Northern Health and Social Care Trust

**Minutes of the One Hundred and Fifty Eighth Trust Board Meeting held on Thursday 27th June 2024 at 10:30am, Boardroom, Trust Headquarters, Bretten Hall, Antrim Area Hospital Site, Antrim**

**Present:**

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| **Mrs Carol Diffin** | **Non-Executive Director – Vice Chair** |
| **Mrs Jennifer Welsh** | **Chief Executive** |
| **Mr Owen Harkin** | **Executive Director of Finance/Deputy Chief Executive** |
| **Mr Glenn Houston** | **Non-Executive Director** |
| **Mr Scott Armstrong** | **Non-Executive Director** |
| **Ms Kathy Mackenzie** | **Non-Executive Director** |
| **Mr George Platt** | **Non-Executive Director** |
| **Mr Gerard McGivern** | **Non-Executive Director** |
| **Maura Dargan** | **Executive Director of Social Work** |
| **Dr Dave Watkins** | **Executive Director of Medicine** |
| **Mrs Suzanne Pullins** | **Executive Director of Nursing, Paediatrics, Women's Services & Corporate Support** |
| **Mrs Jacqui Reid** | **Director of Human Resources, Organisational Development and Corporate Communications** |
| **Mr Neil Martin** | **Director of Strategic Planning, Performance and ICT** |
| **Mr Paddy Graffin** | **Director of Infrastructure** |
| **Mrs Diane Spence** | **Director of Community Care** |
| **Mrs Audrey Harris** | **Director of Medicine and Emergency Medicine** |
| **Mr Kevin McMahon** | **Director of Surgical and Clinical Services** |
| **Mrs Joanne Edgar** | **Head of Communications** |
| **Mrs Karen O'Kane** | **Executive Office Manager** |

**In attendance:**

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| **Ms Michelle Weir** | **Local Democracy Journalist** |
| **Mrs Jaclyn Crowe** | **Assistant Director of Organisational Development, Workforce Governance and Analytics** |
| **Dr Richard Whitehouse** | **Head Of Psychological Services** |

**TB66/24 Apologies**

Apologies were received from Anne O'Reilly, Chair, Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing, Gillian Traub, Director of Operations, Professor Terri Scott, Non-Executive Director and Victoria Moore, Boardroom Apprentice.

**TB67/24 Conflicts of Interest/Declarations of Interest**

There were no conflicts of interest declared.

**TB68/24** **Chair's Report**

Mrs Diffin, Vice Chair, welcomed those present to the meeting and noted that the Department of Health (DOH) had recently launched a recruitment process for further Non-Executive Directors.

**TB69/24** **Chief Executive's Report**

Mrs Welsh began her report by congratulating Belfast Trust on their successful 'Go Live' with the encompass system and thanked Trust staff who were involved.

Mrs Welsh also congratulated the Trust nursing staff recognised at the recent Royal College of Nursing (RCN) awards. Six nurses from the Trust were amongst the winners with Caroline Diamond, Assistant Director of Women's Services and Head of Midwifery receiving the Director of Nursing Award for her role in transforming maternity services within the Northern Trust. Lisa Cassidy and Lynda Cox, Clinical Nurse Specialists represented the Hospital Specialist Palliative Care Team were joint winners of the Palliative Care Nursing Award. The team provides specialist palliative care and support to patients and their loved ones during extremely difficult and uncertain times. Cahal Bradley, Antrim Hospital Stroke Unit Manager, was joint winner of the Team Manager Award, which reflected how well Cahal has lead his team to improve patient safety and care standards by reducing in-patient falls and creating an environment of clinical excellence ensuring high standards of patient-centred care. Finally, Lisa Lyons and Kerrie Sweeny were crowned winners of the Cancer Nurse Award. Lisa and Kerrie were recognised for the Nurse-led clinics they provide to ease pressure on the system, reducing time spent on waiting lists and improving the patient experience. Mrs Welsh commended the staff on their success, which she said reflected their depth of knowledge, skills and expertise. The Trust was very proud of their success.

Mrs Welsh also mentioned the Trust's recent Leadership Conference – Navigating a New North, which was a very successful event and she thanked Mrs Reid and her team for all their hard work in delivering the event.

Mrs Welsh referred back to her comments at the previous Trust Board meeting when she had mentioned the rapidly changing political picture and that it was now the pre-election period in advance of a

General Election on 4th July 2024. The Trust was therefore abiding by the guidance set out for Government Departments and Arm's Length Bodies during this period. The agenda for Trust Board was therefore concerned with standard and routine reports and agenda items. Mrs Welsh advised that discussions in relation to the Trust's Review of General Surgery Services continue and options for the future delivery of the services are being considered to develop an evidence based preferred option. There are regional recruitment and retention issues and the services were becoming increasingly difficult to sustain, including in light of the Standards for General Surgery published by DOH in 2022. The Trust will carry out a full public consultation in due course.

Mrs Diffin took the opportunity to echo the comments made by Mrs Welsh on the success of Trust nursing staff at the RCN Awards and thanked Mrs Welsh and Mrs Reid for their part in the Leadership Conference. Mrs Diffin said it had been an excellent event with excellent speakers and a great buzz in the room. Mrs Reid undertook to pass on the thanks of Trust Board to her Organisational Development and Corporate Communications Teams.

**TB70/24 Minutes of meeting held on 23rd May 2024**

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

**TB71/24 Matters Arising**

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

**TB72/24 Performance Report – to consider position as at 31st May 2024**

Mr Martin explained that as the part of the preparation for encompass, work was carried out to increase capacity for the operational directors and their teams and therefore he would be presenting on the Performance Report and taking any questions. Mr Martin referred members to the summary paper and Performance Report in the Trust Board papers. In his presentation Mr Martin spoke to the Metric Summary for the 2024/25 Service Delivery Plan (SDP) and took Trust Board through the various service areas; for example, Community Care, Children's Social Care, Mental Health, Cancer Services, Elective and Unscheduled care. Mr Martin outlined the position the Trust had achieved in the previous year against the targets. Mr Martin

assured Trust Board that performance against the SDP would be continually monitored and reported on regularly to Trust Board. Mr Houston, referring to the increase in both Emergency Department (ED) attendances and outpatient referrals, asked if these would all come from General Practice (GP). Mr Martin agreed that most outpatient referrals do come from GPs but there are those that will originate from ED attendances, consultant to consultant referral or, for example, cancer screening. Mr Houston further asked if those who are waiting more than 52 weeks, and present to ED with an acute episode, are taken off the outpatient list. Mr Martin said this would not happen automatically or unless their condition was fully treated. Ms Mackenzie asked if routine contact was made with those waiting to make sure the appointment was still required. Mr Martin confirmed that anyone waiting over 52 weeks for an outpatient appointment would be contacted. Mr Houston then queried what the reasons were for the 10% increase in outpatient referrals. Mr Martin responded that he suspected that demography played a part in terms of the aging population with co-morbidities and whilst he was not clear if all Trusts were experiencing the same increase, Northern Trust has the largest population of those aged 75 and over. Mrs Welsh added that she was aware that some Trusts have seen an increase but not all. Mr Martin noted that the increase in referrals was skewed towards urgent and red flag referrals and this had a knock-on impact on routine waits, pushing these up. Mr Martin said that some clinics would be primarily red flag only.

Ms Mackenzie asked about the difference between the 31 and 62 day targets for cancer service. Mr Martin said it was quite complex and he offered to provide an explanation at a future meeting. He outlined that the 14 day target related solely to breast cancer, that the 31 day related to outpatient assessment plus diagnostics if needed and then once a decision on appropriate treatment had been made, treatment should commence within a further 31 days. All red flag referrals will commence on the 62 day pathway but only confirmed cancer cases will remain on this pathway. Mrs Diffin said it would be very useful to have a further presentation on the pathways and suggested this could be included as a workshop topic.

**TB73/24 Finance Report – to consider position as at 31st May 2024**

Mr Harkin presented the Finance Report as at 31st May 2024 and said that it was still early in the financial year but that the Financial Plan was for the Trust to maintain a deficit position of £35million in line with

regional plans. Mr Harkin said the Trust was on course to do this and to achieve its savings targets of £27million. Mr Harkin remarked that the prompt payment compliance (PPC) rate was just below the 95% target at 94.2%. Work continued on reducing spend on both social work and nurse agency, including recruitment drives. Mr Harkin continued by advising Trust Board that the pressures on the financial position remained as before and the directorate positions were as expected at this point in the financial year. The Trust has identified low and medical Recovery and Contingency Plan savings of £15.3million, £8.5million of which were rated green and £5.8million rated amber, which were on schedule to begin delivering soon. This will continue to be monitored and if there were any areas of slippage, alternate plans would be required. Mr Harkin referred Trust Board members to the £5.5million of Covid-19 anticipated spend and said it was expected that this would be funded by DOH.

Mr Harkin concluded by saying he expected the Trust to meet its set deficit and that the Trust would continue to work with DOH and the Strategic Planning and Performance Group (SPPG). Mrs Diffin acknowledged the challenging position faced by the Trust and the work ongoing to meet the set deficit. Mr Platt asked Mr Harkin about the use of accruals and Mr Harkin explained that these were used to ensure that the Trust's estimates were safe and risks around the financial position are reducing until figures and costs become more certain. Mr McGivern asked if the Trust had received any penalties due to the late payment of invoices and what the performance on PPC had been over the past years. Mr Harkin indicated that there had been a small number of instances were suppliers had claimed interest on late payments and that the Trust usually met the 95% target

In relation to the regional financial gap, Mr Houston asked if it was too early to know the quantum of this and if it would be closed. Mr Harkin agreed that it was, that the Minister of Health had discussed a potential system wide gap of around £170-180million and that he expected negotiations and work to be ongoing to reduce the gap.

**TB74/24** **TeamNORTH People Report: Staff Wellbeing and Inclusion Strategy**

Mrs Reid introduced Dr Richard Whitehouse and Jaclyn Crowe to Trust Board and said that Health, Well-being and Inclusion was a key part of the Trust's three year People and Culture Plan. Mrs Diffin

welcomed both to Trust Board. Dr Whitehouse and Mrs Crowe are co-chairs of the Trust's Health, Wellbeing and Inclusion Steering Group and they advised that this strategy was one of the six priorities in the People and Culture Plan, before describing the process of developing the strategy and that the three main phases were the enablers, pillars of focus and a stepped approach. An annual action plan would be produced and Dr Whitehouse and Mrs Crowe also outlined the engagement work undertaken, including the use of the imatter website and with the, over 300, health and wellbeing champions. The next steps, following endorsement from Trust Board would be for a communication and implementation plan to be developed and a programme of staff engagement. The aim was to make Northern Health and Social Care Trust "More Than a Workplace".

Mrs Diffin thanked Dr Whitehouse and Mrs Crowe for their helpful presentation on what was a very important strategy and a key component in enabling the Trust to support its staff. Mrs Diffin particularly liked that the plan was locally focused and targeted, and reflected that this was the right time to launch the strategy, given that it will be an unusual year for staff due to encompass.

Mr Armstrong asked if accessibility guidelines would be followed in the publishing of the strategy. Mrs Edgar said they would be. Ms Mackenzie also thanked Dr Whitehouse and Mrs Crowe for the presentation and she welcomed that the strategy was useful and succinct. Mrs Diffin also commended the engagement work carried out by Rebecca Crilly from the Communications Team and said that the introduction of trauma informed practice was very good and she was keen to see this in action. Dr Whitehouse, in response to a query from Ms Mackenzie, described what this meant in practice; being aware that both staff and service users may have suffered trauma. Maura Dargan added that a huge number of staff will have used trauma informed practice with service users but this was moving towards staff to staff engagement and remarked that it had a marked change in other organisations.

Mr Platt asked if there had been consultation with staff on the strategy. Mrs Reid replied that the strategy had been informed by recent staff surveys, along with input from members of the Health and Wellbeing Inclusion Steering Group and trade union representatives. It will be shared with staff following endorsement from Trust Board. Mrs Welsh indicated that she was reassured on the engagement

carried out; all directorates and divisions were represented on the group and there were over 300 champions. Mrs Welsh had a high level of confidence in how the strategy was developed and it was approved by the Senior Management Team. Following Trust Board endorsement, the communications plan will begin.

Mr Houston expressed his contentment with the general direction and asked what the Self Compassion Webinars and Schwartz Rounds were. Mrs Reid provided an explanation of both.

Trust Board endorsed the Staff Wellbeing and Inclusion Strategy and Mrs Diffin said was looking forward to hearing progress in due course.

**TB75/24 Rural Needs Monitoring Report 2023/24**

Mr Martin presented the Rural Needs Monitoring Report and advised that the Rural Needs Act placed a duty on the Trust to monitor and carry out Rural Needs Impact Assessments. The report would be submitted to the Department of the Environment, Agriculture and Rural Affairs. The report was brought to Trust Board for approval to submit.

Mrs Diffin acknowledged this was a legal requirement and asked members if they had any questions. Mr Platt asked if the Trust carried out internal or public screenings an if any projects were stopped by a screening. Mr Martin responded that the majority of screenings carried out were internal but there was a lot of contact and engagement with, for example, the Rural Needs Network, and that he was not aware of any projects being stopped. The object of the Act was not to preclude work but to work with the rural community. Mrs Diffin asked if there was any feedback on this type of work. Mrs Spence informed Trust Board that the Trust was currently working through the Rural Needs Toolkit with the Rathlin Community Group, which involved more than just health and social care. The Trust had met with residents and the next step will be to meet alongside other agencies. Mrs Pullins added that the six main areas identified were very helpful in this type of engagement.

Trust Board approved the Rural Needs Monitoring Report for submission.

As an aside Mr Houston asked if there had been any further progress on the proposed Midwifery Led Unit and any indication of a date. Mr

Graffin confirmed that both his team and Mrs Pullins' team were working closely with finance colleagues and Health Estates to finalise the business case. They were firming up timelines and a final location, with the capital funding committed and an anticipated date of late 2025/early 2026.

**TB76/24 Business Case for Approval**

Service User Lifts

Mrs Spence advised Trust Board that this was an annual business case, the quantum of which was based on demand and the number of service users on the waiting list for home lifts, and it followed the standard format. The value of this year's business case was £688,000 and Mr Graffin confirmed that the funding was available.

Mrs Diffin said this was an important piece of work in order to facilitate service users to remain in their homes.

Trust Board approved the Business Case.

**TB77/24 Trust Bank Business Account Mandate**

Mr Harkin advised that the Trust was required to supply its banking supplier with a list of all Trust Board members as part of the process of renewing its bank account mandate.

Trust Board approved the renewal of the mandate.

**TB78/24 Directed Statutory Functions 2023/24**

Maura Dargan spoke to the Directed Statutory Functions (DSF) and reminded Trust Board that the full report had come to Assurance Committee on 13th June and was now at Trust Board for retrospective approval. Maura Dargan reported that a year-end accountability meeting was held with SPPG and this had went well. SPPG were happy with the assurances provided by the Trust and the mitigations in place. There was a recognition of the challenging areas faced by the Trust. A final agreed action plan had been produced; there are 19 actions in the plan for 2024/25, 18 of which were carried forward from the previous year. It was noted that the main issues in Children's and Adult Services were workforce and the level of available placements. A number of the issues were longstanding, intractable and not unique to the Trust. SPPG will set up monitoring arrangements and the actions will be subject to quarterly monitoring.

Mr McGivern said he was content with the report as presented but was concerned about the increasing number of Looked After Children. He noted that a number came through referral from the Police Service of Northern Ireland (PSNI) but asked where else referrals came from. Maura Dargan explained both that PSNI have a duty to report and refer and outlined other referral sources. The community and voluntary sector and Education Authority, for example, do refer and what comes to the Trust is those cases which have a higher level of need.

Mr Houston said it was a very interesting DSF report and very challenging for the Trust to balance a deficit of £35million against a high level of unallocated cases. Mr Houston then asked if the Trust relied on bank staffing. Maura Dargan said there was a bank in place but this was populated by retired staff and there was not significant usage. Mr Houston further queried if there was any additional funding for the increasing number of 16+ cases. Mr Harkin reported that the Trust attempted to capture predicted growth but the preference would be for a properly commissioned service. The matter was raised regularly with SPPG, who were sympathetic to the situation and do provide non-recurrent funding. Maura Dargan responded that this was one of the Trust's legal duties, but there was an acknowledgement of the pressure and staff try to work in a cost-effective manner. The main issue for the age group tended to be housing, including the increasing cost of private rentals.

Mrs Diffin thanked Maura Dargan and the directors responsible for service delivery for their work and acknowledged that whilst there were actions for the Trust, specifically in relation to workforce, there needed to be a regional workforce strategy and plan. There has been an additional 40 funded student places against an ask of 60, so workforce will remain an issue for a number of years. Maura Dargan concurred with this; a minimum of 60 spaces were required given the number of new developments such as multi-disciplinary teams and increasing demand. Trusts are considering how they can develop other social care roles to support social work and Northern Trust has a number of mitigations in place, including a retention strategy for newly qualified staff.

Trust Board retrospectively approved the Directed Statutory Functions Report and thanked Maura Dargan and her staff for the report.

**TB79/24 Update on Mental Health Inpatient Services Capital Development**

Mr Graffin, in Dr Corr's absence, spoke to the briefing on the Birch Hill Mental Health Development. Mr Graffin noted that planning permission had been granted, which was a significant step and achieved in just over seven months. Mr Graffin commended the work carried out by the relevant teams. There is still some work ongoing to

finalise the Business Case addendum and the Risk Register has been updated.

Mr McGivern asked what the risk was in relation to insulation and Mr Graffin explained. Mr Houston asked about the mock-up bedrooms and was advised that dates will be shared if any Trust Board members wish to visit. Mr Houston also wondered why the Trust would have to liaise with the airport and Mr Graffin confirmed that the site was on a flight path. Mrs Diffin asked if commissioner support had been forthcoming; Mr Harkin said a further meeting would be held the following week.

**TB80/24 Capital Business Case Addendums**

Trust Board noted the Capital Business Case Addendums.

Dr Watkins spoke briefly to three of these which related to various pieces of sterilisation and decontamination equipment. Inflationary pressures had pushed up prices from previous Trust Board approval. Mr Graffin confirmed that was capital funding available to cover the increases.

The addendum in relation to Galgorm accommodation was due to an increase in costs following the tender process. Additional capital was available.

**TB81/24 Capital Programme as at 31st May 2024**

Trust Board noted the Capital Programme as at 31st May 2024 and Mr Graffin provided a short verbal update. The Trust's Capital Resource Limit on 16th May 2024 was £16.941million. Mrs Diffin asked if there was any likelihood of additional capital. Mr Graffin said there may be more information available following the June Monitoring Round.

**TB82/24 encompass Update**

Mr Martin provided Trust Board with a short presentation on the preparations for encompass go live on 7th November 2024.

**TB83/24 Principal Risk Document**

Trust Board noted the Principal Risk Document, which had been fully discussed at the recent Assurance Committee meeting.

**TB84/24 Use of Trust Seal**

Trust Board noted the occasions when the Trust seal had been use.

**TB85/24 Any Other Business**

There were no items of any other business raised.

**TB86/24 Public Questions**

There were no public questions received.

**TB87/24 Date of Next Meeting**

The next meeting will take place on Thursday 22nd August 2024 at 10:30am