Northern Health and Social Care Trust

Minutes of One Hundred and Seventy-Fourth Trust Board Meeting held on Thursday 24 September 2026 at 11:15 am, Boardroom, Bretten Hall, Antrim Hospital Site, Antrim

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
Kathy Mackenzie, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Mike Keating, Non-Executive Director
Scott Armstrong, Non-Executive Director
Mr Francis Rice, Independent Adviser to Trust Board
Dr George Gardiner, Executive Director of Medicine
Maura Dargan, Executive Director of Social Work/Director Children and Young People's Services
Stevie Lennon, Interim Director of Finance
Gill Murphy, Executive Director of Nursing, Corporate Support and Paediatric Services
Gillian Traub, Director of Operations/Interim Deputy Chief Executive
Neil Martin, Director of Strategic Planning, Performance, and ICT
Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications
Paddy Graffin, Director of Infrastructure
Dr Petra Corr, Director of Mental Health, Learning Disability and Psychological Services
Audrey Harris, Director of Medicine and Emergency Medicine
Diane Spence, Director of Adult Community and Older People's Services
Jacqui Armstrong, Director of Allied Health Professionals, Intermediate Care and Integrated Discharge
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager

In attendance:

Gareth Farmer, Assistant Director, Learning Disability, Observer
Natalie McLaughlin, Clinical Services Manager, Observer
Damien McLaughlin, Charge Nurse, Renal Unit, with Jackie, renal patient, and Leanne, for the Service User Experience
Michelle Weir, Local Democracy Reporter

TB101/26 - Apologies

Apologies were received from Lynne McCartney, Director of Surgery, Women's Health and Diagnostics Services.

TB102/26 - Conflicts of Interest / Declarations of Interest

No conflicts of interest or declarations of interest were made.

TB103/26 - Chair's Report

The Chair reported on the launch of Together for Families, a three-year regional programme supported by Department of Health and National Lottery investment. Members heard that the programme was intended to strengthen prevention and early intervention for children and families.

The Board noted four principal elements: enhancement of Family Support Hubs; development of a new family support service between the hubs and the front door to statutory children's social work; expansion of intensive support for children on the edge of care, including younger children; and development of an open list of services accessible on behalf of children and families.

Recruitment, governance arrangements and engagement with the voluntary and community sector were progressing. The Board noted that oversight within the Trust would be through the reform arrangements.

Ms O'Reilly invited Mrs Diffin to provide an update on the recent Professional in Practice Awards she had attended. Mrs Diffin congratulated the 36 Northern Trust social workers who had achieved consolidation, specialist, leadership or strategic professional practice awards, recognising the additional work undertaken alongside their substantive roles.

TB104/26 - Update from Committee in Common

The Chair provided the Board with a briefing on the key messages and work plan from the Committee in Common. Areas of focus included care homes, gynaecology, candidate passport arrangements, mandatory training, quality improvement and procurement across the regional system. Ms O'Reilly noted that progress across regional workstreams could take time.

Members noted that the work plan was structured around flow, capacity, access and pathways; workforce; and sustainability. The Board also noted that further work was required on a regional quality management strategy and that the Executive Steering Group, comprising Chief Executives, would provide stronger oversight and escalation where progress was delayed.

Mr Rice welcomed collegiate working across the system and Mr Turley requested continuing evidence of the additional capacity and measurable benefits arising from the workstreams.

Decision: The Committee in Common update was noted for assurance.

TB105/26 - Chief Executive's Report

Mrs Pullins updated members on two Ministerial visits. The Minister visited Causeway Hospital on 3 September 2026, including the Emergency Department and medical and surgical pathways. A further visit took place on 23 September 2026 to Antrim Area Hospital, including maternity and the Alongside Midwifery Unit, followed by a visit to Holywell Hospital.

The Chief Executive also advised that there had been a three-day Nursing and Midwifery Council visit to Northern Ireland, which included Antrim Hospital and the neonatal unit. Feedback on staff training, peer support and presentations from Trust staff was reported as positive.

The Chief Executive also reported on the second Team North Talkabout event at Whiteabbey Hospital. Staff emphasised the value of communicating with Whiteabbey as a site community rather than solely through divisional structures. Phlebotomy challenges raised previously during a Non-Executive Director safety visit were also discussed.

TB106/26 - Minutes of the Meeting held on 27 August 2026

The minutes of the meeting held on 27 August 2026 were agreed as an accurate record.

Decision: Minutes approved.

TB107/26 - Matters Arising

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

TB108/26 - Employee / Service User Experience

Ms O'Reilly invited members to introduce themselves and welcomed Jackie, her daughter Leanne, Damien, Charge Nurse, Renal Unit and Natalie, Clinical Services Manager, to Trust Board.

The Board received a presentation on the renal dialysis service from Damien and heard directly from Jackie and Leanne about their experience of haemodialysis.

Members heard that the unit provided a high-volume service, including twilight sessions, to patients from across the Trust area. Capacity, travel and transport were identified as material challenges. The service was described as a long-term, community-based model of care in which relationships between staff, patients and families were central. Mr Turley asked

whether home dialysis was available. Damien confirmed that it was, although there were various constraints and it was not suitable for all patients. Mrs Harris noted that the Trust had one of the highest renal caseloads and was in discussion with the Strategic Planning and Performance Group regarding capacity.

The service user and family member spoke positively about the responsiveness, communication and support provided by nursing, medical and consultant staff, including support outside scheduled dialysis sessions. Members also heard about the development of volunteer and library initiatives intended to improve the experience of people spending prolonged periods in the unit. Ms Traub asked about Jackie's transport arrangements, and it was confirmed that Jackie relied on taxis. She explained that she was collected at approximately 6:30 am and returned home at approximately 12:00 noon. Dr Gray, given her role on the Organ Donation Committee, asked about kidney transplants and was advised that there were approximately two per year. Dr Gray reiterated the need for more people to join the organ donation register. Mrs Pullins asked about feedback from patients receiving dialysis during the twilight sessions. Damien advised that this was currently being reviewed and that, given the Trust's large geographical area, some service users were collected at 5:00 am. Transport was a significant issue and required substantial coordination.

Ms O'Reilly, on behalf of Trust Board members, thanked Jackie, Leanne, Damien and Natalie for attending. She specifically thanked Jackie for her input and said she was very moved and inspired by her experience.

TB109/26 - Update from Northern Partnership and Population Health Committee

The Chair provided the Board with an update from the Northern Partnership and Population Health Committee. The Committee had approved the Annual Equality and Good Relations Report, the Rural Needs Annual Monitoring Report, the draft Carer Strategy and the draft Involvement and Experience Strategy.

Members noted the Committee's strategic priorities relating to children and young people, healthy ageing and independent living, and working well and wellbeing. The Committee intended to strengthen its focus on measuring impact and demonstrating the benefit of partnership working.

A small working group would support this work, with input from the Causeway multidisciplinary teams and the Queen's University research role. Members also noted partnership work with the voluntary sector on psychological therapies and positive ageing.

Discussion on the Carer Strategy highlighted carer identification, navigation, information, awareness, transitions and young carers. Mr Turley asked if there was anything more the Trust could do in relation to the Carers Strategy. Ms O'Reilly noted that the strategy would remain flexible and informed by continuing engagement with carers.

The Board noted that a task and finish group reporting to the General Surgery Programme Board had been established to consider rural transport and access issues arising from the general surgery consultation. The positive involvement and experience annual report was

also highlighted, which Mrs Diffin noted was also discussed at the Outcomes and Assurance Committee.

Decision: The Board received assurance from the Committee and noted the reports and strategic direction.

TB110/26 - Financial Position as at 31 August 2026

Mr Lennon provided the Board with an update on the financial position as at 31 August 2026. Members noted continuing pressures relating to demand, high-cost care, staffing, demographic growth, high-cost drugs and energy costs.

The Director of Finance advised that the year-end review was under way and would inform the developing forecast position. Forecast savings delivery at month five was reported as approximately £15m against the wider savings requirement, with continuing challenge in delivery.

Members noted that the regional move from off-framework to framework agency arrangements had been completed, with only a residual value remaining. Mr Armstrong advised that the position had been considered in detail by the Resources Committee, with no matter requiring escalation at that stage.

Decision: The Board received assurance and noted the financial position as at 31 August 2026.

TB111/26 - Capital Report as at 31 August 2026

The Board received the Capital Report and noted that there had been no significant change from the previous month.

Mr Graffin informed members that additional funding was reported for a GP improvement scheme at Larne Health Centre and for ICT. Members also noted that prioritised proposals for additional capital funding had been submitted to the Department of Health to address current and emerging service and infrastructure requirements. Mr Graffin also advised that a report on outstanding Post-Project Evaluations, as mentioned at a previous meeting, would be presented to the Senior Management Team for action.

Decision: The Capital Report as at 31 August 2026 was noted for assurance.

TB112/26 - Performance Report as at 31 August 2026

The Board received the Performance Report and focused on clinical physiology diagnostics, dementia waits, home care unmet need and variation in performance.

Clinical physiology diagnostics: Mrs Harris spoke to this item and noted increasing demand across ambulatory blood pressure monitoring, echocardiography, perfusion studies, ambulatory monitoring and lung function testing. Demand growth had not been matched by

equivalent commissioned capacity. The service was using skill mix, additional clinics, cancellation processes and work on non-attendance to maximise available capacity. Potential additional funding for clinical physiology and heart failure diagnostics had been indicated, subject to confirmation.

Dementia waits: Dr Corr advised that the increase in waits reflected work to clear the legacy two-stage assessment pathway before full implementation of the same-day assessment model. The Board was advised that the legacy backlog was nearing completion and that the same-day pathway was expected to operate for all individuals from October 2026, after which waiting numbers were expected to reduce.

Home care: Mrs Spence spoke to this item and members noted that unmet need had begun to increase despite growth in independent-sector hours and broadly stable Trust provision. Rurality, demographic growth and pressure associated with contingency beds remained significant challenges. Work included improved waiting-list visibility, review of eligibility and assessment thresholds, consideration of rural delivery costs, proposals to reduce contingency-bed use and progression towards an outcomes-based model. Mr Turley asked about changing public expectations around family caring responsibilities and whether these issues featured in discussions around neighbourhood working and future service models. Mrs Spence advised that the availability of family carers had changed significantly over time, with more carers participating in the workforce. The Board noted that this issue formed part of the neighbourhood approach, which seeks to strengthen community and voluntary-sector supports, promote independence and ensure that formal home care services remain focused on those with substantial care needs. The Chair emphasised the importance of supporting older people to live well at home through neighbourhood-based models of care.

Mr Turley welcomed the discussion on the performance report and mentioned the variation in length of stay in haematology, for example, as well as gynaecology. It was noted that Ms McCartney would be looking at these matters as part of elective reform work. The Board was reminded that many measures were set regionally or through Ministerial targets.

Decision: The Board noted the report and received assurance on the actions being taken.

Action: Mrs Armstrong, Director of Allied Health Professions, Intermediate Care and Integrated Discharge will liaise with Mr Martin in relation to including AHP updates in the Performance Report.

TB113/26 - Update from Organ Donation Committee

Dr Gray provided the Board with the Organ Donation Committee update. Members noted 62 donors, 185 organs donated and 146 life-saving transplants during the reported year. The Northern Trust was reported as second only to Belfast in donor numbers, while Northern Ireland performed strongly in donor registration and neurological death testing.

Corneal donation remained low and the waiting list for corneal transplantation remained a concern. Work to raise awareness included a promotional film planned for World Sight Day on 8 October 2026 and the Gift of Life event held in Ballymena in June 2026.

The Committee had agreed further promotional materials for Antrim Hospital, including billboard, floor, window and lift graphics, with the intention of subsequently extending materials to Causeway and other Trust sites. Improvements to relatives' rooms at Antrim and Causeway were also discussed.

Members noted temporary staffing pressures among specialist nurses, with recruitment under way and cover arrangements in place. The Board also heard about Organ Donation Week events and the cultural factors that could affect donation and retrieval arrangements.

Decision: The Board noted the update and the Chair placed on record her thanks to Dr Janet Gray and the Organ Donation Committee for their leadership and promotional work.

TB114/26 - Winter Plan 2026/27

The Board received the published Winter Plan, which was structured around four priorities: keeping people well and independent; providing more care closer to home; improving access and patient flow; and working together to meet increased demand. Members received updates on the staff vaccination programme, Hospital at Home, the Early Review Team and operational surge planning.

Vaccination: The staff vaccination target had increased to 50%. The campaign would commence on 5 October 2026 and would include approximately 100 peer vaccinators, a wider geographical spread of clinics and an enhanced internal communications programme. Members noted the logistical requirements associated with vaccine transport, storage and safe return.

Hospital at Home: The service supported suitable people with acute conditions to remain in the community. It covered 30 care homes in the East Antrim locality and had recently extended to service users' own homes. Members noted increasing referrals, continuing work with referral partners and plans to consider wider extension, alongside alternative staffing models and longer referral hours.

Early Review Team: The team reviewed new or increased home care packages following hospital discharge or community uplift, with a focus on independence and reducing reliance on care packages. Members noted positive outcomes, including packages ceased or reduced and capacity released. Further work would consider closer alignment of occupational therapy, social work and other resources.

Surge planning: Clinical services were reviewing the previous winter, expected demand and the schemes required across acute, community, mental health and allied health services. Particular attention was being given to respiratory, cardiology, emergency and acute medical pressures, transport, discharge support, seven-day allied health professional provision and rapid cleaning of bed spaces. A definitive operational plan was expected by mid-October 2026 at the latest.

Mrs Diffin sought further information on the development of Integrated Neighbourhood Teams and how these would align with the existing multidisciplinary teams operating within primary care. She suggested that a future Board workshop would be helpful to enable members to

understand the proposed model, the investment involved and the benefits expected from this way of working.

Mrs Spence advised that the Trust had established an oversight group and was progressing work in four initial areas, including support to care homes, diabetes and the development of Hospital at Home. Further information on the relevant population groups was awaited from Digital Health, together with confirmation from primary care colleagues. Integrated Neighbourhood Teams were expected to build on and complement existing multidisciplinary team arrangements, although development was at different stages across the region.

The Chair agreed that the relationship between primary care, multidisciplinary teams and Integrated Neighbourhood Teams would benefit from further consideration. Members supported scheduling a future workshop to examine the operating model, investment and anticipated benefits in greater detail.

Mr Turley asked about the likely impact of winter pressures on elective capacity and the measures that would be taken to protect elective activity.

Ms Traub advised that periods of significant hospital pressure could require prioritisation decisions regarding elective surgery. Red-flag cancer surgery, major surgery and urgent activity would be protected, with account also taken of patients whose procedures had previously been cancelled. There could be periods, particularly around Christmas and New Year, when proactive decisions were required regarding routine surgery.

Mr Martin added that decisions would be managed closely at individual patient level, with the aim of minimising the impact on elective activity. Members were advised that the Trust would also seek to protect work intended to reduce waiting times for identified patient cohorts.

Decision: The Board noted the publication of the Winter Plan and received assurance regarding the Trust's preparations for winter.

Action: The Chair will consider Integrated Neighbourhood Teams as a topic for a future workshop.

TB115/26 - Write Off of Losses

The Board considered two salary-related losses. One related to an advance payment where deductions had not been completed before the individual left employment. The second related to a payment issue following a system change. Recovery routes had been exhausted, and Departmental approval had been obtained.

Decision: The Board noted the two write-offs.

TB116/26 - Any Other Business

Mr Lennon advised that the action from the previous meeting concerning administration charges within the Charitable Trust Funds accounts had been resolved. Members were advised that no error had been identified, and the action was closed.

There were no other items raised under any other business.

TB117/26 - Public Questions

No public questions were received.

TB118/26 - Date of Next Meeting

The next meeting will be held at 11:15 am on Thursday 22 October 2026.