Northern Health and Social Care Trust

Minutes of One Hundred and Sixty Sixth Trust Board Meeting held on Thursday 28th August 2025 at 10:30am, Boardroom, Trust Headquarters, Bretten Hall, Antrim Hospital Site

Present:

Anne O'Reilly, Chair
Jennifer Welsh, Chief Executive
Carol Diffin, Non-Executive Director, Vice Chair
Kathy Mackenzie, Non-Executive Director
Paul Turley, Non-Executive Director
Paul Douglas, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Scott Armstrong, Non-Executive Director
Dr Dave Watkins, Executive Director of Medicine
Suzanne Pullins, Executive Director of Nursing
Gillian Traub, Director of Operations
Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications
Tracy Magill, Interim Executive Director of Social Work
Stevie Lennon, Interim Executive Director of Finance
Neil Martin, Director of Strategic Planning, Performance and ICT
Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing
Paddy Graffin, Director of Infrastructure
Diane Spence, Director of Community Care
Lynne McCartney, Director of Surgical and Clinical Services.
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager

In attendance:

Pat Gorman, Specialist Nurse
Una McMillan, Service User
Tom McMillan, Service User
Dr Shelley Tracey, Coordinator of Carers' Writing Project
Susie Soutar, Carer
Amanda Gourley, Carer
Mari McLoughlin, Carer
Michelle Weir, Local Democracy Journalist

TB82/25 Apologies

Apologies were received from Maura Dargan, Executive Director of Social Work, Audrey Harris, Director of Medicine and Emergency Medicine, and Owen Harkin, Deputy Chief Executive/Executive Director of Finance

TB83/25 Conflicts of Interest

There were no conflicts of interest declared.

TB84/25 Chair's Report

The Chair began the meeting by paying tribute to Dr Dave Watkins on what would be his final Trust Board meeting as Medical Director. Ms O'Reilly thanked Dr Watkins for his support in what could be a daunting role and wished him well for his return to clinical practice. The Chair also congratulated Jennifer Welsh on her appointment as Chief Executive of the Belfast Health and Social Care Trust and said she would miss working with her. She also noted the great work Mrs Welsh had carried out in her Northern Trusts roles and her leadership during some difficult times for the Health and Social Care Service and for the Trust.

TB85/25 Chief Executive Report

Mrs Welsh referred to the recent media coverage on the Breast Assessment Services and advised that Mr Martin would speak further to this in his Performance Report. Mrs Welsh said it was a matter of regret that anyone had to wait over 14 days and that this unacceptable wait added to what was already a stressful experience. The Chief Executive expressed her apologies.

Mrs Welsh echoed the Chair's comments on Dr Watkins and thanked him for his time as Medical Director, which is not an easy role. The Chief Executive was happy that Dr Watkins would remain with the Trust. A new Medical Director has been appointed and further details would be shared in due course.

Mrs Welsh acknowledged the Chair's kind words and said it had been a difficult decision to have the Northern Trust as she had loved working in the area and it had been an absolute privilege.

TB86/25 Minutes of the Previous Meeting

The minutes of the previous meeting were agreed as an accurate record.

TB87/25 Matters Arising

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

TB88/25 Formal Presentation of artwork from Trust Carers

The Chair welcomed Dr Shelley Tracey, Coordinator of the Carers' Writing Project, along with Mari McLoughlin, Amanda Gourley and Susie Soutar. Dr Tracey thanked the Trust for setting up the project and for the support received from the Trust's Carers' Hub. It was noted that the creative writing group had led to the publication of a book. Each of the attendees provided Trust Board with readings of both their own and other carer's creative writing, before the group presented Trust Board with a piece of artwork representing their journey with the Writing Project.
Ms O'Reilly thanked the group for attending and giving Trust Board such a comprehensive insight to the Writer's Group and how successful it had been in helping the carers.

TB89/25 Update from Northern Partnership and Population Health Committee

The Chair noted that the Northern Partnership and Population Health Committee was a key committee in the new governance arrangements and was in line with the new, ministerial, Health and Social Care Reset Plan. The committee was unique in that it included service user, carers and community and voluntary sector representatives. Ms O'Reilly was happy to report that there had been early results with good connections and relationships being built, and drew attention to four main matters discussed at the recent meeting.
Firstly, the Equality Report, which was considered by the committee and feedback was provided, and some changes were made, before it was formally submitted to the Equality Commission. The second piece of work was providing access to a summer scheme for children with

learning disabilities. Mrs Magill described the work done with the Mae Murray Foundation to provide grants for families for respite. Over 280 families had received a grant. Mrs Magill said it was a good piece of work, although quite a challenge but there had been a very open and respectful working relationship between the Trust and Mae Murray Foundation. There were other pieces of work going on. Mr Turley asked if there was any feedback from families on whether or not they were able to obtain respite? Mrs Magill said feedback was still awaited. Mr Turley also asked if Whitehaven was open yet. Mrs Magill advised that it was but not yet at full capacity. Mr Turley said he would be keen to hear more about respite services in future and this was noted.

The third area of focus for the committee was on service users waiting for occupational therapy assessments for chairs. Jill Bradley, Assistant Director, Allied Health Professionals, was taking this forward and would be meeting with families to seek a timely solution.

The final area was establishing community appointment days. One day had already been set up for dementia patients and a further one for carers was planned.

The Chair felt these pieces of work reflected the strength of the committee and she was pleased to be able to bring this to Trust Board's attention.

TB90/25 Service User Experience: Medicine and Emergency Medicine

Dr Mark Jenkins, Divisional Medical Director for Medicine and Emergency Medicine, introduced Pat Gorman, Interstitial Lung Disease (ILD) Nurse, Una McMillan, Service User and her husband Tom McMillan, Chair of Pulmonary Fibrosis Support Northern Ireland.

Una provided Trust Board with an eloquent and moving account of her own medical history and that of her family. Una was keen to share her story in order to improve the service for, and give hope to, other people suffering from Interstitial Lung Diseases. Una also mentioned the invaluable service provided by Pat Gorman, who had been a nurse for over 30 years. Tom spoke on the difficulties encountered with the oxygen delivery service from BOC including the often-unsatisfactory communication with patients, and whilst this was not unique to the Northern Trust area, it does have the highest number of oxygen users. Pat added that there can also be delays for those attending oxygen clinics. Tom then outlined the work done by Pulmonary Fibrosis Northern Ireland in support patients, families, consultants and nurses. He described a series of books that were produced for children dealing with matters such as breathing difficulties, lung transplants and grief.

They are working with a major drug company to supply these books across Europe. He mentioned that Pat was the Scientific Advisor to the European association for Pulmonary Fibrosis. The group finished their presentation by describing work undertaken to provide respite services to those with ILD, and their families, as travel is often restricted.
The Chair gave her immense thanks to Una, Tom and Pat and said the presentation had resonated with all Trust Board members and they would take on board the comments made, around the oxygen supply, and would follow this up. Trust Board also noted the comments about clinic provision and hoped that Una, Tom and Pat's advocacy work may lead to more help. The Chair commended their hard work in advocating for others and said it was heartwarming to hear of the role Pat was playing. Trust Board thanked the group for their attendance.

TB91/25 Performance Report as at 31st July 2025

Mr Martin reminded Trust Board that work continued on rebuilding the Performance Report following encompass go-live and further targets would be added as and when they were available. He noted that today's report including elective waiting list times, both completed and active. Mr Martin explained that active waits were measured at a point in time, usually the last day of a month and that these were used on the My Waiting Times website for both inpatient and day case waits.
Mr Martin then referred to the 14-day breast waiting times, which were included in the Trust Board report and indicated that the Northern Ireland average waiting time in March 2025 was 3.3 weeks and in July 2025 it was 3 weeks. Mr Martin explained the current process with the regional service versus what the individual Trusts had done previously. In some areas it has led to a deterioration in the waiting times with equalisation in the regional service but for the Trust there had been an improvement as the Trust had previously faced a challenging situation due to increasing demand outstripping the Trust's capacity. The Chair said it was good to see and have this discussion in real time and to see what the consequences of rebalancing the service were.
Mr Turley reflected that the Performance Report was mainly focused on acute services and it would be good to for it to be broadened. Mr Rice asked where actions for, for example, waiting list initiative work were discussed. Mr Martin responded that these discussions took place in both the internal Strategic Reform Group and the Resources Committee. Any relevant matters would be escalated by the committee to Trust Board for further discussion. There was discussion on risks

and how these are managed. Mrs Welsh suggested that there could be a discussion with Mr Rice on how issues are triangulated and how the divisions provide an assurance on risks. Performance is important but she acknowledged that it wasn't just about numbers.
Mrs Diffin referred to the 62-day targets for cancer and asked if there was work ongoing in other areas, not just breast services. Ms McCartney advised that the Trust had a Strategic Cancer Board and there was close liaison with the Strategic Planning and Performance Group (SPPG) to manage action plans for each service. Mrs Welsh added that breast services was the only area with a 14-day target but that the remainder of the tumour groups were closely managed. The issue is mostly a lack of capacity.
The Chair undertook to have a further conversation with Mr Rice and reflected that the report was still a work in progress, not just because of encompass but also the Support and Intervention Framework (SIF) and System Outcomes Framework (SOF). Ms O'Reilly acknowledged the considerable work being undertaken by Mr Martin and his regional Director of Planning colleagues.

TB92/25 Organ Donation Annual Report

Ms O'Reilly informed Trust Board that the Trust had a formal responsibility to have an Organ Donation Committee and the summary Annual Report was brought to Trust Board for noting. The Chair advised that the staff are employed by the NHS Blood and Transplant authority and embedded in Trusts. Ms O'Reilly noted the referral rate performance and said the presence of nurses in both Causeway and Antrim Area Hospital was noted at the UK national meeting and their professionalism acknowledged.
Dr Gray will be taking on the chair of the committee going forward.
Trust Board noted the summary Annual Report.

TB93/25 Finance Report as at 31st July 2025

Mr Lennon began his report by drawing attention to the financial plan and noting that the first phase of this was to achieve savings equal to the Trust's outturn position at the end of the 2024/25 financial year, that is, £18.1 million. Mr Lennon said there was a plan in place for this.
The second phase would be to bring the Trust to a breakeven position working alongside the regional Strategic Financial Management Group

and the associated workstreams from this. Mr Lennon advised that work was ongoing on plans.

With regard to the Month 4 position, the Trust continued to be on target to deliver savings of £18.1million and the divisional positions remain much as before. Medicine and Emergency Medicine were projecting a deficit of £9-10million, mainly related to agency, pressures in the emergency department and enhanced care requirements. In Community Care the overspend related mostly to bespoke care packages and the underspend in Mental Health and Learning Disability was due to vacant posts.

Mr Lennon was forecasting savings of £21.6m to date, including cost avoidance, and there is a small amount of savings - £1.2million – still to start. Mr Lennon said that given the majority of savings were on target, he considered the risk of not achieving the £1.2million as low.

In relation to flexible staffing spend, there was no expenditure on social work staff and the nurse spend was associated in one, permitted, area. The regional focus going forward will be on medical agency spend. The cost currently, for all flexible staffing, is £36.6million representing just over 2% of the staffing bill.

Mr Lennon concluded his report by advising that the Trust was achieving the prompt payment compliance target of 95% and that information on debtors, both internally managed and managed by the Business Services Organisation, were included in the report.

Mr Platt asked if the Trust was reporting its performance on savings to the Department of Health (DOH). Mr Lennon confirmed that the Trust is working closely with DOH and SPPG on the savings plans and this was the first phase.

Mrs Reid, referring to the work on reducing agency spend, noted that there was a recognition that the region was moving, as a whole, to reduce usage. Mrs Welsh added that the collaborative work in this area had been very useful and it was important that any savings proposed were not being double counted. All Trusts will find it challenging to meet the phase two savings targets but Trust Board will be kept informed.

Mr Turley asked about the non-contract agency use in nursing and Mrs Pullins explained that this was in one specific, complex, case and the Trust had permission to do this. The focus going forward would be on reducing contract agency use. There will be a good cohort of nursing students graduating this year, and there are steps been taken internally. Mr Turley asked what the quantum of savings had been and Mr Lennon undertook to share this information. This had been a success for the Trust. Mr Turley agreed that this was a good news story. Mrs Reid cautioned that the main use of non-nursing and non-

medical agency was at Band 3 level and they Trust would need to be mindful of any unintended consequences and costs.
Dr Gray asked what the process was for the nurse bank. Mrs Pullins explained and said that there was a regional group looking at nurse bank as well and that a highly functioning Bank Service was key to successful change and she would be very keen to retain nursing experience.
The Chair thanked Mr Lennon for the report and said it was clear that no stone was being left unturned and all assets were being reviewed. The Trust was doing all it could to move forward into the challenges facing the region.

TB94/25 Annual Accounts and Annual Report

Trust Board noted the Annual Accounts and Annual Report, which had been laid before the Northern Ireland Assembly. The Chair reflected that this was a very good reference document for Non-Executive Directors as it outlined all the business of the Trust.

TB95/25 Capital Report as at 31st July 2025

Mr Graffin spoke to the Capital Report as at 31st July 2025 and reported that some additional capital fundings was received for, for example, ICT and improvements in some GP practices. There were no above delegated limit business cases for Trust Board to approve at this meeting but there will be some business cases for backlog cases to go through the process.
Mr Graffin added that his team continued to work with divisions on outstanding post-project evaluations. Mr Graffin iterated that the Trust's capital position remained challenging.
Ms Mackenzie thanked Mr Graffin and the relevant teams for their hard work on the provision of the new MRI scanner at Causeway Hospital. This was a very welcome development.
Trust Board noted the Capital Report.

TB96/65 Update on Birch Hill Mental Health Build

Dr Corr reflected that it was important for Trust Board to be kept updated and that, at present, the Trust was awaiting the allocation of funding for Stage Four. There had been no formal update to the Trust

following the capital budget discussions and the Trust have submitted revised costings and reinforced that this was the Trust's top capital priority. The initial operational date had been December 2029 but now that the project was approximately five months behind, it would be well into 2030 and there were concerns on the deliverability of the project. The Trust does not have approval to move forward with enabling works. Dr Corr added that an addendum to the original business case was being compiled and the Trust was hopeful of submitting in mid-September, although input from Health Estates was still outstanding. There continued to be public interest in the project and from the media and local political representatives. There was a concern that costs would continue to rise and there was a risk that design changes could add to this. Dr Corr said it was impossible to deliver 21st century care in the current Holywell estate.

Mr Turley commented that this was a critical project for the Trust and he wished Dr Corr well moving forward and asked about revenue costs. Dr Corr said these were included in the addendum and her team continued to work closely with Mr Lennon and colleagues.

The Chair said the updates would continue to come to Trust Board and she reiterated the need for an urgent decision to be made to enable future planning of the project. It was not the optimum way to be delivering care. Ms O'Reilly thanked all the staff involved for their hard work and resilience.

Trust Board noted the report.

TB97/25 Update from Team North People Committee

Mr Turley presented the update report from the recent Team North People Committee meeting and advised that there were three main areas of discussion; the Recognition Plan, Corporate Workforce Update and specific divisional Plans.

Work continues on the Recognition Plan with projects such as the Chair's Awards and Investors in People. This will be reviewed further at the next meeting.

It was noted as part of the Corporate Workforce Report that the absence rate was 7.25% at the end of June 2025 and only one other Trust had a lower absence rate. Staff turnover had also fallen from the previous year. There had been an increase in the number of disciplinary cases and Mrs Reid added that a review of this had been agreed with trade union partners. Whist there were 44 formal cases, there was also an amount of informal working ongoing. The vacancy rate had remained static at around 12.4%, whilst the percentage of

appraisals completed had increased to 58% at the end of July. Mr Turley asked that directors to keep a focus on this.
The committee were also updated on an issue with fake references whereby the Procurement and Logistics Service had been alerted to an issue with some agency posts. Mrs Pullins was reviewing the Trust cases. Mrs Pullins added that a regional group had been established to work through the issues and the Bank Office were working with the Counter Fraud Service. Mr Rice asked if the Regulation and Quality Inspection Authority (RQIA) were involved. Mrs Pullins said they were on the group and an early alert had been submitted to DOH.
The committee had also noted the correspondence from both the main nursing and medical unions on potential industrial action.
Ms O'Reilly thanked Mr Turley and Mrs Reid for the quick turnaround on the report and minutes and said it was good to see the committee's work expanding and picking up on cultural issues.

TB98/25 Any Other Business

There were no items of Any Other Business raised.

TB99/25 Public Questions

There were no public questions received.

TB100/25 Date of Next Meeting

The next meeting will take place on Thursday 23rd October 2025.