Northern Health and Social Care Trust

Minutes of the One Hundred and Fifty Seventh Trust Board Meeting held on Thursday 23rd May 2024 at 10:30am, Boardroom, Trust Headquarters, Bretten Hall, Antrim Area Hospital Site, Antrim

Present:

Ms Anne O'Reilly	**Chair**
Mrs Jennifer Welsh	**Chief Executive**
Mr Owen Harkin	**Executive Director of Finance/Deputy Chief Executive**
Mrs Carol Diffin	**Non-Executive Director**
Mr Glenn Houston	**Non-Executive Director**
Professor Terri Scott	**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**
Mr Neil Martin	**Director of Strategic Planning, Performance and ICT**
Mr Paddy Graffin	**Director of Infrastructure**
Dr Petra Corr	**Divisional Director of Mental Health, Learning Disability and Community Wellbeing**
Mrs Joanne Edgar	**Head of Communications**
Mrs Karen O'Kane	**Executive Office Manager**
Victoria Moore	**Boardroom Apprentice**

In attendance:

Michelle Weir	**Local Democracy Journalist**

TB50/24 Apologies

Apologies were received from Miss Gillian Traub, Director of Operations, Mrs Diane Spence, Divisional Director of Community Care, Mrs Audrey Harris, Divisional Director of Medicine and Emergency Medicine, Mr Kevin McMahon, Divisional Director of Surgical and Clinical Services and Mrs Jacqui Reid, Director of Human Resources/Head of Office

TB51/24 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest declared.

TB52/24 Chair's Report

Ms O'Reilly advised Trust Board that work continued on the new Assurance Framework arrangements, which would be in place from 1st July 2024 and would meet the Trust's Integrated Governance and Assurance aims. The Chair thanked both Executive and Non-Executive Directors for their work to date. There would be further discussion on this at the upcoming Trust Board Development Day.

TB53/24 Chief Executive's Report

Mrs Welsh referred to the ongoing Industrial Action by Junior Doctors, which necessitated the absence of the operational directors from the Trust Board meeting. Mrs Welsh thanked the directors and their teams for their work in managing the impact of the Industrial Action and expressed her regret that the Junior Doctors were in the position where they felt they had no option but to take strike action.

Mrs Welsh also mentioned the rapidly changing political situation whereby a general election had been called for 4th July 2024. There would now be a pre-election period during which the public sector could not be involved in matters of a political nature. Guidance would be issued by the Department of Health (DOH) but the Trust could not move forward with its public consultation on General Surgery until after the election. A further Trust Board meeting may be required in July 2024 to proceed with the consultation.

TB54/24 Minutes of meeting held on 28th March 2024

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

TB55/24 Matters Arising

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

TB56/24 Performance Report – to consider position as at 31st March 2024

Mr Martin informed Trust Board that his presentation would focus on the highlights from the Performance Report, as included in the Briefing Paper.

Mr Martin began by speaking on outpatients and noted that there had been a 10% year on year increase in demand without any increase in resources or capacity. Reform and Modernisation of the service would not be enough to meet the increasing demand, therefore waiting lists continue to increase. The Trust was delivering 97.5% of expected activity. There had been some impact from the transfer of patients from Belfast and South Eastern Trusts because of changes in booking practice associated with the implementation of encompass, but the Trust had still seen an increase of 11% in the numbers waiting on a first appointment,. A validation exercise had been carried out on long waiters and Mr Martin confirmed that there were eight specialties that accounts for 80% of waiters.

In relation to inpatient and day cases, the Trust had delivered 94.5% of expected activity, and the total waits had decreased by 11% over the previous year. Mr Martin explained that this was as a result of clinical reviews, theatre rescheduling and some Independent Sector waiting list work. There are four specialities which account for 85% of waits, with General Surgery having the longest waits. Mr Martin said this was illustrative of the need for reform of General Surgery provision.

Mr Martin then spoke on the Emergency Department (ED) activity, where there had been a 6% increase in attendances across both sites. This was not replicated across the region. In Antrim there had been a 10% increase in the number of attendees over the age of 75, with Causeway seeing a 12% increase in the same age group. This age group tended to have more conditions, therefore requiring a longer stay in hospital and the impact of this was a deterioration in those waiting over 12 hours. Antrim had a 17% increase with Causeway having a 5% increase.

Mr Martin mentioned ‘lost hours’, which was an indicator of how long ambulances were sitting outside EDs and noted that the Trust had improved from the second worst performer to the second best, despite the increase in activity. Mr Martin said this was indicative of the good work carried out despite the challenges faced in unscheduled care. Mrs Welsh added that this was recognised by the Chief Executive of the Northern Ireland Ambulance Service (NIAS) who had written to Mrs Welsh to thank the team, with particular reference to Antrim Hospital, which has the second highest number of arrivals in the region. Mr McGivern said this was worthy of note and commended

the benefit to both Trust service users and NIAS and asked if there was something in particular that had facilitated this improvement. Mr Martin and Mrs Welsh said there was no one particular action, just the commitment and dedication of the ED team and their belief that the best place for an ambulance was on the road.

Mr Martin subsequently spoke on the Service Delivery Plan year-end position and summarised the four main indicators: unscheduled care, elective care, community care and public health. All Trusts had been challenged in relation to unscheduled care, performance on elective care had been mixed for Northern Trust, community care, which was a catch-all phrase for a number of activities, was mostly green and there had been some difficulties in meeting some of the public health targets. Overall the Trust was broadly in line with regional counterparts. The Chair said it was important to note this and that all Trusts were challenged in the same areas.

In relation to the increase in ED attendances versus the number of 12 hour waits, Mr Houston asked how the service could sustain the increase without significant damage to the system, what was causing the increase in attendances and how was staff morale. Mrs Welsh explained that some of the increase was due to the demographic changes in the Trust such as the increasing number of older people in the population. There had also been increasing number of people with conditions such as diabetes and the general population had become less healthy. Directors had met with the ED staff and a new group has been established to take forward a Recovery Plan to help sustain the service. Mrs Welsh also said the new Assurance Framework, specifically the Population Health Committee would look at some of these issues, including the increasing number of cases of obesity. The Trust was progressing with good Health and Wellbeing programmes in this area. Mr McGivern also referred to the increasing amount of processed and unhealthy food that was often the only affordable option for people.

Mr Houston also asked if there were many attendees who were prepared to wait in ED for more than 12 hours for minor conditions. Dr Watkins said this was a good question and advised that work was ongoing to divert people from ED on to appropriate pathways to reduce the pressure on the whole system and free up the discharge process as well.

Mrs Diffin noted that the Trust had previously had some regional support in relation to 14 day breast screening and asked if there were any further plans to repeat this. Mr Martin said there were no plans at present and that the support moves to whatever Trust requires it most. The Trust will continue to advocate to the Strategic Planning and Performance Group of DOH (SPPG). Ms O'Reilly concluded that there was no 'magic bullet' for population health concerns but the new committee and the ED recovery plan should add value to the Trust's work. A watching brief will be kept. The Chair asked Mr Martin if there were any unexpected outcomes in the annual position. Mr Martin replied that there was not; the situation is kept under close review during the year.

TB57/24 **Finance Report – to consider position as at 31st March 2024**

Mr Harkin informed Trust Board that the Trust was on course to deliver a breakeven positon, due to significant non-recurring measures and further allocations from DOH including a late allocation of an additional £17million. The draft accounts for 2023/24 were with the external auditors and Northern Ireland Audit Office for review and would be brought to the Trust Board in due course for final approval before submission.

Mr Harkin told Trust Board that savings of £23.6million had been delivered and that the use of only contracted social work agency had commenced. Agency spend had begun to decrease as had the use of non-contract nurse agencies. It was noted that the Trust's prompt payment compliance rate was 96.4%.

Mr Harkin directed Trust Board to the divisional positions and said that the overspend in Community Care and Medicine and Emergency Medicine was mainly driven by pressures in unscheduled care and locum costs. Overall the Trust was projecting a small underspend of £59,000 against a budget of £1billion, subject to audit. In regard to the 2024/25 budget this was likely be 'cash flat' and the Trust continued to work through the position with DOH and SPPG. There will be both inflationary and growth pressures. The Trust is considering recovery measures and what can be done in Trust to reduce the underlying deficit but it may be that, Mr Harkin said, contingency plans, developed alongside DOH, may be needed.

Mr McGivern queried the salary/overpayments issue. Mr Harkin confirmed this was a regular, systemic, issue that had affected all

Trusts. The region was currently considering a new system for Human Resources and Finance functions. Mr McGivern asked if there were any identifiable trends in the causes of overpayments. Mr Harkin said that they were usually due to late submission of contract changes or leavers but the number had been reducing and new controls were in place.

Mr Houston expressed his thanks to Mr Harkin, Mrs Welsh, the Senior Management Team and all staff involved in handling what was a very uncertain and fluid situation. The Chair also concurred with these comments and said it had been a very difficult financial situation, changing from month to month, and that the resilience and skill of staff to deal with the pressures and the scale of the challenge was remarkable. The tough financial situation would not change any time soon, Ms O'Reilly said and there were some plans in place which will help but would not close the gap completely but it would provide hope for the service and improve patient and client experience.

Mr Harkin thanked the Senior Management Team and their divisional teams for all their support and hard work.

TB58/24 Update on Mental Health Inpatient Services Capital Development

Dr Corr drew attention to three main points on the update report. Firstly that the RIBA report for Stage 3 remains outstanding and was expected with the Trust and Health Estates by 1st August 2024. Secondly, a planning meeting with Antrim and Newtownabbey Council would take place on 17th June and, finally, the letter of support from the commissioner for the outline business case was still outstanding and would be followed up.

Dr Corr said that the mock up bedrooms would, hopefully, be available, quite soon to allow staff to view the rooms and provide feedback on the final designs.

The Chair thanked Dr Corr and said it was important for Trust Board to be kept up to date on such a major development.

TB59/24 Capital Programme – to note position as at 30th April 2024

Mr Graffin announced that the final Capital Resource Limit at the end of 2023/24 financial year showed a spend of £33.614million against an allocation of £33.615million. Mr Graffin thanked the Capital Development, Estates and Finance Teams for their hard work in getting to this position. The Trust had a number of 'on the shelf' business cases ready to go towards the end of the financial year to ensure as much work as possible could be completed.

The most recent Capital Resource Limit, as at 12th April 2024, showed an allocation of £14.222million and Mr Graffin outlined some of the main projects. Mr Platt asked if the recent changes, due to the legislative issues with Car Parking, had had an impact. Mrs Pullins and Mr Graffin confirmed there had been no major issues. Mrs Welsh added that the Trust did not face as many issues as the bigger urban hospital sites. Mr Graffin added that additional spaces would be available in the new car park next month. Ms Mackenzie queried if there were any plans to expand the car park at Causeway Hospital. Mr Graffin said that any plans would be subject to the Trust's capital priorities and that parking was not under the same pressure on the Causeway site.

Mr McGivern welcomed the improving trend in the completion of Post Project Evaluations. Ms O'Reilly commended Mr Graffin and his team for their leadership in getting the Trust to this position. It was a massive undertaking and the management of the Capital Resource Limit is also an onerous task. Mr Graffin will pass Trust Board's thanks to the team.

TB60/24 **encompass Update**

Mr Martin advised Trust Board that encompass would become a regular item for Trust Board consideration at future meetings. He outlined the scale of the programme and noted that the Trust was now 168 days from Go-Live. Mr Martin summarised the main themes in the update report;

- planning in place for training that will commence eight weeks before Go-Live and a number of Trust staff have been involved in Belfast Trust preparations, which provides hands-on experience.
- Mr Graffin's teams were working on the provision of accommodation for staff training and command centre locations have been identified.

- There will be approximately 2000 'super users' trained to support their colleagues
- There will be a 30% increase in device numbers, which will be rolled out and tested in July.
- An internal communications and engagement plan was in place.

Mr Martin said there had been excellent buy-in from staff, many of whom were going above and beyond expectations. Mr Armstrong thanked Mr Martin for the brief summation of what was an enormous project and asked if there would be learning for Trust Board in regard to both the experiences and management of risk from Belfast and South Eastern Trusts. Mr Martin confirmed that a regional 'Lessons Learnt' Workshop had been held and that the Senior Management Teams of Southern Eastern and Northern Trusts would be meeting the following weeks and a further update would come to Trust Board.

Mr McGivern asked if there would an impact on mandatory training due to the need to complete encompass training. Mr Martin responded that Mrs Reid and the professional leads had identified what training needed to be completed and have asked staff to complete as soon as possible in order to free up capacity for encompass. The Chair asked if risk was being managed through the Board sub-committees. Mr Martin replied that it was and that there was good leadership and oversight by all the senior management team and divisional management teams. Mrs Welsh confirmed she was content with the assurance being provided and would consider what further information would be provided to assure Trust Board.

TB61/24 Minutes of Committee Meetings

The Chair indicated that as part of the work on the Review of the Assurance Framework, a report from each of the Trust Board sub-committees would come to Trust Board in order to provide a balanced assurance on the Trust's activities and strategic objectives. For this meeting the Chair asked that each Committee Chair provide a short, verbal update alongside noting the agreed minutes.

<u>Charitable Trust Funds Advisory Committee</u>

Mr Houston reported that the Charitable Trust Funds Advisory Committee met three times a year; usually January, May and October. The minutes provided to Trust Board were the approved minutes of

the meeting held on 17th January 2024. There was a further meeting held in May. Mr Houston explained that Mr Harkin had overall financial accountability and was supported by Nuala McAuley and Caroline Armstrong as the Finance Department leads. There were three main areas of focus for the committee; income, directorate updates and the post-Covid 19 fund for staff. Most of the income is derived from patient and service user fundraising, bequests and dividends from investment in the Department of the Communities Charitable Investment Fund, which has been performing well. At the May meeting the committee received an update on the fund and an update from Directors on their plans for expending charitable funds. Mr Houston said whilst it was not the most high profile committee, it was very important for donors, bequestors and their families to be thanked for their contributions. Mrs Edgar had provided some good ideas for sharing the positive outcomes from these donations. The Chair added that she had attended the committee and found it very interesting. Mr McGivern mentioned that an independent report had shown how Non-Executive Directors had impacted the business of the committee and said this provided a good example of a committee in action.

Audit Committee Minutes

Ms Mackenzie noted the approved minutes of the Audit Committee meeting of 19th February 2024. There were directors in attendance to present on the implementation of previous Internal Audit Report recommendations. The Trust was in receipt of a number of limited Internal Audit Reports, with recommendations made and action plans in place. Work was progressing
With regard to the meeting held on 13th May 2024, Ms Mackenzie gave a verbal update and thanked Miss Colette Carey, Office Manager, for producing the draft minutes in a very short timescale. Internal Audit had given the Trust an overall limited assurance, which was disappointing. Work continued at pace to ensure any remaining recommendations were fully implemented. Ms Mackenzie thanked directors for the assurance they had provided and also advised that the Terms of Reference had been updated. The Chair added that the opinion of both Internal and External Auditors on the Trust's internal controls were part of the standard approach to the year-end period and it was not unusual to receive limited reports, given the challenges facing the Trust. The Chair was content that there was a strong leadership approach being taken. Mr Harkin also said he was not

pleased with the number of limited reports and this would be kept under review to recover the position as soon as possible.

Strategic Change and Improvement Capability Committee

Mr McGivern reported that the committee received succinct reports from a number of various workstreams, which reflected the breadth and depth of the work undertaken by staff to affect change, transformation and improvement. There had been a presentation from the Community Care Directorate at the February meeting and presentations from Miss Traub on the Social Care Collaborative and from Human Resources on the TeamNORTH welcome programme at the most recent meeting. Mr McGivern advised that the Non-Executive members of the committee were actively involved in setting the agenda and work plan, and it gave them an opportunity to raise any concerns or discuss any pertinent issues. Mr McGivern thought that it may be beneficial to have more than two Non-Executive members. The Chair said this would be part of the current work on embedding the new committee structure. Mr McGivern welcomed this.

Performance and Finance Committee

Mrs Diffin noted the minutes from the Performance and Finance Committee meeting on 20th February 2024 and then gave a summary of the meeting held on 16th April 2024. The committee reviewed what was an extremely challenging and difficult financial positon and the meeting provided the opportunity to look in detail at the position and on the delivery of savings as well. The committee had been assured on the delivery of savings and also took the opportunity to look forward. The Delivering Value Project Board will be a standing item on the new Resources Committee and Mrs Diffin was also assured that there was a Financial Focus Group established. In relation to Performance, there were two presentations, one on the challenges in District Nursing and Domiciliary Care, and one on ED and Unscheduled Care Pathways. The committee were assured.

The Chair advised that the verbal updates provided at this Trust Board meeting were a move towards Committee Chairs playing a more active role in providing an assurance to full Trust Board, along with the Directors. The Chair felt this was the right way to ensure

competent reporting in the future and thanked the Chairs for their input.

TB62/24 Use of Trust Seal

Trust Board noted the instances where the Trust Seal had been used.

TB63/24 Any Other Business

There were no items of Any Other Business raised.

TB64/24 Public Questions

There were no public questions.

TB65/24 Date of Next Meeting

The next public session of Trust Board would take place on Thursday 27th June 2024 at 10:30am.