Northern Health and Social Care Trust

Minutes of One Hundred and Sixty Nineth Trust Board Meeting held on Thursday 22nd January 2026 at 11:00am, Boardroom, Trust Headquarters, Bretten Hall, Antrim Area Hospital

Present:

Anne O'Reilly, Chair
Suzanne Pullins, Chief Executive
Carol Diffin, Non-Executive Director, Vice Chair
Paul Turley, Non-Executive Director
Paul Douglas, Non-Executive Director
George Platt, Non-Executive Director
Scott Armstrong, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Dr George Gardiner, Executive Director of Medicine
Maura Dargan, Executive Director of Social Work
Gill Murphy, Executive Director of Nursing
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
Paddy Graffin, Director of Infrastructure
Stevie Lennon, Interim Director of Finance
Jacqui Armstrong, Director of Integrated Care
Joanne Edgar, Head of Communications
Francis Rice, Independent Advisor to Trust Board
Carla Monk, Assistant Executive Office Manager

In attendance:

Marianne Johnston, Assistant Director, Corporate Planning
Kelly McBride, Head of Equality
Yvonne Carson, Rural Health, and Wellbeing Manager
Alison Irwin, Former Employee in NHSCT

TB01/26 Apologies

Apologies were received from Owen Harkin, Deputy Chief Executive/Director of Finance and Kathy Mackenzie, Non-Executive Director. The operational directors, Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing, Diane Spence, Director of Community Care, Audrey Harris, Director of Medicine and Emergency Medicine and Lynne McCartney, Director of Surgical and

Clinical Services were excused from the meeting due to operational pressures.

TB02/26 Conflicts of Interest

There were no conflicts of interest declared.

TB03/26 Chair's Report

The Chair informed board members that the Trust has maintained its silver award status following reaccreditation by Investors in People (IIP). Ms O'Reilly reflected on how it is the Trust Board's responsibility to shape culture and ensure accountability. Ms O'Reilly felt it was worthy to mention some of the feedback in the IIP report as it was independent assurance in action and wanted to put on record the real time assurance given. Ms O'Reilly praised everyone involved in the reaccreditation process.

Mrs Reid advised that she would present the IIP feedback report to SMT and the next People & Culture Committee.

Mrs Pullins said she is looking forward to the People & Culture Committee helping with the work to be done reflected in the report.

TB04/26 Chief Executive Report

Mrs Pullins acknowledged the extreme pressures during these winter months, the peak in flu cases and the snowy start to the new year. Across the region attendees at emergency departments face long waits and Mrs Pullins expressed regret about the waiting times and corridor care. Sincere thanks are given to all staff and the public for their understanding. It is regrettable that the frail and elderly are delayed from receiving care in the community and this does impact on hospital bed capacity.

Mrs Pullins mentioned plans to shift to the neighbourhood model, and congratulated Mrs Carson and Mrs Irwin on being awarded the British Empire Medal in the New Year's honours list for tackling loneliness in the NHSCT area.

TB05/26 Minutes of the Previous Meeting

The minutes of the previous meeting were agreed as an accurate record, subject to a small amendment.
Alongside Midwifery unit promotes care. – need to reflect in the minutes

TB06/26 Matters Arising

There were no matters arising.

TB07/26 Update on Rural Needs and Future Plans

Marianne Johnston presented on the wider detriments of health in rural communities. Services are designed to target early intervention and prevention. The Northern Area Integrated Partnership Board managed by the PHA and DoH brings together everyone to set out the priorities for the Northern area. An action plan is in development to tackle key areas of smoking, obesity, and child vaccinations. The Northern Trust Population Health Committee includes external representation from service users and carers. Community appointment days are tackling long waits, and the waiting list has reduced by 35% showing that population health and partnership is working.

Mrs Carson outlined the future neighbourhood model and the work to change the relationships people in NI have with their own health. SPPG are already remodelling to shift care from hospital to community. Partnerships with GPs, community nursing, pharmacy, AHPs, social work, mental health services and community and voluntary sector organisations are key for prevention, early intervention and tackling inequalities in healthcare.

The Trust has four Health & Wellbeing locality teams and Mrs Carson highlighted the work she is doing to tackle loneliness. The Trust has long history of developing innovative rural initiatives and it is known that farmers are at higher risk of suicide, fatal injuries, and poor mental health. Time and opportunity are barrier to them accessing healthcare and teams were on site for three days at Ballymena livestock market doing health checks.

Mr Rice welcomed the fact the NHSCT are leading the way in rural healthcare and acknowledged the huge achievements of the teams involved.

The Chair attended a rural conference last year and recognised that staff are working to show that healthcare is available out there in the community and not just at the door of ED. Ms O'Reilly commended the work of those out in the community and congratulated both Mrs Carson and Mrs Irwin on their recognition and medals.

TB08/26 Performance Report as at 31st December 2025

Mr Martin spoke to the presentation. Reference was made to the new indicator on untriaged Outpatient Referrals by a consultant once the referral is received at the hospital. Mr Martin outlined the turnaround times for referral triage with General Surgery and Colorectal Surgery referral waiting longest. An action plan is in place, and it is an improving picture. This was also discussed at the last Audit Committee meeting.

There is a continued difficulty with ambulance handovers and Miss Traub updated on continued ambulance arrival and gave assurance that turnaround times remain a Trust priority. Improving the capacity in community care is ongoing and focus will be maintained.

On a positive note, elective care waiting lists numbers have reduced by 40% during April – December 2025 due to all the ongoing work.
Mr Turley welcomed these reductions and the additional work.

There was a discuss around theatre productivity and currently the day case target is not being met. Mr Martin outlined the reason of remote site theatres in Mid Ulster and Whiteabbey who do not have capacity to escalate for inpatient care should things not go to plan on the day.

Mr Turley questioned why it is difficult to select patients suitable for day case and Mr Gardiner outlined the mitigating factors. Mr Turley also asked what capacity are we losing? Mr Martin identified Causeway Hospital as a good option for elective day case patients as it would have the capacity to escalate to inpatient care.

Mr Douglas raised the fact that the Trust is showing a low performance on cancer care target of seeing patients within the first 14 days. Mr Martin said this is breast target and is regional and there is regional

focus on this. Capacity has been identified and the picture should improve over the next number of months. Mr Martin explained that the overall cancer target of 62 days measures whole pathway and we are challenged in the early part around patient access to outpatients and diagnostics. Assurance was given that focus remains on improving this.

Mr Turley raised thrombolysis rates and although Mrs Harris was not in attendance, an explanation was given by Mr Martin on this target. The time before presentation to hospital counts towards the target and is a challenge for lysis suitability.

Mr Rice mentioned door to needle time recommended for thrombolysis is 45mins and if NIAS cannot come fast enough they advise patients to make their own way to hospital.

Mrs Pullins suggested asking Mrs Harris to bring a presentation on Snap to the next meeting of Trust Board. Mr Martin will arrange this and provide a day case update for the next meeting.

The Chair agreed that challenges remain but welcomed the assurance that focus remains steadfast.

TB09/26 Update from Outcomes and Assurance Committee

Mrs Diffin spoke to the paper. The previous minutes were approved for noting and the draft notes for December's meeting will be brought back to Trust Board in March. Three reports were deferred and the committee will keep sight of these.

Mrs Murphy outlined escalations / issues ongoing with the colposcopy waiting list. A colposcopist was on long term sick but has now returned. There has been a funding allocation from SPPG for two colposcopists and support staff. Provision of consultant clinic sessions to see a further twenty-six patients per week whilst a colposcopist is trained has been arranged.

Mrs Murphy provided assurance regarding the discontinued MDM meetings. An extraordinary MDM will take place to look at eight cancer cases, and thirty-three cases are predicted to be completed by June. Mr Gardiner will chair the Cervical Screening Board, and this board will report into the Outcomes and Assurance Committee.

The Chair welcomed things have moved on and the assurance provided.

Mrs Murphy noted that in weeks prior to the last committee meeting there was a significant rise in the number of patients in Antrim Area Hospital needing a bed. In terms of risk management and business continuity a risk assessment was conducted to identify five spaces for beds adjacent to fire doors in wards for people waiting inpatient beds. Miss Traub gave assurance that safety steps were put in place for other side of door to remain clear in lieu of evacuation if needed. This was under daily review and Miss Traub explained how these are used only as a last option but wished to keep the board appraised on this.

The Chair asked if this decision is an operational one or should it sit within business continuity. Miss Traub confirmed it is managed within the business continuity framework. Ms O'Reilly asked that the board be kept appraised of the use of these five spaces and said that this brings home the judgements and dilemmas our senior leadership teams face in their duty of care to patients and staff and that board members have confidence in the senior management teams to make this decision. Mrs Diffin advised that the Outcomes and Assurance Committee had been satisfied with the assurances provided in respect of the use of these beds, the associated risks and the mitigations that had been outlined.

The Chair noted that we live like this and will continue to live like this in the future. Ms O'Reilly explained that that Chairs are looking at their requirement to establish a patient safety committee and is thinking about what that looks like going forward.

TB10/26 Principal Risk Document

This paper is for noting.

TB11/26 Finance Report as at 31st December 2025

Mr Lennon spoke to the paper. There is still a gap after the Minister approved the pay award. The Trust is not on course to break even in 2025/26, with no break-even plan in place. Financial projections rely on continued current trends, full delivery of savings, and receipt of all expected funding. Operational pressures in ED, Acute Care, and limited capacity in Care Homes and Homecare could drive higher-than-forecast costs. Rising acuity levels are increasing the number of high-cost placements, escalating financial pressures currently.

The Chair said that the board now the insight on what is ongoing and what is to come and the big pressures are known.

TB12/26 Business Cases

a. Replacement of Ultrasound Scanners

Miss Traub spoke to the paper in Ms McCartney's absence.
The proposal seeks Trust Board approval to replace nine outdated ultrasound scanners across multiple sites, fully funded (£697,900) by the Department of Health. The upgrade will improve imaging quality, reduce downtime, and enable a transvaginal ultrasound service. Risks are minimal, with capital approved and procurement manageable within the required timeframe.

The business case was approved.

b. Macmillan Information and Support Hub

Mr Graffin spoke to the paper. Approval is sought for the development of the hub adjacent to Laurel House at Antrim Area Hospital where patients attend for chemotherapy. NHSCT is the only Trust without a Macmillan hub and there is therefore an inequity.

The total capital cost for delivery of the hub is £3,578,908, comprising works, fees, equipment, non-works costs, optimism bias, and inflation. Funding of £2,500,000 has been secured from Macmillan Cancer Support, with a further £24,648 provided by the Department of Health to cover Health Estates project management costs. The remaining £1,054,258 capital requirement will be met from General Capital, with a bid submitted to the Department of Health for in-year support. The additional annual recurrent revenue requirement is £268,926, of which £113,951 per annum will be funded by Macmillan for the first three years to support staffing costs.

The outcome is a net Trust recurrent revenue pressure of £154,976 per annum, alongside £4,583 in non-recurrent commissioning costs. The Trust continues to engage with SPPG to secure recurrent revenue funding; however, this remains unconfirmed and therefore represents a future financial pressure should external funding not be secured.

Mr Turley expressed surprise that there is no funding source for revenue and the concept of this hub was approved without that.

Mr Lennon advised that SPPG do not approve revenue until it is due to start. Ms O'Reilly asked if SPPG has ever denied the funding. It is noted that sometimes SPPG may say that the Trust can manage this themselves. This is on the financial plan currently with SPPG, so they are aware of this business case.

Miss Traub outlined the benefits of the hub to services users and cancer staff.

Mrs Pullins said there is a gap and it gives cancer services in NHSCT a heart.

Mrs Diffin raised the fact that the Trust goes at risk each time and that Trust Board do not hear the outcome of the revenue. Mr Lennon emphasised that the key is to have early consultation with the Commissioner.

The Chair expressed that board members need to be more acutely aware now of the decisions they are making. The Board wants to be clear on what they are dealing with. This is in part of the cancer strategy, and we must level up on that. There is a need to keep a watching brief on revenue spends associated with capital projects. Ms O'Reilly said that assurance is not just in this room but out of the room also.

This is an approval decision not an assurance decision as on the agenda. The business case was approved.

TB13/26 Capital Report as at 31st December 2025

Mr Graffin spoke to the paper. The Trust's Capital Programme for December 2025 reports a Capital Resource Limit (CRL) of £24.689m, reflecting a £6.348m uplift from new allocations. General Capital remains over-committed by £615k to support in-year flexibility, with overall spend at 26.7% of approved funding by 31 December—lower than last year due to business case delays and the late CRL receipt.

Work is progressing on the 2026/27 capital plan which will be brought to the next Trust Board meeting in March. Ongoing monthly monitoring continues to ensure full utilisation of CRL and timely reallocation of any emerging slippage.

TB14/26 Update on Birch Hill Mental Health Build

Mrs Pullins spoke to the paper. The Birch Hill Centre for Mental Health project remains delayed as it awaits confirmation of the Department of Health's 2026–30 capital budget, with the scheme designated as a Partially Committed Project alongside other regionally significant developments.

An updated Addendum to the Business Case was submitted in October 2025 and will undergo formal DoH review once funding is allocated. DoH has outlined key milestones for its three-year Capital Investment Plan between December 2025 and April 2026, after which Ministerial approval will be sought. The project has also gained renewed political attention following an adjournment debate in which Declan Kearney, Member of the Legislative Assembly (MLA) highlighted the critical condition of Holywell Hospital and called for accelerated funding for Birch Hill. The new build is expected to reduce ligature risks, violence and aggression, and pressures on acute psychiatric bed availability, improving key corporate risk ratings once delivered.

The Chair noted the limbo state the Trust is currently in regarding this project and awaits further direction from the DoH.

TB15/26 Any Other Business

Ms O'Reilly expressed thanks to Mr Platt for all his support as a Trust Board member and wished him all the best for the future. No other business was discussed.

TB16/26 Public Questions

There were no public questions raised.

TB17/26 Date of Next Meeting

The next meeting will take place on Thursday 26th March 2026.