Northern Health and Social Care Trust

Minutes of One Hundred and Sixty First Trust Board Meeting held on Thursday 28th November 2024 at 11:00am, Boardroom, Bretten Hall, Antrim Hospital Site

Present:

Anne O'Reilly, Chair,
Jennifer Welsh, Chief Executive
Owen Harkin, Deputy Chief Executive/Director of Finance
Glenn Houston, Non-Executive Director
Kathy Mackenzie, Non-Executive Director
Scott Armstrong, Non-Executive Director
Terri Scott, Non-Executive Director
Gerard McGivern, Non-Executive Director
Carol Diffin, Non-Executive Director
George Platt, Non-Executive Director
Suzanne Pullins, Executive Director of Nursing, Paediatrics, Women's Services and Corporate Support
Dr Dave Watkins, Executive Director of Medicine
Maura Dargan, Executive Director of Social Work
Gillian Traub, Director of Operations
Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications.
Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing
Kevin McMahon, Director of Surgical and Clinical Services
Neil Martin, Director of Strategic Planning, Performance and ICT
Paddy Graffin, Director of Infrastructure
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager

In attendance:

Michelle Weir, Local Democracy Journalist

TB146/24 Apologies

Apologies were received from Audrey Harris, Director of Medicine and Emergency Medicine.

TB147/24 Conflicts of Interest/Declaration of Interest

There were no conflicts or declarations of interest declared.

TB148/24 Chair's Report

The Chair began by welcoming Michelle Weir to the meeting and noting that the focus for the meeting would be on Outcomes and Experience and Delivering Value by Optimising Resources.
Ms O'Reilly further noted that this was Kevin McMahon's final formal Trust Board meeting, as he would be retiring at the end of December. The Chair said that Mr McMahon's rich, honest and straightforward contributions were very appreciated and welcomed, and thanked Mr McMahon for his commitment to the service and the leadership role he played in the General Surgery public engagement events. Mr McMahon thanked the Chair and commented that he hoped he had not been too blunt at times.

TB149/24 Chief Executive's Report

Mrs Welsh reiterated the comments made by Ms O'Reilly in relation to Mr McMahon's role during the public consultation and thanked him for his leadership.
Mrs Welsh advised that the public consultation on the Trust's General Surgery proposals would close on 29th November and encouraged members of the public to engage in the process. It was anticipated that a report would come to a Trust Board meeting in early 2025.
Mrs Welsh also mentioned the encompass system which had went live on Thursday 7th November and expressed her sincere thanks to all the staff involved; the level of planning and preparation had been extraordinary and the calm way in which Trust staff had worked was commented on by a number of external partners.

TB150/24 Minutes of meeting held on 24th October 2024

Ms O'Reilly thanked Mr Houston for chairing the previous meeting in her absence.
The minutes of the meeting were agreed, subject to a small amendment in the point Mr McGivern made about the Register of the Use of the Trust Seal.

TB151/24 Matters Arising

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

Build **N**orthern Partnerships and Integrate Care & Improve Population Health and Address **H**ealth & Social Care Inequalities

There were no matters to report at the meeting.

Continue to improve **O**utcomes and Experience

TB152/24 encompass Update

Mr Martin began by saying that it would be difficult to do justice to the mammoth change encompass was. He referred Trust Board members to some of the figures in the snapshot, including, the number of devices deployed and tested, the achievement of a 99% readiness on admin letter templates and the training of over 10,000 staff. Mr Martin said it did not capture the scale of the leadership on display and that, at times, it felt as if the encompass team was 14,000 strong. The successful launch of encompass, and the calmness displayed by staff at all levels, was due to the operational directors and their teams, and their ownership of all aspects of the process including readiness preparation. Mr Martin was hopeful that this would carry through into the stabilisation period and that whilst the focus would change, it would not diminish. Mr Martin also informed Trust Board that there would be new reporting but it would not be as before. As Senior Responsible Officer for the programme, he thanked all director colleagues, along with all the leaders, at all levels across the Trust.

Mr Houston acknowledged Mr Martin's report and welcomed the news that the system was performing well. He asked if there were any major, unanticipated issues. Mr Martin advised that the Trust had learnt from the experiences of both Belfast and South Eastern Trusts, and would share learning with Southern and Western Trusts before they go live. NHSCT had learnt from South Eastern Trust that staff training was key and would advise both Southern and Western Trusts that soft go-live was crucial and needed considerable preparation. Mr McGivern endorsed Mr Houston's comments and said the lack of media coverage of go-live was telling. He asked if there were any stabilisation concerns. In response, Mr Martin outlined the internal and regional command structures in place, which dealt with a considerable number of operational queries, although not at the scale of previous go-lives. Ms Mackenzie congratulated the Trust on the smooth changeover to encompass and asked if staff would be canvased for their views on how it went. Mr Martin reported that there had been a pre-go-live survey with over 900 responses and there would now be a post-go-live survey. He also added that the operational directors were extremely close to their teams and were well aware of the staff's experiences. Mrs Pullins confirmed that there were meetings every morning within each division and this fed issues up into the bronze meetings. Professional leaders had been very visible and support was targeted to any issues. There was considerable 'at elbow' training and learning. The divisional teams

felt very well supported by both Trust and regional teams, including super-users and the 'yellow t-shirt' team.
Mr Armstrong was hugely impressed by the go-live and said it was highly unusually for such a major system change to go as well. He asked about statutory reporting and Mr Martin noted that there would be a monthly meeting to take this forward. It would take some time but reporting would be possible.
Mrs Welsh echoed Mr Armstrong's comments and added that the regional encompass and Epic teams had also commented on how calmly and smoothly staff had dealt with the change. This was due to a massive internal effort and support from other Trusts and regional teams. The staff survey results will be important but Mrs Welsh cautioned that it would take time for staff to feel fully proficient and confident. The Trust had made a very strong start and Mrs Welsh was incredibly proud of all the staff involved. Mrs Reid said there would likely be a dip after the first four weeks, given the pressure staff were under, but there were a number of initiatives in place to support teams.

The Chair thanked Mr Martin and Ms Traub in particular for the role they played.

TB153/24 Performance Report: activity stabilisation/reporting readiness

The Chair commented that there had been a sea change in how performance would be reported from the encompass system. Mr Martin said that the focus on the first few weeks would be on lead indicators and he outlined these and the current performance against them. Mr Martin said this was a new world of reporting and he was hopeful that the system would provide more detailed reports in future.
Ms O'Reilly said she was assured that Mr Martin was well informed and understood the new arrangements. Ms Mackenzie asked if there any areas with a red RAG rating. Mr Martin responded that Epic had advised that there were no areas with a red rating. Mrs Welsh said she was assured by this as Epic had carried out 100s of go-live events. Dr Corr added that the system would provide an opportunity for directors to look at their divisional data in detail, own, and understand it, albeit that it was still at an early stage. Professor Scott enquired about activity and trend data and Mr Martin said that his team would begin to look at activity data very shortly; there are some differences in how and where data is recorded. The team are also working with Epic to examine data and monitor workflows. Professor Scott further asked if the activity data would correspondence to staff

absence, sick leave etc., and if there would be new roles required. Mr Martin said that this information would sit at an operational/service level. Mrs Reid informed Trust Board that staff availability information would be shared with teams, as required, and that she was chairing a regional group on administrative roles and responsibilities; this would look at whether or not new roles would be required. Professor Scott asked what was being done locally. Mrs Reid said that vacancies were being held and staff may be redeployed or matched to these vacancies. Ms Traub highlighted that the lead indicator information showed the fundamental role played by administrative staff and managers and that this should be recognised. The Chair agreed with this and said it was necessary to bring these staff along in the process. Mrs Reid noted that the administrative staff have built the foundations of the new system and the requirement was now to move more to the multi-disciplinary teams.

TB154/24 Interim Report: Corporate Parenting/Directed Statutory Functions

Ms O'Reilly noted that the Interim Report on Corporate Parenting and Directed Statutory Functions had been discussed in detail at a recent workshop. Maura Dargan presented the report from 1st April 2024 to 30th September 2024 for retrospective approval, as it had been submitted to the Strategic Planning and Performance Group (SPPG) at the Department of Health (DOH). Maura Dargan said the Trust complied with the agreed process and continued to report risks around inappropriate placements, workforce challenges, unallocated cases and the provision of respite services.

Mr Houston noted that the Trust was managing those pressures within its' own control but that the workforce pressures sit regionally and the Trust must continue to highlight these. Mrs Diffin reiterated Mr Houston's point and said that Maura Dargan and her team had a grip on the issues and had alternative arrangements in place where possible.

The Chair said that Trust Board shared the concerns around the workforce challenges and that a strategic voice was needed; Maura Dargan and Mrs Welsh would continue to do this at their respective fora. Mr McGivern commented that the previous recommendation on additional university places for social work students had not yet been delivered on.

The Chair formally recorded the Trust Board's position that the workforce challenges faced in social work required a regional and

strategic approach. Maura Dargan and Mrs Welsh would continue to raise the matter.
Mr Houston asked about the implementation of recommendations from Professor Ray Jones' report. Maura Dargan advised that there a conference had been held and the Minister for Health remained supportive of the main recommendations but that there was no consensus at the Executive for two of the recommendations. Next steps are being considered.

Trust Board approved the Interim Report on Corporate Parenting and Directed Statutory Functions.

Deliver Value by Optimising **R**esources

TB155/24 Business Case for new Macmillan Information and Support Centre

Mr McMahon presented the business case for a new Macmillan Information and Support Centre, which would be a holistic Health and Wellbeing Centre on the Antrim Hospital site. NHSCT were the only Trust not to have this facility on the main acute hospital site. Mr McMahon said the Trust was working with Macmillan and the preferred option was option four; a new build. Mr Graffin then spoke on the proposed location and site layout. The total cost is £3.186million, of which the Trust would fund just over £614,000 from General Capital and £2.5million would come from Macmillan. The revenue costs were expected to be around £260,000 per annum from 2026/27 and funding would be sought from SPPG. If this were not forthcoming, this would become a pressure for the directorate. It was anticipated that work would start on site in late 2025.
In response to a query from Professor Scott, Mr McMahon explained that the purpose of the unit was to support and wrap around patients and it would be staffed by the Trust. Macmillan would not have a role in triaging patients into the palliative care service. Ms Traub added that Macmillan were enabling the unit but that the service would be delivered by Trust staff and patient experience would be key. Mr McGivern asked what was currently provided and Ms Mackenzie queried if there was a role for other community and voluntary providers. Mr McMahon said this was an enhancement to current provision and that staff currently direct patients to all appropriate partners. Mrs Edgar said she would share the press releases with Non-Executive Directors.
Mr Houston and Mrs Diffin also welcomed the development and asked about impact on site and financial implications respectively.

Mr Graffin confirmed that there would not be any knocking down of buildings or loss of car park spaces. The capital funding would be ring-fenced but the team would also continue to bid for anything additional. Mr Harkin will build the financial pressure into the Trust's financial recovery plan and add to the discussion with SPPG on financial pressures. Mr McMahon also noted that SPPG were to protect cancer funding.
Ms O'Reilly welcomed the development as an example of the Trust engaging in both oversight and foresight; developing services into the future. Good communication, promotion and engagement with stakeholders would enable the project to succeed. Mr Graffin advised that a project team had been established and stakeholders would be involved in this. The Chair also welcomed the opportunity to achieve a further measure of health equity in the Trust.

Trust Board approved the Business Case for the Macmillan Information and Support Centre.

TB156/24 Report from Audit Committee

Ms Mackenzie spoke to the report and advised that there had been satisfactory audits in a number of areas and whilst there was a split assurance in the Fire Safety Audit, the issue was now resolved. There was a limited audit on Complaints Management but the performance was improving. Ms Mackenzie welcomed the assurance given to the Audit Committee. The committee had also noted the Report to Those Charged with Governance, the Raising Concerns Report and the Mid Year Assurance Statement. Ms Mackenzie reflected that it had been a positive meeting with a number of satisfactory assurances.
Professor Scott asked if there had been a change yet in the risk status of the Right to Work audit. Mr Harkin said there had not been as this was a very recent report and it would be kept under review as part of the year-end reporting.
Mr Houston, as a member of the Audit Committee, noted that the October meeting was the last meeting for Nuala McAuley, Assistant Director of Finance. Mr Harkin confirmed this and said a replacement would be appointed in due course.

TB157/24 Finance Report as at 31st October 2024

Mr Harkin presented the Financial Position as at 31st October 2024, which showed a projected break-even position against the financial

plan agreed with DOH, following receipt of £31million of additional funding.
The Trust was also projecting a slight overspend on its' savings targets, including in nursing and social work agency and this would continue to be monitored. The Trust was achieving a prompt payment compliance rate of 96.44%. Mr Harkin reported that the divisional positions remained as before with the same challenges, including workforce.
The risks remain as before and Mr Harkin commented that the Trust's Agency Usage Group had begun to gather momentum and that a revised regional framework for medical staffing would help this.
The focus for the finance team would be on the 2025/26 financial plan and a draft had been submitted to DOH. Feedback was received and a second iteration would be required by 10th January 2025. DOH had informed Mr Harkin that the Trust can only assume £16.5million of deficit funding for the 2025/26 year, however the Trust is still experiencing growth in demand for its' services. Trust staff would focus on Delivering Value projects.
Mr Houston congratulated Trust Directors on getting to this projected position. Mr Harkin added his thanks to all the directors and their teams.

TB158/24 Ex-Gratia Payment

An ex-gratia payment was presented to Trust Board for retrospective approval. The Northern Ireland Public Services Ombudsman (NIPSO) had advised the Trust to make the payment. Professor Scott commented that it had taken two years to get to this position and asked if there had been any lessons learnt. Maura Dargan advised that a number of actions had been taken to prevent this happening again and the process for payment of allowances had been centralised in one team.

Trust Board retrospectively approved the ex-gratia payment.

TB159/24 Write Off of Losses

Mr Harkin presented two losses, one for noting and one for approval.

Trust Board approved the write off of £11,709 in relation to unpaid overseas private patient fees.

There were no matters to report at the meeting.

TB160/24 Any Other Business

The Chair informed Trust Board members that the Remuneration Committee met in August and had fulfilled its statutory responsibilities. It had been Mr Platt's first meeting and the Chair welcomed his pertinent and strong questions.

TB161/24 Public Questions

There were no Public Questions.

TB162/24 Date of next meeting

Thursday 23rd January 2025 at 10:30am