

Minutes of the 171st Public Trust Board Meeting
on 6 March 2025 at 9am in the
Boardroom, NCS, RVH

Present

Mr Ciaran Mulgrew	Chairman
Mr John Conaghan	Non-Executive Director
Mrs Ellen Finlay	Non-Executive Director
Miss Patricia Gordon	Non-Executive Director
Professor Carmel Hughes	Non-Executive Director
Mr Joe McVey	Non-Executive Director
Professor Catherine Ross	Non-Executive Director
Mr David Small	Non-Executive Director
Mrs Maureen Edwards	Interim Chief Executive
Mrs Fiona Cotter	Interim Director of Finance
Mr Chris Hagan	Medical Director
Mrs Olga O'Neill	Interim Director of Nursing and User Experience <i>(for part of the meeting only, leaving as indicated below)</i>
Miss Tracy Reid	Interim Executive Director Social Work

In Attendance:

Dr Brian Armstrong	Director Unscheduled and Older People's Services
Ms Paula Cahalan	Director Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health
Mr Alastair Campbell	Director Performance, Planning and Informatics
Mrs Tara Clinton	Director ACCTSS and Surgery
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
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
Mrs Gillian Somerville	Director of Human Resources and Organisational Development
Ms Kerrylee Weatherall	Interim Director Children's Community Services <i>(for part of the meeting only, leaving as indicated below)</i>
Mr Peter Watson	Head of Office
Mrs Bronagh Dalzell	Head of Corporate Communications
Mr Brian Cavanagh	Independent Consultant

Apologies:

Dr Peter Sloan

Interim Director Mental Health, Intellectual
Disability and Psychological Services

1. Conflicts of interest

The Chairman asked for any conflicts of interest to be declared. None were declared.

2. Apologies

It was noted that Dr Sloan was an apology while Ms Weatherall, Mrs O'Neill and Mrs Somerville would need to leave the meeting at various times, due to other commitments.

3. Chairman's Business P109-2025

The Chairman welcomed all to the meeting.

The Chairman noted that Mr Brian Cavanagh was attending the Board meeting as an observer. Mr Cavanagh has been supporting the non-executive directors in particular over the past year, most recently assisting with a self-assessment of Board effectiveness.

The Chairman checked that Board members had had an opportunity to consider the papers published on Convene. The Chairman noted that this month had been somewhat unusual with only a three week period since the last meeting (when usually we have at four, and sometimes five, weeks between meetings), and so this was why papers were out slightly later than usual.

The Chairman noted that he had again added to the Board pack this month, details of some of the visits he had undertaken.

The Chairman noted that the job description and information pack for the Chief Executive post had been finalised and he thanked in particular Miss Gordon and Mrs Somerville for their assistance in this work. The Chairman advised that the next stage was to resolve the remuneration for the role, with his referencing benchmarks with other Trusts in the UK, of much smaller scale and yet significantly higher remuneration. The Chairman indicated that he hoped to hear further from the Department of Health in the coming days, but there was sufficient clarity in relation to the likely range for the salary, such that discussions would now proceed with recruitment agencies.

The Chairman noted that he and other Trust Chairs had met the Minister the previous day, and there had been discussion in relation to waiting list initiative funding and payments. The Chairman noted that he had met (along with Mr Hagan and Mrs Mulholland) a number of surgeons who had made proposals as to how companies might be established to progress such work. The Chairman noted that Mr Hagan's view was that it may be better if the rates paid for waiting list initiative work were revisited regionally and applied across all Trusts. The Chairman had relayed this suggestion to the Minister who seemed receptive to it.

Mr Campbell enquired if there had been clarity provided regarding the recurrent (or non-recurrent) nature of the indicated new funding.

The Chairman noted that his colleague Chairs had expressly enquired in relation to the recurrent nature of any new funding, noting how important that a sustainable solution was found to not only reduce waiting lists, but to maintain them with reasonable wait times.

Mr Small enquired in relation to the scale of investment.

The Chairman noted that it was unclear what Executive support there was, while he too was conscious of the lack of clarity in the reference to “up to £135m”.

Mrs Edwards reflected that the scale of required investment of at least £800m across 5 years, was significant, with the starting position now considerably worse than it had been when waiting list backlogs were addressed in 2014-2016.

Mr Small enquired as to whether the monies would be targeted in particular areas/lists. Mrs Edwards advised that she expected that there would be consideration of what could and could not be delivered.

Finally, the Chairman referred Board members to the recent correspondence and questions from Mr Stanford Smith, emailed to the Board on 3 March 2025, and which will now form part of the record of this meeting.

4. Minutes of previous meeting – 9 January 2025 – P110-2025

The Chairman referred to the draft minutes of the Trust Board of 9 January 2025, and sought agreement that these minutes should be agreed as a true and accurate record of that meeting. The Board agreed.

5. Action Log – P111-2025

The Chairman indicated he was grateful to Mr Watson for the work on a revised format, but he was also conscious of the feedback provided on this revised format on Convene, which he and Mr Watson would develop further.

The Chairman checked if members were content that the green items be removed from the log. Members agreed.

The Chairman asked if there were any queries on the outstanding actions. There were none.

It was agreed that the action log would be developed further in the manner suggested by Mrs Finlay.

ACTION:-Chairman/Mr Watson

6. Chief Executive's Business

The Chairman noted that Chief Executive's Business, and the paper provided by Mrs Edwards, would be taken in the confidential section of the Board's meeting.

Mrs Edwards apologised that other demands in the previous 48 hours had resulted in the later circulation of her report.

Discussion took place in relation to the practice of questions being posed on Convene in advance of the meetings, which questions could then be answered prior to the meeting. It was agreed that it was helpful for there to be prior notice of questions being posted, but it was also recognised that good governance also required there to be an appropriate record of such questions (and answers). It was also noted that it would be helpful if Convene could prompt individuals that a question had been asked of them, and allow them to “reply” to the question, other than by the creation of a new “sticky note.”

It was agreed that Mr Watson would seek advice from Mr Graham.

ACTION:-Mr Watson

It was agreed that Mr Watson seek information governance advice in relation to this, with appropriate proposed amendments to Trust Standing Orders.

ACTION:-Mr Watson

Mrs O'Neill left the meeting due to other commitments,

Mrs Edwards advised the Board that the previous day she and Mrs Sara Templar had attended the Muckamore Abbey Hospital Inquiry, as Mr Aiken KC provided the closing submissions on behalf of the Belfast Trust.

Mrs Edwards noted that she and a number of colleagues had attended “The Big Discussion” workshop on Tuesday 4 March, where the focus had been on winter planning. Mrs Edwards noted that this was the first in a series of workshops, taking place in a context where some of the initiatives progressed at BHSCT were already bearing fruit.

Mrs Edwards noted that she and Mr McMullan had also attended an event at Eden Park Surgery the previous day. This had been attended by a range of senior government ministers, and the Trust had been commended for its support for the multidisciplinary work. Mr McMullan (who had spoken at the event) provided the Board with some insight into this work, including the impact on reduced hospital referrals for physiotherapy, through to menopause cafes, Men’s Sheds and ADHD groups.

Mrs Edwards advised the Board that during week commencing 10 March, the Health Committee would be considering again the issue of “short breaks” and in particular the purpose to which additional monies had been invested.

Mrs Dalzell noted that the Health Committee would later in March be considering palliative care services.

Mrs Edwards noted that the incoming Interim Permanent Secretary, Mr Mike Farrar, would be taking up post from 8 April 2025, with meetings with herself and the Chair and Executive Team arranged, and Trust Board to be confirmed in due course. Mrs Edwards noted that Mr Farrar would be meeting with the Chief Executives on 7 March as part of the ongoing programme of support which he had already been engaged in prior to his being appointed Interim Permanent Secretary.

7. Corporate Plan P112-2025

Service Delivery Plan Report – end January 2022 P113-2025

The Chairman introduced this agenda item, noting that he was delighted to see the degree of engagement regarding the corporate plan on Convene.

Mr Campbell explained the background of work commencing in January 2024, with significant engagement with staff, trade unions, divisions and Executive Team.

Noting that there were a large number of comments on Convene, Mr Campbell indicated that he did not propose (at the meeting) to go through each of the various comments. Mr Campbell reflected that it did not seem there was an issue with the plan, rather there had been a rapidly evolving and changing context with new Trust Board members, the Programme for Government, the introduction of SOM and SOF and Ministerial priorities.

Mr Campbell indicated that there were in his view, a couple of options, one to work on another version of the current draft, and the second (which he favoured) of a complete reworking of the plan to complete to coincide with the arrival in post of the Chief Executive.

The Chairman also noted that there were extensive comments, but he was concerned that in a context where it could be up to six months before a Chief Executive commenced in post, that there would not be a corporate plan.

Noting the comments which had been made regarding the Trust vision, Mrs Edwards advised that extensive work had been undertaken at the time of the BHSCT creation and then again when Mr Dillon was chief executive, with a lot of engagement. Mrs Edwards noted that it may be appropriate to consider refreshing the vision, but her concern was that to do so could take a lot of time.

Mr McVey congratulated all who had been involved in the development of the plan, but echoed the comments made regarding a changing context, and noted that the non-executive directors had not to date “owned” the plan. Mr McVey indicated that he considered that the plan should be developed around the boardroom table ; perhaps there had been a time when previous Boards may not have wished to engage with such work but for this Board, there was a clear wish for there to be a corporate plan which was real and which confirmed the Trust strategic priorities.

The Chairman noted that he would wish there to be a corporate plan from which were derived 7/8 key priorities which could be RAG rated at each Board meeting.

The Chairman proposed that he, Mr Campbell and other non-executive directors who had a particular interest in the development of the plan (eg Professor Ross and Mrs Finlay), should meet in order to develop a “product” which could be brought back the Board in May 2025. Mr Campbell noted that the engagement which would be required, for example with trade unions, may mean that the process took a little longer.

ACTION:-Chairman/Mr Campbell

The Chairman noted that the annual Trust Board planner which was in final draft would be progressed in any event.

Mr Small indicated that he considered that it was important that the corporate plan be on the agenda for a Trust Board workshop, to allow all to contribute, and for there to be proper time for consideration of the plan.

Professor Ross noted that what was missing from the plan was detail as to the outcomes from the actions, the difference that actions would make.

Mr Campbell then referenced the tabled service delivery plan report.

Mr Campbell noted that there was improved reporting of daycases on encompass.

Dr Armstrong noted the excellent performance in the endoscopy service, with Mr Campbell noting that BHSCT had supported other Trusts in this area.

In relation to the echo service, Dr Armstrong noted that there had been some issues, but there had been recruitment and retention work, resulting in improved activity levels. Professor Ross enquired as to whether there should be an approach to the Department of Health about the lack of commissioned education in this area, given our knowledge of the challenges in the workforce. Dr Armstrong agreed, but also referred to the approach at BHSCT of seeking to facilitate training of our staff. The Chairman noted that this would be one issue which could be raised with Mr Mike Farrar.

Mrs Finlay noted that it was important to recognise the good performance through much of the report.

Mr Campbell noted that reporting issues remained in the context of the implementation of encompass, and the Department of Health have recognised that there had not been sufficient resourcing of the work required on data quality. There will always be such issues with a new system, but the scale of the demands had not previously been appropriately recognised.

Professor Hughes enquired in relation to the waiting list for physiotherapy. Mr Campbell and Mr McMullan referred to the workforce issues, including vacancies, and sickness, while the service was not commissioned for the full demand upon it. There were also some issues in the counting of activity, while there were also recognised issues with duplicate entries on the waiting list.

Mr Campbell highlighted that the numbers of recorded compliments had risen over the winter.

The Chairman noted the 99% approval rating, which he considered should be more widely known and disseminated.

Mr Campbell referred the Board to the details of the SPPG support and intervention escalation process outlined in the appendix to the presentation, noting in particular

that level 4 and 5 escalations were published. Mr Campbell indicated that he would ensure that there were updates on such escalations at each Trust Board.

Miss Reid noted that it was difficult to follow the start and end point for escalation.

Dr Armstrong noted that a review of unscheduled care data over the past five weeks had shown a reduction in decisions to admit, and a reduction in those waiting in excess of 12 hours. Dr Armstrong noted that such improvements were not accidental and had followed a reset week, with changes in service delivery including re-creating a medical assessment unit, which in turn allowed patients to be discharged home quicker. Dr Armstrong also noted the good work by Mr McMullan and his team at the “back door”. In this improved context, Mrs McWilliams of SPPG had indicated that unscheduled care may be able to come off level 3 escalation, if the improvements were sustained across a further two weeks. As such there was demonstrable evidence of the scope to reduce escalation levels.

Dr Armstrong noted that increased activity via NIAS from other Trusts was however impacting on increased length of stay for those patients, whose repatriation to their host Trust had to be arranged. Dr Armstrong noted that this would be another matter which would be raised with Mr Mike Farrar.

The Chairman noted that it was heartening to hear of the improvements, not least in the context where there had been such difficult times for staff and patients earlier in 2025.

Miss Gordon enquired as to the criteria for escalation. Mr Campbell noted that there were challenges in fully understanding the criteria, although he recognised that there would always be some professional judgement involved.

Miss Gordon enquired as to whether there was a linkage between the risk register and the escalation process. Mr Campbell confirmed there was not, although this would be one aspect which would be fed back to SPPG.

Mr Campbell noted that the escalation in the context of Muckamore Abbey Hospital was an example where there was a lack of clarity as to the specific basis for the escalation.

Mr Campbell did reflect however that at this early stage in the implementation of the SOF and SOM, SPPG colleagues were seeking to be helpful.

Miss Reid noted that there was a need for the application of an open, just and learning culture at all levels throughout the HSC.

Ms Cahalan noted that issues regarding the Paediatric Gastrostomy service had been brought by her to Trust Board in January, as they were the subject of escalation.

Ms Weatherall left the meeting

8. Finance Report – P114-2025 A-C

Mrs Cotter referred to the tabled financial report.

Mrs Cotter noted that at the end of month 10 (end January 2025) there was a reported £300k deficit, but that the Trust was still projecting a year end breakeven position.

Mrs Cotter noted that medical savings and absence targets would be a particular focus going into 2025/2026.

Mrs Finlay raised a query regarding the negotiation of agency and bank contracts but commended the work which had resulted in the breakeven position.

Mrs Cotter advised that it was hoped to build on the work during 2024/2025 regarding medical spend.

Professor Ross enquired further in relation to what work would be taken to deliver the reductions in spend.

Mr Hagan noted that he had established quarterly meetings with divisions in relation to high cost agency spend. He was also exploring the scope for the employment of fellows in the context of trainee vacancies; he was discussing with NIMDTA how such posts might gain training recognition.

Mr Small applauded the various initiatives being taken, but drew attention to Graph 5, medical agency savings. Mrs Cotter confirmed that the targets had not been achieved.

Mr Small also referenced the absence data and enquired as to the work being done in this area. Mrs Somerville confirmed that the issues would be discussed in detail at the May Trust Board meeting.

9. Updates from Committees/Standing Reports – P115/2025, P116/2025, P117/2025

The Chairman referred to the reports provided and firstly asked Miss Reid to update in relation to the Social Care Committee.

Miss Reid noted that there had been a recent meeting of the Adult Social Care Steering Group, while the Children's Social Care Steering Group had not proceeded.

Miss Reid noted that the BAF had envisaged Steering Groups but her view was that there should be a Social Care Committee. Miss Reid noted that she would review the role of the committee, to ensure that non-executive director involvement was at the appropriate level.

Miss Reid noted that she was content however that the Board receive assurance of work in this area.

The Chairman noted that the Board Assurance Framework would be considered at the April Trust Board meeting, while action had already been taken following the 13 February Trust Board workshop, with non-executive directors coming off those committees.

Mr McVey commended the work being progressed to clarify the roles of non-executive directors within the assurance framework.

The Chairman then asked Mrs Cotter to speak to the update from the Charitable Funds committee.

Mrs Cotter noted that Professor Hughes chaired this group, which reviewed applications and also had oversight of the work of the committees which reported to it. Mrs Cotter noted that application for registration with the Charities Commission was in train.

The Chairman noted that he wished all to encourage the accessing of charitable funds (as appropriate) to support patients and staff.

The Chairman himself then referenced the report from the Remuneration Committee, which he himself chaired. The Chairman noted that he had raised with the Minister his concern that the work of the committee was somewhat limited given that salary levels were set.

10. Papers for Approval P118/2025, P119/2025

The Chairman noted that the Trust Board work plan had been developed and was currently with Executive Team and himself for review. The plan sought to outline what was to be considered, when it was to be considered, and the duration of such consideration. The Chairman indicated that he expected it to be sent to Trust Board members in the coming days and formally agreed at the April Board meeting.

ACTION:-Mr Watson

The Chairman then referred to the proposal in relation to GP Out of Hours.

The Chairman reflected on the challenges which there had been in progressing from the status quo of two centres within the city; the Chairman reflected that a proposal for a central location may have been better received.

Miss Reid reflected that we needed to better understand how our city works, while our city also needed to better understand how the Trust works. Miss Reid indicated we should be working closer with the community and voluntary sectors if we are to effect successful change.

Mr Campbell noted that the consultation had revealed a lack of understanding as to the service, while many of the points made by the public were entirely valid.

Mr McVey noted that this took us back to the need for a corporate plan which recognised the nature of Belfast. Mr McVey expressed his disappointment that the recommendations which the Board had received in October (which had appeared well argued) had ultimately not been progressed; he noted the positive comments on page 8 alongside the concerning comments on page 22. Mr McVey indicated he was content to support recommendation 2.

Discussion took place in relation to the limited scope to secure funding from general capital allocations.

Miss Gordon noted the reference there had been to the lack of access to GP services in daytime hours and enquired if this would be fed back to SPPG. Mr Campbell agreed.

ACTION:-Mr Campbell

Discussion took place in relation to the proposals in relation to electronic prescribing and it was agreed that that matter should be progressed.

Miss Gordon noted that the Mater YP trustees may be in a position to provide financial support for a capital build/refurbishment.

Miss Gordon noted also her own experience of working with GPs in the development of ophthalmology services at the Mater Hospital.

Mrs Finlay noted the overarching context of financial pressures and enquired as to whether it was sustainable to maintain two sites in such context. Mrs Finlay noted that if we were unable to make difficult decisions locally, this did not provide encouragement that wider system decisions would be able to be taken.

Mrs Dalzell reflected that pre-engagement (which had been principally at MLA level) could have been better if it had included engagement with local councillors.

Mr Campbell commented that securing progress on the skill mix issue was notable and should be built upon.

Mr Small agreed with colleagues that it was disappointing that the initial plans were not able to be progressed. Mr Small enquired if the Board could act despite the outcome of consultations such as this, and Mrs Edwards confirmed that it could.

Miss Reid noted that in the context of the many difficult decisions the Board would be required to make, it was important that the Board listens to stakeholders, and is cognisant of its strategic intent.

The recommendation in the paper was approved with agreement that a one-site model be kept under consideration in the future.

11. Papers for noting

Mr Watson confirmed there were no papers for noting.

12. Being Belfast – Presentation from Labs P121/2025 A&B

Dr Benson and Mrs Crawford joined the meeting.

The Chairman noted that he and colleagues had visited the Labs and had been very impressed by the work of staff, which work impacts on all throughout the hospital.

Dr Benson then spoke to the presentation which had been tabled on Convene.

Following the presentation, the Chairman noted that the quantum of work within Labs was enormous, touching much of the work of the Trust, while the environment was not satisfactory. The Board noted however that competition for limited capital funds was significant, with there having been investment and committed funding in the context of encompass roll-out, Maternity and Children's Hospital.

Mr Small echoed the Chairman's remarks, thanking Dr Benson for the presentation. He noted in particular the concerns about the equipment issues in the New-born Screening Service (NBSS).

Mrs Crawford noted that sending this work away was not an option at this time due to capacity issues in other units and turnaround time, but there was scoping work ongoing to consider the work being provided at the Mater Hospital site.

Mr McMullan noted that he had visited Labs on a safety quality visit and had been very impressed. He encouraged other colleagues to also visit. Mr McMullan also referenced the significant opportunities in this area from artificial intelligence.

Miss Gordon also thanked Dr Benson, and enquired in relation to the paediatric pathology service.

Dr Benson reflected that we were in a "catch 22" situation where without a consultant in post it was not possible for us to provide training. Dr Benson noted that Belfast was not alone in being in this position.

Ms Cahalan noted that the challenges for the paediatric pathology service were experienced by staff in the Children's Hospital who supported families in these most awful of circumstances. Ms Cahalan noted the recent media coverage involving one family.

Miss Gordon enquired in relation to other areas of vulnerability regarding medical staff.

Dr Benson referred to the inherited metabolic diseases service as one such area where the Trust were seeking a trainee.

Miss Gordon enquired in relation to the suggestion of a single pathology agency.

Mrs Crawford noted that the NI Pathology Network Agency - Blueprint project is ongoing, however allocation of funding remains.

Mr Porter noted that he had recently visited the Labs, and he too had noted the complexity and volume of work. He agreed that the Kelvin Building was not fit for purpose; Mr Porter queried if we had been clear enough with the Department of Health regarding the potential risk to regional services from Labs downtime. While he accepted the context of the various demands on capital, Mr Porter indicated that there was a need to flag the regional nature of much of the work.

Mrs Edwards indicated that it would be important that the Trust influence longer term capital planning.

Mr Conaghan enquired as to whether the NBSS was on the Corporate Risk Register.

Mrs Crawford confirmed that it was.

Professor Ross thanked Dr Benson and Mrs Crawford for the presentation, noting that she had visited Labs on two occasions with Ms Kearney. Professor Ross noted that she too had been surprised by the surroundings but incredibly impressed by the staff, especially regarding their very clear patient focus. Staff members were focussed on the difference they made to the individual patients they were serving. Professor Ross noted too that she had been struck by the knowledge and expertise of staff, and their understanding of how their roles fitted within the department; this was especially so within genomics. Professor Ross said that she would very much encourage visits to the Labs, and it was much more powerful to see the facilities and not just hear the presentation. Professor Ross commented that in Ms Kearney, Labs had an excellent advocate for their service.

Mrs Finlay noted that she had found the presentation fascinating. Mrs Finlay enquired as to whether there had been engagement with politicians in relation to IVDR.

Dr Benson noted that the matter had been raised in multiple meetings with QUB, but as a QUB building it did not benefit from healthcare exemptions.

Concluding the session, Ms Kearney thanked Dr Benson and Mrs Crawford. Ms Kearney noted that Dr Cross was taking forward work in relation to IVDR and there was already an AI Pathology subgroup. In relation to paediatric pathology, Ms Kearney noted that there was ongoing recruitment while the Minister had also indicated a potential all island approach. Ms Kearney also took the opportunity to advise the Board that Mrs Crawford would shortly be leaving her post in Labs after providing leadership across the past 7 years; Ms Kearney was supported by the Board in thanking Mrs Crawford.

13. Any Other Business

There was no other business and the meeting in public session concluded at 1120.

