Northern Health and Social Care Trust

Minutes of One Hundred and Sixtieth Trust Board Meeting held on Thursday 24th October 2024 at 10:30am, Boardroom, Bretten Hall, Antrim Hospital Site

Present:

Jennifer Welsh, Chief Executive

Glenn Houston, Non-Executive Director (Chair of meeting)

Owen Harkin, Deputy Chief Executive/Director of Finance

Kathy Mackenzie, Non-Executive Director

Scott Armstrong, Non-Executive Director

Terri Scott, Non-Executive Director

Gerard McGivern, Non-Executive Director

Suzanne Pullins, Executive Director of Nursing, Paediatrics, Women's Services and Corporate Support

Dr Dave Watkins, Executive Director of Medicine

Gillian Traub, Director of Operations (for item 10)

Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications.

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, Journalist

TB123/24 Apologies

Apologies were received from Anne O'Reilly, Chair, Carol Diffin, Non-Executive Director, George Platt, Non-Executive Director, Maura Dargan, Executive Director of Social Work, Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing, Kevin McMahon, Director of Surgical and Clinical Services, and Audrey Harris, Director of Medicine and Emergency Medicine.

Apologies were received from the operational directors due to the focus required to prepare for the go-live of encompass, the new digital health record.

TB124/24 Conflicts of Interest/Declaration of Interest

There were no conflicts or declarations of interest declared.

TB125/24 Chair's Report

Owing to the Chair's apologies, there was no Chair's report presented. Mr Houston chaired the meeting in the absence of the Chair and Vice-Chair.

TB126/24 Chief Executive's Report

Mrs Welsh advised Trust Board that work continued on preparations for the encompass system go-live on 7th November and praised the hard work of staff. The Trust is as well prepared as possible and there will be messages published to inform the public that there may be some delays and to request patience during the change over to the new system.

Mrs Welsh took the opportunity to thank members of the public who had engaged with the Trust through the various public meetings held as part of the General Surgery consultation, as well as the various advocacy groups and political parties that were met with. The public consultation runs until 29th November 2024 and Mrs Welsh encouraged anyone who has not yet had a chance to respond, to take the opportunity to do so. All submissions will be considered and will form part of the consideration and report that will come back to Trust Board in due course. Three listening events were held in Antrim, Coleraine and Cookstown, together with an online event. The biggest attendance had been, as expected, in Coleraine. Mrs Welsh thanked the panel members for their involvement.

Mrs Welsh then invited Mrs Pullins to speak to the recently published Professor Mary Renfrew Report, "Enabling Safe, Quality Midwifery Services and Care in Northern Ireland". Mrs Pullins said she was grateful to receive a copy of the report, which ran to over 400 pages, and was working through both the report and the recommendations. Mrs Pullins welcomed the statement made by Mike Nesbitt, Minister for Health, and acknowledged that it would take time to implement all of the agreed recommendations. Mrs Pullins welcomed the establishment of the Maternity and Neonatal Services Safety Oversight Group. She took the opportunity to express her personal apology to families who have been exposed to deep trauma due to their experiences of maternity service failings. Mrs Pullins also

commended the work done every day, and during the transfer of Acute Maternity Services from Causeway to Antrim, by midwives. Mr Houston asked if was fair to say that, following the transfer of Acute Maternity Services, Antrim has been able to manage demand. Mrs Welsh agreed; all teams were working very well together. Mrs Pullins added that there is pressure on the system, but daily reviews and escalation meetings are held. Professor Renfrew's report noted that birth numbers continue to fall across Northern Ireland but the Trust will continue to monitor trends closely.

TB127/24 Minutes of meeting held on 22nd August 2024

The minutes of the meeting of 22nd August were agreed as a fair and accurate record of the meeting.

TB128/24 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

TB129/24 Annual Quality Report

Dr Watkins presented the Annual Quality Report for approval. The document is produced in line with guidance from the Department of Health (DOH) and the themes are based on the Quality 2020 Strategy. Dr Watkins mentioned a number of highlights, including the work to embed an Open, Just and Learning culture, Improving Outcomes, learning from incidents, complaints, Serious Adverse Incidents (SAI), etc. Mr Houston said it was an impressive report when all these strands are pulled together into a single document. He asked if there was an explanation for the decreased level of flu vaccine uptake. Dr Watkins said there could be any number of reasons for vaccine hesitancy but the Trust continued to employ a number of methods to increase uptake. Regarding the lack of a reduction in rates of sickness absence, Mrs Reid said that work continued on this and pointed to some success in reducing the level of absence from musculo-skeletal disorders as a result of staff being offered a direct referral path to physiotherapy. Mr Houston praised the sustained effort in reducing the level of Healthcare Acquired Infections (HCAIs). Mr McGivern asked Dr Watkins if the reduction in the number of SAIs was due to a change of definition, or a real decrease. Dr Watkins responded that there had not been a reclassification of SAIs and that the number could vary from year to year; it would be too early to identify a pattern.

Dr Watkins said that credit for the report was due to Lisa Craig in the Governance Team, alongside her colleagues in the divisions and in Organisational Development.
Trust Board approved the Annual Quality Report for submission. It will be published on the Trust's website on World Quality Day in early November.

TB130/24 Report from Northern Partnership and Population Health Committee

Mr Martin, in the absence of the Chair, presented the report from the first meeting of the new Northern Partnership and Population Health Committee, which is part of the new Assurance Framework. Mr Martin described a broad membership, both internal and external to the Trust, which included representatives from the community and voluntary sector and service users. The committee will meet four times a year and the next meeting in February 2025 will be in the form of a workshop. A risk identified was in relation to Integrated Care and the establishment of the Area Integrated Partnership Board, which could potentially lead to duplication of work.
Mr Houston felt that the new committee had great potential to get to the heart of dealing with population health matters. Mrs Welsh welcomed the update and concurred that this was an important committee.

TB131/24 Quality Strategy 2024-2027

Mr Martin presented the Quality Strategy for Trust Board to note. During the process of developing the strategy, it had been shared with staff and service users and engagement events were held. A number of priorities were identified and the next steps will be to develop a delivery plan, which will be taken forward post-encompass. An engagement event and a formal launch will be organised in due course.
Mr Armstrong commended the easily understandable and digestible format. Mr McGivern concurred with this and asked when the delivery plan would come to Trust Board. Mr Martin said he anticipated this would be in March 2025. Ms Mackenzie asked how the document would be made available. Mr Martin advised that a number of copies would be published and it would be available on the Trust's intranet for staff to access.
Trust Board noted the Quality Strategy 2024-27.

Northern Health and Social Care Trust

TB132/24 Report from Outcomes and Assurance Committee

Ms Traub referred to the summary report, and draft minutes, which were shared with Trust Board members. Mrs Diffin, Non-Executive Director, is the Chair of the Outcomes and Assurance Committee and the report was a summary of the first meeting under the new Assurance Framework arrangements. The committee had identified three issues to bring to Trust Board's attention. Namely, the Principal Risk on Access to Planned Care and Procedures, a Judicial Review taken against South Eastern HSC Trust on access to Addiction Services within Prison Healthcare and the Northern Ireland Fire Service's (NIFRS) non-compliance notice served on the Trust. The non-compliance notice had necessitated the stepping down of eleven escalation beds in Antrim, which impacted on the Trust's ability to support patient flow.

Mr Houston thanked Ms Traub for her report and commented that he found the new format for reporting from committees very useful. In relation to the NIFRS non-compliance notice, Mr Houston asked if this was time-limited. Mr Graffin explained that it had already been lifted; the necessary work was undertaken and compliance was reached. The Trust had received a letter that morning confirming this. Mr McGivern said that, on first sight, it did not read well but it illustrates the pressure placed on emergency departments (ED) and on wards and the reduction in beds will impact on the services provided by the Trust. Mrs Welsh agreed with Mr McGivern's comment and said it was helpful. The use of escalation beds would have previously happened 'in extremis' but it had become a daily challenge.

Ms Mackenzie queried if the Judicial Review judgement pertained only to access to addiction services to those in prison. Ms Traub responded that it could extend more broadly to all patients on waiting lists for all Trust services.

TB133/24 Mid Year Assurance Statement

Mr Harkin drew attention to the draft Mid Year Assurance Statement, which summarised the Trust's overall accountability position at the mid-year point. The statement is prepared in the standard format required by DOH and a draft had been submitted to DOH, following review by both Senior Management Team and Audit Committee. The key issues were the Internal Audit Reports and recommendations and the internal control divergences. The majority of the divergences were rolled forward from the year-end Governance Statement, but

two new divergences were added. One on Children's Placements and the other on the standing down of the low acuity beds. The service is looking at mitigations to deal with the lack of placements and Mr Harkin is hopeful that the recent announcement of additional resources may help. Ms Traub had mentioned the low acuity beds earlier in the meeting and the main risk from this was the increasing pressures on ED.
Mrs Welsh reflected that the new cover sheets for Trust Board papers were helpful, including with the statement. Mr Houston asked what the process would be once the approved version was submitted. Mr Harkin said it would be discussed at the Trust's Ground Clearance meeting with DOH and at the Chair and Chief Executive's Accountability Meeting. Mrs Welsh added that it provides an opportunity for the Trust to flag important issues to DOH.

Trust Board approved the Mid Year Assurance Statement for submission to DOH.

TB134/24 Performance Report as at 30th September 2024

Mr Martin advised that the focus of his Performance presentation would be on activity stabilisation following encompass go-live and outlined the massive impact encompass would have on activity and performance, and steps taken to manage activity levels. These steps included regional support to unscheduled care through, for example, fracture diverts, speciality transfers, the downturn of elective activity and the transfer of elective referrals.
Mr Martin explained the lead indicator reporting that would be carried out and the process of stabilising activity over the first four weeks of encompass.
Mr Houston acknowledged that there would be a downturn in elective activity and asked if it was possible to measure what was due to encompass and what could be due to other factors. Mr Martin said that his staff would be looking at this.
Mr Houston mentioned the Allied Health Professional activity level in the Performance Report and the increase in those waiting. Mr Martin confirmed there had been a growing trend over the past few years and was due to the gap between capacity and growing demand. The waits are mainly in musculo-skeletal physiotherapy and occupational therapy and neither of these areas have access to waiting list funding or independent sector providers.
Mr Houston asked if encompass would affect the Performance Report to come to November's Trust Board meeting. Mr Martin said

that it would not affect reporting for the October period, but from November onwards.

TB135/24 encompass Update

Mr Martin spoke to the encompass update and informed Trust Board that the Trust was planning to go-live with encompass at 4am on Thursday 7th November. Mr Martin referred members to highlights from the Trust's Go Live Readiness Assessment held on 8th October and noted that whilst there are still challenges in three areas, significant progress had already been made. There was still work required in facilitating the rollout of end user devices (EUD) and in administration letter templates. The Trust also expected that the issues with statutory reporting, experienced in both South Eastern and Belfast Trusts, would affect Northern Trust. Mr Houston asked if there were any organisations in the United Kingdom that were post-implementation of encompass. Mr Martin said there were and that the staff had been very helpful. Mrs Reid said that efforts continued on ensuring that as many users were trained as possible in advance. Overall 97% of users were trained and the focus would now be on agency, medical students and affiliate users. Mr Martin also described the post-go-live governance arrangements, with a number of divisional and corporate workstreams planned.
Ms Mackenzie was very heartened by the training uptake and Mrs Reid concurred with this. The professional encompass leads had done an amazing job and had made a great difference to the training rates. Mrs Reid added that competency in the system would come from 'user labs' and 'elbow to elbow training'. Mrs Pullins informed the Board that over 10,000 nurses and midwives attended user labs and praised the efforts of the professional leads.
Mr Houston expressed his hope that all would go well for go-live a less than 14 days and he looked forward to hearing how things were progressing.

Deliver Value by Optimising **R**esources

TB136/24 Report from Resources Committee

Mr Armstrong spoke to the report from the Resources Committee meeting held in September. The committee had reviewed a considerable amount of information and spent time discussing the way forward and work plan for the committee.

Mr Houston asked how often the committee would meet. Mr Harkin confirmed that it would be at least quarterly, with additional meetings as required.

TB137/24 Finance Report as at 30th September 2024

Mr Harkin presented the Finance Report as at 30th September 2024 and indicated that the Trust was predicting break even, due in part to the £31million of deficit funding allocated by DOH. Mr Harkin said that this did not include any pay award funding and there may be more certainty in November. The Trust was on course to contain spend and deliver on its savings plans of £30million, with £19.3million already in pace.

The Trust's Prompt Payment Compliance was over the 95% target.

Mr Harkin reported that the divisional positions continue on the expected trajectories, with pressures due to nursing and medical agency usage in both Surgical and Clinical Services and Medicine and Emergency Medicine. Community Care continued to experience pressures due to one to one and bespoke packages. There has been an increase in the number of looked after children, which has added more pressure to the Children and Young People's position, however this is offset by some vacancies. The Mental Health, Learning Disability and Community Wellbeing Division is projecting a surplus but this is masking considerable pressures in both Acute Mental Health and bespoke packages. A financial review will be carried out and will examine those areas where underspends may be offsetting overspends.

Mr Harkin said it was important to recognise the excellent work done by divisions on both delivering savings and reducing agency usage. Mr Harkin and his team would begin work with Directors from December onwards on preparing for budget rebasing for the 2025/26 financial year.

Mr Houston remarked that it was unusual to see the income and expenditure report sitting at zero. Mr Harkin agreed and explained that this was due to the early indication of funding from DOH and the excellent work carried out by divisions on delivery of savings. Mrs Welsh reiterated this point.

Mr Houston further asked about progress on the planned reduction in the use of medical agency staffing. Mr Harkin confirmed that both internal Trust and regional work was continuing and the publication of the Regional Medical Framework in 2025 would be very helpful. Mr Harkin was optimistic of success and stated that the Trust was starting to see a downturn. Ms Mackenzie asked if agency staff cost

more. Mr Harkin said they did; there is a premium but this would reduce over the next few years now that the framework is in place. It was important that all Trusts moved together to reduce medical locum costs.

TB138/24 Capital Report as at 30th September 2024

Mr Graffin presented the Capital Report as at 30th September for noting. He outlined the main areas of capital funding received and some retractions as well. There is continuing pressure from encompass and some other areas but he expected that the Trust would meet its Capital Resource Limit. The Capital Team were working with divisions to ensure that Post Project Evaluations were completed as required. Mrs Welsh advised that these are mainly completed by business managers, who have been heavily involved in encompass preparations.
Mr Houston queried the allocation of £1.5million for the Alongside Midwifery Unit in Antrim. Mr Graffin said this was set aside for in-year design works, if possible, and he has had discussions with the Investment Directorate to ensure that funding will come back to the Trust in the next financial year.

TB139/24 Use of Trust Board Seal

Trust Board noted the instances where the Trust Seal had been used. Mr McGivern asked that where a scheme has previously been approved at Trust Board, this be indicated on the register. Head of Office will consider and update as necessary.

Trust Board noted the update.

TB140/24 Ex-Gratia Payment

Mr Harkin presented an ex-gratia payment for retrospective approval. The Chair had previously approved in order to facilitate reimbursement to the staff member affected.

Trust Board retrospectively approved the payment.

TB141/24 Write Off of Losses

Mr Harkin asked Trust Board to note a number of losses and approve those within the Trust Board's approval limit. These were all in line with the appropriate finance circular.

Trust Board noted and approved the losses as appropriate.

Nurture our People, Enable our Talent & Build Our **T**eams

TB142/24 Report from teamNORTH People Committee

Mrs Reid, on behalf of the Committee Chair, Professor Scott, spoke to the report on the first meeting of the teamNORTH People Committee. The focus of the first meeting was on establishing both the Terms of Reference and membership. The committee had also examined the workforce risks and performance metrics. The committee would meet on a quarterly basis.
Mr Houston welcomed the report.

TB143/24 Any Other Business

There were no items of Any Other Business raised.

TB144/24 Public Questions

There were no Public Questions.

TB145/24 Date of next meeting

Thursday 28th November 2024 at 11am.