Northern Health and Social Care Trust

Minutes of One Hundred and Sixty Second Trust Board Meeting held on Thursday 23rd January 2025 at 11:00am, 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
Scott Armstrong, Non-Executive Director
Paul Douglas, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Glenn Houston, 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
Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications
Neil Martin, Director of Strategic Planning, Performance and ICT
Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing
Audrey Harris, Director of Medicine and Emergency Medicine
Lynne McCartney, Director of Surgical and Clinical Services
Diane Spence, Director of Community Care
Alison Renfrew, Assistant Director, for Paddy Graffin, Director of Infrastructure
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager

In attendance:
Jillian Smyth, Equality Officer
Jamie Boyle, Management Trainee
Michelle Weir, Local Democracy Journalist
Claire Weir, Antrim Guardian Journalist

TB1/25 Apologies

Apologies were received from Kathy Mackenzie, Non-Executive Director and Paddy Graffin, Director of Infrastructure.

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TB2/25 Conflicts of Interest

There were no conflicts of interest declared.

TB3/25 Chair Update

Ms O'Reilly, having provided an update at the reserved session, did not add anything further at the public meeting.

TB4/25 Chief Executive Update

Mrs Welsh stated that those present would be aware, through the Trust's own internal communications and via the media of the huge pressures that are currently being experienced across Northern Ireland's Emergency Departments. Most people would appreciate that the problems manifest at Emergency Departments, but they arise because of issues of how patients flow through the system. The flow of patients becomes a problem largely because of issues of capacity – when the demand placed upon the system outstrips the capacity available to deliver. These issues can be along the entirety of the patient pathway. Mrs Welsh gave the following examples:

- What services are available in the community to support people to live well at home or in a nursing or care home?
- What pre-hospital care is available or what alternatives to hospital are available?
- What level of ambulatory pathways are available providing Same Day Emergency Care?
- What is the capacity in the Emergency Department to manage the patients who arrive, whether by ambulance or their own means?
- What is the capacity in the rest of the hospital to be able to move patients with a DTA to a bed in a timely way?
- What capacity is available in Community Hospitals or Step-Down Services?
- What capacity is available in the Independent Sector for those patients who require ongoing support via a Package of Care or placement in a Residential or Nursing Home?

Mrs Welsh said there was no doubt that capacity was a major issue for the Trust and that those present would know that Mrs Welsh was on record about the investment and growth that she believed was required for Social Care and Primary Care. The answers are largely there, in the community and not in acute hospitals. The capacity, however, is

not currently there and the pressures have really become intolerable for staff within the Emergency Departments (ED). To put it simply, in the current circumstances, the staff are not able to provide the care that they would wish to provide for patients, and that brings a significant level of moral injury and distress.

Mrs Welsh wished to acknowledged the huge and unacceptable pressures, and to thank the teams in Antrim and Causeway for all that they are doing in dreadful circumstances. Mrs Welsh advised that there would be follow up with clinical and operational colleagues.

Mrs Welsh then reminded Trust Board that in August last year the Board agreed to go out to public consultation on proposals around the future delivery of general surgery within the Trust. This public consultation ran for a 14-week period from August 2024 and closed on Friday 29 November. This consultation period included a number of staff briefings and public listening events.

Throughout the process, the Trust wanted to ensure that staff - particularly those most directly impacted by any proposed change - had the opportunity to ask questions and share any concerns with senior management. Engagement with key staff and services has continuing as Trust staff work through the responses and feedback from the consultation exercise.

Following the conclusion of the public consultation, the final report on a proposed way forward will be brought to Trust Board for consideration and approval. It is intended to bring the report to the meeting of Trust Board on 27 March 2025.

The Board's recommendation on the future model for delivery of general surgery within the Trust will then be referred to the Department of Health for the Health Minister to consider.

Mrs Welsh stressed that no final decision on the future delivery of general surgery had been made and the final outcome will be dependent on the decision of Trust Board and, ultimately, the Health Minister. Further updates will be shared with colleagues in due course.

TB5/25 Minutes of the Previous Meeting

The minutes of the meeting of 28th November were approved.

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TB6/25 Matters Arising

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

TB7/25 Population Health Verbal Update

Ms O'Reilly reminded Trust Board that there would be no formal sub-committee meetings until February and updates from each committee chair would come to the March Trust Board meeting. It was important, however, that the agenda remained in its usual order as it reflects the governance structure of the Trust and the Integrated Governance Framework. Going forward there will also be cover reports for each paper, which will outline what is required from Trust Board.

In relation to the Northern Partnership and Population Health Committee, a facilitated workshop would be held with staff, partner organisations, carers, and community and voluntary sector representatives. The discussion will be around what population health means and what is currently being provided. The Chair said this would feed into a plan that reflects what all organisations are doing.

TB8/25 encompass Update

Mr Martin drew attention to the main highlights of the encompass update. The Trust was now 11 weeks post go-live and the focus was now on stabilisation. Staff had coped remarkably well with the new system but there were still some issues to be worked through and a Stabilisation Oversight Group was established to ensure these issues are tracked and monitored. With regard to training, this has moved to a focus on 'thrive' training, which is concerned with resolution of issues. Mr Martin further advised that the revenue funding allocation for 2025/26 was less than the Trust required and the Trust had less time to realise benefits that the Trusts who had gone live earlier. Conversations were ongoing about this. A strategy was also being developed to maintain and develop the benefits from having a cohort of Super Users in the Trust. Mr Martin's final highlight was to confirm that the Trust would now have a post live readiness assessment (PLRA) instead of a go-live readiness assessment (GLRA). The PLRA would concentrate on systemic issues and risks.

Mr Houston asked if the Trust had encountered any new operational issues in addition to those identified in the other Trusts. Mr Martin said the Trust had identified some new issues. The majority of system build issues in the South Eastern Trust (SEHSCT) were resolved, but not all. Mr Houston asked if any were 'mission critical'. Mr Martin and Mrs Pullins described some areas of concern, for example, the standard fluid balance chart was not particularly conducive to the monitoring arrangements used by Trust staff. A quality improvement approach was taken and a new template agreed. The neonatal team continue to use a paper fluid chart at present. Mrs Pullins added that staff were also working on food charts presently and all relevant parties were involved in resolving the issue.

Dr Gray asked what percentage of staff were up to speed on the new system. Mr Martin explained that all staff were now using encompass as it was both a clinical and administrative system and whilst the system can be personalised to help staff, the massive change should not be underestimated. There has been a huge change to how staff do their jobs and the smoothness of the initial move to encompass has been due to the hard preparatory work by staff. Mrs Welsh used the analogy of the go-live as being like passing a driving test and now staff are expected to get on the motorway. Mrs Reid added that 100% of Super Users were fully trained alongside 95% of Trust users and affiliate users. There had been a considerable amount of preparatory training provided.

Mr Douglas asked if there were any tangible benefits yet. Mr Martin said that a benefits piece was being worked on and there had been positive feedback. The single, common, patient record was a huge benefit. There were still issues to be worked thorough and Trust Board will see the results of the post go-live survey in due course. Mr Armstrong queried what activity and performance measures would be used. Mr Martin advised that there was a regional benefits plan, which was under review. Dr Watkins confirmed that there were 37 measures but it was still early days. The Chair remarked that the My Care app would also provide an opportunity for patient benefit and asked what the current uptake was. Mr Martin thought the figure was over 20,000 at present.

TB9/25 Performance Report as at 31st October 2024

The Chair advised Trust Board that the Performance Report as at 31st October was the last one in the current format. Mr Martin concurred with this and said that the format had been in place for around four to five years and was very much based on previous Ministerial Targets and the Service Delivery Plan. It would be normal practice for the Performance Report to come to the next available Trust Board meeting but this had been impacted by encompass. The introduction of encompass has meant that the data reporting mechanism is not available yet. This will be built over the next few months.

Mr Houston referred to page 12 of the report and asked if a focus was needed on diagnostics. Mr Martin responded that the main areas are CT and ultrasound and there was a gap in demand versus capacity, especially for CT scans. The Trust's focus is on red flag and urgent referrals and this means that routine referrals slip. There has also been an increasing demand from unscheduled care. Ms McCartney agreed with Mr Martin's assertion and added that clinicians in unscheduled care have been asked to follow all relevant clinical guidance on referral for scans; however, it is very hard to turn down this increasing demand. The Chair referred to the 14-day Breast service and asked if independent support would be forthcoming. Ms McCartney confirmed that in-sourcing and additional waiting list initiative funding would be the Trust's preference. The Trust had previously received support from the Belfast Health and Social Care Trust (BHSCT) as the Trust's demand was outstripping its capacity however this had now stopped. There is work commencing towards the end of March 2025 on a regional waiting list for Breast Services and will start with BHSCT, SEHSCT and NHSCT as all are on encompass. Ms McCartney told Trust Board that the service is currently engaging with clinicians and getting working groups established.

Mr Houston remarked that he found the use of the trend analysis and the symbols used in the Performance Report particularly useful. Mr Martin noted this.

TB10/25 Post Go-live Reporting and Activity Reporting

Mr Martin indicated this the presentation would provide a snapshot of where the Trust was on its' encompass journey. As part of the presentation Mr Martin outlined that there were 35 activities being tracked as part of the post go-live recovery. Fourteen of these were at

100%, six should be there by March and the remaining fifteen require further work to get back to 100%. Mr Martin then asked the responsible director to update on the following measures.

Psychological Services: Dr Corr reported that the service was booking appointments to pre-encompass levels, which was due to strong leadership and problem solving within the service and from the Chief Information Officer and Deputy Chief Information Officer. The service had used an electronic, patient based system for a few years and this had helped with the roll out of encompass. Dr Corr added that the examples of patient care notes and visibility of patient records were promising.

Renal and Cardiology: Mrs Harris indicated that staff were familiarising themselves with the system and that consultant staff were working differently. Updating the records for patients with complex medical conditions, however, require more clinical time.

Ear, Nose and Throat: Ms McCartney advised that an administrative group were examining what could be done to help consultant staff with the work they have to complete during clinics. Staff continue to monitor clinic numbers and appointment times to optimise the service and work very closely with Dr James Nelson, Chief Clinical Information Officer.

Gynaecology and Obstetrics: Mrs Pullins confirmed that the teams in Gynaecology, Obstetrics and Antenatal Services continue to work together and were working towards 70% of activity by March. The teams are extremely willing to get back to previous levels. The Chair noted that this attitude was key.

Mr Martin will continue to update Trust Board at future meetings.

TB11/25 Finance Report as at 31st December 2024

Mr Harkin presented the Finance Report for the nine months to 31st December 2024. All targets are being met and the Trust was projected to breakeven, due to the achievement of £29million of savings and an additional £31million of funding. Mr Harkin said that overachievement in some savings had gone towards the 2024/25 Pay Award settlement. The Trust will continue to work towards ending the use of non-contract agencies; social work has stopped and nursing is only in one case. Mr Harkin added that the finance focus meetings would resume with

Divisions in February 2025 and that the 2025/26 budgets would be agreed in March 2025.

Regionally, the focus was on the reduction of medical agency usage and, whilst this would be complex, Mr Harkin felt that a coordinated approach would provide opportunity for savings.

Mr Harkin mentioned that the Trust had a prompt payment compliance rate of 95% and that the spend associated with Covid-19 was approximately £2.7million to date. The full year effect would be around £3.5million.

Mr Harkin concluded that he was confident that the Trust would breakeven in 2024/25 and added that there was a current public consultation on the 2025/26 budget. The Minister for Health has identified a gap of around £400million for the regional Health and Care Service. The Trust was working at a financial plan, which would be subject to discussion with Strategic Planning and Performance Group (SPPG) at Department of Health (DOH).

TB12/25 Business Case Addendums

- Implementation of Rapid Diagnosis Centre (RDC) in NHSCT: Ms McCartney informed Trust Board that the addendum was for an additional £272,000 for the Causeway MRI Build and for power supply connection in Whiteabbey. Mr Platt asked why there had been a change in the design. Mrs Renfrew explained that initially it was thought that a modular build would be cheaper but this was not the case. Mr Houston asked that it be reflected in the Post Project Evaluation (PPE) whether the Trust should have known earlier of the additional costs. The Chair concurred with this and noted that there had been a pattern of addendums to business cases coming back to Trust Board for further approval. The Chair was keen that any opportunities for learning was taken. Mrs Renfrew agreed that she would take this back to the teams and would consider looking at contingency amounts for business cases. Mr Houston said it would be helpful to have an overview of addendums. Mr Harkin agreed with this, and said he would discuss this further with Mr Graffin and Mrs Renfrew and bring it to the Resources Committee. Dr Gray asked if other option might have ended up cheaper. Mr Harkin said the normally the issues are market prices and changes to the design process but this will also be looked at. Full business cases are available for all projects.

Trust Board approved the addendum.

- Replacement of Washer Disinfectors and Upgrade of RO Plant in HSDU & Replacement of Steam Sterilisers and Steam Generators in HSDU Dr Watkins said these addendums were for installation, commissioning and enabling works for new equipment.

  Trust Board approved the addendum.

- Holywell Hospital-Carrick Ward 4 (secure unit) Ventilation: Mrs Renfrew advised that backlog funding would be used for the structural work required for the ventilation system in Carrick Ward 4. The current system cannot be economically repaired.

  Trust Board approved the addendum.

TB13/25 Capital Report as at 31st December 2024

Mrs Renfrew referred Trust Board members to the Capital Report in the papers and reported that the Trust had committed £33million of its capital allocation by the end of December 2024. This was an under-commitment but was indicative of the normal pattern of spend versus commitments at this stage of the financial year. Mrs Renfrew indicated that 74 of the 83 required business cases for 2024/25 had been received and a number were still in the quality assurance process and a small number remained outstanding. In regard to PPE, 20 of 106 were still required and the capital team was working with the divisional teams to get these completed. The Capital Plan for 2025/26 was approved at a Senior Management Team meeting and allocations to divisions will follow in the new financial year.

The Chair thanked Mrs Renfrew for her report.

TB14/25 Update on Birch Hill Mental Health Build

Dr Corr provided a verbal update on the Birch Hill Mental Health Build. Enabling works continue and an addendum to the Outline Business Case was required by DOH and this was submitted in November 2024. Feedback is awaited and the Trust team are anticipating queries for resolution. Dr Corr confirmed that the capital allocated would be spent in-year. Dr Corr then gave Trust Board some details of the building design and how learning was taken from previous Serious Adverse Incidents (SAIs). Ms O'Reilly noted this and the work undertaken

around risks already identified by the service. The Chair commended Dr Corr and her team for linking the design to the risk register and governance processes and said this was a powerful example of benefit realisation for both service users and staff.

TB15/25 Establishment of Capital Project Bank Accounts

Mr Harkin presented the paper for retrospective approval, as the Chair had previously approved the establishment of the account. Project Bank Accounts are established for those projects with funding of over £2million and this was the first time the Trust had required one. Mr Harkin said the project team were putting arrangements in place that meet the guidance and enables the payment of sub-contractors. Mr Harkin will be the person purporting to act.

Trust Board approved the establishment of the bank account.

TB16/25 Write Off of Losses

Trust Board noted the Write Off of Losses.

TB17/25 People Report

Mrs Reid spoke to the People Report and advised that there were six main areas of focus.
Sickness Absence: The Trust's cumulative absence rate at 30th November 2024 was 7.45%, which was just below the target set by DOH. Mrs Reid said a lot of work had gone into managing absence and there had been approximately 45 terminations due to absence. Mrs Reid was mindful of the impact of encompass on staff and this would be kept under review. The main reason for short-term absence was flu-like illnesses, with stress as the reason for long-term absence.
Staff Health, Wellbeing and Inclusion Strategy: Mrs Reid reported that the action plan for year one was completed and five priorities had been identified for year two. The focus is staff health and wellbeing and Mrs Reid told Trust Board about a number of recognition events planned.
Pay Awards: Mrs Reid confirmed that the Trust was in receipt of a number of pay circulars for Medical and Dental Staff, Chair and Non-Executive members and Agenda for Change staff. It was hoped that the Agenda for Change pay award could be made in March 2025 and

DOH had so far identified 11 months of funding. The national living wage for staff in bands one and two would be in place from 1st April 2025.
Appraisal Rates: Mrs Reid conceded that the appraisal rate was not where the Trust would wish it to be. Discussions continue on what the appraisal process should be in order to increase the compliance rate.
Statutory and Mandatory Training: The extension to previous training compliance due to encompass would end soon and the all mandatory and statutory training requirements would recommence. Mrs Reid referred to the digital literacy rates, which outline the impact of encompass on training.
Vacancy Rates: Mrs Reid advised that vacancy rates, overall, had not changed and mentioned the new on-boarding process for new social workers and nurses. There is one annual point of recruitment for social work students and then the number can begin to tail off. Mrs Reid also referred to the good results achieved in Medical and Dental recruitment. The focus on encompass going forward would be on those lower band staff affected and on staff retention.

Ms O'Reilly thanked Mrs Reid for a thoughtful and considered report and added that she was looking forward to hearing from the new People Committee.

TB18/25 Public Consultation on Body Worn Cameras

The Chair invited Mrs Pullins to speak to the paper. Mrs Pullins indicated that the proposal to pilot the use of Body Worn Cameras in Antrim Emergency Department linked directly to Corporate Risk 427: safety of staff and service users. Mrs Pullins was seeking the approval of Trust Board to launch a consultation on a pilot with 12 body worn cameras. The cameras would only be initiated as required and following a verbal warning. Mrs Pullins and her team have worked with teams and trade unions and engaged with staff and has given this proposal very careful consideration. Work has been going on for a year and Mrs Pullins thanked the subgroup involved for their very details plans and proposals. It was noted that there were already two other facilities in the region using body worn cameras. Mrs Pullins was hoping for approval to launch a public consultation for 14 weeks and then, hopefully, run a pilot programme.

Mr Douglas asked if staff were in favour of the proposal. Mrs Pullins confirmed that they were but they are cautious but understanding of the

context for the pilot. The first step will be for staff to understand the benefits and it may increase reporting of incidents and assure staff. The subgroup have also been working with the Information Technology and Governance Departments. Mr Armstrong remarked that the use of posters and publications would be important. Mrs Diffin asked if the consultation outcome would be brought back to Trust Board. Mrs Pullins confirmed that it would come to Trust Board before any pilot would begin.

Trust Board approved the proposal to launch a consultation on a pilot for Body Worn Cameras.

TB19/25 Any Other Business

There were no items of any other business raised.

TB20/25 Public Questions

There were no public questions.

TB21/25 Date of Next Meeting

The next meeting will take place on Thursday 27th March 2025 at 10:30am.