Northern Health and Social Care Trust

Minutes of the One Hundred and Fifty Fifth Trust Board Meeting
Thursday 25th January 2024 at 10:30am
Boardroom, Bretten Hall, Antrim Area Hospital Site

Present:

Mr Jim McCall	**Non-Executive Director, Interim Vice Chair**
Mrs Jennifer Welsh	**Chief Executive**
Mr Owen Harkin	**Executive Director of Finance/Deputy Chief Executive**
Mr Gerard McGivern	**Non-Executive Director**
Mr Paul Corrigan	**Non-Executive Director**
Mr Glenn Houston	**Non-Executive Director**
Professor Terri Scott	**Non-Executive Director**
Mrs Carol Diffin	**Non-Executive Director**
Maura Dargan	**Executive Director of Social Work**
Dr Dave Watkins	**Executive Director of Medicine**
Miss Gillian Traub	**Director of Operations**
Mrs Jacqui Reid	**Director of Human Resources/Head of Office**
Mr Kevin McMahon	**Divisional Director of Surgical and Clinical Services**
Mr Neil Martin	**Director of Strategic Planning, Performance and ICT**
Dr Petra Corr	**Divisional Director of Mental Health, Learning Disability and Community Wellbeing**
Mrs Diane Spence	**Divisional Director of Community Care**
Mrs Audrey Harris	**Divisional Director of Medicine and Emergency Medicine**
Mrs Joanne Edgar	**Head of Communications**
Mr Paddy Graffin	**Director of Infrastructure**
Mrs Karen O'Kane	**Executive Office Manager**
Victoria Moore	**Boardroom Apprentice**
Mrs Alison Renfrew	**Assistant Director Capital Development, for Mr Graffin**

In attendance:

Dr Poh	**Adept Fellow (observing)**
Michelle Weir	**Journalist**

TB1/24 Apologies

Apologies were received from Anne O'Reilly, Chair and Paddy Graffin, Director of Infrastructure

TB2/24 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest recorded.

TB3/24 **Vice Chair's Report**

Mr McCall, in Ms O'Reilly's absence, acted as Chair for the meeting. Mr McCall formally welcomed Professor Terri Scott and Mrs Carol Diffin, Non-Executive Directors to their first public Trust Board meeting.

TB4/24 **Chief Executive's Report**

Mrs Welsh mentioned that all present would be aware of the day of Industrial Action across the entire Public Sector on Thursday 18 January. In terms of Health and Social Care, action by a number of Trade Unions was on a scale not experienced before and it had a profound impact on all aspects of Trust services, which are already under enormous strain. Neil Martin and Gillian Traub would provide more detail on the impact in the Performance Report section of the agenda.

Mrs Welsh had written to all staff by way of a Broadcast email on Friday 19 January, as she wished to put on record her sincere appreciation for everyone's efforts to keep vital services running during the industrial action.

On behalf of the senior team, Mrs Welsh acknowledged their support for staff who felt that this action was their only option. It was not a decision made lightly. The senior team fully acknowledge the right to take lawful industrial action and fully understood staff reasons for doing so.

Mrs Welsh also paid tribute to those colleagues who did not take industrial action, but who supported their fellow team members by maintaining derogations to keep services running and in the true spirit of Team North, came together to ensure that the Trust was still able to provide a level of urgent and emergency care, as well as other critical services across the hospitals and community.

Mrs Welsh said she was speaking, not just for the senior team but for the entirety of the Board when she said that they were all immensely proud of Trust staff who have, for too long, gone above and beyond each and every day to deliver for its communities.

Mrs Welsh, along with the Chief Executives of the other HSC Trusts, had repeatedly and publicly called for a long-term funding settlement for health and social care in Northern Ireland that would address central issues including waiting lists, recruitment and pay in a sustainable manner.

Mrs Welsh again publically stated, and for the record, her sincere thanks to all staff for their continued dedication in really difficult circumstances.

Mrs Welsh reminded Trust board that the new Maternity Services model within the Trust came into effect operationally on 17 July 2023 and the six month point was reached on 17 January 2024. Work is currently underway by Mrs Pullins and her senior team to complete the formal report into the first six months of operation and this would be brought to Trust Board, following consideration by the Executive Team, in due course. Once the report is considered by Trust Board, it would be published and shared in the same manner as the interim two month report.

Mrs Welsh advised Trust Board that during the consultation regarding Maternity Services and following the operationalisation of the new model, there was discussions regarding the need for a Vision for Causeway Hospital.

Mrs Welsh advised Trust Board that Causeway Hospital was and will remain an important part of the Trust's acute hospital network. As stated previously, the Trust remains committed to maintaining acute services and an emergency department at Causeway.

There have been two engagement sessions with staff so far, as the Trust starts to develop a vision for the future of the hospital. Following engagement with staff groups, a Strategic Vision for Causeway would be developed and published. This vision would reiterate the Trust's commitment and will outline the areas that can be strengthened and developed on the site, to help the Trust secure further investment and attract workforce to the site.

Mrs Welsh also mentioned General Surgery. Members of the Board and indeed staff and the general public would be aware of recent media coverage regarding a Review of General Surgery in the Trust and Mrs Welsh said she could only apologise for the way that the coverage came about.

Trust Senior Staff had planned meetings with staff to open up discussions on the future of general surgery across the Trust, following the Department of Health's (DOH) Review of General Surgery which was published in 2022. That review has implications for all HSC Trusts in terms of how a general surgery service is provided across Northern Ireland. For example, there are new Departmental Standards for emergency and elective general surgery which cannot be fully met in the current configuration.

It would not have been appropriate for the Trust to speak about the review externally - whether with politicians, advocacy groups or the general public, before speaking to staff in the organisation. Mrs Welsh

stated that she believed that most people would appreciate that it is important that staff hear things first.

Unfortunately the story came into the public domain shortly before the planned meetings with staff and Mrs Welsh recognised the unintended impact this could have with all the Trust's wider partners and stakeholders.

Mrs Welsh went on to confirm that six events have taken place both with teams directly affected (including Anaesthetic, ICU, Theatre, ward and Gastroenterology colleagues) and more widely with sessions available for all staff to participate in. Attendance numbers have been good. There are further engagement sessions arranged over the next two weeks, again with teams directly affected (including Emergency department colleagues) and sessions available to all staff.

Now that staff engagement had begun, a number of potential options will be drafted, which will be tested as to their viability, and within which the Trust would consider mitigations to address concerns that staff have been expressing at the engagement events. There would then be a further series of engagement events to share and discuss these options.

Mrs Welsh said it was important to say that once the story was in the public domain, there was quite a bit of follow up and engagement with local media in particular, with local councils and with local politicians.

Mrs Welsh and her senior team would like to reassure members that any proposed options and potential change to the services at Antrim and Causeway would be presented to Trust Board for consideration and would be subject to a full public consultation, which will include engagement with all stakeholders including staff, service users and patients, and the wider community.

Mrs Welsh also said that Trust Board members would recall that she had previously mentioned the investment in relation to the MRI Scanner at Causeway and she was pleased to reflect that the Trust's third corporate objective is to Deliver Value by Optimising Resources, and this meant resources in its widest sense, including the Trust's responsibilities regarding sustainability. Mrs Welsh was, therefore, delighted to tell Trust Board about a further £1.2m investment at Causeway Hospital. This would be for one of the largest ever rooftop installations of solar panels on the island of Ireland, and was expected to generate around one million kWh of electricity each year.

Once all the work is complete the reduction in carbon emissions would equate to planting around 8,800 trees for every year it is operating, which is hugely significant. It will help the Trust reduce running costs and importantly will help reduce the Trust's carbon footprint through generating our own electricity to run the hospital.

The Trust had been supported in this endeavour by funding from the Department for the Economy and added that it clearly demonstrates the Trust's commitment to investing in Causeway Hospital so that it can continue to serve the local community for many years to come.

As well as this large development there are also smaller scale solar projects at Dalriada Hospital in Ballycastle and at the Route Complex in Ballymoney, and the Trust was also planning a solar PV installation and replacement window scheme at the Mid-Ulster Hospital, all as part of the Trust's Delivering Value Programme.

TB5/24 Minutes of Meeting held on 23rd November 2023

The minutes of the previous meeting were approved on the proposal of Mr Houston and seconded by Mr McGivern.

TB6/24 Matters Arising

There were no matter arising, not on the agenda.

TB7/24 Performance Report as at 31st December 2023

Mr Martin begun the Performance Report by describing the effect of Winter Pressures during the December/early January period. Pressures are exacerbated by the number of bank holidays and shorter working weeks. There had been an overall 5.8% year on year increase in Antrim Emergency Department (ED) attendances and a 2.5% increase in Causeway. In the over 75 age group, however demand had increased year on year by 11.3% in Antrim and 11.4% in Causeway for the same period, and the number of ambulance arrivals was up 6% and 17.1% for Antrim and Causeway respectively. The 17.1% increase in Causeway was especially felt during the week between Christmas and New Year. Bed occupancy was running at over 100% on both sites and there had been a 13.7% increase in community bed occupancy.

Mr Martin said all of these issues, plus a deterioration in complex discharges, led to two extremely busy EDs with increased occupancy of 4.5% and 6.8% in Antrim and Causeway respectively.

Mrs Harris explained that both EDs were congested and that she and her team were working to increase patient flow and the use of ambulatory pathways, as well as identifying extra space in Causeway. Antrim was frequently the highest or second highest recipient of

ambulance arrivals in Northern Ireland and pressure in Antrim led to pressure in Causeway. The number of frail elderly attendances by ambulance had also increased, which impacts on both ambulatory space and on length of stay. The Trust has an improvement plan in place with Northern Ireland Ambulance Service (NIAS) and is working on alternative pathways with the Community Care Division. Mrs Harris said the Trust had been performing well on ambulance turnaround, exceeding the target in Antrim on seven occasions. There has been improvement work ongoing in Causeway to improve turnover and this will continue. Additional beds are being provided.

Mrs Harris further added that complex discharges were a huge issue for maintaining flow and that there is a need for cross-divisional working between Medicine & Emergency Medicine and Community Care, and also work across the region. The two main challenges are patient safety and staff wellbeing. Mrs Harris continues to monitor risks and complaints. Mr Houston asked if the increase in attendances and calls to Phone First were due to frailty or to an inability to access General Practice Services (GP). Mrs Harris responded that unscheduled care was extremely complex and whilst there is often mention of inappropriate attendances, the complexity of the system means that patients need to be directed to the right pathway. Mrs Harris said she was unable to comment on primary care, other than to say that the Trust had very good working relationships with primary care colleagues. The Trust needs to help patients make the correct choices and Phone First is helping to screen patients and whilst it can be difficult to schedule appointments, it works very well for minor injuries. Mrs Harris outlined work undertaken to enable electronic submission of referrals for urgent cases and for NIAS cases to come directly to the Direct Assessment Unit (DAU). GPs are also able to communicate directly with DAU. Mrs Harris emphasised the crucial role of DAU. Dr Watkins said that at a recent workshop on service interfaces, DAU was held up as an exemplar of excellent practice. Mrs Harris confirmed that DAU was also considering how to adapt for frail, elderly patients. Funding remains a concern.

Mrs Welsh informed Trust Board that, so far that morning, there were 25 ambulance arrivals to Antrim, excluding DAU, and 74 attenders who came by themselves. Mrs Welsh said that Mrs Harris and her team were very innovative and proactive in seeking solutions.

Mrs Spence spoke on the occupied bed snapshot and said there had been a year on year increase in the number of beds required in the community. The integrated care services looks at home and bed based care and rehabilitation requirements and Mrs Spence confirmed that the increase in the number of patients and service users needing this service was reflective of the aging and increasingly frail population. The bed requirement was approximately 350; the Trust had a stock of 240 beds, with further beds purchased on an ad hoc basis and from Independent Sector. Mrs Spence also outlined a number of reasons for the increasing pressure in community care, including increasing complexity of care needs, increasingly frailty, increasing bed usage due to lack of domiciliary care packages and the increasing use of contingency beds. Delays from hospital can also be due to lack of provision for patients with dementia or challenging behaviours. It can also be difficult to exit service users from beds, once they are placed, especially those with dementia. Mrs Spence further added that the independent sector was also facing struggles with workforce, including filling vacancies and retaining staff. Mrs Spence and her team continue to work closely with Mrs Harris and her team, and Mrs Spence is seeking to assure herself that all internal processes are as streamlined as possible and that community beds are appropriately used and staffed. Intermediate Care is part of the Trust's Renewing Our Vision workstreams and the Social Care Collaborative regional work. Mrs Spence and her team will continue to liaise with independent sector providers, especially in hard to reach areas.

Mr McCall thanked Mrs Spence for her presentation, which he said clearly illustrated where the pinch points are, and the need for close working relationships between Acute and Community Services. Mr Houston acknowledged the wider implications of a blockage anywhere in the system. Mrs Welsh said that the Trust is able to intervene where the Trust has control, but there are wider issues and areas that require a systemic/collaborative approach. There is a need to build capacity across the entire system. Mr Houston asked about the possibility of NAIS diverts. Mrs Welsh explained that the Trust Chief Executives had established a regional control centre, however, due to the maturity of the systems in the Trust, there was less learning and benefit available. Mrs Harris and Mrs Welsh emphasised the need for a regional approach and a regional escalation plan. Mr McCall concluded that considerable change is required, particularly in Community Care and with independent sector providers, but he was

reassured by the Trust's engagement with primary care and its innovative approach.

Mr Martin then referred to the Industrial Action, which took place in both September 2023 and January 2024 and outlined the impact on a number of main areas. There were approximately 1600 patients and service users impacted in September and about 4000 in January. Ms Traub went on to explain that Trust teams were very adept at planning for Industrial Action and maintaining patient safety, whilst allowing staff to exercise their right to take action. On the days of Industrial Action the Trust was able to provide services safely, albeit at a lower level than normal. Pragmatic decisions were taken and there was no part of the organisation unaffected. Ms Traub commended staff and managers who worked very well together on the affected days. Trust Board were also advised of the potential action by Junior Doctors and Ms Traub and directors would be focusing on what the impact of this might be. Mr Houston asked if there had been any impact on, for example, red flag and chemotherapy patients. Mr McMahon confirmed that chemotherapy had not been impacted and the Trust had maintained most red flag referrals; any that had to be cancelled were rebooked as soon as possible. The service mitigated the impact as best it could. Mrs Welsh concurred that staff had risen to the occasion to ensure patient safety and that a number of senior staff had returned to active duty, including in nursing and pharmacy. Mr McCall inquired as to staff morale. Ms Traub responded that staff were frustrated and had been impacted by the lack of progress. It was also frustrating for the senior team as they have not been able to affect change either. Staff continually go above and beyond despite the relentless pressure. Ms Traub added that it was regrettable that the system has not yet been able to resolve the situation and that the Trust does all it can to thank and support staff.

Mr Martin then referred Trust Board members to the endoscopy and diagnostics performance, both of which had deteriorated. Mr McMahon explained the reasons for this, including the lack of waiting list funding. In 2022/23 5,000 patients had been seen as the result of the waiting list initiative. In 2023/24 the figure for the year to date was 2,100. Mr McMahon added that the numbers requiring endoscopic investigation had increased by 1000 per annum, due to Covid-19 backlog and requests for direct testing. Mr McMahon said there was no quick fix for the service but Trust staff continue to focus on red flag, suspected cancer, post-cancer follow up and genetic testing. In relation to diagnostics 11,300 patients were seen as a result of waiting

list initiatives during 2022/23. In 2023/24 to date, 3,900 patients were seen. The gap in funding required was approximately £20million. Mr McMahon advised that the service relied on waiting list funding for radiology reporting, and that there was a capacity gap in radiology. Whilst a new imaging academy had been agreed, it would be several years before the workforce would be available.

Mr McCall said he was reassured by the composite report provided and that working together made a difference. He acknowledged that it was not easy for staff but expressed the thanks of Trust Board.

TB8/24 **Finance Report as at 31st December 2023**

Mr Harkin presented the financial position as at 31st December 2023 and noted that the Trust was projected a year-end deficit of £17.6million, which had improved slightly from £17.9million due to an additional allocation from DOH for NIAS turnaround. The financial position had stabilised but the Trust must continue to maintain its position whilst work continued with DOH. Mr Harkin indicated that the Trust was on target to achieve its savings requirement. The Trust was also maintaining a prompt payment compliance rate of over 96%.

Mr Harkin then spoke to the divisional positions, which are as before, and outlined the various pressures affected divisions, such as enhanced packages, corporate parenting and unscheduled care. At this stage Mental Health, Learning Disability and Community Wellbeing was projected to breakeven, however, there has been significant pressures on acute inpatients and bespoke packages. Mr Harkin added that the pressures in the emergency departments and the additional beds needed in Community Care was costing an additional £45,000 a week.

Agency spend was as reported in the paper and the focus in 2024/25 would be on medical agency costs, once the new framework was in place.

Turning to 2024/25, Mr Harkin said that pressures will continue to grow and that the 'flat cash' settlement represented a 7% cut in real terms. The Trust would continue to work with DOH and the Strategic Planning and Performance Group (SPPG). Mr Harkin further advised that for the Trust to breakeven in 2024/25, it would require proposals that would have a catastrophic impact on the services provided. Mr Harkin reiterated his view that a long term financial plan was required

for the Health and Social Care Service in Northern Ireland, and this needed to include a workforce plan, social care reform and increased funding.

Mr McCall noted the huge challenges facing the Health and Social Care Service from, for example, dementia and welcomed the actions taken by the Trust.

TB9/24 teamNORTH People Report

Mrs Reid presented the teamNORTH People Report and drew attention to a number of areas.

The first of these was absence and Mrs Reid outlined the five pillar approach taken to supporting attendance before advising that the top three causes of absence were stress, post-surgery debility and grief/bereavement. There are currently ten ill-health retirement cases down from 21 and a new panel process for dealing with absence has been established. This panel has adopted a pro-active approach and meets on a monthly basis. There have been 64 terminations.

The Trust's absence level, both monthly and cumulatively, was above target but had begun to plateau and Mrs Reid was hopeful of reaching the target by year-end. The Trust was in a similar position to regional peers. Mrs Reid thanked her colleagues for their work and focus on reducing absence.

Mrs Reid then referred to a number of highlights from the report, including vaccination and staff turnover. The Trust was not an outlier in terms of the percentage of staff vaccinated. In regard to staff turnover, the Trust had been focusing on retention and staff engagement. It was noted that the increase in the National Living Wage had impacted, particularly in Community Care Services, as the private sector had become a more attractive prospect. This will not change without a pay settlement.

As part of staff engagement, the format of the corporate welcome had also changed.

With regard to appraisals, Trust managers have been focusing on health and wellbeing for staff, not just on objectives. The Trust performance is currently 65% against a target of 70% and there is a plan to combine appraisals with encompass training. Work also

continues on enhancing further uptake of statutory and mandatory training. Mrs Reid also made reference to Industrial Action and formally thanked her Trade Union colleagues for their help with derogations. Mrs Reid referenced the good working relationship between, for example, Mrs Harris and Trade Union colleagues and how this helped to maintain patient safety.

Mrs Reid referred to Trust Board to the remainder of the report and finished her update by mentioning vacancies, particularly in homecare and social care, which was not a surprise given the lower banding of staff and the current job market.

Mr McCall commended the report and the detail included. He thanked Mrs Reid and her staff. Mr McGivern also commended the report and asked what the process was for staff who might be turned down for ill-health retirement. Mrs Reid advised that they would remain on long term absence and that the Trust was working with Trade Union and Pension Branch colleagues to expedite the process. Staff would not be terminated if they were still waiting on an outcome. Mr McGivern also asked was there any learning from South Eastern Trust in regard to increasing vaccination uptake. Mrs Welsh said there was; the South Eastern Trust had run vaccination clinics alongside encompass training, which Northern Trust would consider along with increasing the number of peer vaccinators.

Mr McMahon mentioned the increasing number of medical vacancies and the consequent additional costs. Mrs Reid confirmed that she would be working with Dr Watkins on a strategic approach to stabilising teams and reducing agency and locum usage. Dr Watkins added that they would be examining mitigating factors and would also consider international recruitment as an option.

Professor Scott welcomed the focus on wellbeing in the appraisal process and congratulated the divisions who had met the target for appraisals. Professor Scott asked if there were specific reasons the target was not met in some divisions. Maura Dargan clarified that it was an improving position for social work and that social work had a programme of continual supervision, managers however found it difficult to set aside specific time to complete the paperwork. This will be a focus for her division. Mrs Harris said that it can also be difficult for frontline managers to complete, given services pressures and that they are frequently in uniform on the frontline. Professor Scott asked if there was a chance the Trust was missing out on intelligence that

may help reduce turnover and churn, and whether a more focused template might be useful. Mrs Reid confirmed that the template had been reviewed post-Covid-19 and Mrs Harris said her team have also been working on exit interviews and looking at opportunities to innovate and reflect conversations taking place on a continual basis. Mrs Welsh was confident that any issues would have come to the attention of managers through, for example, the daily safety briefs attending by Mrs Harris' team. Mrs Harris said the issue for her team is recording of the conversations, rather than actually carrying out the appraisals.

In reply to a query from Professor Scott on the alignment between vacancies and appraisal, Mrs Reid advised that directors received very specific reports that allow them to drill down into this type of detail.

TB10/24 Approval of Business Case Addendums

Holywell Hospital – Carrick Ward 4 Ventilation

Mrs Renfrew spoke to this agenda item and explained that tenders had come back higher than expected and an additional £167,000 was required. The Trust would reallocate funding from a Task and Finish Scheme.

The addendum was approved by Trust Board.

Causeway Hospital Photovoltaics (PV) Scheme

Mrs Renfrew explained that this was a cost reduction addendum as the scheme costs were lower than expected. The savings would be offset by enabling costs but there would be £270,000 of savings to use for other projects.

Mr McCall noted that this was an excellent project for the Trust. Mr Houston asked would the enabling works be completed on time. Mrs Renfrew advised that this would be dependent on Northern Ireland Electricity but it would be kept under review.

Trust Board approved the addendum.

TB11/24 Write Off of Losses

Mr Harkin presented one loss for approval. This was for the amount of £18,000 for unpaid treatment costs and the legal advice was that it was not feasible to take any further action.

Trust Board approved the write-off.

Trust Board also noted the two losses approved by DOH in relation to overpayment of salaries.

TB12/24 Update on Mental Health Inpatient Services Capital Development

Dr Corr provided a brief update on the Mental Health Inpatient Services Capital Development and noted that the development was coming to the end of Stage Three, and whilst there was some slippage, the team were keeping a close eye on progress. The planning application has been submitted and the addendum had been submitted to DOH and SPPG. There had been a delay to the delivery of the mock-up room due to supply chain issues. Dr Corr said this is an important part of the process as it allows staff to walk through the accommodation. It was hoped this would be available over the next month or so and Trust Board members would be welcome to view it, once set up in Holywell Hospital. Dr Corr noted that costs were continually revaluated and the cost was now projected to be £94.5million. The project Risk Register is also continually reviewed.

Mr McCall said it was good to note the progress to date.

Trust Board noted the update.

TB13/24 Capital Programme – to note position as at 31st December 2023

Mrs Renfrew presented the Capital Programme update and advised that the Trust was on track to spend its full capital allocation and was not accepted any additional capital requests at this stage. Any available funding will be allocated to backlog maintenance, in conjunction with the Estate Services Team. There is currently one business case outstanding and the capital team will liaise with the appropriate service managers. There are a number of overdue Post Project Evaluations and, again, the capital team will work with the relevant services.

The Capital Plan for 2024/25 was currently in draft and proposals will be invited from divisions in due course. The final Capital Plan will come to Trust Board in due course. Mrs Renfrew said that it was expected that pressure on capital would continue into the new financial year.

Mr McGivern mentioned table 3 and asked if information on spend versus commitment was available for each scheme. Mrs Renfrew said it was and each scheme was closely monitored and regular meets were held with managers.

Trust Board noted the Capital Programme.

TB14/24 encompass Update

Trust Board noted the encompass Update and the amount of work ongoing. The Trust was planning to 'go live' on the new system in Autumn 2024. Mr Martin will check with South Eastern Trust on the role of Trust Board.

Mr McCall felt it was useful for Trust Board to have sight of this update and also the other internal communications on encompass. Mrs Welsh advised that she was now the Chair of the Trust's encompass Board and that the involvement of Trust Board would increase.

TB15/24 Principal Risk Document

Trust Board noted the Principal Risk Document.

TB16/24 Interim Directed Statutory Functions Report

Maura Dargan advised that the report was presented for noting/retrospective approval. The report was discussed at the Trust Board workshop in December and at Risk & Assurance Group in December.

Trust Board retrospectively approved the Interim Directed Statutory Functions Report.

TB17/24 Adoption Panel Annual Report

Mr McGivern said the Annual Report had been discussed at the Assurance Committee in December 2023. He noted a new initiative whereby the Chair of the Panel meets with the Head of Service to share learning from cases. This will be shared on an annual basis with panel members.

Trust Board noted the report.

TB18/24 Contract Award Reports

Trust Board noted the contracts awarded.

TB19/24 Minutes of Committee Meetings

Assurance Committee

Trust Board noted the approved Assurance Committee minutes from 14th September 2023.

Charitable Trust Funds Committee

Trust Board noted the approved Charitable Trust Funds Committee minutes from 11th October 2023. Mr Houston said there had been a further meeting recently and that the committee received regular reports on expenditure plans and was also considering outward communication with regard to donations.

Strategic Change and Improvement Capability Committee

Trust Board noted the minutes of the committee held on 25th July 2023.

TB20/24 Use of Trust Seal

Trust Board noted the instances where the Trust Seal had been used.

TB21/24 Any Other Business

There were no items of any other business but Mr McCall thanked Trust Board members for the quality of the reports presented. Mr Houston on behalf of Trust Board thanked Mr McCall for chairing the meeting.

It was further noted that Mr McCall's term of office would end on 29th February 2024 and this was his last public Trust Board meeting. Mrs Welsh thanked Mr McCall for his wise counsel and constructive insight over the last eight years.

TB22/24 Public Questions

There were no public questions received.

TB23/24 Date of Next Meeting

The next meeting will be held at 10:30am on Thursday 28th March 2024.