Northern Health and Social Care Trust

Minutes of One Hundred and Sixty Fourth Trust Board Meeting held on Thursday 22nd May 2025 at 10:30am, Main Theatre, 1-29 Bridge Street, Ballymena, BT43 5EJ

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 – via MS Teams
Scott Armstrong, Non-Executive Director
Paul Turley, Non-Executive Director
George Platt, Non-Executive Director
Paul Douglas, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Suzanne Pullins, Executive Director of Nursing, Paediatrics, Women's Services and Corporate Support – via MS Teams
Dr Dave Watkins, Executive Director of Medicine – via MS Teams
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
Paddy Graffin, Director of Infrastructure
Diane Spence, Director of Community Care
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager

In attendance:
James Patterson, Consultant Surgeon
Mark Jenkins, Deputy Medical Director
Jaclyn Crowe, Assistant Director, Organisational Development, Workforce Governance and Analytics
Dr Richard Whitehouse, Head of Psychological Services

Observers: See appendix.

TB46/25 Apologies

Apologies were received from Maura Dargan, Executive Director of Social Work and Lynne McCartney, Director of Surgical and Clinical Services.

TB47/25 Conflicts of Interest

There were no conflicts of interest declared.

TB48/25 Chair's Report

Ms O'Reilly welcomed those present to the formal meeting of the Northern Health and Social Care Trust Board, held in public, and outlined how the meeting would proceed. The Chair was keen to move into the discussion of and deliberation on the transformation of General Surgery.

TB49/25 Chief Executive Report

Mrs Welsh began her opening statement by advising that the main agenda item was Item 7; the report from the consultation exercise "Working with you to Transform General Surgery". At the outset Mrs Welsh said it was important to say that she would not pretend this had been an easy or straightforward process. It had been really challenging because everyone was aware of the huge responsibility on the Trust, and its senior leaders, and as individuals, to ensure it was done right, because of the Trust's duty to its patients and staff.

At the beginning of the process there was a commitment that proposals for any new model would be based on the data available to the Trust and Mrs Welsh said the work to get to this point had been painstaking and she thanked her colleagues who had been working tirelessly on the proposals over the last 18 months or so. Staff who had dedicated their time and expertise to scrutinising and testing the data to ensure the proposals brought to Trust Board were as robust as they possibly could be.

Mrs Welsh acknowledged the tremendous depth of feeling on this issue, including from some Trust Staff, and noted that throughout the

consultation period meetings were held with a wide range of stakeholders, and the Trust has heard the concerns of the local community about the proposals to transform the delivery of general surgery services.

When the consultation process begun in August 2024, the Trust was clear about the reasons for doing so. Mrs Welsh put it simply; the Trust cannot continue to provide emergency general surgery across both our acute sites. If the Trust does not act now and plan for service change, it was facing an inevitable collapse, which Mrs Welsh said was not to scaremonger or cause alarm, but because it was the reality facing the Trust.

Mrs Welsh advised she would be handing over to her colleagues to present the consultation feedback and response and then the recommendation on the way forward for Trust Board members to consider. Trust Board members, as always, had time to consider all the papers in advance of the more detailed discussion at the meeting.

Mrs Welsh also acknowledged that when people would look at the responses to the consultation, they would, quite understandably, ask, if the overwhelming majority of respondents said they did not want the change, why would the Trust recommend doing it. They may feel that the Trust did not listen to concerns and if there was any point in having a public consultation.

Mrs Welsh understood that people would be disappointed with the proposal being put forward and there was no denying this fact. The Trust accepted that the majority of people who responded were not in favour of change. The Chief Executive, however, stressed that the comments and feedback received during the consultation period, and indeed throughout this whole process, had been invaluable, and Mrs Welsh thanked people for taking the time to respond to the consultation. The consultation had provided fresh insights and new perspectives, allowing the Trust to take time to interrogate the data and dig deeper into it to provide the assurances needed that this was the correct course of action.

Mrs Welsh also said it was vital that the Trust was transparent with the public and its staff about any potential service change and that an evidence-based case for change was presented, which would give everyone the opportunity to examine the thinking and ask questions - and that was why public consultation had been an important part of the

process. While the decision that the Trust Board would come to may not be what everyone wanted, the Board must do what it believes is right for patients and staff.

It was also important to note that the review of general surgery within the Trust came about, largely due to concerns from the clinical and surgical teams about the stability and long-term sustainability of the current model and, Mrs Welsh added, those concerns were just as valid as anyone else's. Therefore, it was incumbent upon the Trust to act, before it faced an inevitable service collapse.

Trust leaders had seen the situation in other Trusts where, unfortunately, services had collapsed and that was something the Trust wanted to avoid. The Trust was in the fortunate position of having the luxury of time, by being able to plan for service change so that any transition to a new model could be implemented in a carefully managed way for the benefit of staff, patients and the wider community. No-one wanted to be in a position of unplanned change, nor to wait until a crisis occurred before taking action. The Trust has a duty, not only to the patients and the wider community, but to Trust staff, to listen to the very real concerns they had expressed about not being able to sustain the current service model. Mrs Welsh added that transformation in healthcare is something that had been talked about for many years and now the Trust believed it had an opportunity to reshape services for the better, in a carefully planned and managed way. Service collapse would not be transformation and the Trust must do the utmost to avoid it.

Mrs Welsh was proud that the Trust had been leading on service transformation in recent times, with the successful reconfiguration of maternity services in 2023, and again, Mrs Welsh acknowledged there were very real and genuine fears around those changes. She hoped, however, that almost two years down the road, the Trust had demonstrated that planned and managed change could be successful; and the Trust now had that lived experience of implementing successful service change to draw upon.

Getting these proposals for future service delivery right was something that had weighed heavily on Mrs Welsh and she stated that the same went for her senior management team colleagues. It was a priority for the team that any proposed service reform would deliver better outcomes for patients, staff and the wider community.

Having worked with the surgical teams and colleagues from a range of clinical services across both Antrim and Causeway over the last number of months, the senior team believed the proposals would create a safe, stable and sustainable service for the future. Mrs Welsh also know that any reconfiguration of the current surgical model would impact on other teams and services, and this was being actively planning for.

A number of actions would be necessary in order to make any proposed change a success. If Trust Board were to accept the recommendation presented, and should the Minister approve the recommendation, the Trust would move to the implementation stage of the proposal to ensure as smooth and seamless a transition as possible, both for patients, and for staff.

Mrs Welsh also put on record again that there was no intention to downgrade Causeway Hospital and that the recommendation around general surgery in no way signalled this. Those present would know that the Trust had very clear ambitions around Causeway Hospital having published a Strategic Vision. Mrs Welsh was confident this could be delivered on and noted that the Trust had, over the last number of months, invested upwards of £4 million into the site, expanding and enhancing services at Causeway. Mrs Welsh again reassured the community that Causeway was, and would remain, a vital part of the acute hospital network. It would continue to have a 24/7 Emergency Department and acute inpatient services.

Mrs Welsh further indicated that the Department of Health's (DOH) reconfiguration framework for hospitals recognised the significant challenges around recruitment to and maintenance of sustainable services across Health and Social Care; it was not unique to Northern Trust. There was now a general acceptance that not all hospitals could, or indeed should, provide all services; but rather each hospital was important in its own right and had a part to play in the wider regional network. The pressures on the health and social care system were well documented but the stark reality is that reform could no longer be simply aspirational; it was a necessity.

Mrs Welsh said she was incredibly proud of the general surgery service and recognised the intense pressure that colleagues were under, whilst trying to sustain rotas across two acute hospital sites.

The Trust accepted that the proposed change may also mean some people needed to travel further for some types of surgery. The reality was, however, that, even as things are, people were already having to

travel, and were not necessarily attending their nearest hospital for treatment.

The proposed model would create protected theatre time for elective surgery, meaning fewer cancellations for scheduled surgery and procedures, thereby helping to address the long waiting times for people living in the Northern Trust area. Separating the surgery service in this way would ensure that future surgeons who were with the Trust for training would have improved exposure to both elective surgery and emergency general surgery through the proposed new service model.

Mrs Welsh said the Trust was also very confident that the proposed transformation of general surgery presented the opportunity to invest and enhance services at Causeway Hospital, further strengthening the case for Causeway to become an elective hub for the entire North West region – another ambition contained within the Causeway Vision.

Mr Welsh continued to say that the senior team were not naïve to the fact that change, on any scale, was never easy. Not least for staff. The Senior Management Team, however, believed the recommendation presented at the meeting was the best mode for the general surgery service going forward. Separating out emergency general surgery and general surgery was something Trusts - not just in Northern Ireland - but across the UK had been doing to address the changing needs of local populations, and to help balance the increasing pressures on acute and unscheduled care.

The proposal before Trust Board was to make a recommendation for service change to the Minister and the Department of Health. The Trust was proposing that all emergency general surgery within the Northern Trust be carried out at Antrim Area Hospital while Causeway Hospital would provide elective, or planned, general surgery and procedures. Before Trust Board came to a discussion and decision, Mrs Welsh said it was important that members heard the feedback for the consultation process and the management response to it. Mrs Welsh thanked the Chair and handed over to her colleagues for the presentation.

TB50/25 Minutes of the Previous Meeting

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

TB51/25 Matters Arising

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

TB52/25 Working with you to Transform General Surgery

On request from Ms O'Reilly, Chair of Trust Board, members introduced themselves and the Chair introduced Dr Dave Watkins, Executive Director of Medicine, Mrs Suzanne Pullins, Executive Director of Nursing and Ms Kathy Mackenzie, Non-Executive Director, who were attending online.

Mr Neil Martin, Director of Strategic Planning, Performance and ICT, began the presentation and introduced Mr James Patterson, Consultant Surgeon and Ms Gillian Traub, Director of Operations. Mr Martin began by describing the purpose of the session, which was to outline the responses received to the consultation, the Trust's consideration of the responses and the proposed next steps. Mr Martin summarised the consultation process and the responses received before describing the main themes of the responses, that is, the future of Causeway Hospital, Antrim Hospital Site, patient safety, workforce and recruitment. Northern Ireland Ambulance Service (NIAS) and travel and rurality.

Ms Traub then spoke to the future of Causeway Hospital and emphasised the important of the hospital and that there would still be a strong surgical presence on the site. With only a few exceptions, all cases would still go to Causeway ED and there would also be a diagnostic MRI service on site from September 2025. The Trust remained committed to Causeway. It was acknowledged that Antrim was a busy site but Ms Traub emphasised that the public should continue to use Causeway and that a bypass protocol would be in place with NIAS for those patients presenting with gastrointestinal bleeds or penetrative injuries. It was anticipated this would be approximately one to two patients a week and there would be no ED-to-ED transfer; this is not what the Trust wanted for its patients. Ms Traub said staff were very conscious of the pressures on Antrim site and there would be an increased capacity for surgical beds and endoscopy services as well as the introduction of a new role to enhance the discharge arrangements for medically fit patients. Mr Traub added that there would be an increase in the number of community hospital beds and new care home providers were coming

online. The Trust had also received funding to begin development of a Hospital at Home service.

Mr Patterson reiterated that Causeway ED would remain open for business and that there would only a very few occasions when patients would need to bypass Causeway and appropriate transport would be provided. Mr Patterson said there was already a major trauma network in place and that patients will be taken to the best place for their treatment, for example, the regional trauma centre in Belfast. Currently patients are either taken straight there or stabilised locally and then transferred, this is how it will continue to work. Mr Patterson referred back to the drivers for change and one of these was the sustainability of the workforce across the Trust and the difficulty of recruiting to a split rota. Change was needed before the service collapsed and the dedicated elective service in Causeway would provide extra capacity without needing extra beds. Mr Patterson said this would provide more training opportunities and there would not be any job losses. There could be movement of staff between sites, but this would be managed.

Ms Traub informed members that the Trust had worked closely with NIAS and confirmed that there would potentially be two to three transfers a day, the majority of which would not require a paramedic crew. The overall impact on NIAS was anticipated to be less than one journey a day and the opening of the new MRI scanner on the Causeway site would also free up some capacity. Ms Traub reinforced that Causeway ED would remain open and that whilst some patients may need to travel further to Antrim or Causeway, this would be for surgery and not for appointments. In response to comments received about the difficulty for some rural services users to get to early morning appointments, Ms Traub said that the Trust would work with patients in this regard and that a Rural Task and Finish Group had been set up to look at transport, including with the community and voluntary sector.

Mr Martin concluded the presentation by saying it had been an extremely valuable consultation exercise and the Trust had worked to deal with queries raised. The change in service would happen but it would be much better for it to be a planned change. The recommendation to Trust Board was to approve the preferred option - Centralise emergency general and major colorectal surgery in Antrim Area Hospital and high-volume elective activity in Causeway Hospital – for submission to the Minister. Mr Martin again thanked consultees for their input.

The Chair then opened the discussion up to Non-Executive Directors who had a number of questions. Mrs Diffin began by thanking the team for their presentation and said that some real concerns had been expressed by the local population and some staff on centralising services in Antrim. Mrs Diffin asked what reassurance could be offered. Mr Martin responded to the question and said that the Trust appreciated the input from stakeholders, which had provided a useful challenge to the Trust and lead it to revise some of the assumptions made. The Trust was, however, responsible for delivering safe and sustainable services and could not ignore the concerns raised by the surgical team. After careful consideration the Trust felt that the only way to do this was to consolidate; otherwise, the service would collapse. The Trust heard, and tried to take on board, the concerns from the public but believed this was the right thing to do.

Mr Turley acknowledged that transformation is important but asked how it would affect Causeway's position as an acute hospital site and what could be done to assure the local community. Mr Patterson reinforced the earlier points made that Causeway's future was secure and that the Trust was fully committed to a 24/7 ED. Not all surgery was being transferred from Causeway and there would remain a strong surgical presence on site with the vast majority of patients being assessed and diagnosed there. The surgical assessment service would be extended into the evenings and weekends. It was important to make Causeway attractive to all staff and this change would provide a stable footing to do that. Mr Patterson also referred to the recent investment on the Causeway site, including the new MRI scanner. There had also been investment in direct access from GPs to emergency surgical assessment and Mr Patterson was assured that Causeway was perfectly positioned to become an elective hub for the whole Northern area of Northern Ireland. The transformation would protect elective surgery and capacity and with less cancellations, help address waiting lists. This is an opportunity to grow the surgical services provided in Causeway and Mr Patterson added that it important for the local population to use the services provided. Mr Turley said it would be important to get these messages communicated out to the public.

Mr Douglas raised the busyness of the Antrim Area Hospital Site, in terms of the pressures on ED and inpatients and asked what the transformation would mean for Antrim and what extra activity would there be on Causeway site. Ms Traub began by recognising the pressures on ED in Antrim and whilst this was not unique to the

Northern Trust, it was an important consideration. There was concern about capacity in Antrim but on the balance of risk, transformation of the service was recommended. There would be additional access to endoscopy services, additional hours in the Causeway surgical assessment service, and these would help reduce some of the demands on ED. Some of the pressure also comes from a lack of capacity in the community and delayed discharges and the Ms Traub confirmed that the Trust had identified and prioritised actions to help with this. This would include the development of a Hospital at Home service, following investment from DOH, and this would be in the Antrim Hospital catchment area. The Trust would also be working with the independent sector and has identified those areas of greatness need, as well as working on increasing the availability of home care packages. There were also a number of new care home beds opening across the locality.
With regard to Causeway Hospital, the Elective Care Framework had indicated a role for the site as part of the elective care network and this was in line with strategic moves towards increasing access to elective surgery and reducing waiting lists. Causeway Hospital is well placed to be at the forefront of this change and, with some investment, could carry out up to 1000 procedures a year. This could help drive down waiting times as well.

Dr Gray asked what consideration had been given to the capacity of NIAS and the rurality of some of the Trust area. Mr Martin reiterated that the Trust continued to work closely with NIAS to achieve a common understanding of the impact and processes required. Not every patient transfer would require a paramedic and, whilst there could be one additional paramedic-assisted transfer a day, NIAS were working on increasing their own capacity through, for example, the see and treat service. The development of a hospital at home service would also be beneficial as ambulances are often used for transfers.
In terms of travel, Mr Martin explained that patients and service users already have to travel further than their local hospital for a specialist service, such as the regional trauma centre in Belfast or the Children's Hospital for specialist paediatric services. Many people will not have to travel further as Causeway ED will remain open and only a few may have to travel to Antrim. The majority of surgical patients will also still be seen in Causeway. Mr Martin added that some patients coming for elective surgery may have to go to Antrim from Causeway and vice versa. The Trust will take a number of steps to ensure that diagnostics and outpatient appointments will be provided locally so that the number

of long journeys would be minimal and will also support patients to access support with transport.

Mr Platt reflected that assurance would be needed for all stakeholders, including staff, and asked how the proposed change would impact them. Mrs Reid advised that the Trust was very mindful of the impact on staff and said it was important to note from the outset that there would not be any job losses. If the service changes, Trust managers would work through the normal Management of Change process with staff affected, in partnership with Trade Union colleagues. Prior to the implementation of any agreed change, there would be a four-week consultation period with Trade Union representatives and individual staff to mitigate any potential impact. Each member of staff would have an individualised process and there are a number of protections than can be put in place for a period of time to ensure no staff members are financially penalised. Mrs Reid said the staff engagement has been very beneficial in terms of having a healthy and robust challenge. Staff feedback has helped test thinking and shape the plans for any potential service change. The Trust is fully committed to support staff and whilst recognising that change is never easy, it was through listening to staff concerns about the sustainability of the current model that led to the review.

The Chair thanked Mrs Welsh, the senior team and her Non-Executive colleagues for their thorough questions and comprehensive answers. The Chair asked if members accepted the recommendation made to proceed with the preferred option to *Centralise emergency general and major colorectal surgery in Antrim Area Hospital and high-volume elective activity in Causeway Hospital*.

Each Non-Executive and Executive Director then gave their verbal response to the recommendation and Ms O'Kane noted the responses of those members who joined online.

The vote was as follows:

- Paul Turley approved recommendation
- Janet Gray approved recommendation
- Scott Armstrong approved recommendation
- Owen Harkin approved recommendation
- Anne O'Reilly approved recommendation
- Jennifer Welsh approved recommendation
- Paul Douglas approved recommendation
- George Platt approved recommendation

- Kathy Mackenzie approved recommendation (online)
- Dave Watkins approved recommendation (online)
- Suzanne Pullins approved recommendation (online)

The recommendation was approved unanimously, with no opposing votes and no abstentions.

Ms O'Reilly stated that this had been a very robust and engaging process and that as Chair, whilst she was keenly aware of the Trust Board's duty to consult and engage, there were other duties, including a duty of quality and safety and a duty to staff. The consultation had brought all these duties into focus. Trust Board members had considered the dilemma faced, and exercised their judgement to ensure that risks would be managed and obligations met. This consideration was based on the data and evidence presented, along with policy direction and best practice.

The Chair advised that the consultation outcome report and relevant documentation would be published on the Trust website later that day, with the minutes available at a later date. Ms O'Reilly encouraged consultees to read the documentation and continue to engage. A press release would also be issued. Subject to Ministerial approval, the Trust would move towards implementation and the Chair acknowledged that communication would be key and she committed to improve public messages and information around Causeway Hospital.

(Mr Patterson left the meeting at this point.)

TB53/25 "Nurturing our People: Staff Health Wellbeing and Inclusion Strategy": One Year On

Mrs Crowe and Dr Richard Whitehouse gave Trust Board members a comprehensive presentation on the first year of the Trust's Staff Health, Wellbeing and Inclusion Strategy. They begun by providing an update on actions taken to date and advised that, for example, the Trust now had over 380 staff health and wellbeing champions. The plan for Year Two would be launched in June 2025 and, given the number one reason for absence was stress, a new stress test and team temperature check would be introduced. The second highest reason was bereavement and there were plans to provide webinars for staff dealing with both personal grief and staff loss. The Trust were also planning to introduce Critical Incident Stress Management Training (CISMT) to provide peer to peer support for those involved in critical

incidents. This approach is in place in other Trusts. Mrs Crowe and Dr Whitehouse noted that communication would be key to the success of the strategy and the year two action plan. Staff needed to know what would be offered and how to access. A new media approach would be developed to help staff and there would be enhanced resources for staff and managers as well.

The Chair thanked Mrs Crowe and Dr Whitehouse for their comprehensive presentation and commended them for learning from best practice and the data available. The Chair welcomed the focus on People and Culture and referred to her attendance at a recent Reward and Recognition Event, where the staff were very engaged and she was impressed by the thinking behind the strategy and the approach taken. Mr Platt agreed with the Chair and noted that he was interested in the year-on-year approach and the crossover with encompass. He asked how the staff experience was measured. Mrs Crowe explained that the focus had been on getting staff ready for encompass go-live and packs were provided for staff at go-live hubs and other facilities. There were surveys carried out pre and post go-live and online support was available during the stabilisation period. Staff satisfaction had remained stable. Mrs Crowe added that absence and retention rates were measured and monitored, and noted that the retention rate had improved recently. Dr Corr also commended the presentation and said it was good to see progress and that the newsletter had been particularly welcomed in her division. Dr Corr acknowledged that stress in the workplace was an issue and asked how the team temperature checklist would be used. It was explained that it would be a one-page questionnaire for teams to work through and would be an opportunity to look at stressors as well as what was working well. It was envisaged as an active check-in tool for teams. Dr Whiteside said it would be additional to what is currently offered to teams. Ms O'Reilly thought it would be useful to monitor this through the People and Culture Committee.

Mr Turley reflected that frontline services and staff were under considerable pressure and it would be beneficial to try to ensure staff could access the health and wellbeing support being offered. He said he would like to hear more about this in due course. Mrs Diffin was pleased to note the progress being made and said the decrease in absence was impressive, given the pressures on Health and Social Care. Mrs Diffin referred to the discussion previously on trauma informed practice and if this would link to CISMT. Dr Whitehouse reported that trauma informed awareness training would be facilitated

for staff and they would then be able to help each other. There would be a robust process to respond to staff needs. Mrs Diffin thanked Dr Whitehouse. Dr Gray also welcomed the plans for year two and asked how CIMST would work. Mrs Reid explained that following an incident, staff would reach out to either a Clinical Psychologist or via Occupational Health and that, going forward, staff would be made aware of how to access the service. Dr Whitehouse advised that the Trust would learn from other Trusts, especially on access. Mr Armstrong added his thanks and said he was assured by the work underway.

The Chair thanked Mrs Crowe and Dr Whitehouse for the meaningful and interesting presentation and said the year two actions could be monitored by the People and Culture Committee, which reported directly to Trust Board. The Chair wished them well with the second year of the strategy.

TB54/25 Any Other Business

There were no items of Any Other Business raised.

TB55/25 Public Questions

There were no public questions received.

TB56/25 Date of Next Meeting

The next meeting will take place on Thursday 26th June 2025.

The Chair concluded the meeting by again thanking members of the public for their attendance.

Northern Health and Social Care Trust

Appendix 1:

Kelly McBride, Head of Equality
Caroline Leonard, Senior Manager
Barry McAree, Clinical Lead, Surgery
Kate Hargan, HR Management Trainee
Anne Marie Campbell, Observer
Lynn Tennant, Assistant Director, Surgical and Clinical Services
Marianne Johnston, Head of Strategic Reform

Members of the public/media:
Thelma Dillon
Owen Finnegan
Nicola Bradley
Stephen Collins
Abraham Varghese
Fred Mullan
Steven Chambers
Ruth Johnston
Lisa Loughlin
Emma Stewart
Anna Campbell, Unison
William Taylor, Farmers for Action
Rev. Donard Collins, Coleraine Churches
Adele Tomb, Causeway SOS
Ita Dougan/Danny McGill, BBC
Deborah McAleese/Ryan Andrews, UTV
Michelle Weir, Journalist