Northern Health and Social Care Trust

Minutes of One Hundred and Sixty Fifth Trust Board Meeting held on Thursday 26th June 2025 at 11:00am, Boardroom, Trust Headquarters, 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
Kathy Mackenzie, Non-Executive Director
Paul Turley, Non-Executive Director
Paul Douglas, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Dr Dave Watkins, Executive Director of Medicine
Gillian Traub, Director of Operations
Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications
Tracy Magill, Interim Executive Director of Social Work
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:

Dr Naomi Baldwin, Assistant Director, Infection Prevention and Control
Kelly McBride, Head of Equality
Fiona Byrne, Assistant Director, Organisational Development
Michelle Weir, Local Democracy Journalist
Claire Weir, Journalist, Antrim Guardian

TB57/25 Apologies

Apologies were received from Maura Dargan, Executive Director of Social Work, Suzanne Pullins, Executive Director of Nursing, Paediatrics, Women's Services and Corporate Support, Audrey Harris,

Director of Medicine and Emergency Medicine, George Platt, Non-Executive Director and Scott Armstrong, Non-Executive Director.

TB58/25 Conflicts of Interest

There were no conflicts of interest declared.

TB59/25 Chair's Report

Before beginning the meeting proper Ms O'Reilly, on behalf of Trust Board, congratulated Ms Mackenzie on her recently awarded British Empire Medal, which was conferred in recognition of her meritorious service to social housing.

The Chair then remarked that the Trust Board meeting would be focused on integrated governance, following the single item agenda on General Surgery at May's meeting. The integrated governance approach ensured that all the Trust's duties are considered and the meeting would provide a good stocktake opportunity and reflect the assurance provided by the work of the committees.

TB60/25 Chief Executive Report

Mrs Welsh, in recognition of the busy agenda, said she would be keeping the report brief. Mrs Welsh began by recording that following the previous Trust Board meeting on 22nd May 2025, she had formally written to Mike Farrar, Permanent Secretary, Department of Health (DOH), to advise that the Trust Board had approved the recommendation for the future of General Surgery services. The Trust, therefore, was awaiting the Minister's decision.

Mrs Welsh noted that Mr Harkin would speak later on the Trust's Finance Report and the challenging financial situation, not just for Northern Trust, but for all of Health and Social Care. This would not come as a surprise to Trust Board members and it had been widely covered in the media. The scale of the challenge, however, would be unlike anything faced by the service before and there is no prospect of additional support as there had been in previous years. Mrs Welsh said there was a huge challenge ahead but there would also be opportunities to reset the system and these must be taken.

Finally, Mrs Welsh congratulated Mrs Reid and her team on a fabulous Trust Conference held on 19th June. The theme was Open, Just and Learning Leaders, which was both timely and relevant. The Trust was delighted to have the Minister of Health, Mike Nesbitt, join, along with a number of amazing speakers. Mrs Welsh thanked Mrs Reid and her staff. Mrs Reid responded that it was very much a team effort involving teams from Organisational Development and Corporate Communications.

TB61/25 Minutes of the Previous Meeting

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

TB62/25 Matters Arising

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

TB63/25 Update from Team North People and Culture Committee including, presentation on Open, Just and Learning Culture: Leadership Visibility

Mrs Reid began her update from the Team North People Committee by referring to the recent Trust Leadership Conference, which was a welcome reminder that culture remains a key focus for the Trust. Mrs Reid confirmed that Mr Turley, Non-Executive Director had joined the committee, as co-Chair. Mrs Reid drew Trust Board's attention to the People and Culture Internal Audit Plan, which would be carried out for the first time over the summer period and was welcomed. The committee had also been informed that the Trust would be going through an Investors in People reaccreditation.
With regard to issues for escalation to Trust Board, attention was drawn to a gap in support for practice-based training of Allied Health Profession (AHP) students. Mrs Pullins and Jill Bradley, Assistant Director, AHPs, were working on this. The second issue concerned a similar issue whereby the increase in pharmacy students had exceed the funded support. A regional group had been established, Dr Watkins said, and it may be necessary for the number of weeks in placement to be reduced to accommodate the increase in numbers.

Mrs Reid had also shared the Corporate Workforce Dashboard to illustrate to Trust Board the information provided to managers. A review would be undertaken to understand the low attendance at the corporate welcome and work was also ongoing in relation to enhancing the percentage of staff receiving an annual appraisal. Ms Fiona Byrne, Assistant Director, Organisational Development, and her team would take this forward.

Mrs Reid then invited Ms Byrne to present on Open, Just and Learning Culture: Leadership Visibility plan, which had been approved by the Team North People and Culture Committee. The plan consisted of three areas of Leadership Visibility: Leadership Safety Huddles, Non-Executive Director Visits and Culture Corners and Ms Byrne took Trust Board through each of these. The Chair and Chief Executive thanked her for the presentation and the Chair particularly welcomed the Non-Executive Visits and said it would be good to get the process started. Dr Corr also welcomed the proposed visits and reflected that she and colleagues had carried out evening visits to Holywell Hospital, which were welcomed by staff. Dr Corr would like to see this extended. Ms O'Reilly agreed with this and said it would also be good to visit statutory and residential homes. Ms Mackenzie and Mrs Diffin asked where the visits would be carried out. Mrs Reid advised that the team would be working with the Governance Team to ensure that there would be no overlap between the current senior leader walkarounds and that any particular areas or interests would be considered. Non-Executive members were to send any specific areas to Mrs O'Kane for consideration. Ms Traub noted that the current walk rounds took place outside each Directors own services, which provided an extra layer of assurance. Mr Graffin added that visits to support services would also be welcomed. The Chair agreed with both these points and Trust Board agreed to proceed with establishing the Non-Executive visits.

TB64/25 Outcome of Public Consultation on Body Worn Cameras

Dr Baldwin reminded Trust Board members that approval had been granted at the January Trust Board meeting to proceed to consultation on running a pilot for the use of Body Worn Cameras. The consultation finished on 1st May 2025 and Dr Baldwin had come to Trust Board to seek approval to proceed with the pilot.

Dr Baldwin presented Trust Board with a summary of the outcomes received during the consultation before going on to highlight the concerns raised and the Trust's response to these. Dr Baldwin advised

that the next step would be to proceed to a 12-week pilot exercise commencing in September, subject to Trust Board approval. A full evaluation would then take place at the end of this period.
The Chair thanked Dr Baldwin for the comprehensive and thoughtful presentation and praised how well the Trust had responded to the concerns raised. Dr Baldwin said thanks were due to the Equality Team who had worked on this as well. Mrs Diffin agreed that the presentation had assured her that the concerns were addressed and it would be good to take learning from the pilot. Ms Mackenzie asked if body cameras would act as a deterrent. Dr Baldwin responded that this become clearer following the pilot. Feedback from UK Trusts and Northern Ireland Ambulance Service (NIAS) is that it does help. Ms Mackenzie also queried what would happen if the camera missed the start of an event, would this be detrimental if the Trust wished to take forward. Dr Baldwin advised that the purpose of the cameras is to deter or reduce episodes of violence and aggression and, again, learning would be available following the pilot. The Police Service of Northern Ireland (PSNI) had provided input during the consultation process. Mrs Reid stated that, despite original uncertainty from trade unions, the great work carried out by Dr Baldwin and colleagues, had enabled their support for the pilot. Dr Gray said she was glad to hear of engagement with PSNI and that previous experience had shown a deterrent effect.
The Chair and Chief Executive thanked Dr Baldwin, Kelly McBride and their teams and Trust Board gave approval to proceed with the pilot.

TB65/25 Update from Northern Partnership and Population Health Committee

Ms O'Reilly, as Chair of the Northern Partnership and Population Health Committee, referred to the feedback report and noted that there had been one committee meeting held since the previous report and that a reference group had been established. The committee had defined and agreed its vision and values as part of a healthy and constructive process with all partners and also agreed to focus on population health projects in The Sperrins and Rathlin Island, in the first instance. The Chair remarked that the committee provided a comfortable place for discussion, making progress and strengthening relationships. The committee had considered both the Involvement Annual Report and the Rural Needs Annual Report for 2024/25 and Ms O'Reilly remarked that team work had been essential in producing the Involvement Report. The Chair mentioned the community appointment

day for dementia as an example of good work carried out at a community level and the Annual Report showed how much the formal duty to involve service users was rooted in the Trust, and it was a great reference document for work done in the community and neighbourhoods. There was a good baseline in place for preventative work going forward.
The Chair was assured, as were committee members, with both reports. Mrs Welsh added that, whilst there was an awareness of the work going on, it was fantastic to see it recorded in one place. Mr Turley also welcomed the Annual Report, and the additional stories, and welcomed the public health approach. He noted that he was a member of an Integrated Partnership Board in another Trust area and he was very keen to see this level of involvement. There was some discussion on the need to be aware of the risk of duplication between Trusts, Integrated Partnership Boards and councils in the area of population health. The Chair was cognisant of this and the Trust's focus would be on areas where there is deprivation and supports available to staff. Mrs Magill reflected on her experience of attending the committee and Dr Gray spoke to her involvement in a local choir, supported by the local council and the health and wellbeing benefits for those involved. The Chair would like to look at benefit realisation in the future but was very assured at present.

TB66/25 Involvement Annual Report 2024/25

Trust Board noted the Involvement Annual Report 2024/25, as approved by Northern Partnership and Population Health Committee**.**

TB67/25 Rural Needs Annual Report 2024/25

Trust Board noted the Rural Needs Annual Report as approved by the Northern Partnership and Population Health Committee.

TB68/25 Performance Report as at 31st May 2025

Mr Martin began the presentation by reminding Trust Board that the transition to encompass has meant that performance metrics must be validated in detail before being included in the report and that he, directors and Mr Martin's team, continue to work on this. The Trust

would also be transitioning to monitoring performance against the new System Oversight Metrics.

Mr Martin then advised that Breast Cancer Referrals had been moved to a regional waiting list from 8th May 2025 for a triple assessment and that the reporting data for this was not yet available. In respect to other Cancer Care targets, Trust Board were informed that the performance on 31 days from decision to treat to first treatment was approximately 90%. The performance on 62 days to begin treatment was approximately 30%. There were a number of challenges in meeting this target, including access to outpatient assessment and diagnostics.

Mr Martin then drew attention to Unscheduled Care Performance. There had been a drop in ambulance arrivals during April and May 2025, compared to the same period in the previous year. In relation to ambulance handovers within 60 minutes, Antrim Hospital's performance was at 70%, whilst Causeway Hospital was at 50%. This was an improved position from December 2024. Whilst the number of overall attendances had decreased slightly in Antrim and increased slightly in Causeway, the number of over 75-year-old attendances continues to increase. With regard to waits at Emergency Departments, the 4-hour performance at Antrim was 35% and 50% at Causeway, and the numbers waiting for over 12 hours was approximately 50 patients per day in Antrim and 20 in Causeway. Mr Martin added that the information on Stroke Thrombolysis would be discussed when Mrs Harris was in attendance. He further added that the Performance Report was still being rebuilt post-encompass and the plan was to include more elective, and other, data as it became available.

Ms Traub then spoke to the growth funding announced to deal with the issues around delays in ambulance handovers and the impact these delays had on the service users, Trust Staff and NIAS. The Strategic Performance and Planning Group (SPPG) were providing £2million of funding for proposals that would improve handovers by, for example, preventing attendances and improving patient flow. Ms Traub said this opportunity did not come along very often and a whole Trust approach was taken to identifying and agreeing proposals, which were described to Trust Board. There was also another £0.5million made available for a pilot Hospital at Home service.

The Chair welcomed the proposals, including for catheter management, which would be very beneficial to service users and carers. Ms Traub advised that, going forward, there would be a focus on the two-hour target and Key Performance Indicators (KPIs) would be developed for the new proposals.

TB69/25 **Update from Outcomes and Assurance Committee**

The Chair noted that all Non-Executive Directors would be attending the committee and the Terms of Reference will be updated to reflect this. Mrs Diffin spoke to the update report and advised that a number of documents had been presented for approval, including the Principal Risk Document, and the Cervical Screening Annual Report. Some other reports were deferred to the next meeting. The committee also received two presentations, one from Dr Richard Whitehouse on outcomes in the Mental Health, Learning Disability and Community Wellbeing Division and one from Suzanne Pullins on the Quality Management System. There were two items for escalation to Trust Board, namely neurology workforce and never events. The committee was advised that there had been a delay in the setting up of a neurology alliance to help support the Trust but a meeting with SPPG would take place and the Trust continued to work closely with the South Eastern Trust. There were no patients waiting on triage. It was also agreed by the committee that never events would be specifically highlighted in future Governance Reports. The Outcomes and Assurance Committee also approved the Directed Statutory Functions Report for 2024/25, which Trust Board formally approved for submission.

The Chair thanked Mrs Diffin and Ms Traub for the work carried out by the committee and their report.

TB70/25 **Finance Report as at 31st May 2025**

Mr Harkin told Trust Board that the Trust had achieved a small surplus of £67,000 in 2024/25, following receipt of £31million of deficit funding. Mr Harkin confirmed that the savings ask for the 2025/26 financial year would be more than the previous year. The current regional gap was £600million, of which £60million related directly to Trusts and the remainder to Pay Awards, National Insurance uplifts, etc. The Trust had submitted a financial plan in February 2025, which set out a projected deficit of £41.1million, however due to a combination of Trust measures, further analysis and confirmation of an indicative allocation from SPPG, this had reduced to £34.6million. The initial focus for the Trust will be to get this figure to £31million, which Mr Harkin felt was achievable through further savings of around £3.56million. The Trust would also receive deficit support funding from DOH of £12.9million, leaving a gap of £18.1million, which would require additional savings. Whilst there are no plans, currently, the Trust has a role in the

Permanent Secretary's Strategic Financial Management Group (SFMG), and it was hoped that the workstreams of this group would identify further savings. The Trust continues to work on both regional and internal savings options.

Mr Harkin then spoke briefly to a number of the divisional positions, which were as expected with Medicine and Emergency Medicine projecting a deficit of £9.7million, the majority of which related to agency premiums and covering vacant posts and gaps in rotas, as well as enhanced care across a number of wards. In Community Care the projected deficit was £8.7million, mainly due to the increased need for 1 to 1 and bespoke packages. Mr Harkin noted that Mrs Welsh was chairing a regional workstream seeking savings opportunities for next year. Mental Health, Learning Disability and Community Wellbeing were projecting an underspend of £2.3million due to an inability to recruit to some vacant posts.

Mr Harkin advised Trust Board that the total savings target for 2025/26 was £22.9million and there was a reasonable confidence on phase one of these but the second phase still required work to review areas such as non-recurrent savings, cost containment, etc, alongside the outcome of the SFMG workstreams. Ms Mackenzie asked about the Trust's current agency spend and Mr Harkin confirmed that this had reduced by around £50million by ceasing non-contract agency use in nursing and social work and moving towards Trust contracts. The regional medical framework was out for tender and the region continued to work together on this. He assured Ms Mackenzie that this was a major focus for the Trust. Ms Mackenzie further enquired about agency premiums and Mr Harkin said this could potentially be around 20 to 25%.

The Chair welcomed the regional ownership of the financial challenges facing the service and thanked Mr Harkin for his update.

TB71/65 Update from Resources Committee

Mr Harkin spoke to the report, in Mr Armstrong's absence, and outlined the business conducted at the last meeting. The committee had noted the break-even position and the overachievement of the Trust's savings target by £2million, which went towards the regional Pay Award funding. The committee also heard about the continuing work on Delivering Value and received a report on Patient Level Costing (PLICS). The report showed that the Trust had lower than average overall costs but slightly higher costs in Emergency and Community

Social Services. Committee members were assured by the reports received.

TB72/25 Update from Audit Committee

Mr Douglas presented the report from the recent Audit Committee meetings and noted the positive report received from Internal Audit and said that, going forward, the focus would be on outstanding recommendations. The Head of Internal Audit had provided a satisfactory overall audit opinion, which reassured committee members.

TB73/25 Update from Charitable Trust Funds Committee

The Chair advised that the Charitable Trust Funds Committee was very well managed and supported. There was very good engagement with directors. Work continues on the registration with the Charities Commission for Northern Ireland and the committee were also keen to encourage the positive outcomes for the use of charitable funds. The Chair was assured by the work carried out.

TB74/25 Write Off of Losses

Trust Board members noted six losses for write off, which had already received approval from DOH, and approved a further four losses. Three of these related to unpaid fees and one to an ex-gratia payment.

TB75/25 Business Cases:

Microbiology Automation

Ms McCartney spoke to this Business Case, which is the Outline Business Case to enable the Trust to engage in the regional tender process. The Trust's Microbiology Laboratory processes over 290,000 samples per annum and there are a number of manual processes in place. Ms McCartney said the service was keen to move towards a fully automated process and outlined the benefits of this, along with the risks around not moving forward. The preferred option in the business case was option seven; to lease replacement equipment with automation and reduced need for overtime. The cost associated with

this was £3million, of which £2million would be capital and £1million for enabling works. Trust Board were informed that there is currently no funding available. It was proposed, on the suggestion of Mr Harkin, that the business case be approved in principle, subject to clarity on funding.
Trust Board approved the business case on this basis.

Installation and Replacement of Lifts in Service Users Home Environments

Mr Graffin informed Trust Board that this business case and Ms O'Reilly noted that this scheme was part of the duty the Trust had to keep service users in their own homes where possible. Mr Graffin thanked Louise Kennedy and David Johnston for their work on the business case.
Trust Board approved the business case with a value of £688,000.

Address Car Parking Issues at Causeway Hospital

Mr Graffin outlined that the purpose of this business case was to deal with car parking issue on the Causeway Hospital site by developing an additional 90 spaces. He reported that there was funding available in the Trust's general capital allocations of £260,000 in 2025/26 and the remaining £300,366 in 2026/27. The cost of the works would be £414,100 with a 20% contingency due to the ground conditions at the site.
Mr Turley whilst acknowledging pressures on the site, asked if any thought had been given to try and move away from car usage. Mr Graffin confirmed that Corporate Support Services had met with Translink previously but the current bus route was not profitable. There was also a realisation that any changes to the provision of General Surgery on the site would require additional parking spaces. Mr Turley also asked if the Trust had a travel to work policy. Mr Graffin said there was a travel plan for the Antrim Site, but no travel to work policy. This would be considered. Mrs Welsh said the challenge on the Causeway site was to maintain and enhance services and the additional spaces would be needed. Ms Mackenzie asked if 90 additional would be enough. Mr Graffin explained that the ground around the hospital does not lend itself, easily, to more expansion and the next step might be a multi-storey development but capital is not available.
Trust Board approved the business case.

TB76/25 Capital Report as at 31st May 2025

Mr Graffin indicated that the Trust had delivered a break-even position at year-end on the Capital Plan. The Chair and Chief Executive commended Mr Graffin and his team on the successful outcome. Mr Graffin added that the initial capital allocation for 2025/26 was £15.5million but the Trust may receive more as the year progresses. The Chair noted the effort that going into managing the capital budget and capital projects and thanked both the Capital Development and Estates Teams on their work. The Chair stated that she had confidence in the process and was assured.

TB77/25 Update on Birch Hill Mental Health Build

Dr Corr reported that, as noted previously, Stage 3 of the project had been completed in March 2025 but due to regional funding pressures, including on capital, there had been no indication of funding for Stage 4. The project was therefore in a delay and there was a risk to delivery. The Trust team was working through queries on the Outline Business Case.

Dr Corr further noted that the Minister for Health had recently visited Holywell Hospital and viewed the Birch Hill Plans, and one of the local MPs, Mr Robin Swann had raised the matter in the Houses of Parliament. Dr Corr congratulated the Design Team who were highly commended at a recent Mental Health Design Conference.

Dr Corr concluded the update by saying that the delay in funding was a major risk to the project and the Trust continued to manage patient safety and maintain the current sites.

The Chair stated that the matter would remain on the Trust Board agenda and would also be on the agenda for the Chair and Chief Executive's next meeting with the Permanent Secretary. The Trust would need to seek a decision as further delays are unacceptable and intolerable for patients.

TB78/25 Use of Trust Seal

Trust Board noted the instances when the Trust's Seal had been used.

TB79/25 Any Other Business

There were no items of Any Other Business raised.

TB80/25 Public Questions

There were no public questions received.

TB81/25 Date of Next Meeting

The next meeting will take place on Thursday 28th August 2025.