Northern Health and Social Care Trust

Minutes of One Hundred and Seventh Trust Board Meeting held on Thursday 26 March 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
Mike Keating, Non-Executive Director
Scott Armstrong, Non-Executive Director
Kathy Mackenzie, Non-Executive Director
Dr George Gardiner, Executive Director of Medicine
Maura Dargan, Executive Director of Social Work
Stevie Lennon, Interim Director of Finance
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
Dr Petra Corr, Director of Mental Health, Learning Disability and Community Wellbeing
Audrey Harris, Director of Medicine and Emergency Medicine
Lynne McCartney, Director of Surgical and Clinical Services
Jacqui Armstrong, Director of Integrated Care
Joanne Edgar, Head of Communications
Francis Rice, Independent Advisor to Trust Board
Karen O'Kane, Business Support Manager

In attendance:
Naomi Baldwin, Assistant Director, Corporate Nursing
Edward Smyth, Business Change Manager
Oonagh Burns, Assistant Director, Human Resources
Julie Thompson, Senior Manager, Human Resources

TB18/26 – Apologies

Apologies were received from Diane Spence, Director of Community Care, Dr Janet Gray, Non-Executive Director and Owen Harkin, Director of Finance/Deputy Chief Executive.

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TB19/26 – Conflicts of Interest / Declarations of Interest

No conflicts of interest or declarations of interest were made.

TB20/26 – Chair's Report

The Chair reported positively on the recent Chair's Awards, describing the event as exceptionally well organised and impactful in recognising staff contribution across the Trust. Thanks were extended to the Organisational Development team and all staff involved in delivery.

Ms O'Reilly indicated support for holding the awards on an annual basis, subject to further discussion regarding affordability and planning.

Resolved:
The Chair's report was noted.

TB21/26 – Chief Executive's Report

Mrs Pullins highlighted attendance at the Health Committee in February, noting this provided an opportunity to outline Trust pressures while also showcasing service improvements, particularly within home care.

Continued pressure across unscheduled care was acknowledged, alongside progress with the integrated discharge team and preparations for regional "Release to Rescue" arrangements.

The Chief Executive also highlighted the Trust's leadership role in piloting Body Worn Cameras within Emergency Departments, emphasising staff safety and wellbeing, and commended the quality and impact of the Chair's Awards.

Resolved:
The Chief Executive's report was noted.

TB22/26 – Minutes of the Meeting Held on 22 January 2026

The minutes of the meeting held on 22 January 2026 were agreed as an accurate record.

Resolved:
Minutes approved.

TB23/26 – Matters Arising

There were no matters arising not otherwise included on the agenda.

TB24/26 – Update from Northern Partnership and Population Health Committee

Ms O'Reilly as Chair of the Committee highlighted:

- Confirmation of £30,000 Thrive funding, supporting partnership work with mental health services and primary care in The Sperrins.
- Regional recognition of the Community Appointment Days for Dementia initiative at a leadership and governance conference.
- Notification of the upcoming retirement of a senior officer, with interim and longer-term arrangements to be considered.

Board members welcomed the positive examples of partnership impact and regional profile. The Chair further advised that there were no issues for escalation to Trust Board.

Resolved:
Report noted for assurance.

TB25/26 – Performance Report

The Board received a detailed performance update, with specific focus on stroke thrombolysis performance and theatre utilisation, which had been requested at the previous meeting for further assurance. Audrey Harris and Lynn McCartney delivered the presentation.

Stroke Thrombolysis Performance

Audrey Harris provided a comprehensive explanation of thrombolysis performance across Antrim Area Hospital and Causeway Hospital, placing the data in clinical, operational, and regional context.

The Board was advised that:

- Antrim Area Hospital manages approximately 520 stroke presentations per annum, with Causeway Hospital managing approximately 300.
- Thrombolysis is a time critical intervention with strict national eligibility criteria designed to minimise patient harm.
- Performance against the national 16% target is highly dependent on patient presentation characteristics rather than solely service performance.

Key factors affecting eligibility were outlined, including late presentation outside the treatment window, anticoagulation therapy, haemorrhagic stroke, minimal neurological deficit, and a high prevalence of wake-up strokes within the Trust population.

The Board noted that the Trust now undertakes consultant led multidisciplinary review of all stroke cases not receiving thrombolysis, providing assurance that treatment opportunities are not being missed.

It was further highlighted that the Trust is the second highest referrer for thrombectomy in Northern Ireland, accounting for approximately 20% of regional activity, and that thrombectomy is associated with improved patient outcomes.

Improvement actions include participation in the Chief Medical Officer–sponsored regional *Project Sensible*, enhanced CT perfusion training, monthly clinical review meetings, and public awareness initiatives such as FAST and stroke awareness campaigns.

Board members welcomed the detailed explanation and acknowledged that headline figures, when viewed in isolation, do not fully reflect quality of care or clinical appropriateness.

Mrs Diffin asked if there was an overlap between patients receiving thrombolysis and thrombectomy in Belfast Trust. Mrs Harris advised that Pathway decisions are consultant-led and depend on stroke type and eligibility criteria. Patients generally follow one pathway, although some assessed for thrombectomy may later be found unsuitable. Mr Turley then queried if all stroke cases were prioritised as Category 2 ambulance responses. Again, Mrs Harris said this depended on clinical presentation. Patients with significant neurological deficit would be Category 1; others may be Category 2. Mrs Harris also confirmed to Mr Turley that the thrombectomy service was not a 24-hour service, but that regional work was ongoing to extend capacity and availability. Monthly stroke network meetings continue, and a CMO-sponsored regional programme was reviewing the full SNAP pathway to identify further opportunities for improvement beyond thrombolysis rates alone.

Theatre Utilisation

Lynn McCartney provided a detailed deep dive into theatre utilisation, clarifying the difference between operating time and run time metrics.

The Board noted:

- Robust performance across main theatre sites, with utilisation above regional averages.
- Ongoing challenges within day procedure and peripheral sites, particularly Whiteabbey and Mid Ulster.

Contributory factors included difficulty identifying suitable patients for peripheral sites, absence of pooled pre-assessed patient lists, higher cancellation rates, scheduling complexity, and data quality issues.

The Board noted the comprehensive improvement programme underway, including pooled patient lists, strengthened preoperative assessment, site-specific action plans, enhanced dashboards, monthly utilisation reporting, and oversight through the Theatre Modernisation Group.

Regional benchmarking confirmed that peripheral site challenges are experienced across all Trusts.

Mr Douglas expressed his view that this was a good news story for Antrim Hospital and Mrs Edgar would consider further. Mr Turley inquired about the target set for peripheral sites and Ms McCartney explained that it was very high and it was difficult to know if this would ever reach green. Realistically getting to amber would be an acceptable position. The Trust has been working with the Strategic Planning and Performance Group to look at a realistic target.

Mr Martin advised that he was happy to take any queries offline.

Resolved:

- The performance report was noted.
- The Board received assurance regarding governance, improvement actions, and ongoing monitoring.

TB26/26 - Body Worn Camera Pilot Evaluation

Naomi Baldwin, Assistant Director, Corporate Nursing, and Edward Smyth, Business Change Manager, presented the evaluation of the Body Worn Camera (BWC) pilot implemented within Antrim Area Hospital Emergency Department.

The Board was reminded that the pilot followed a formal public consultation, which demonstrated strong public support for the use of BWCs in Emergency Department settings, with concerns raised during consultation addressed through robust governance, privacy, and data protection arrangements.

The presentation outlined the scope and operation of the pilot, including:

- A twelve-week pilot period using twelve devices, worn on a voluntary basis by experienced nursing staff working in high-risk areas of public interface, including ambulance triage, majors, AEC, and observation areas.
- Activation governed by a standard operating procedure and dynamic risk assessment, ensuring cameras were not used when patient dignity, capacity, or clinical appropriateness would be compromised.

- Secure storage of footage within a cloud-based system, with access and retention managed in line with information governance requirements.
- Extensive engagement with staff, trade unions, professional groups, patient representatives, and PSNI throughout the pilot period.

The Board noted that staff feedback was strongly positive, with staff reporting increased confidence, improved psychological safety, and a perception that the presence of BWCs contributed to the de-escalation of potentially aggressive situations. It was emphasised that the pilot was not designed to eliminate incidents of violence and aggression, but to provide an additional tool to support staff safety and professional judgement.

It was reported that:

- No serious incidents occurred during the pilot period.
- No complaints or concerns were raised by patients or families regarding dignity or privacy.
- Voluntary adoption proved effective, with initial hesitancy reducing over time as staff confidence increased.
- Leadership support from senior nursing staff was identified as critical to successful implementation.

The Board also noted the Trust's engagement with regional and external stakeholders, including sharing learning with other Trusts and receiving endorsement following a visit by the Health Committee.

Looking forward, the presenters outlined proposals for:

- Formalising governance arrangements beyond the pilot phase.
- Maintaining BWCs as a permanent feature within Antrim ED.
- Expanding use to Causeway Emergency Department, subject to Trust Board approval and Senior Leadership Team oversight.

The Chair commended the approach taken, highlighting that the success of the pilot was not solely about the technology, but about how it was introduced, governed, and supported, and congratulated the team on their leadership and professionalism.

Ms Mackenzie asked who determined which staff should wear body worn cameras and where the line was drawn in regard to eligibility. Mrs Baldwin and Mrs Harris described this as a matter of professional judgement. Emergency Department leaders and senior nurses are best placed to assess competence based on experience, responsibility, and appraisal. While initial focus was on Band 6/7 staff, experienced Band 5 staff in high-risk interface roles may also be appropriate. The matter of eligibility remains an area for ongoing discussion. Experience, leadership

presence and situational judgement were highlighted as more appropriate than rigid banding, with consideration also needed for other professional groups working in Emergency Care.

Mr Turley queried whether members of the public made aware that cameras are in operation. Mrs Harris outlined the public awareness and transparency arrangements, with an assurance that governance and legality were considered during the pilot. Mr Turley also asked if cameras were worn from the start of shifts or activated only during incidents. It was confirmed that nursing staff wear the cameras from the start of their shift, with activation governed by the standard operating procedure and dynamic risk assessment.

The final question was from Mr Keating on the process and involvement of the Police Service of Northern Ireland (PSNI). Mr Smyth and Mrs Baldwin confirmed that PSNI were consulted throughout the pilot, including review of governance, data protection, and data-sharing arrangements. Their experience suggests a reduced likelihood of staff being required to attend court, with statements and data transfer often managed remotely.

Resolved:

- The evaluation of the Body Worn Camera pilot was noted.
- The Board approved the permanent use of Body Worn Cameras within Antrim Area Hospital Emergency Department.
- The Board approved extension of Body Worn Cameras to Causeway Emergency Department.
- Governance and operational oversight for ongoing implementation to be managed through the Senior Management Team.

TB27/26 - Update from Charitable Trust Funds Committee

Ms O'Reilly as Chair of the Charitable Trust Funds Committee, provided an update of the recent meeting. The Board received assurance regarding governance, communications, and effective management of charitable funds. There were no items for escalation to Trust Board.

Resolved:
Report noted.

TB28/26 - Update from Outcomes and Assurance Committee

Mrs Diffin, as Chair of the committee advised Trust Board of the following and said there were no items for escalation to Trust Board:

- Approval of the Annual Adoption Report by the committee.

- Continued reduction in overdue SAIs, acknowledging the operational effort required.
- Learning from complaints, alongside recognition that compliments significantly outweighed complaints.

The Board noted discussion around:

- The reduction in overdue SAIs, acknowledging the additional burden this work placed on operational teams.
- The importance of balancing focus on complaints with recognition of the significantly higher number of compliments received by staff.

Resolved:
Report noted for assurance.

TB29/26 - Adoption Report

The Board noted the Annual Adoption Report, including assurance on governance, quality, and postadoption support, which had been approved at the Outcomes and Assurance Committee.

Resolved:
Report noted.

TB30/26 - Finance Report as at 28th February 2026

Mr Lennon presented the Finance Report, and the following points were noted:

- In year resourcing of the Trust's forecast position via Department of Health funding.
- Savings plans forecast to be fully delivered.
- Ongoing financial pressures acknowledged.

Mr Lennon was content to take any questions or queries from members of the Board.

Resolved:
Report noted for assurance.

TB31/26 - Update from Audit Committee

Mr Douglas presented the update from the Audit Committee, and the Board noted recent audit outcomes, progress against recommendations and approval of the audit plan. There were no items for escalation.

Resolved:

Report noted.

TB32/26 - Update from Resources Committee

Mr Armstrong provided Trust Board with an update on the meeting of the Resources Committee held in December and noted that a further meeting had been held in the intervening period. He provided assurance regarding workforce, performance, finance, and environmental matters and there were no items for escalation.

Resolved:
Report noted.

TB33/26 - Business Case Addendums

- **Antrim Area Hospital – Main Hospital Electrical Switchboard Replacement**
- **Trust Wide Asbestos Removal**

Members noted that both schemes remained within governance thresholds and that funding was secured.
No specific queries were raised. The Board noted that both schemes remained within agreed governance thresholds and that funding was secured.

Resolved:
Both addendums approved.

TB34/26 – Capital Report as at 28th February 2026

The Board noted the Capital Report as at 28 February 2026, including the increase in the Trust's capital resourcing limit to £30.0m following the latest capital return. The Board also noted the additional capital allocations received across a range of programmes and received assurance on the monitoring of capital schemes, business cases, and post project evaluations to ensure delivery remains within the available funding envelope.

Resolved:
Report noted.

TB35/26 – Capital Plan 2026/27

The Board considered and approved the Capital Plan for 2026/27, noting the agreed planning option and associated risks. Mr Turley asked what the research and development capital finding related to. Mr Graffin advised that the funding supports

the Trust's research and development programme, with costs capitalised following a regional accounting decision rather than treated as revenue expenditure.

Resolved:
Capital Plan approved.

TB36/26 - Employee Experience Case Study

Julie Thompson and Oonagh Burns supported by Jacqui Reid, presented a staff experience case study illustrating the impact of formal disciplinary and investigation processes, as part of the Trust's ongoing work to embed a Just and Learning Culture.

The Board was reminded that traditional disciplinary and investigation processes, while sometimes necessary, can unintentionally cause significant harm to individuals, teams, and organisational culture if applied by default rather than as a last resort.

The presentation outlined the Trust's journey over recent years, including:

- A sustained shift towards early and informal resolution, restorative conversations, and proportional responses.
- Modernisation of policies to support learning rather than blame.
- Introduction of screening tools and collaborative decision-making to determine whether formal investigation is required.
- Reduction in the number of formal investigations over time, alongside increased use of informal resolution.
- Regular post case reviews to capture learning and improve future practice.

The case study described the experience of a long serving member of staff who had been subject to a prolonged formal investigation process. While the conduct issues were acknowledged, the narrative highlighted the personal and professional impact of the length, formality, and emotional burden of the process, including feelings of isolation, anxiety, and loss of identity within the organisation.

Board members discussed:

- The importance of maintaining professional standards and patient safety while minimising avoidable harm.
- The capacity, confidence, and training of investigating officers, particularly where investigations are undertaken alongside substantive managerial roles.
- The need for greater consistency, timeliness, and clarity throughout formal processes.

- The cumulative impact of investigations on workforce wellbeing and organisational culture.

It was acknowledged that not all investigations can or should be avoided; however, the Board endorsed the principle that formal investigation should be the exception rather than the default, and that learning, restoration, and support should be prioritised wherever appropriate.

The Board welcomed the openness of the presentation and recognised the courage required to bring real staff experience into the Boardroom. Members reaffirmed their commitment to the Trust's Just and Learning Culture principles and requested continued assurance through the People & Culture Committee.

Resolved:

- The staff experience case study was noted.
- The Board reaffirmed its commitment to an Open, Just and Learning Culture, including early and informal resolution, restorative approaches, and minimising unnecessary harm.
- Ongoing assurance to be provided through the People & Culture Committee, including attention to investigator capability, timeliness, and staff support.

TB37/26 - Update Report from Team North People Committee

The Board noted the Update Report from the Team North People Committee and received assurance on workforce, and people and culture matters, presented by Mr Turley. The Board noted progress against the People and Culture Plan and ongoing actions to support staff wellbeing, engagement, and workforce sustainability, with assurance provided through established governance and oversight arrangements.

The Committee escalated several workforce and people related matters to the Trust Board for noting and consideration, as noted below:

- People & Culture Plan: Proposal to extend the People & Culture Plan (2023–2026) through to 2028 to align with revised corporate planning timescales.
- Sickness Absence: Sickness absence levels continue to rise and remain above target, with January 2026 monthly absence reported at 8.85% and cumulative absence at 8.21%, indicating a continued deterioration in attendance and the potential need for strengthened organisational focus and additional mitigating actions.
- Workforce Vacancies: Trust-wide vacancy levels remain high at 12.2% (Team North People Report, February 2026) and have remained static since December 2024; pressures are particularly acute within Community Care, where vacancy levels remain at approximately 40%, posing a significant and ongoing risk to service delivery.
- Corporate Risk Register: Given the scale and impact of Community Care workforce pressures, the Committee advised that these vacancies should be

considered for escalation to the Corporate Risk Register, subject to confirmation of a formal risk score.

- Apprenticeships: Work is underway to explore a more strategic approach to apprenticeships, informed by regional models, with the aim of increasing pathways and opportunities for young people.
- Social Care Workforce Strategy: The Social Care Workforce Strategy is currently under review, including how its requirements will be incorporated and implemented within the Trust.
- Single Start Date: A Trust-wide monthly single start date for new starters will be implemented from Tuesday 5 May 2026 and thereafter on the first Monday of each month (or the next working day where this falls on a Bank Holiday), supporting People & Culture priorities and improving the quality and consistency of the employee experience.

Resolved:
Report noted.

RB38/26 - Write-off of Losses

The Board approved three write-offs and noted three write-offs previously approved by the Department of Health, confirming that all reasonable recovery actions had been exhausted.

Resolved:
Approved / Noted as appropriate.

TB39/26 – Any Other Business

There was no other business.

TB40/26 – Public Questions

No public questions were raised.

TB41/26 – Date of Next Meeting

The next meeting of the Trust Board will take place on **Thursday 28 May 2026**.