Northern Health and Social Care Trust

Minutes of the One Hundred and Fifty Second Trust Board Meeting
Thursday 24th August 2023 at 10:00am
Boardroom, Bretten Hall, Antrim Area Hospital Site

Present:

Ms Anne O'Reilly	**Chair**
Mrs Jennifer Welsh	**Chief Executive**
Mr Owen Harkin	**Executive Director of Finance/Deputy Chief Executive**
Mr Jim McCall	**Non-Executive Director**
Mr Gerard McGivern	**Non-Executive Director**
Mr Paul Corrigan	**Non-Executive Director**
Mr Glenn Houston	**Non-Executive Director**
Mrs Suzanne Pullins	**Executive Director of Nursing, Paediatrics, Women's Services & Corporate Support**
Maura Dargan	**Executive Director of Social Work**
Dr Dave Watkins	**Executive Director of Medicine**

In attendance:

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**
Mr Paddy Graffin	**Director of Infrastructure**
Mrs Karen O'Kane	**Executive Office Manager**
Mrs Alison Irwin	**Head of Equality**
Miss Gillian Traub	**Director of Operations Designate, Observer**
Mr Fraser Collie	**Assistant Director, Care Of The Elderly for Mrs Harris**
Mrs Denise Quinn	**Assistant Director, Community Care for Mrs Spence**
Mrs Alison Irwin	**Head of Equality**
Tara Stinson	**Peer Support Worker, for the patient experience item**
Clare Downey	**Team Leader, Community Mental Health Team, for the patient experience item**

Members of the Public:

Michelle Weir	**Journalist**

TB85/23 Apologies

Apologies were received from Diane Spence, Divisional Director of Community Care, Audrey Harris, Divisional Director of Medicine and Emergency Medicine and Joanne Edgar, Head of Communications.

TB86/23 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest raised.

TB87/23 Chair's Report

Ms O'Reilly noted that she had now met with all Trust Directors and attending a number of the Trust Board sub-committees. The Chair reflected that Directors were very clear on their roles and that a leadership culture was embedded in the team; she said the Trust was in good hands on what would be a difficult journey. Ms O'Reilly thanked Mrs Welsh for making her introduction to the Trust straightforward. The Chair had also attended the Social Care Governance Committee and said it was a very well run and chaired group.

Ms O'Reilly also visited the Holywell Hospital site and was assured that quality and safety of services were of paramount importance. The Chair would be keen, going forward, that there was an increased public visibility at Trust Board for quality and safety matters.

Finally, Ms O'Reilly mentioned that good communication was key to the relationship with all stakeholders, especially in times of change and she thanked Trust staff for their role in ensuring that the facts were made available during the Transformation of Acute Maternity Services.

TB88/23 Chief Executive's Report

Mrs Welsh recently attended the Health and Social Care Service 75th anniversary event and commented on the huge debt of gratitude owed to staff. The pressure they are under is immense, with increasing demands and a political vacuum. Mrs Welsh added that a stable

political status, with a stable funding model was crucial to ensuring the next 75 years.

The Chief Executive, and some directors, recently met with the Trust's political representatives and discussed a number of issues, including the Transformation of Acute Maternity Services.

Mrs Welsh, and Trust Staff, also facilitated a visit by Peter May, Permanent Secretary, Department of Health (DOH) and Neil Gibson, Permanent Secretary, Department of Finance to the Rapid Diagnosis Centre at Whiteabbey Hospital. The facility is one of only two in Northern Ireland and they are the first of their kind to be developed, as part of the 10 year cancer strategy. The number of clinics at the centre will be increasing and access will be made available to other GP practices in due course.

TB89/23 Account of Patient/Client Experience

Dr Corr welcomed Tara Stinson, Peer Support Worker and Clare Downey Team Leader, from the Coleraine Community Mental Health Team. Tara told Trust Board of her experiences as a user of mental health services, her introduction to the Recovery College and to the peer support model. Tara had volunteered for a year before being appointed to her current role as a Peer Support Worker, and she noted that she worked with a very support team and that there was no stigma attached to her illness. Such was the support from the team that Tara has now completed three years of her nursing degree to become a Mental Health Nurse. Tara was keen that the Trust consider further the role of peer support workers and consider if a more professional approach should be taken, as well as the role of volunteers. Tara commented that "work keeps people well". The Chair commended Tara on her remarkable story and her great personal resilience before asking Clare for her thoughts on the peer support model. Clare said that Tara was a fantastic member of staff and whilst there were some reservations at the beginning, there had been no issue. Clare noted that Tara had been the catalyst for the development of a community garden at the Coleraine centre, and that she was a fantastic asset to the team; she said that Tara will make a fantastic Mental Health Nurse.

Dr Corr remarked that the reference to the professional approach taken to Peer Support Workers in Australia was very interesting and

she would follow up on this. Dr Corr was also looking at the roll out of the peer support model.

Mrs Welsh concurred with Dr Corr's comments and thanked Tara, and Clare, for attending Trust Board with her very positive message.

The Chair also thanked Tara and said that her resilience had not only been of benefit to her in her journey, but was beneficial to the Trust too. She thanked Clare too for making Tara welcome and said that "work keeps people well" was a crucial message.

Ms O'Reilly concluded by saying that the patient experience was key to Trust Board and to grounding the Trust Board in the experience of services users.

TB90/23 Minutes of Meeting held on 22nd June 2023

The minutes of the previous meeting were agreed. Dr Watkins to be added to the list of attendees.

TB91/23 Matters Arising

Transformation of Acute Maternity Services

Mrs Welsh began by noting that from 17th July 2023 all hospital births had moved to Antrim Area Hospital, following the decision made by Peter May, Permanent Secretary, DOH. There had been a huge amount of work done to support staff and women in the run up to the change. Mrs Welsh reiterated that Causeway Hospital remains open for both ante and postnatal services. The Chief Executive updated Trust Board on the recent meeting she had attended with the Causeway SOS Group and the Permanent Secretary and noted that both the Trust and the group held a common purpose in that all were seeking the best for residents of the Causeway area. At the meeting Mrs Welsh offered that the Trust would undertake a two month review of the transition, given that some issues were highlighted by the group. Mrs Welsh reinforced the importance of Causeway Hospital as part of the acute hospital network and referred to the recent funding of £1million for a CT scanner and £2million for the Emergency Department and the ambulatory pathway for frail elderly as an example of the Trust's commitment to the hospital. These

developments were important to support the area's aging population. Trust Board today would also consider two further developments for the Causeway site; an MRI scanner and Photovoltaic panels to help with the Trust's commitment to sustainability. Mrs Welsh concluded that the hospital reconfiguration work would also consider the role of Causeway Hospital in the hospital network.

Mrs Pullins told Trust Board that it was just over one month since the transformation and she outlined the considerable work done in advance of the change. This included one to one meetings with each member of staff and all staff were able to have their first preference in their new roles. Mrs Pullins and Mrs Welsh spent time with the staff in Causeway and there was a week's induction to introduce the staff to the new service profile before they started work in Antrim on 24th July 2023. All the staff were working well together and the transferred staff were getting to know their roles in a very busy unit. Mrs Pullins noted that the Midwifery Co-ordinator on the Antrim site was available to coordinate both scheduled and unscheduled work. All women affected received individual letters on how to access care and a helpline was in place for two weeks. Mrs Pullins and her senior team have been engaging with staff to ensure a smooth transition and this will be kept under review. Mrs Pullins added that there was a RAG (red, amber, green) rating in place in the unit, depending on services pressures. The unit had been in amber on eight occasions due to unscheduled attendances and bed availability. Mrs Pullins reflected that this was very much in keeping with the nature of maternity services, whereby there would always be unforeseen attendances. The Trust did have to delay three women for a period of 24 hours and this would also be part of normal management operations when scheduling attendances. These delays can be extended safely to 72 hours but this has not happened. The Maternity Team carry out a 'huddle' every morning to agree the plan for the day's activity, with the team working extra hours, for example, if needed. Mrs Pullins expressed her gratitude to the staff and commended how well they are working together.

Dr Watkins told Trust Board that he and Stephen Porter, Assistant Director, had recently carried out a Leadership Walk Around in Ward C2, Maternity Unit, and they were both struck by the proactive and enthusiastic approach by the staff in a busy unit and the embedding of new staff. Dr Watkins commented that morale was good, despite the

challenges of a busy service. Ms O'Reilly thanked Mr Watkins for his comments.

Mr Corrigan asked Mrs Welsh to clarify that the two month review was not a review of the decision. Mrs Welsh explained that she offered to carry out a review to make sure that the transition was working well on the back of concerns raised at the meeting with Causeway SOS, which she had not been aware of. Mrs Welsh said the review would look at quality and safety and would provide an assurance for staff and women using the service.

Mr Corrigan also enquired of Mrs Pullins if she was content that any delays to scheduled care was within tolerance and safe service levels. Mrs Pullins welcomed what was a good question from Mr Corrigan and explained that it has always been the case that planned inductions could change due to the need to accommodate emergency admissions. Mrs Pullins added that the team wish patients to have the best experience possible but sometimes inductions had to be rescheduled. Seventeen were rescheduled since the move of hospital births, three of which were delayed for 24 hours. Mrs Pullins was reassured by the clinical view that inductions could safely be delayed for up to 72 hours. Mrs Pullins was aware of some public commentary around the delays but the clinical view is that this is very much part of the normal business arrangements for a maternity unit. Mrs Pullins was absolutely assured that any delays will be appropriately managed and added that August was always a very busy month for maternity care.

Mrs Pullins also assured Mr Houston that there was a very well developed pathway for any obstetric cases on Rathlin Island with a nurse on the island. Most mothers, however, move to the mainland coming up to their expected date of delivery. There had been one baby born before admission but distance was not a factor in that case. Mrs Pullins further expanded on the pathways in place if an emergency was to occur on the Causeway site, including the work carried out with NIAS and the bypass protocols in place. Mr Houston was pleased that the Trust had considered these. Mrs Pullins added that there was senior doctor on-call for the Causeway Site and that any women who have concerns should contact the maternity service and they will be directly to the correct service at the correct site.

The Chair recognised that the Trust cannot prepare for 100% of all possible issues but she was assured by the work done on developing

pathways and skillsets, reviewing the move of births and liaison with relevant partners. Ms O'Reilly was content with what Trust Board had heard at the meeting and expressed that oversight and transition was part of the journey. The work carried out by Mrs Pullins and her team, and her stewardship of the transformation had been outstanding and the Chair said she had the full confidence of Trust Board.

- Speaking Rights

  Mr Maurice Bradley, MLA for East Londonderry, was unable, at very short notice, to attend Trust Board and deliver his statement. The Chair agreed that his statement would be appended to the minutes of the meeting.

TB92/23 Performance Report as at 31st July 2023

Mr Martin began the Performance Report by outlining the key areas he, and the Divisional Directors, would be updating on.

Breast 14 day:

Mr Martin noted that there had been a drop in performance recently, following several months of good progress, however, this was not unexpected as there had been regional work carried out on equalisation of waits across the service. Mr McMahon commented that the Trust had worked hard on increasing breast surgery capacity and this had been performing well. In May, though, another Trust required support with their increasing waiting list and this impacted on performance. Mr McMahon was hopeful that this support will now return to Northern Trust and the position will improve.

Mr McMahon added that there were also some concerns regarding histopathology and the five Trust Chief Executives had agreed to try and equalise provision. Northern Trust has been asked to support Head and Neck Surgery, which is a very complex area. There was some discussion around what the service can and should be delivering and if Trusts should create waiting lists for procedures they don't currently offer. Ms O'Reilly asked if this was discussed at a regional level. Mrs Welsh confirmed that the effective use of resources had been raised with DOH but there was no agreed way forward. Mrs Welsh will raise the issue again.

Diagnostics:

Mr Martin informed Trust Board that the number of those waiting over 26 weeks had doubled, before Mr McMahon spoke to the discrepancy between capacity and demand. The current agreed service levels were based on the 2018/19 performance, which did not take into account the increasing demand. Mr McMahon said it was difficult to reduce demand as requests for diagnostics were based on clinical requirements. He then spoke to the increasing waiting times for image reporting and outlined the reasons for this, which was due to, for example, increasing demand, particularly from unscheduled care, reduction in the use of the independent sector and decreasing capacity due to sick leave. Mr Corrigan commented that the gap between capacity and demand was longstanding but this did not explain the increase in waiters over the past six months. Mr McMahon said the position had worsened due to the decrease in the use of the independent sector and the increasing demand.

Mr McCall said it was important for Health and Social Care to work together as a system. Mrs Welsh added that equalisation of waits would help in some areas, but the gap in Radiology was too large and other solutions would be required.

Allied Health Professionals (AHPs):

Mr Martin pointed out that there had been an increase in the number of people waiting over 13 weeks for an AHP appointment. The majority of the waits are in dietetics and physiotherapy. Mr Collie spoke to the dietetic improvement plan and explained that the service had a 40% vacancy rate, but that three new staff wold be taking up post in September. Mr Collie outlined the steps taken to improve the position, including validation of the waiting list and a review of the booking process. There was also some work ongoing on advice for patients. Mr Collie said that the service were aware of the increasing waits but was confident that this would be reduced, noting the increasing demand.

With regard to physiotherapy, Mr McMahon confirmed that the service had a vacancy rate of 22% but that a new locum was now in place and a recruitment exercise underway. He said that there was a high staff turnover, especially in the Musculoskeletal pathway. Capacity had returned to 2019 levels.

Healthcare Associated Infections (HCAIs):

Trust Board were informed that both C Difficile and MRSA were above the target. Mrs Pullins reported that there were six MRSA cases today against a target of seven. All the cases were within 48 hours of admission, with some of the patients coming from nursing homes or other facilities. Mrs Pullins confirmed that the Infection Prevention and Control (IPC) team carried out in-reach and supported practices and nursing homes as far as possible.

In relation to C Difficile, audits and ribotyping were carried out and there were no particular concerns. Mrs Pullins said the increase could be due to a decrease in handwashing, post Covid-19 and prescribing of antibiotics. Dr Watkins provided an updated on work underway by the anti-microbial pharmacy team. Mrs Pullins concluded by confirming that the IPC team carry out post infection reviews with all ward teams and all learning is taken forward. Mrs Welsh added that she would raise the increasing HCAIs with Aidan Dawson, Chief Executive of the Public Health Agency (PHA). Mrs Pullins noted that the Trust still had a number of Covid-19 outbreaks, which were reported to the PHA.

Ms O'Reilly thanked Mr Martin and the directors for their updates, noting that the points highlighted were her concerns. Mr Corrigan, given his focus on workforce issues, was pleased to note the improving performance on absence, and on the 20 day compliance on complaints.

Dr Corr assured Trust Board that the waiting times for first assessments for red flag psychological therapies were improving but there was still an issue for the next steps, as the ability to deliver individual therapy sessions was stretched. The area will be kept under close review.

Mr Houston mentioned the increasing performance in ambulance turnaround times and said this was welcome. Mrs Welsh added that Michael Bloomfield, Chief Executive, NIAS, had noted to SPPG that the Northern Trust had been the only Trust to improve performance in this area.

TB93/23 Finance Report as at 31st July 2023

Mr Harkin spoke to the Finance Report as at 31st July 2023. He confirmed that the Trust's Financial Plan had been submitted to the

Strategic Planning and Performance Group (SPPG) at DOH on 30th June 2023. The Trust had a planned deficit of £22million and a projected shortfall of £6.2million against its savings target. Mr Harkin and his team will continue to liaise with SPPG and DOH.

Mr Harkin advised that the Trust has taken action to stop the use of non-contract social care agency staff, but the impact is not yet visible on the Trust's ledger. The use of non-contract nursing agency staff will cease from 14th August 2023, with the exception of one specific, agreed role.

Directorate positions continue as before, with significant risks and pressures. In Medicine and Emergency Medicine, it was noted that the additional 48 beds were now open, however decisions to admit continue to increase. Community Care, and Mental Health, were also experiencing pressures due to discharges from acute facilities and Muckamore Abbey Hospital respectively.

Mr Harkin further noted that there were significant risks in delivering the Trust's savings target and that the Trust's flexible spend continued on a straight-line trajectory but he was hopeful that this was decrease. The Trust's prompt payment compliance remains above target and the debtor position, which was £17million at the end of March 2023, was closely monitored. Finance staff work closely with the Trust's legal advisors, the Directorate of Legal Services (DLS), to monitor debts closely and with sensitivity. Trust staff also continue to reduce spend associated with Covid-19.

Mr Harkin concluded that the Trust was projecting a year-end gap of £21million, which he planned to maintain and, if possible, push for further savings.

Mr McCall expressed his thanks to those involved in the complex challenge of reducing non-contract agency use. In relation to high cost/low impact cases, Mr McCall asked if there was role for the region in dealing with these. He cited Malin's Wood as an example of what can be done to decrease costs and provide a service when the system works together. Mr Harkin concurred with this point.

Mr Houston asked what mNAB costs were. Mr Harkin explained that this was a Covid-19 treatment and that the Trust were looking at how to deliver the service at a more efficient cost. Mr Houston also asked about the confidence and supply funding previously available. Mr

Harkin said that DOH had funded £34million of pressures but the risks still remain; further funding may become available.

Mr Corrigan acknowledged the good work being done to deliver the Financial Plan, including, theatre utilisation, for example, but said that with pressure likely to increase over the winter, the Trust cannot assume that all savings will be made. Mr Harkin advised that this will be closely monitored and risks to the achievement of the plan will be reviewed regularly.

Ms O'Reilly thanked Mr Harkin for his report and said she had given a commitment to Peter May, Permanent Secretary, that Trust Board would remain close to the financial position and would consider the role of the Performance and Finance Committee. The Chair acknowledged that this would not be an easy task for the Trust; there is a human cost and impact.

TB94/23 **Approval of Business Cases**

- Causeway Hospital Photovoltaics
  Mr Harkin asked Mr Graffin, newly appointed Director of Infrastructure, to speak to this important business case. Mr Graffin said this was a business case for the installation of Photovoltaic panels on the roof of Causeway Hospital and that funding of £1.8million was being provided by the Department of the Environment. The panels would provide carbon reduction of 1.1million kilograms and savings of £245,000. This business case was a part of the Trust's commitment to the Climate Change Act. The Trust will continue to manage any risks around the project and to liaise with Northern Ireland Electricity. Mr Graffin concluded that this was a major, and very positive, scheme for the Causeway Hospital site.

  In response to queries from Mr McGivern and Mr Houston, Mr Graffin explained that the impact on, and costs associated with, distribution boards was included in the business case and that there was no increased fire risk from the Photovoltaic panels. It would not be possible to sell excess energy as the panels would only provide 20% of the Trust's requirement. Mr Corrigan added that this was a good news story for the Causeway site and was a symbol of the Trust's positive commitment to the hospital. The Chair and Chief Executive concurred with this.

Trust Board approved the Business Case.

- Implementation of Hospital Parking Charges Act
  Mrs Pullins presented this Business Case and informed Trust Board that Royal Assent was received in 2022 for the legislation to remove parking charges at hospital sites. The focus for Trusts will now change from charging for parking to protecting parking for those who need it. Mrs Pullins said the preferred option was option 6 and that the region was of the view that expert input is needed. A capital investment of £1.3million is required and funding will be provided from the region. All Health and Social Care Trust will be proceeding in the same way.

  Mr Corrigan remarked that this was a political decision and appeared to be contrary to the Secretary of State's recent announcement. Ms O'Reilly noted Mr Corrigan's comments.

  Trust Board approved the Business Case.

- Implementation of Rapid Diagnosis Centre (RDC) - resubmission
  Mr McMahon spoke to this business case and advised that the work scheduled for Whiteabbey remains as is but this amended business case brings the MRI scanner to the front of the Radiology Department in Causeway Hospital, thereby negating the need for a link corridor and increased NIAS transport. This will make for a better patient experience. The funding from DOH is such that the Trust will not need to use funds from its general capital allocation and the revenue tail associated with the work is small.

  Mr Corrigan asked if this was the agreed regional direction. Mr McMahon confirmed that it was and that the development was supported by the commissioner, SPPG. The locating of an MRI at Causeway frees up capacity in Antrim to deal with cases from the Whiteabbey RDC. Mr McMahon said this was further good news for the Causeway site.

  Ms O'Reilly said this was an important development for the Trust's vision for Causeway. Mrs Welsh commended Mr

McMahon's work and said whilst it might have been easier to have put an MRI onto the Whiteabbey site, this development at Causeway will further enhance the experience for all service users in the Northern Trust. The Chair concurred with these points.

Mr McGivern asked if the Southern Trust were in the same position. Mr McMahon confirmed that they were.

Trust Board approved the resubmitted Business Case.

- Regional Capital Business Case for Purchase of Digital Mammography Equipment
  Mr McMahon presented this Business Case for the replacement of both static and mobile breast screening units. Funding will be provided by DOH and the first stage will be the replacement of the mobile unit, with the second stage being the replacement of the static unit in Antrim Area Hospital. The Trust will provide the capital funding for the enabling works.

  Trust Board approved the Business Case.
- Ballycastle Health Centre – GMS Accommodation
  Mr Martin informed Trust Board that this Business Case, funded by SPPG, was to extend the accommodation available to two practices in Ballycastle Health Centre. Space is currently limited and this will add a 100 square metre extension and enhanced disability access.

  Mr McGivern asked if this was only for additional space and not for additional GPs. Mr Martin confirmed that it was only a physical expansion at this stage. Mr Corrigan asked if the Trust received rental income, Mr Martin and Mr Graffin said it did. Mr McCall added that this was a good development and an example of partnership working.

  Trust Board approved the Business Case.

TB95/23 Section 75 Annual Progress Report

Mrs Irwin presented the Section 75 Annual Progress Report to Trust Board for approval. The report contains a detailed update on the five year Equality and Disability Plans and the Equality Newsletter.

Mrs Irwin advised that the new Equality and Disability Plans were out for consultation and that two stakeholder events were planned. Mrs Irwin also noted highlights such as the procurement of a regional service for Hard of Hearing and that Mr Harkin would be the new Chair of the Equality, Diversity and Inclusion Steering Group. There had been on section 75 complaints in 2022/23. Mrs Irwin then mentioned the Accessable Guides, which had been developed for Causeway Hospital and said these were a fantastic resource for those with disabilities. Ms O'Reilly noted at least nine areas which illustrated the Trust's commitment to engagement and consultation, including, the Transformation of Acute Maternity Services at Causeway. The Chair said that the report also illustrated the Trust's commitment to stakeholder involvement, and also commended Mrs Irwin on the regional collaborations undertaken. Mrs Welsh also thanked Mrs Irwin for the very comprehensive report.

TB96/23 Five Year Review of Equality Scheme

Mrs Irwin then spoke to the Five Year Review of the Equality Scheme, which is carried on based on guidance from the Equality Commission. The review highlighted both areas of good practice and some areas for improvement, including around the Trust's screening process. Mrs Irwin is considering the provision of clinics to help train staff on the correct process. Mrs Irwin emphasised the importance of regional collaboration on equality and also mentioned that equality was embedded in leadership across the Trust. Any concerns raised were dealt with swiftly and Mrs Irwin thanked directors for their help with this.

The review will be shared with the Equality Commission.

Ms O'Reilly thanked Mrs Irwin for her report and said it had reminded her of Trust Board's responsibility for equality and this would be built into the Board's development plan going forward. Mr McCall took the opportunity to commend the reports and the Equality Newsletter.

TB97/23 Amended Equality Scheme

Trust Board approved the amended Equality Scheme, following the Five Year Review.

TB98/23 Write Off of Losses

Mr Harkin presented two losses for approval. One in relation to client contributions, which DLS have advised should be written off and one for a court fine in relation to a case brought by the Health and Safety Executive.

Trust Board agreed to write off the losses.

Mr McGivern asked about the production of a debtors report. Mr Harkin confirmed this was now included in the Financial Position report and was an area of focus for the finance team.

TB99/23 Annual Accounts including Annual Report 2022/23

Trust Board formally noted the Annual Accounts and Annual Report, which were laid in July 2023.

TB100/23 Audit Committee Annual Report

Trust Board formally noted the Audit Committee Annual Report.

TB101/23 Update on Mental Health Inpatient Services Capital Development

Dr Corr provided a short verbal brief, based on the update paper presented to Trust Board and noted that a mock-up of bedrooms was being carried out and that this should be finished by the end of October and it would be good for staff to see and review. In relation to the access road, contact has been made with affected landowners to discuss options. The changes made to the schedule of accommodation, due to infection, prevention and control requirements had caused some slippage and Stage 3 is now expected to be complete by January 2024 with a projected completion time of May 2027, followed by a six month commissioning process. There is a requirement for additional funding and a business case addendum is being developed. Dr Corr was delighted that Mr Graffin had been appointed to the Director of Infrastructure position and planning would now commence for the decommissioning or reuse of the Holywell Site. Dr Corr concluded by announcing that the facility would be named Birch Hill following a consultation exercise.

TB102/23 Capital Programme as at 31st July 2023

Mr Martin advised that Mr Graffin, as Director of Infrastructure, would present this report at future meetings.
Trust Board noted the update and that the Trust had received £2.2million of additional capital which will allow for some flexibility in the programme. Post project evaluations are now up to date.

TB103/23 Committee Minutes:

- **Audit Committee Meeting 10th May 2023**

Trust Board noted the minutes of the Audit Committee meeting held on 10th May, which the Chief Executive had joined for her yearly meeting with internal and external audit. A further meeting was held in June 2023.

TB104/23 Contract Award Report

Trust Board noted the Contract Award Report.

TB105/23 Use of Trust Seal

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

TB106/23 Any Other Business

Mr Martin shared hard copies of the Strategic Outlook with Trust Board members. This was the published version of the document previously discussed at Trust Board. Mr Martin said the document would be used to inform stakeholders and at the Trust's upcoming Leadership Conference.

On behalf of Trust Board, Mr Corrigan presented Mrs Martina Bradley with a token of appreciation at this, her final, Trust Board meeting. Mrs Bradley's year as the Boardroom Apprentice would come to an end on 31st August. Trust Board thanked Mrs Bradley for her input to the programme over the past year. Mrs Bradley also expressed her thanks to Mr Corrigan, and all Trust Board for their help and support over the past year.

TB107/23 Public Questions

There were no public questions.

TB108/23 Date of Next Meeting

Northern Health and Social Care Trust

Thursday 26th October 2023 at 10:30am.

The Chair noted that the Trust Board meeting held in public would now start at 10:30am

Addendum:
Statement from Maurice Bradley, MLA on behalf of SOS Causeway Group

While SOS Causeway Hospital were grateful to avail of the opportunity to meet with representatives of the Northern Trust, we are deeply disappointed to confirm we have received numerous messages expressing great concern and disappointment in transformation of Acute Maternity Services to Antrim Area Hospital.

Assurances were made during our meeting with Trust reps that answers to questions delivered on behalf of pregnant mothers would be provided by the Trust in black and white, while we have seen some of this information, we have not seen it all.

During this same meeting we directly asked if the Trust were confident they could manage the smooth transformation of maternity services in the form of transition of births to from Causeway Hospital to Antrim Area, to which the answer was a very certain and definite yes, despite the discrepancy in beds available.

This simply is not the case, it is very clear Causeway Hospital is needed to assist with the overwhelming pressures on Antrim Area Hospital. Rumours of wards and rooms being transformed and transferred indicate the Trust may finally have reached this realisation, it is time to act now before it is too late.

SOS Causeway Hospital also received a strong commitment to building our hospital up and not tearing it down. We therefore do not expect any more announcements of centralisation of acute services in our hospital and would like to assure you regardless, we will continue to advocate for the people of Causeway Coast and Glens, that they may receive the high standard of health care, as is their human right.