Northern Health and Social Care Trust

Minutes of One Hundred and Sixty Third Trust Board Meeting held on Thursday 27th March 2025 at 10:30am, 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
Kathy Mackenzie, Non-Executive Director
Scott Armstrong, Non-Executive Director
Glenn Houston, Non-Executive Director
George Platt, Non-Executive Director
Mr Paul Douglas, Non-Executive Director (joined late)
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
Paddy Graffin, Director of Infrastructure
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager

In attendance:
Rachel Smyth, Management Trainee
Michelle Weir, Local Democracy Journalist

TB22/25 Apologies

Apologies were received from Paul Douglas, Non-Executive Director, Dr Janet Gray, Non-Executive Director and Diane Spence, Director of Community Care.

TB23/25 Conflicts of Interest

There were no conflicts of interest declared.

TB24/25 Chair's Report

Ms O'Reilly had nothing significant to report on.

TB25/25 Chief Executive Report

Mrs Welsh began her update by stating that both she and Ms O'Reilly had spoken previously about the pressures on services over the Christmas and New Year period and how these were now year-round pressures. Whilst these pressures manifest in the Emergency Department (ED), they are a whole system challenge. Since that time the Minister of Health hosted the first in a series of workshops entitled 'The Big Discussion'. This involved a large number of people from across the Department of Health (DOH), Strategic Planning and Performance Group (SPPG), Trusts, Independent Sector colleagues, etc., with a view to developing a plan for the coming winter by the final workshop scheduled for early June 2025. The Chair and Chief Executive welcomed how seriously the Minister was taking the matter, as well as the extensive involvement across the broad Health and Social Care family (HSC). This was a very important piece of work for patient and services users but was also hugely important for staff who are doing their best every day in a very pressurised and ongoing situation. Ms O'Reilly and Mrs Welsh, along with Carol Diffin, Vice Chair and a number of members of the Senior Management Team (SMT), also met with staff representatives from ED and there was a recognition of the challenges faced.

Mrs Welsh reminded Trust Board members that the January Trust Board meeting was the day before Storm Éowyn, a once in a generation event. The Chief Executive said that Non-Executive Directors might recall that a number of members of the SMT had become increasingly agitated as messages came through to say that it was likely the storm would be upgraded to Red status, which indicated a risk to life. Mrs Welsh said there had been a vast amount of media coverage since then but she wished to record her formal thanks to all the Trust staff who did such an incredible job over the period of the

storm. Staff had made every effort to maintain critical services and to support both the Trust's wider community and their colleagues. The Chief Executive expressed her sincere thanks.

Mrs Welsh took the opportunity to mention to Trust Board that the first meeting of the Shadow Northern Area Integrated Partnership Board (NAIPB) had taken place recently.

TB26/25 Minutes of the Previous Meeting

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

TB27/25 Matters Arising

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

TB28/25 Update from Northern Partnership and Population Health Committee

The Chair was pleased to say that all committees had met and reports would be provided by the Non-Executive Chairs. The new committees are a key component of the Integrated Governance and Assurance Framework.

Ms O'Reilly then gave an update from the Northern Partnership and Population Health Committee (NPPH). The Trust is not able to work alone and partners are key to this. The NPPH Committee held a workshop, which was very constructive and provided the opportunity for Trust staff to build relationships and learn new ways of working with partners. Mrs Diffin is also a member of the committee and reflected that it was a very productive meeting with good discussion and energy. There will be some challenges on how to work differently. Mr Martin agreed with this. Ms O'Reilly noted that she, along with Mrs Welsh, would be meeting with carers' representatives the following week and this would also feed into the partnership work.

Mrs Welsh referred again to the NAIPB, which is part of the Integrated Care System for Northern Ireland and is a partnership between different sectors of HSC, local councils and the community and

voluntary sector. The Trust will be supported by SPPG and the Public Health Agency (PHA). The focus of the first meeting was about the health of the population and PHA gave a detailed presentation. The next step will be a workshop to determine priority areas. Mrs Welsh noted that the Trust has its own Northern Partnership and Population Health Committee so there needs to be an awareness that the work of the NAIPB does not duplicate or cut across the committee's work. It should be complementary. Mr Martin, and Jayne McReynolds, Assistant Director, are members of both groups.

TB29/25 encompass Update

Mr Martin spoke to the paper and said the Trust was now five and a half months post-go live and has moved from a Go Live Readiness Assessment phase to a Post-Go Live Readiness Assessment (PLRA). The recent PLRA worked through a number of operational areas and there were two main areas identified: data access and reporting, and the number of vFIREs still outstanding with the regional group. vFIREs are queries raised and there is now a focus on closing off these. There is still some data validation required but there have been positive outcomes. The Trust is also working on stabilising elective activity, whilst also providing support to both Western and Southern Trusts who will both go-live on 8th May 2025. The Trust is also working through the impact of the notified funding retraction.

Mr Armstrong asked if the reporting issue was likely to persist long-term. Mr Martin responded that there was unlikely to be a quick solution but this is an issue for all Trusts and a regional oversight group has been established. The work will be tackled on a priority basis and will take a number of months, potentially years to resolve.

Mr Platt asked about those areas where elective activity had not returned to 100%. Mr Martin said this would be discussed as part of the performance report. Mr Houston also asked if there was an impact on red flag and cancer referrals. Mr Martin said there had been some impact but the Trust was working to minimise this as much as possible.

The Chair remarked that she was assured by the report and felt the Trust was moving in the right direction, and thanked Mr Martin and his team for their leadership.

TB30/25 Performance Report as at 28th February 2025

Mr Martin presented the encompass activity recovery report. The table in the report showed the position as at the week of Trust Board. Those specialities rated green had achieved 100% compliance, those amber were between 80-90% and red were at below 80%. A number of task and finish work streams have been established to understand the issues preventing the speciality from getting back to 100%. The process has been quite successful in looking at personalisation and workflows, etc., for the services. Performance was very much in line with the experience in other Trusts. Mr Platt remarked that his query was now clarified.

Ms O'Reilly asked about the experience of staff and Mrs Reid confirmed that a survey was completed four weeks post-Go Live and had been expecting a dip, based on the experience in other Trusts. Staff have advised that they are getting used to the new system, that they like it but it has taken time to get up to speed with it. The User Labs have been very useful. Mrs Reid said the survey would be repeated after six months and that there had been no major surprises in the feedback and, crucially, there had been no dip in regard to staff health and wellbeing.

Ms Mackenzie noted that some of the red areas did not have task and finish work streams and Mr Martin explained that some services were content to work through the issues without external support but this will be kept under review. Mr Houston asked what percentage those rated as red were. Mr Martin said most were between 60-70% and Mrs Pullins specifically mentioned obstetrics and gynaecology, which is at around 70%. In Northern Ireland, consultants carry out scans and, as antenatal care could not be stood down during the go-live period, the gynaecology consultants had helped. They were now back to working on their own areas. Clinics have tended to run over, however.

Mrs Diffin informed Trust Board members that she had visited a number of teams along with Dr Corr and staff feedback had been positive. Dr Corr added that co-ordination of care has been the key benefit for patients and that staff were learning to be patient with themselves with regard to learning a new system. The Chair said that Mrs Diffin's input showed the importance of having Non-Executive members on walk rounds. Mrs Harris reported that Medicine and Emergency Medicine teams have added considerably to regional learning and were 'paying it forward' for the other Trusts still to go-live.

Mr Martin then walked Trust Board through the cancer targets and pathways and said there was a high level of confidence in the figures. He clarified that the 14-day target only refers to breast surgery and that 62 days was the total target time from referral to treatment commencing. Only those with a confirmed cancer are on the 62-day pathway. Mr Martin outlined that performance in February against the 14-day breast target was 5% against target of 100%. For the 31 and 62-day targets, performance was 92% and 25% against targets of 98% and 95% respectively. The performance in Breast 14-day was largely due to the gap between capacity and demand. Mr Martin added that red flag demand had increased by 14% from 2022/23 to 2023/24 with no additional capacity.

Mrs Diffin queried how far outside the 14-day target patients were being seen. Ms McCartney responded that this was 28 days and linked into the discussions around the establishment of a regional waiting list. The Trust is working to clear the backlog with additional clinics and in cooperation with the Western Trust. The hope is that all Trusts will go live with the regional waiting list following the encompass rollout in the Western and Southern Trusts. This will only relate, however, to outpatient assessments and patients will be repatriated to their own Trusts for surgery. This could then increase the Trust's waiting list for surgery but Ms McCartney felt the service would still benefit from a regional approach. Mrs Welsh said that clinical teams were often content with a wait time of 21 to 28 days but this would still be an anxious wait for women. Ms Traub mentioned that the fact that only breast has a 14-day target could mask other, very aggressive cancers. Responding to Mr Houston on clinical prioritisation, Ms McCartney said there would be a multi-disciplinary, individualised treatment plan discussion for each patient who had a confirmed diagnosis. The Chair welcomed the update, which provided some assurance on both the regional work and the clinical views, notwithstanding the anxiety of those who are waiting on appointments.

Mrs Harris spoke to the increase in skin cancers referrals received by the Trust, despite the incidence of skin cancer in the population remaining static. The Trust had 90 clinic slots per week but received approximately 120 referrals a week. The service is back to 100% of pre-encompass clinic numbers and runs a photo triage service, although the usefulness of this can be impacted by the quality of photographs received. The Dermatology team is small in comparison to regional counterparts but three new staff have been recruited

recently, one consultant and two specialty doctors. There are also some General Practitioner provided sessions. Mrs Harris said the service was looking at a regional waiting list, a regional approach to triage and would consider carrying out an in-depth mapping of the services required, including an enhanced photo-triage service.

Ms Mackenzie asked why other cancer tumour areas did not have a 14-day target and if figures for these areas were available. Mr Martin said that breast had a multi-disciplinary clinic approach and he would take on board the request for further information. Mrs Welsh outlined some of the anomalies in recording and meeting cancer targets. It is important to ensure other areas are still reviewed, whilst looking at those areas that have a ministerial target.

The final section pertained to the resettlement of Learning Disability Service Users from Muckamore Abbey Hospital. Dr Corr noted that the Muckamore Abbey Hospital Inquiry had requested information on resettlements and Dr Corr wished to share the information with Trust Board. The Trust has resettled 19 service users with two still to be resettled. The service users have a very complex presentation and robust plans are being developed, alongside independent sector providers. Dr Corr was hopeful of a positive outcome over the next few months. Staff continue to work with families to provide information on resettlement options. The Chair said this was a very important area and she had received an update from Gareth Farmer, which included feedback from families. Ms O'Reilly was hopeful that families would take the opportunity to feedback to the inquiry. Dr Corr added that the Trust had also managed to maintain placements. Mrs Diffin and Ms O'Reilly agreed this was an excellent outcome and thanks were due to staff and independent providers.

Mr Martin concluded the section on performance by saying that the Trust's Service Delivery Plan would be stood down from 31st March 2025 and the Strategic Outcomes Framework (SOF) and System Oversight Measures (SOM) would then be in place. The Trust Board Performance Report would be rebuilt and brought back to Trust Board in due course.

TB31/25 Update from Outcomes and Assurance Committee

Mrs Diffin presented the update from the recent Outcomes and Assurance Committee meeting. The minutes of the September

meeting had been approved, and were in the Shared Drive. The committee had approved four reports at the meeting, with a number discussed and noted. There were three items for escalation to Trust Board. The first of these was the risk around the lack of available care placements for Children. This risk was escalated from the corporate risk register to the principle risk register and Trust Board members would be well aware of the challenges facing the Trust with an increasing number of children in care and a decreasing number of foster carers. The Trust was considering a number of alternative arrangements but there is no easy, quick solution to the matter. Mrs Diffin said the committee had commended Maura Dargan and her team for their creative approach in looking for solutions. The risk is likely to remain high due to the increase in the number of Looked after Children and Mrs Diffin was content with the rating. Maura Dargan reflected that there had been a good discussion at the committee meeting and was meeting with relevant colleagues, including finance staff, to look at options. The presentation given to the committee will be shared with Trust Board members, for information.

The second item for escalation was the addition of a new risk on Neurology Services. There has been an issue recruiting staff and Mrs Harris said that work was going on regionally, including SPPG, on the approach to be taken. This may improve the situation. Mrs Harris added that there has been some regional support and the regional Neurology Forum will be meeting shortly. Ms O'Reilly inquired as to whether or not further escalation was required. Mrs Harris replied that the region were already aware of the risk and the internal steps taken. Mrs Welsh said there was regional concern around Neurology Services and an awareness of the particular pressures facing the Northern Trust. Mr Houston asked if there was role for Northern Ireland Medical and Dental Training Agency in providing trainee posts. Mrs Harris said that there were not any resident doctors in Neurology and Dr Watkins added that the training was carried out in other Trusts.

The final area related to the lack of specific Personal Protection Equipment (PPE) and training for MPox. MPox Clade 1 is recognised as a high consequence infection disease and requires a higher grade PPE. Training is also requested for each Trust but it is not available until May 2025 and will be a 'train the trainer' model. Mrs Pullins advised that the Trust had been able to ensure that its staff member would be one of the first trained.

The Chair remarked that the report had been very useful and asked if there was anything more required from the committee. Mr Houston felt it was a very helpful and well-summarised report, which reflected what he expected the committee's business to be and that he welcomed sight of the minutes. Ms O'Reilly said it was very helpful to see the escalations and that doing assurance once was important, as was, exercising judgement on what to bring to Trust Board's attention.

TB32/25 Principal Risk Register

Dr Watkins indicated that the Principal Risk Register was for Trust Board to note. It had been reviewed at the recent Outcomes and Assurance Committee and Mrs Diffin, and directors, have highlighted the main changes. The risk score for the finance risk has increased slightly and Dr Watkins was hopeful the risk rating for encompass would start to decrease in due course.

TB33/25 Finance Report as at 28th February 2025

Mr Harkin reported that the Trust was still on course to break even at the end of March 2025, due to additional allocation of £31million of funding and the achievement of £29million in savings. He noted that the pressures remain as before. The Trust had over delivered by £2million on its savings target and this had gone back to the region to be used towards the funding of the pay award. Mr Platt enquired if there were likely to be any issues with the pay award. Mr Harkin responded that there had been a risk identified on the year-end pay processing, given the complexities of the changes but he was now reasonably content. Mr Houston said this was quite a remarkable turnaround and thanks were due to both SMT and staff given the challenges faced by the service. He asked that his thanks be formally recorded.

Mr Harkin then focused his presentation towards the 2025/26 financial year and indicated that Trust staff continued to work through the draft plan. He noted that the draft budget for 2025/26 showed a shortfall of £400million across the regional HSC. To close this gap would require drastic changes to service provision. Both the Northern Ireland Confederation (NICON) and the Healthcare Financial Management Association (HFMA) had submitted robust responses to the budget consultation and whilst reference was made to potentially 10,000 job

losses, and this was very important, Mr Harkin said that the main issue was the difference between the additional premium for Northern Ireland versus need. The level of need is 10% more. Overall, the block grant would receive a premium of 24% above the comparative funding for England but HSC would only receive approximately 2.4%. Mr Harkin said that if HSC received the same premium, the increased revenue would be about £500million, across the region, and would provide financial stability along with the funding to reduce waiting lists, improve patient flow and begin to transform services. The position on capital funding is similar, with HSC receiving 15% less than England. If HSC received capital according to need, this would provide a capital allocation of £491million versus £391million.

Ms Mackenzie asked if the Northern Ireland Executive were aware of this. Mr Harkin reflected that the Minister for Health would continue to push for a realistic settlement for HSC. The Chair noted that if HSC received funding based on need, it would be able to live within its budget on both revenue and capital. Previous experience showed that the HSC budget was not funded on assessed need. Mr Harkin concurred with this. The Chair continued to say that Trust Board has a duty to be honest with the public on the dilemmas faced and the judgements required. It could do the job better if with a needs based allocation. Mr Houston felt that part of Trust Board's role was to look after its population and he was sure that the Minister would continue to argue on behalf of HSC. It was also important for groups such as NICON and HFMA to help inform the Minister. Mrs Welsh added that it would be very challenging for the Trust to make further savings and that all HSC Trusts, if they have to close the regional gap in funding, would have to take decisions that could have catastrophic effects on services. It is very difficult for staff to deliver services, make changes and transform when funding is not provided according to the needs of the population. Maura Dargan said the public perception is that health receives considerable funding. Mr Harkin advised that the issue is that often funding comes late in the year, which means that staff want to deliver and transform services, but they have to focus on how to make savings. Ms O'Reilly concluded that it was important for Trust Board to have this conversation and to continue to call for a needs-based budget to provide the services needed, whilst managing with the current allocation.

TB34/25 Update from Resources Committee

Mr Armstrong provided and update from the Resource Committees and outlined the main areas of business discussed at both the December 2024 and March 2025 committee meetings, including the areas of focus for the SPPG Support and Intervention Framework meetings. The Chair thanked Mr Armstrong for his thorough update and noted that a number of the issues had already come to the attention of Trust Board. Mr Armstrong confirmed that he had been assured by the reports received, which were ably presented by Mr Harkin and his colleagues. Mr Houston asked if the Trust were likely to get support from SPPG for those issues, which have been escalated. The Chair said she was hopeful that a more robust relationship would develop and Mr Martin confirmed that, as part of the SOF and SOM process, the Chair, Chief Executive and he attended regular meetings with SPPG. These meetings provide an opportunity for constructive discussion and contribute to the accountability process with DOH. Mrs Welsh confirmed that Neonatology, due in part to these discussions, was off the escalation list.

Mr Houston referred to a recent meeting the Minister of Health had with families about short breaks for children with disabilities and the funding being provided, and asked what the current positon was. Maura Dargan advised that business cases were being finalised and that whilst it would make some impact on support for families, it would not provide for a new short break unit. The short break beds in the Trust are currently closed at present due to the complex care requirements of some children, and staffing challenges. The Trust is planning to have nine beds re-opened by the end of the summer. Maura Dargan felt that Health Committee members were disappointed by this as they envisaged that the investment would provide a new unit or additional resources.

TB35/25 Update from Audit Committee

Ms Mackenzie presented the report from the recent Audit Committee meeting. Members had received a paper on definitions used by the Business Services Organisation (BSO) Internal Audit Service, which were standard across HSC. They also received the Internal Audit Progress Report for the year to date and reports on a number of

Internal Audits. It was noted that the Trust had received a limited assurance on the Management of Medical Locums and that an action plan was in place to take forward the recommendations made. An update will be brought to the next committee meeting. There was an unacceptable assurance provided on General Surgery triage and this would be kept under close review. Audit Committee members were assured that progress had been made on the recommendation from the previous audit on Job Planning. Ms Mackenzie concluded by advising that the Northern Ireland Audit Office (NIAO) had presented the Audit Strategy for the 2024/25 Annual Accounts process. Finally, it was noted that it was Ms Mackenzie's last meeting as Chair of the committee but she would remain a member when Mr Douglas takes up the Chair in May 2025. Ms O'Reilly thanked Ms Mackenzie for taking on the Chair as a new Trust Board member and was glad that Ms Mackenzie would remain on the committee.

TB36/25 **Business Case:**
Alongside Midwifery Led Unit

Mr Graffin and Mrs Pullins presented the full business case for the Alongside Midwifery Led Unit and asked for Trust Board approval to proceed. The outline business case had been approved in March 2024 at a cost of £5.5million; however, the tender exercise had returned costs for the full work of £5.706million. The additional costs were because of inflationary pressures and two additional pieces of enabling works. The shortfall in capital funding will be made by DOH. The plan is to have contractors on site in April 2025, with a completion date of March 2026. Ms O'Reilly thanked Mr Graffin and his team, along with Mrs Pullins and her staff and noted that this was a good news story for the Trust's service users.

Trust Board approved the full business case.

TB37/25 **Business Case Addendum:**
Upgrade of Endoscopy Decontamination Equipment and Ventilation systems in Antrim Hospital Day Procedure Unit

Dr Watkins reminded Trust Board that this business case had been discussed a number of times but there had been various challenges with the enabling works. Mr Graffin added that an audit had been carried out and an assurance had been provided, albeit that there was

learning for the service. Mr Platt drew attention to the point that the current equipment was not meeting the appropriate standards. Mr Graffin explained that the equipment in place had met all standards at the time of installation, and the new equipment would meet current standards. Mrs Welsh advised that standards were continually changing and improving. Mr Platt asked if there had been any previous Serious Adverse Incidents involving the equipment. Mrs Pullins undertook to take this matter to the Trust's Decontamination Committee and would provide a fulsome report to Mr Platt.

Trust Board approved the addendum.

TB38/25 Capital Report as at 28th February 2025

Mr Graffin indicated that there had not been any significant change from the previous report presented to Trust Board. There is a small over commitment of £109,000 but this would be managed into a break-even position by the end of the financial year.

TB39/25 Update on Birch Hill Mental Health Build

Dr Corr reminded Trust Board members that the Birch Hill Mental Health Build was the proposed replacement for Holywell Hospital and the Ross Thomson Unit at Causeway hospital. The Stage Three work has been completed and Dr Corr acknowledged the hard work of all involved. Dr Corr advised that, from 23rd March 2025, the process should have moved to Stage Four with a planned delivery of late 2029; however, this will now slip, as Stage Four has not yet started. The Trust had submitted its response to the latest addendum queries but had not yet received the funding required to move to Stage Four. Consequently, the risk on delivery and timelines has been amended to extreme.

Dr Corr continued to explain that there were some concerns on capital planning for mental health builds at a regional level. There was a recognition that the Trust was in a particularly bad position, given that Holywell is the last remaining asylum in use. Dr Corr recognised that there are pressures on capital funding and that difficult decisions are required. At this point, the Trust does not have the approval to move to the next stage, nor has the project been formally paused. The current project programme indicates means that the anticipated opening date

(following commissioning) would be between March to June 2030 but Dr Corr noted that she is now unable to provide an assurance on this being delivered. Dr Corr noted that the Minister of Health has shown his commitment to Mental Health Services and has visited many Mental Health services and has plans to visit Holywell imminently.

Dr Corr noted that the schedule of accommodation had increased due to a technical adjustment related to interpretation of covered walkways. (Mr Paul Douglas, Non-Executive Director joined the meeting at this point.)

Mr Houston expressed his disappointment given that the work had been approved by both Trust Board and DOH. He acknowledged that the capital funding position is difficult but Birch Hill is the furthest advanced and the Trust needed to keep pressure on to ensure that any delays are kept to a minimum. Dr Corr agreed with this and noted the impact on both staff and patients, given their commitment to the project. The maintenance of Holywell remains a significant cost pressure for the Trust and could cost up to a further £28million over the next few years. It is not an appropriate therapeutic environment for patients. Mrs Diffin commended the work done to date and said it would be a shame to have a long delay and asked if there were other risks, in addition to the financial ones. Mr Graffin advised that there was a danger of losing the design team if the delay continued. Dr Corr reiterated that no decision had been made but again there was no assurance of approval to move to Stage Four. The Chair asked if this was affecting engagement with service users; Dr Corr said it was difficult to formally communicate with service users involved in the co-design of the new hospital given that the project has not been formally paused. Mrs Welsh linked this discussion back to the finance report from Mr Harkin. If HSC received capital funding according to need, there would not be an issue for the Minister. Services would be delivered on a needs assessed basis.

Mrs Diffin mentioned the recent media report in The Irish News on deaths in mental health inpatient units, which reported that there were 17 in the Trust and asked Dr Corr if she had any concerns. Dr Corr assured Trust Board that, despite there being 17 deaths over 10 years, in comparison to population size the Trust was not an outlier and had the second lowest occurrence. There was no complacency, however, and any death was a concern. The report did reference that the Birch Hill build was due to completed in late 2028, which was what the Trust had been aiming for. The new unit would help with the safety risks that

are due to the Holywell environment. Mrs Diffin said it was helpful for Trust Board to be sighted on these concerns.

The Chair confirmed her support for Dr Corr and the Senior Management Team for any input or negotiations that would help deliver the project. The Chair iterated that Birch Hill would help deliver the Trust's vision for its population.

Dr Corr undertook to keep Trust Board informed.

TB40/25 General Capital Plan 2025/26

Mr Graffin told Trust Board that the approach to the Capital Plan for 2025/26 was the same as in previous years. The approved plan had a value of £7.7million against an anticipated allocation of £5.5million.

Trust Board noted the plan.

TB41/25 Use of Trust Board Seal

Trust Board noted the occasions on which the Trust seal was used.

TB42/25 Update from Team North People Committee

Mrs Reid, in Dr Gray's absence, presented the update from the recent Team North People Committee and was pleased to note that Dr Gray was the new committee Chair. The report included both the draft minutes and the Terms of Reference. Mrs Reid advised that there were some items for the Board's attention including the recently held Recognition and Retention events, which 361 managers attended over four different sessions. Mrs Reid provided Trust Board with some feedback on the comments made by staff, who appreciated the opportunity to network and be recognised for their work. Mrs Reid noted that the regional Being Open Framework consultation had been extended to 28th March 2025 and that nursing had submitted two Annual Reports on Nursing and Midwifery, and Allied Health Professional (AHP) Advance Practice. Mrs Pullins was happy to take any queries from members.

Mrs Reid then outlined the items for escalation, including Medical Education and Resident Doctors. It was noted that space is an issue

for students, including for Simulation Training and for the increased number of Resident Doctors who require training and supervision. The second issue was the gap in practice-based support for AHP students. The Trust has written to the Chief AHP and there was a small resource provided in the previous year but there is still a gap. The final item for escalation was the corporate workforce reporting dashboard, which shows what information is available for directors and managers. Mrs Reid was happy to deal with any further queries offline.

TB43/25 Any Other Business

Ms O'Reilly noted that this was Mr Houston's final meeting as a Non-Executive Director of the Trust and that he was the last of the previous cohort of Non-Executives to finish their term. The Chair reflected that Mr Houston had been a wonderful support to her and on behalf of all her colleagues she said that Mr Houston would be missed. She expressed her deep gratitude to Mr Houston for his eight years and three months of service to the Trust. Mrs Welsh added her thanks to Mr Houston and said he had been an exemplary member of Trust Board with a genuine and sincere passion for Health and Social Care.

Mr Houston thanked the Chair and Chief Executive and all around the Trust Board table. He said it had been a privilege and a deeply enriching experience and he wished everyone well on keeping 'the ship on course'.

TB44/25 Public Questions

There were no public questions.

TB45/25 Date of Next Meeting

The next meeting will take place on Thursday 22nd May 2025