antrim Site, there will be a number of mitigations put in place. The Trust also continues to work with its partner organisations.

Mr Martin then outlined the next steps with the consultation, should Trust Board approve. The consultation would be open for 14 weeks, which is longer than normal and there would be four public events, alongside continuing staff engagement.

The Chair said it was important for Trust Board to take stock of what had been presented and she thanked the staff involved in the presentation and preparation of the associated papers. Trust Board must be mindful of the patient impact and how the Trust provides its' services in a safe and sustainable way with its staff and partner organisations. The Chair felt the options had been thoroughly explored and the obligations around communication and

engagement, alongside the Equality and Rural Needs Assessments, were clear. Ms O'Reilly said it was important to hear from the Non-Executive Directors and asked if they had any comments or questions.

Ms Mackenzie, who noted that she was the Trust Board Champion for the Causeway Site, asked what the plan was to deal with Northern Ireland Ambulance Service (NIAS) arrivals to the Causeway Site and would these patients go directly to Antrim. Ms Traub explained that a considerable proportion of patients would still go to Causeway, including those requiring diagnostics for example. The local services would be maintained and only those patients who required emergency surgery would bypass Causeway and go directly to Antrim. Mr Patterson added that Causeway can provide a safe diagnostics and treatment plan in the local area and if all patients were to bypass this would not be possible.

Ms Mackenzie then asked for clarification on the future of Causeway, given that there had already been changes to maternity provision. Ms Traub responded that there was a danger in engaging in too much speculation; the Trust was fully committed to Causeway and sees it as having a bright future with clear plans for a new MRI Scanner and the Trust would engage further with the Department of Health (DOH) to enhance support and investment in Causeway. The proposal is a change to service provision, not a removal. The Trust, and the wider Northern Ireland Health and Social Care Service, needs Causeway Hospital. Responding to a further question about Causeway ED, Ms Traub said that the same services would be provided and that only a small group would potentially go directly to Antrim, perhaps one to two a day. Mrs Pullins clarified that the change to Maternity Services was the move of inpatient births to Antrim Area Hospital, not all maternity services transferred from Causeway. The Chair said this was an important distinction to note. Dr Watkins reinforced the point that the majority of surgical assessments do not require a theatre visit and that there would be senior staff on site 24/7 in Causeway. The majority of surgical services would be safely and effectively carried out in Causeway. Mrs Welsh said that this is where the scenarios were helpful in helping people to understand the proposed change.

Mrs Diffin referred to the busyness of the Antrim Site and asked how it would cope with any additional activity. Mr McMahon stated that the senior team were very aware of the pressures and did not wish to

worsen the situation, therefore a number of mitigations would be put in place. Mr McMahon described these and said he was confident these could be made. Work would continue on the mitigations and with the surgical team to ensure that it does not collapse. The Trust was working pre-emptively as it was likely that between 25-30% of the workforce planned to retire in the next few years. Mrs Diffin agreed that staffing and workforce issues were crucial to the proposal.

Mr McGivern reflected that he had been convinced by the case made in the presentation made and papers shared. The journey to this point had been robust and well-evidenced and he was assured by the level of engagement carried out to date. He felt the scenarios included in the papers brought the proposed change to life and he was content to move to the next stage in the consultation process. Mr McGivern asked what consideration would be taken of the Trust's rural and older population. Ms Traub stated that the Trust was proud of the services delivered to the rural population and a Rural Needs Impact Assessment had been carried out. There would be an impact on services users and families as some may have to travel for treatment. Where appropriate internal health and social care transport would be provided and the Trust planned to have diagnostics, outpatient and pre-assessment services as close to patients' homes as possible. Virtual and telephone appointments would be utilised when suitable. The Trust would also be cognisant of appointment times for rural residents and work with rural transport providers. Ms Traub acknowledged that there were issues but mitigations would be put in place. Some service users would also be able to avail of the Hospital Travel Costs Scheme, if they were in receipt of certain benefits. Mr Patterson commented that for an elective procedure, a patient could have four or five treatment episodes, only one of which may be a theatre session. The remainder would be carried out closer to home. Mr McGivern said this was good to hear and it was an important message to get across. Mrs Irwin indicated that the Trust welcomed comments on the Equality Impact Assessment and the Rural Needs Assessment and that the Trust recognised that some populations would be impacted. Mitigations would be similar for any group affected. The Chair welcomed the engagement with rural community groups and transport providers.

Mr Armstrong asked what the engagement there had been with NIAS and what the potential impact on it would be. Mr Martin confirmed

that the Trust had met with NIAS on several occasions, to date, and had discussed the proposals in detail. Modelling carried out had shown that between two and three patients a day may require transfer from Causeway Hospital to Antrim Hospital. There would be some increased demand but the opening of the MRI Scanner on the Causeway Site in April 2025 will free up some capacity as NIAS will no longer be required to transfer patient to Antrim for scans. This could offset the potential increase on NIAS by up to 80%. Mrs Welsh and Mr McMahon advised that staff are also required to accompany, and wait for, patients who are transferred for MRI scans so the new unit on Causeway site would also free up staff as well.

Mr Platt, whilst appreciating the work involved and the papers presented, asked if the Trust had taken any external advice or expertise. Mr Martin referred to the Getting it Right First Time (GIRFT) work carried out as part of the process of driving up standards and this was led by clinicians. The work carried out with the Trust had been led by a Colorectal Consultant and Mr McMahon said it had been very helpful in identifying risks and mitigations. The GIRFT process is data driven.

Professor Scott was reassured by the focus on patient safety and mentioned the need to both future-proof and increase the efficiency of services. Professor Scott asked if this would be reflected in the communication strategy and also what steps have been taken to engage with staff. Mr McMahon reported that there had been early and extensive engagement with the surgical teams involved and then with other teams, such as the Medicine and Emergency Medicine Team. Concerns were raised by staff and they have been heard and work continues on the concerns; not all have a solution yet but Mr McMahon and his colleagues have been open and transparent with staff. The Trust is also working with the Northern Ireland Medical and Dental Training Agency (NIMDTA) to make the Trust an even more attractive place for surgeons to work. Mr McMahon will continue to work closely with Mrs Harris and her team, along with Human Resources and Staffside organisations. The discussion of any actual changes to staff's working arrangements would only commence following a formal decision on the outcome of the public consultation. There will be impacts on individuals but this will be taken forward on an individual basis with staff members. Professor Scott asked if the staff was in place for the preferred model. Mr McMahon responded that discussions on that would continue, including with DOH. He also

advised that the plan would be for the Causeway Ambulatory Surgical Unit to move from five days a week to 364 days a year.

Ms O'Reilly concluded that, as Chair of Trust Board, she was assured by the process to date, the engagement to date and the evidence provided on the consultation process. Trust Board had an informed discussion and the Chair felt that the right questions had been asked and responded to, and thanked those involved for all their hard work.

Trust Board approved the formal launch of the public consultation exercise on "Working with you to transform general surgery".

TB107/24 Performance Report as at 31st July 2024

Mr Martin told Trust Board that the Performance Report and the Highlight Report were included in the meeting papers in the Shared Drive. Mr Martin's presentation focused on the Strategic Priorities for 2024/25, which were issued to Trusts in a letter from the Health Minister in July. Mr Martin then outlined the Strategic Outcomes Framework and the System Oversight Metrics. He explained that there were six domains covering performance, efficiency and productivity, safety and quality, access improvement, workforce and finance and governance. There were also a number of accompanying specifications that encompassed, for example, unscheduled care, outpatients, homecare, children's social care and safety and quality. Mr Martin summarised the next steps; a template for the Trust's response would be issued by the end of August, a draft of which would be submitted by the end of September after which the Trust would meet with the Strategic Planning and Performance Group (SPPG) with the aim to have a final draft by early October. Mr Martin said this would be a learning process for both parties as it represented a shift in how Trust performance is managed.

The Chair felt this was a step in the right direction but it was just the beginning of the journey.

TB108/24 Corporate Plan 2024/25 to 2027/28

Ms O'Reilly commented that the Corporate Plan read very well. Mr Martin described how the Corporate Plan had been compiled both before the Covid-19 pandemic and since. The plan would usually be

developed in response to a commissioning direction from SPPG, however this has not been received yet and the Trust has proceeded to develop a four year plan. Mr Martin said that engagement had been undertaken and that the plan was structured on the Trust's five strategic objectives and he was seeking Trust Board approval to submit the plan to the DOH and publish.

The consensus from Trust Board was that it was a very good plan. Ms O'Reilly recognised the importance of looking forward and Mr Armstrong felt it was a very well presented plan. Mrs Welsh confirmed that Senior Management Team were committed to the plan.

Trust Board approved the Corporate Plan 2024/25 to 2027/28.

TB109/24 encompass Update

Mr Martin highlighted that there were 77 days to go until encompass Go-Live on 7th November and pointed members to the encompass Highlight Report in the papers. There had been a Go-Live Readiness Assessments (GLRA) held at 90 days (1st August) and a further 60 day GLRA would take place on 29th August. The purpose of these events were to assess the Trust's readiness to go-live, including reviewing risks and mitigations. Mr Martin reported that training for staff is well advanced and that deployment of end-user devices continued. There was some complex works required, including estate works, and Mr Graffin was leading on this. The Trust was carrying out a technical dress rehearsal (TDR), which involved the testing of each device and required several thousand devices to be examined. Mr Martin also explained the work required as part of a manual data migration (MDM) whereby several thousand records needed to be manually transferred. The Trust was considering the possibility of using medical students, alongside staff, to carry out this work.

Mr Martin advised that the Trust was still on course to Go-Live on 7th November.

Professor Scott asked if the Trust had considered the use of Pharmacy students to help with MDM. Mr Martin did not think so but undertook to consider this as an option.

Mr McGivern asked what plans were in place to return services to pre-Go-Live levels of activity. Mr Martin responded that it was a

varied picture and that the Trust would be learning from the experience of Belfast Health and Social Care Trust (BHSCT) but it was still early days for reporting on activity data. The Trust was planning to run lower levels of activity for several weeks and then begin to upturn services.

Deliver Value by Optimising **R**esources

TB110/24 Finance Report as at 31st July 2024

Mr Harkin presented the Finance Report as at 31st July 2024 and indicated that the Trust was predicting a year-end breakeven position. Previously there had been a predicted £35million deficit and DOH were now indicating that the Trusts' deficits would be held centrally. Mr Harkin said the assumption of breakeven was dependent on the Trust delivering on all savings, a continuation of spend reduction and cost containment.

The Trust was achieving a prompt payment compliance of approximately 96.25% against a target of 95%.

The divisional positions continue as before, with the usual pressures in Unscheduled Care, Community Care and Mental Health being offset by some surpluses in other areas. Mr Harkin drew attention to pages nine and ten of the report which outlined the position on savings; these were rated green, amber and red and Mr Harkin would report on these via the Delivering Value Programme Board to the Resources Committee. Mr Harkin commented that the Trust's flexible spend had decreased from £39million to £34million. Also, that the Trust was over-established on nursing, due to the enhanced care required and the acuity of patients. There was a reporting spend on Covid-19 of £5.6million, mainly on fit testing and personal protection equipment (PPE); spend continues to reduce.

Mr Harkin highlighted that he, and his team, would carry out a six-month review of the Financial Position, to ensure that risks, including encompass, continued to be managed. Mr Harkin told Trust Board that the Trust had received further correspondence from DOH with a request to submit a Recovery Plan by the end of September, with the aim to reduce the deficit for the whole system over the next three to four years. Ms O'Reilly welcomed the recognition by DOH that a longer term plan was required.

Ms Mackenzie asked Mr Harkin if the Trust's £4million additional savings allocation was reasonable. Mr Harkin said that, on review, it was an equitable share of the additional ask. Mrs Diffin queried the off-framework spend for radiology services and Mr Harkin said he would look at that further. It was as the result of a workforce pressure but did not attract as enhanced a premium as other areas and was not a material amount. Mr McMahon added that there were proposals being developed to work on this area and training needs were also being considered on a regional basis.

Professor Scott asked about the savings associated with a reduction in absence and Mr Harkin responded that it can be difficult to quantify but there had been a dip. Mrs Burns added that there was close working between Human Resources and the Finance teams and to target those areas where improvements can be affected. Both Mr Harkin and Mrs Burns agreed with the Chair that this was a focus not just for this financial year. Professor Scott also alluded to the medical imaging target. Mr Harkin said this was related to skill mix and whilst the savings would not be achieved in-year, work continued to progress. Mr McMahon outlined that a review of reporting should produce savings next year.

TB111/24 Annual Accounts and Annual Report

Trust Board noted that the Annual Accounts and Annual Report had been laid on 5th July 2024.

TB112/24 Capital Report as at 31st July 2024

Trust Board noted the Capital Report as at 31st July 2024.

TB113/24 Capital Business Case: Fit for Purpose Accommodation for Carrickfergus Community Mental Health Team

Dr Corr presented the business case for a proposed modular build to bring together a team divided over separate sites. Dr Corr said there would be benefits to service users in having the team located in the local community and to staff in being co-located. The in-year costs would be £135,000 with a total spend in 2025/26 of £1.28million. The move was also due to the need for primary care services on the current site to be able to expand, therefore, Trust Finance Teams would be liaising with SPPG.

Trust Board approved the business case for submission.

TB114/24 Update on Mental Health Inpatient Services Capital Development

Trust Board noted the update on the Birch Hill Development.

TB115/24 Contract Award Report

Trust Board noted the Contract Award Report.

TB116/24 Use of Trust Board Seal

Trust Board noted the occasions on which the Trust Seal had been used.

TB117/24 Write Off of Losses

Trust Board noted the Write Off of Losses presented.

Nurture our People, Enable our Talent & Build Our **T**eams

TB118/24 Doctors in Training Update

Trust Board noted the Doctors in Training Update.

TB119/24 teamNORTH People Report

Mrs Burns spoke to the teamNORTH People Report and said that the absence rate at the end of June was 7.79% and the cumulative rate was 7.46% against a target of 7.5%. The Trust's absence was the second lowest in the region but work continues apace to reduce the rate, especially long term absence.

Mrs Burns also referred to the Trust's Equality, Diversity and Inclusion (EDI) agenda and the work that was undertaken to promote EDI. Mrs Burns did acknowledge that the Trust's appraisal rate needed to improve from 61% and the Human Resources Team were actively working with teams to support them on increasing the uptake of appraisal. The completion rate for Statutory and Mandatory Training had also improved, or maintained, and this had been encouraged over the past few months give that the focus going forward would be on encompass training and preparation.

Mrs Pullins then spoke on nurse recruitment and reported good progress on nurse recruitment, with a decrease in vacancies from 180 in May 2023 to just over 50 in August 2024. The Trust had ran a successful student streamlining and recruitment campaign and was now filling temporary posts. Mrs Pullins did note, however, that there were some areas that still had vacancies, for example, East Antrim District Nursing but solutions were being examined. There had been some regional focus on student placements but Mrs Pullins felt that

Trusts were well placed at present. There was work ongoing with the Finance team to develop a plan for Band 2 and 3 vacancies.

Maura Dargan then outlined the position with regard to Social Workers and said the service was now in a better position than earlier in 2024. The biggest number of vacancies were in the Children's and Young People's (CYP) Service. Maura Dargan also reflected on the destabilisation that had occurred due to the reduction in social work student placements over the past ten years, which created a supply and demand issue. The current focus on filling multi-disciplinary teams was also added to the capacity issue. Maura Dargan was pleased, however, that 65 newly qualified social workers expressed a desire to join the Trust and 41 had remained with the Trust and concluded by noting that the cessation of social work agency usage had been very successful across the region.

Professor Scott welcomed the news that students were staying and said this reflected that the Trust had been doing the right thing. Maura Dargan added that the attrition rate out of the Trust was quite low, the issue was internal movement. Professor Scott also said that she remained concerned about the absence rates.

Mrs Diffin appreciated the improvement in nursing but was concerned about the social work vacancies in CYP and it was agreed that this would be looked at as part of the corporate parenting session at a Trust Board workshop. Mrs Pullins said it was a long journey on nursing improvement but it was key for staff to have a good experience and have their role recognised.

TB120/24 Any Other Business

There were no items of Any Other Business raised.

TB121/24 Public Questions

There were no Public Questions.

TB122/24 Date of next meeting

The next meeting will take place on Thursday 24th October 2024 at 10:30am.