Northern Health and Social Care Trust

Minutes of One Hundred and Sixty Seventh Trust Board Meeting held on Thursday 23rd October 2025 at 10:30am, Boardroom, Trust Headquarters, Bretten Hall, Antrim Hospital Site

Present:

Anne O'Reilly, Chair
Suzanne Pullins, Chief Executive
Carol Diffin, Non-Executive Director, Vice Chair
Kathy Mackenzie, Non-Executive Director
Paul Turley, Non-Executive Director
Paul Douglas, Non-Executive Director
Dr Janet Gray, Non-Executive Director
George Platt, Non-Executive Director
Scott Armstrong, Non-Executive Director
Gill Murphy, Executive Director of Nursing
Tracy Magill, Interim Director of Social Work
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
Paddy Graffin, Director of Infrastructure
Diane Spence, Director of Community Care
Stevie Lennon, Interim Director of Finance
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager
Francis Rice, Independent Advisor to Trust Board
Dr Mark Jenkins, Deputy Medical Director

In attendance:

Dr John McIlvenna, Consultant Psychiatrist, Dementia Services
Donna McAleese, Service User Family Member
Sean O'Conaire, Assistant Director, Cancer, Outpatients, Labs, Orthoptics & ICATS Ophthalmology, for Lynne McCartney
Karen Jenkins, Divisional Nurse, for Audrey Harris
Michelle Weir, Local Democracy Journalist

TB101/25 Apologies

Apologies were received from Owen Harkin, Deputy Chief Executive/Director of Finance, Audrey Harris, Director of Medicine and Emergency Medicine and Lynne McCartney, Director of Surgical and Clinical Services

TB102/25 Conflicts of Interest

There were no conflicts of interest declared.

TB103/25 Chair's Report

Ms O'Reilly had no further items to discuss, other than what was on the agenda. The Chair welcomed Mrs Pullins in her new role as Interim Chief Executive and Mrs Murphy as Executive Director of Nursing.

TB104/25 Chief Executive Report

Mrs Pullins noted that this was her first meeting as Interim Chief Executive and she had been appointed on 2nd October 2025. She welcomed Gill Murphy as Interim Executive Director of Nursing and said that Mrs Murphy would also have operational responsibility for Paediatrics and Women's Services. Mr Graffin would take on Corporate Services. The Chief Executive thanked everyone for their very kind messages on her appointment and said her term had gotten off to a blustery start with Storm Amy. She thanked the Incident Management Team, her colleagues and partner organisations. Mrs Pullins then referred to Exercise Pegasus, whereby Health and Social Care Trusts were working with the Public Health Agency to test preparations for any potential future pandemics. The Chief Executive noted that the pressures on Emergency Departments (ED) continued and the Trust Winter Plan, which has been under development since the summer, had been published. Mrs Pullins, and a number of Trust staff, had attended the recent Northern Ireland Confederation (NICON) conference, which identified four very important straplines: Hospital to Community, Treatment to Prevention, Analogue to Digital and People to Partners. The Trust has established a group to take forward the

learning from the conference. Mrs Pullins also referenced the Patient and Client Council Attitudinal Survey.

TB105/25 Minutes of the Previous Meeting

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

TB106/25 Matters Arising

The Chair advised that, as referred to in the minutes of the previous meeting, contact was made with the Strategic Planning and Performance Group (SPPG) to follow up on issues with oxygen supply and a response issued.

TB107/25 'People to Partners' – Northern Ireland Confederation for Health and Social Care Publication

Ms O'Reilly told Trust Board that there had not been any further meetings on the Northern Partnership and Population Health Committee (NPPHC) since August but she cited the 'People to Partners' publication from NICON. At this stage it is with Trust Board for information as the Trust begins to reorientate towards the community and examines how to involve the Trust's services users and wider population. The NPPHC would consider next steps and it also fits into the work that Dr Corr is doing on learning from the NICON conference. Ms O'Reilly said it was a good reference document for Trust Board members.

TB108/25 Annual Quality Report

Ms O'Reilly indicated that the Annual Quality Report had come to Trust Board for approval before formal submission to the Department of Health (DOH). Dr Jenkins noted that it was a very comprehensive report that reflected the significant volume of work carried out by Trust staff. He drew attention to some highlights including the Open, Just and Learning Culture work, the Service User Engagements and Investors in People, as well as the work carried out with Primary Care

colleagues in intermediate care. The Chair thanked Dr Jenkins for this briefing.

Dr Gray said it was good to hear such positive news and asked how did Multi-disciplinary Teams (MDTs) in Primary Care work in practice. Ms Traub described how there were MDTs in some Primary Care practices but not in all. The roles are practice based professionals such as Physiotherapists, Social Workers, etc. There had been some frustration with the length of time taken to roll out the teams but there had been a welcome investment in East Antrim and the Trust would continue to work closely with Primary Care colleagues.

Non-Executive members had provided feedback that this was a very good report and was also a good assurance tool on patient safety indicators. Mr Turley asked how projects were identified for a quality improvement (QI) approach. The Chief Executive advised that Mrs Murphy and Mr Martin were authoring a paper on the best approach and Mrs Murphy said that, as part of this, they would look at what indicators would move to become QI projects. Mr Turley welcomed the focus. The Chair also mentioned the Trust's Duty of Quality and she would be discussing this with Mrs Pullins in due course. Mr Douglas was also encouraged by the report but drew attention to the absence level, which remained steady but approximately 21% of all absence was due to stress. He asked if this was being examined. Mrs Reid confirmed that it was and that training was being offered to staff and managers on how to work through stressful events. Work is ongoing. The Chair added that this was a focus for the Team North People and Culture Committee.

Trust Board approved the Annual Quality Report for submission.

TB109/25 Mid Year Assurance Statement

Mr Lennon spoke to the Mid Year Assurance Statement, which was based on the year-end Governance Statement and set out as per DOH guidance. The purpose of the statement was to provide assurance on the system of internal control in the Trust and to describe any divergencies. It also outlines how risks will be managed for the remainder of the year. Mrs Pullins added that it was a fairly straightforward report. Mr Turley asked about the pressure on Mental Health Services, and the delays to the capital project, and asked how the service deals with patients who are being treated outside of mental

health wards. Dr Corr responded that some of the funding received for ambulance turnaround projects would go to the Mental Health Liaison Service in both Causeway and Antrim Hospitals, which would provide 24-hour cover, and there would also be augmentation of nursing in general wards. Service users can have both physical and mental health concerns. The service is also reviewing delayed discharges. Dr Corr was content with the wording of the statement. Dr Corr and Mrs Pullins also provided Mr Turley with an assurance that frequent and early conversations were held by Trust teams for any patient with Mental Health issues who were in a general ward. Dr Corr further added that these occurrences were noted and monitored via the Regional Control Centre (RCC) and it was also one of the schemes in the Trust's Winter Plan.

Mr Turley then asked if there was any update on the Causeway Hospital General Surgery proposal. Mrs Pullins has been following up on this but there has been no formal response from DOH. The Chair added that this proposal, and Birch Hill, were very much on the radar of both Chair and Chief Executive. Ms Traub took the opportunity to reiterate that the Causeway General Surgery proposal was on the basis of a risk assessment and that a Ministerial decision was awaited. The Trust is taking forward planning were possible and continue to meet regularly to discuss the proposal. The Chair thanked Ms Traub for her update.

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

TB110/25 Service User Experience: Mental Health, Learning Disability and Psychological Services

Dr Petra Corr welcomed Dr John McIlvenna, Consultant Psychiatrist, Memory Assessment Service and Donna McAleese, Service User Advocate. Ms McAleese outlined her family's experience of the Trust's Dementia Services over the past year and explained that she was speaking today from two points of view, as the daughter of services users and from a professional view point as a researcher of organisational culture. She noted three main points that contributed to the experience: the time taken to listen to the family, the joined-up approach taken and the culture of the team. The patient was at the heart of the team's approach and they really cared. Ms McAleese said she could not overestimate the importance of this. The Chair thanked

Ms McAleese and agreed that culture was such an important focus for the Trust.

Dr McIlvenna thanked Trust Board for the opportunity to speak to the about the service, and Ms McAleese for her involvement and feedback, which had been such an encouragement for all staff. Dr McIlvenna also praised the staff, especially the administrative staff who were invaluable to both the team and service users. Dr McIlvenna then gave a presentation which outlined the background to the service and the need for change, especially following the Covid-19 pandemic and the question asked was how could the team do things differently. One of these was to provide one appointment that included both the cognitive examination and diagnostic assessment together. Dr McIlvenna and his colleagues wish to do this alongside maintaining its culture and ethos. The changing demographics of the Trust's population means that demand is growing and it is a struggle to meet the need. The next step will be to carry out an evaluation of the pilot and to seek professional accreditation and take steps to address the gap in funding. Dr Corr thanked Dr McIlvenna for his presentation and said that the Trust's values ran through the service and the number of service users seen was a testament to him and his colleagues. Dr Corr also thanked Ms McAleese for her compliment to the team.

Mr Rice added his thanks and commended Dr McIlvenna and his colleagues. Mr Turley mentioned that he was also a carer and sometimes communication can be an issue. He asked if there was any impact from General Practice (GP) based services. Dr McIlvenna responded that the team continues to work with Primary Care and may look at a joint clinic. The Chair welcomed the innovation undertaken and said the team approach was wonderful to see and was very heartwarming but asked if there was a point beyond which the team would not be able to expand further. Dr Corr responded that there is a recognition that the need for dementia diagnoses and services continue to grow and this continued to be reviewed. Ms Traub recognised that there was unmet need and that whilst the regional focus may have reduced, the Trust would continue to keep it under review. Ms McAleese advised that, for families, having extra time at the start of the process meant that there were less questions. The Chair said the voice of carers was crucial and said that quantifying and qualifying services was important as well. It was not just about numbers. Giving confidence, resilience and information to carers was so helpful and she would be keen to work with Ms McAleese on this.

The presentation then ended and Trust Board again thanked Ms McAleese and Dr McIlvenna for their attendance.

TB111/25 Update from Outcomes and Assurance Committee

Mrs Diffin informed Trust Board that the final minutes from June's committee meeting and draft minutes from the September meeting were included in the update. Mrs Diffin commented that it was a very busy meeting and they were working on how best to present reports and when to do this. Two reports were deferred from September's meeting but a number of reports were approved and Terms of Reference were agreed. The committee had considered the Risk Register and had focused on both Unscheduled Care and Information Governance.

There were two matters for escalation to Trust Board; the impact for the Trust of a major incident in Southern Trust involved access to systems and limitations in the availability of Key Performance Indicators (KPIs) from encompass. The major incident had led to pressure both for the Trust and the region. In regard to KPIs it could be some time before a solution is found and Mrs Diffin said it may be beneficial to know what information the Trust doesn't have. Mr Martin said this would be part of a review of Performance Management to come to a future reserved Trust Board and it is part of the System Oversight Metrics (SOM) so it will be a regional priority. The Chair said it was important that these matters were brought to the attention of Trust Board.

TB112/25 Performance Report as at 31st August 2025

Mr Martin drew attention to page five of the report and the performance on 14-day Non-Breast tumour sites. There are a number that have waiting times longer than the 14-day target and this was reflective of lack of capacity in a number of areas.

Mr Martin also mentioned the Trust's 4- and 12-hour performance and noted that in June 2025, Antrim Hospital was the second best performing of its peer group, which Causeway was the best in the region, with the exception of the Children's Hospital. Ms Traub added that Antrim had the highest number of ED attendances but not the

highest number of beds. Dr Jenkins said that whilst the regional ED attendances had reduced, the same was not true of Antrim Hospital.

Mr Martin then outlined that there were some non-acute KPIs in the performance report, including Mental Health Services 9 week waits. Mr Rice asked if there had been validation or triaging of those waiting. Dr Corr responded that this was under review and there was an action plan in place. responded that this was under review and there was an action plan in place. In response to Mrs Diffin, Mrs Magill told Trust Board that those waiting for Family support services (unallocated cases) would have had an initial assessment carried out.

Mr Martin then mentioned the Trust's compliance with the Serious Adverse Incident Process and noted the considerable progress made on finalising overdue reports; down from 76 outstanding in April to 47 in September. Mr Martin also noted that the Trust was below target on C Difficle and MRSA infections per 100,000 bed days.

Mr Rice asked how the Trust was doing from month to month on Allied Health Professionals. Mr Martin indicated that the 13-week position was that 60% of patients were waiting over the target. This included about six different AHP professions and some have capacity versus demand challenges. Mr Martin offered to bring some further information, and details of actions taken, to the next meeting. Mr Turley enquired about elective performance and the number of additional clinics or diagnostics carried out. Mr Martin advised that the Trust was using Waiting List Initiative Funding for this and he would bring some further information to the next meeting. Mr Douglas asked about the difference between performance on 31-day cancer target and the 62-day target. Mr Martin said that the 62 days was from referral to treatment and 31 days was part of the pathway from decision to treat to treatment starting. The Trust does relatively well on 31 days. The main issue is at the start of the journey when there can be delays from referral to outpatient appointment.

The Chair acknowledged that the Performance Report continued to develop post-encompass.

TB113/25 Winter Plan 2025/2026

Ms Traub presented a summary of the Winter Plan and reiterated Mrs Pullins earlier point that discussion and planning had been underway

since August. The winter period is always a time of increasing pressure and more challenges so there needs to be time to plan and prepare. There is a detailed plan, which sits behind the summary and it reflects all the work being undertaken. Ms Traub drew attention to a number of projects, including improving ambulance handover and capacity by using other pathways, increasing discharges for those medically fit and developing a Hospital at Home service. Ms Traub said the Trust was conscious of its duty of care to staff and providing support to them. There are also financial constraints as funding was non-recurring. Ms Traub then spoke on the importance of partners, including families and carers. There will be times when those leaving hospital may not get their first choice. The Trust is also looking at ways the public can help and will consider how best to communicate these messages.

In relation to improving ambulance handover, the Trust will be engaging Senior Nursing Staff at night, in ED, working alongside other staff to help turn ambulances around. The Trust will also look at care home patients to try and identify those most at risk in order to avoid ED attendances. Hospital at Home will start modestly in one area of the Trust as a pilot at the end of November. This will be helpful to the Northern Ireland Ambulance Service (NIAS) and will provide an alternative pathway. The Trust will also work to protect elective care and will continue to offer alternatives to ED to its GP partners. The Winter Plan will help to secure additional care home capacity and the Trust would also be reaching out to Independence Sector partners to see if Home Care capacity can be increased.

The Chair thanked Ms Traub for her well-pitched presentation. Ms Mackenzie asked for an explanation of Hospital at Home, which Ms Traub provided. Ms Traub also confirmed that GPs and NIAS would be able to refer directly to the service and it was hoped that care homes might also be able to do this in the future. The pilot is small, however. Mr Rice queried the operational arrangements for the Winter Plan and Ms Traub advised that there are operational meetings held with Directors on a monthly basis and with NIAS and GPs on a fortnightly basis. Mr Turley queried if the Trust reached out to organisations such as Marie Curie and Northern Ireland Hospice. Mrs Spence replied that there was some additional support sought from NI Hospice and existing palliative care services reaching into ED. The Trust also continues to contract with Marie Curie for a rapid response service.

The Chair summarised that the Winter Plan was essentially a surge plan that was in place all year but will now be geared up for the winter period.

TB114/25 Finance Report as at 31st August 2025

Mr Lennon reported that the Trust was currently projecting a year-end deficit of £7.3million, after planning to deliver £33.6million in savings. With regard to agency spend, Mr Lennon confirmed that non-contract nurse agency spend had been eradicated and the focus would now turn to medical and dental agency spend. Achieved and potential savings from the reduction in non-contract spend would form part of the Trust's savings plan.

The Chair was assured that there was a tight grip on finances at present. Mrs Diffin noted her thanks to all the team, and Trust staff, on getting to the current position. It represented a huge amount of work.

TB115/65 Capital Report as at 31st August 2025

Mr Graffin informed Trust Board that the Trust had received an additional allocation of £460,000 for Research and Development but that funding of £1.28million for the Alongside Midwifery Led Unit had been pushed into the 2026/27. The Capital Programme remains under pressure and Mr Graffin and his team continue to work with Divisions on business cases and post-project evaluations. Mrs Diffin shared her concern on the increasing backlog maintenance that the service is unable to get to and the worry that this will continue to grow. Mr Graffin outlined that the backlog for the region was over £1billion, with approximately £210m for the Trust and that, nationally, this was a major issue. The matter is discussed regularly at Resources Committee but Mr Graffin was happy to provide an update to Trust Board members on the £210million of backlog maintenance. Mr Turley asked if larger scale capital developments diverted funding from maintenance. Mr Graffin confirmed that this was the case.

TB116/25 Update on Birch Hill Mental Health Build

Dr Corr reported to Trust Board than an addendum had been drafted and submitted to DOH, along with a full set of responses to queries

raised. Dr Corr shared some concerns that the DOH have about the reginal capital budget for 2026/27 as bids for projects are exceeding the budget allocated. This is a concern for the Trust also and Dr Corr had advised that if enabling works could commence, this would be very beneficial. This is being considered by DOH and Dr Corr would continue to update Trust Board. Mr Rice said that, presumably, DOH would risk assess the project against other bids and that Mental Health should be a priority. Dr Corr said that the Minister has previously championed Mental Health and she was hopeful that this would continue. The Chair also referred to the interest and advocacy of local political representatives.

Mr Turley asked if the Trust was content with the movement in revenue costs. Mr Lennon responded that the Trust had a letter of support from the Commissioner, SPPG, in June 2025 and the Trust would update SPPG on the change. The change was mainly due to changes in rates. Mr Graffin added that the Trust continues to liaise with partners and has set up a group to examine what could happen with Holywell Hospital.

TB117/25 Workforce Update

Mrs Reid began her update by reminding Trust Board members of the three domains of the Trust's People and Culture Plan before referring members to the Corporate Workforce Reporting Dashboard, which each division and service receives on a quarterly basis. Mrs Reid further reported that absence had deteriorated from the previous report with an absence rate of 7.8% against a target of 7.25%; the Trust was now had the second highest rate in the region. Mrs Reid explained that absence management is reliant on front-line managers and often it is difficult for them to get the time to do this, alongside their other duties. Mr Turley asked about stress management for staff and Mrs Reid said the Trust had increased psychological support in Occupational Health and was also introducing Critical Incident Management Training. The stress management tool would also be reviewed to look at making it more accessible and user friendly for managers. There is a need to understand the circumstances that lead to staff members going off sick. Part of this is the use of vaccines and the flu vaccination programme had recently been launched in the Trust. Uptake, unfortunately, was the lowest in the region but Mrs Reid, and other managers, were looking at how to increase this, along with the Infection Prevention and Control service. Fit testing continues to be offered to staff and current

compliance is 70%. Again, this will remain a focus. Mr Rice acknowledged the difficulties there can be in differentiating between personal and work stress.

Mrs Reid informed Trust Board that as part of the Investors in People (IiP) reaccreditation, a survey had commenced recently and 31% of staff had responded. This was highest ever response and over 100 one to one staff conversations had taken place with the IiP assessors as well. It is likely that the Trust will receive feedback in December. Work also continues on increasing uptake of the appraisal process as the current rate is 63% against a target of 70%. For Medical and Dental professionals, the target is over 90% as this is a mandatory process.

Mrs Reid noted that the Trust had held an Open, Just and Learning Culture (OJL) week from 29th September to 3rd October 2025 and a number of staff had taken part in events and webinars. She thanked the Chair for her video messages and said the 'day in the life' videos had been very well received. Mrs Reid welcomed the mention of the role of administrative staff in the patient story as this reinforces the importance of multi-disciplinary teams. Raising Concerns continues to be a focus s well and Mrs Reid said she would share the Team North OJL animation with members.

TB118/25 Register for Use of Trust Board Seal

Trust Board noted the occasions on which the Trust Seal had been used.

TB119/25 Any Other Business

There were no items of Any Other Business raised.

TB120/25 Public Questions

There were no public questions received.

TB121/25 Date of Next Meeting

The next meeting will take place on Thursday 27th November 2025.