

173rd Meeting of BHSCT Trust Board (Public)

Thursday 3 July 2025 at 0900

in the Boardroom, Non Clinical Support Building, Royal Hospitals

Present

Miss Patricia Gordon	Non-Executive Director (Vice chair of the Board)
Mr John Conaghan	Non-Executive Director
Mrs Ellen Finlay	Non-Executive Director
Mr Joe McVey	Non-Executive Director
Mr David Small	Non-Executive Director (via MS Teams)
Mrs Maureen Edwards	Interim Chief Executive
Mrs Fiona Cotter	Interim Director of Finance
Mrs Olga O'Neill	Interim Director of Nursing and User Experience
Miss Tracy Reid	Interim Executive Director Social Work

In Attendance:

Dr Brian Armstrong	Director Unscheduled and Older People's Services
Mr Alastair Campbell	Director Performance, Planning and Informatics
Mrs Tara Clinton	Interim Director, ACCTS
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Mrs Trish McKinney	Codirector (<i>in place of Ms Cahalan</i>)
Mr Colin McMullan	Interim Director, Adult Community and Older People Services
Mrs Marion Mulholland	Director, Trauma and Orthopaedics and Rehabilitation Medicine, Imaging, Medical Physics and Outpatients
Mr David Porter	Director of Strategic Development
Dr Paula Scullin	Deputy Medical Director, Workforce and Education (<i>in place of Mr Hagan</i>)
Dr Peter Sloan	Interim Director Mental Health, Intellectual Disability and Psychological Services
Mrs Gillian Somerville	Director of Human Resources and Organisational Development

Ms Kerrylee Weatherall	Interim Director Children's Community Services
Mr Peter Watson	Head of Office

Apologies:

Mr Ciaran Mulgrew	Chairman
Professor Carmel Hughes	Non-Executive Director
Professor Catherine Ross	Non-Executive Director
Mr Chris Hagan	Medical Director
Ms Paula Cahalan	Director Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health
Mrs Bronagh Dalzell	Head of Corporate Communications

1. Trust Board Workplan P132-2025

The Trust Board workplan was noted, with no amendments made.

2. Conflicts of Interest.

The Chairman asked for any conflicts of interest to be declared. Mr Conaghan declared his role at Mediation NI.

3. Apologies

Apologies were as noted above, with Dr Scullin and Ms McKinney attending in place of Mr Hagan and Ms Cahalan respectively.

4. Chairman's Business

Miss Gordon welcomed Dr David Johnston, an Adept Fellow, who joined the meeting as an observer. No other members of the public were present.

Miss Gordon indicated that she had no additional business to raise.

5. Minutes of Previous Meetings – 30 April 2025 P134-2025

Miss Gordon then referred the Board to the draft minutes of the meeting of 30 April 2025. The Board agreed that these were a true and accurate record of the meetings.

Miss Gordon enquired if there were any matters arising from the minutes which were not already picked up on the Action Log. It was confirmed that there were no such items.

6. Action Log P135-1025 A&B

Mr Watson referred to the Action Log and invited any queries from the Trust Board.

Mr Small noted that there was a reference on the Action Log to a Board meeting on 5 July, when the reference should be to 3 July. Mr Watson agreed to amend that reference.

The Board otherwise had no queries arising from the Action Log.

It was agreed that the items marked green should be considered closed.

7. Chief Executive's Business P135-2025 C1 – C4

Mrs Edwards referred to her report.

In particular Mrs Edwards noted the update which had been provided in relation to the 'Big Discussion' on winter planning.

Mrs Edwards also noted that she was in a position to provide a verbal update in relation to fire safety issues raised by Health Committee.

Mrs Edwards advised that the Northern Ireland Fire and Rescue Service (NIFRS) carried out a routine fire safety audit on 4 June 2025 in RVH as part of a scheduled programme of fire safety audits. NIFRS scored the Trust against a matrix of risk and provided verbal feedback to the Trust's Estates team on 11 June. NIFRS primary concern was the use of some of the 'boarding' beds on site.

Belfast Trust accepted the findings of the NIFRS audit and immediately the feedback was given to the Trust on 11 June, and work began to de-escalate these additional beds. All ten boarding beds that were listed by NIFRS as potentially delaying evacuation are now closed. Belfast Trust has informed other Trusts, SPPG, and the Regional Coordination Centre (RCC) of this position so that the network of hospital beds across Northern Ireland can be safely managed going forward.

On the 25 June NIFRS re-audited the Trust and advised that there will be no enforcement notice issued and, as a result of work done to assure the Fire Service, the audit result has been downgraded. The Trust have not yet received formal feedback from NIFRS, however we have been informed that the result will be a notification of minor deficiencies. Once the Trust have received the formal report an action plan will be completed to address the issues raised. No formal feedback or follow up to NIFRS is expected to be required.

The Board thanked Mrs Edwards for the assurance provided in relation to the fire safety concerns. The Board also noted the significant political and media interest which there had been in the Trust and paid tribute to staff for their work in that

challenging context. It was noted that it was right to continue to recognise the many positive awards and achievements.

The Board sought and were provided with additional details regarding the Big Discussion, including work to address the lengthy delays experienced by patients with neck of femur fractures, and work more generally to improve the experience of older people. It was noted that there would be metrics across the workstreams.

Mrs Edwards referred to the Accountability and Oversight arrangements which were in place, noting that at a time there had been a suggestion that Cardiac Surgery would move from Level 4 to Level 3, but following the Health Committee, the Minister had instructed that the trust be moved to Level 5 due to concern that behaviours identified in the cardiac surgery review may exist more widely through the organisation. To date there was no evidence for such concern, and she hoped that independent assessment would confirm this.

Mrs Edwards referred to the ongoing meetings with SPPG and PHA in the context of the Support and Intervention Framework, and the Trust's own detailed action plan which was being kept updated. Mrs Edwards assured the Board that all possible was being done, with support from independent experts.

The Board enquired in relation to the work being undertaken now led by Mr McBride and the pre-existing work on Being Open. Miss Reid noted that that work remains part of the work of the People and Culture Steering Group. The Board noted that it was important that previously initiated and ongoing work was understood and recognised more widely. The Board asked for a summary of the work already underway in relation to culture.

ACTION:Mrs Somerville

The Board also expressed concern that work it had already commissioned in relation to supporting whistleblowing would not be delayed by regional work.

ACTION:Mrs Somerville

The Board enquired in relation to what the process was for de-escalation from Level 5, Mrs Edwards noting that the first key milestone was the report from Mr McBride in September.

8. Trust Service Delivery Plan Report P136-2025 A&B

Miss Gordon asked Mr Campbell to speak to the tabled Service Delivery Plan Report.

Mr Campbell drew the Board's attention to key highlights including the reduction in those waiting in excess of 12 hours in emergency departments, with patient satisfaction continuing at high levels.

Mr Campbell noted that work continued both centrally and in local teams to ensure validated data, but accepted that in a number of cases, the "targets" remained unrealistic and unachievable, and that further work was required with SPPG on the strategic outcome measures.

The Board were advised of the particular challenges arising from 7 day a week demand in the context of 5 day a week service provision.

Mrs Edwards reflected on the capacity and resource issues, noting that there was a requirement either to increase resources (which was not realistic in the current context) or to do things differently.

Discussion took place in relation to the uptake of mycare across Northern Ireland, the impact of encompass on the elimination of duplicate waiting list entries, and the recording of work by BHSC staff in other Trust areas.

Finally, Mr Campbell updated the Board in relation to the plans for service reconfiguration across hospital services in Belfast, advising that he was optimistic that he would be able to bring proposals to the September Trust Board.

ACTION:Mr Campbell

9. Finance Report P137-2025 A-C

Mrs Cotter noted that it was now expected that the Annual Report and Accounts for 2024/25 would be laid before the Assembly on 4 July.

Mrs Cotter referred to the tabled reports for month 2, noting that an increase in identified savings had led to a revised projected outturn of a £65.4m deficit.

SPPG have indicated plans to provide additional funding such that the deficit is then reduced to £32.7m, which it is intended should be achieved through SFMG workstreams.

Mrs Cotter further advised that an updated financial plan is to be submitted within one week.

At end of month 2 of 2025/26, the overall position is showing an £11.4 m deficit which is therefore broadly in line with projections. Mrs Cotter noted there was a minor issue with the budget reporting at directorate level, but the overall Trust position as reported was accurate. £13.8m savings had been achieved which was slightly above the savings projected, and was as such reassuring. While nursing and social work agency reductions continue to achieve savings, and planned sickness reductions are being realised, medical savings have not been realised. Mrs Cotter noted that there was a further delay on the regional medical agency framework (part of medical workforce work being led by the WHSCT Chief Executive) but noted that there was some ongoing work at Trust level including in relation to locum rates and fellow posts.

Commending the work in the year to date, and the clarity of the papers provided, the Board queried the confidence in ongoing savings plans, particularly in the context of challenging performance targets. Mrs Cotter shared the concern of the Board in relation to the delivery of the planned savings, not least given the reliance on regional actions, but provided assurance that it was not expected that performance targets would have a detrimental impact on the financial plans.

Mrs Edwards reflected on the particular challenge in relation to medical staffing costs, with Dr Scullin noting the context of our provision at BHSCT of regional services, and our being the hospital of last resort when others stopped services locally.

The Board enquired in relation to the role of the Department and the need for timely and effective workforce planning. Mrs Somerville advised that the Interim Permanent Secretary had indicated that priority should be given by the Department to progressing the work at a pace.

The Board enquired in relation to the pay award for 2025/26. Mrs Cotter noted that while Ministerial commitment had been given to this, funding had yet to be identified.

10. Update on Capital Schemes P138-2025

Mr Porter referred to the paper which had been provided.

Mr Porter noted that in relation to the Children's Hospital there had been good progress on site. Mr Porter paid tribute to the work of the capital redevelopment team and estates team who had worked together to effectively manage the various risks.

Mr Porter noted that survey work continued at AMHIC with a view to preparing a high level cost estimate and programme for the remediation works required in the building.

In relation to the Maternity Hospital, Mr Porter noted that the Minister was now seeking an external expert report. It was unclear what the specific Terms of Reference were to be for that review. Mr Porter will be writing to the Department to seek permission to proceed with initial work pending the outcome of the external review. The Board also asked that in his correspondence with the Minister, he be asked for anticipated timeframes for such a review.

ACTION:Mr Porter

An enquiry was made in relation to the sufficiency of Estates Department staffing in the context of the various projects. Mr Porter assured the Board of the steps he was taking to ensure sufficient staffing.

Mr Porter confirmed that he was the Senior Responsible Officer for the Children's Hospital project, and that he was content with the governance arrangements in place.

11. Updates from Committees / Standing Reports P139-2025

Mr Small referred firstly to the BHSCT Board update from Audit Committee. He noted that while this was a brief update in relation to the work of the committee, a full update had been provided as part of the Trust's Annual Report and Accounts seen and approved previously by the full Board.

Mr Small confirmed that going forward Audit Committee would seek to provide a summary report to Trust Board following each Audit Committee meeting.

ACTION:Ms Cotter

Referencing the minutes provided, Mr Small noted that the minutes of 15 April 2025 had not in fact been provided, as some minor changes are to be made prior to them being considered finalised.

Miss Reid then referred to the update for Social Care Committee noting that the current arrangement of Social Care Steering Groups continued to pertain pending consideration within the context of a revised Board Assurance Framework.

12. Papers for Direction

Mr Watson confirmed that there were no papers for direction.

13. Papers for Approval

Mr Watson confirmed that there were no papers for approval.

Miss Gordon made reference to the Annual ALB Governance Self-assessment, and assured the Board that work was progressing such that this should be available to the Board in August.

14. Papers for Oversight and Assurance P143-2025 and P143-2025 A-C

Mrs Clinton firstly referred to the papers regarding cardiac surgery inclusive of the updated action plan. Mrs Clinton noted that SPPG colleagues were now seeking a Word update for each of the recommendations, in addition to the Excel spreadsheet format.

Mrs Clinton confirmed the Oversight Group had been established and referenced the two workstreams regarding communications/culture and governance.

Fortnightly reports were being provided to SPPG, with monthly reports to Trust Board.

There continued to be engagement with the Patient and Client Council, and with trade unions.

Mrs Clinton then talked to the paper which she had provided to the Board.

Mrs Clinton highlighted that while 945 cases are commissioned per annum, the projection was that activity would be in excess of 1000 cases during this year. This may lead to a downturn in reliance on the independent sector for surgeries.

Currently no outpatients wait longer than 9 weeks for an appointment for cardiac surgery.

The Board acknowledged the fantastic work being done by Mrs Clinton and the team. Indeed, the Board asked that further work be undertaken to fully describe the full extent, breadth and depth of the work which had been done not only in recent weeks but in recent months and years. Mrs Edwards advised that colleagues from Planning, Performance and Informatics would be supporting this aspect. Mrs Edwards noted that at her meeting with the Minister later that day, she would be highlighting the positive work already undertaken, seeking to bring balance to the updates being presented, while at the same time being clear that concerns are not being dismissed and there is still significant work to be done

ACTION:Mrs Edwards

The Board accepted that cultural issues stretching back over many years would not be turned around in a short period of time.

The Board had a number of specific queries in relation to 4.2, 4.11, 11.1, 14.1 and 15.1. Mrs Clinton agreed to follow up on these queries offline.

ACTION:Mrs Clinton

The Board highlighted again the reference to the Assurance Committee agenda being too broad.

The Board enquired as to the team dynamics currently. Mrs Clinton reported that the team remained focussed on patient care but tensions remained, while the immense media and political interest had placed a strain on all team members. Challenges also remained in relation to the behaviour of some individual team members.

The Board referenced the parallel work in Neurology.

The Board noted that in addition to communicating the actions being taken more widely, there should be confirmation that individual behavioural issues were being addressed appropriately.

Discussion then moved to the report tabled in relation to Audit Committee effectiveness.

Mr Small (as Chair of Audit Committee) referred to the annual exercise which had been completed and the identification of training and development needs. The

Board commended the model noting that steering groups may wish to consider a similar approach to self-assessment.

15. Break

The Board took a short adjournment in proceedings prior to resuming at 1115.

16. Annual Statutory Functions and Corporate Parenting Report P144-2025 A-J

Miss Reid referred to the detailed report which had been provided to the Board.

Miss Reid noted that the relevant steering groups had reviewed the details, with the position reported as at 31 March 2025, in accordance with prescribed reporting arrangements.

Miss Reid highlighted in particular the workforce challenges.

Following detailed discussion by the Board, the Board approved the report, noting the considerable levels of unmet need and non-compliance in a range of areas outwith the control of the Trust, including in unallocated cases and safeguarding.

The Board were assured that the escalation of issues, where the Trust was not meeting its statutory obligations, had been to the Department of Health and SPPG, who were fully sighted on the issues.

17. Any Other Business

Miss Gordon reflected on her very positive experience of a recent visit to a Children's Home.

Miss Gordon congratulated Miss Reid upon her recent appointment as Chief Executive of the Northern Ireland Social Care Council, and thanked her for her considerable contribution to the work of the Trust.

Miss Gordon referred the Board to the correspondence which had been received from Mr Stanford Smith, and already responded to. Miss Gordon noted that further correspondence had been received, it too would be responded to and the Board would be provided with this.

The Board discussed the need for engagement with the Health Committee as well as the Department of Health.

There being no further business, the meeting concluded in public session at 12 noon.

