

## 175th Meeting of BHSCT Trust Board (Public)

Thursday 6 November 2025 at 0900

in the Boardroom, Non Clinical Support Building, Royal Hospitals

### Present

Miss Patricia Gordon	Non-Executive Director ( <i>Vice chair of the Board and Acting Chair</i> )
Professor Catherine Ross	Non-Executive Director ( <i>Via MS Teams</i> )
Mrs Ellen Finlay	Non-Executive Director
Mrs Jennifer Welsh	Chief Executive
Mrs Maureen Edwards	Director of Finance
Mr Chris Hagan	Medical Director
Mrs Olga O'Neill	Interim Director of Nursing and User Experience
Ms Kerrylee Weatherall	Interim Director Children's Community Services/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 ( <i>attended the meeting as indicated below</i> )
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Mrs Paula Cahalan	Director Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health
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 Peter Sloan	Interim Director Mental Health, Intellectual Disability and Psychological Services
Mrs Gillian Somerville	Director of Human Resources and Organisational Development
Mrs Bronagh Dalzell	Head of Corporate Communications
Mr Peter Watson	Head of Office

Dr Grainne Bonar, Ms Aisling Pelan, and Mrs Catherine Collins, Co-director joined the meeting for Agenda item 12, as noted below.

Mr Peter McBride, Dr Jennifer Hill, and Dr Tony Stevens joined the meeting for Agenda item 13, as noted below.

**Apologies:**

Professor Carmel Hughes	Non-Executive Director
Mr John Conaghan	Non-Executive Director
Mr David Small	Non-Executive Director

## **1. Trust Board Workplan P154-2025**

Mr Watson noted that the workplan had been amended following Mr Small's comment at the last meeting, with Audit Committee updates now scheduled to come to the full Trust Board four times per annum. Mr Watson noted that he and the Acting Chair would continue to review meeting agendas to ensure that as much business as possible is managed within public meetings, while there would also be cognisance of the recommendations of Mr McBride and Dr Hill in relation to Board papers.

## **2. Conflicts of Interest.**

The Acting Chair asked for any conflicts of interest to be declared. There were none.

## **3. Apologies**

Apologies were as noted above. The Acting Chair confirmed that the Standing Orders had been reviewed, and those present fulfilled the requirements for a quorum.

## **4. Chairman's Business**

The Acting Chair welcomed all to the 175<sup>th</sup> meeting of the Belfast Trust Board in Public session.

The Acting Chair confirmed with Board members that they had had an opportunity to consider the papers sent in PDF format, firstly on Monday 27 October, and then with the Annual Quality Report sent under separate cover on Wednesday 29 October, the Chief Executive update sent on Tuesday 4 November, and an update on Cardiac Surgery sent on Wednesday 5 November.

The Acting Chair noted that papers would be taken as read.

The Acting Chair welcomed Mrs Justine Boyle, the Trust's Lead Infection Prevention and Control Nurse, to the meeting, as an observer.

The Acting Chair also welcomed Mrs Bronagh Hagan, Codirector from Unscheduled and Acute Services to the meeting, as an observer.

The Acting Chair noted that following a query raised at another Trust in relation to the distinction between Trust Board members, and other Trust Directors and staff in attendance at the Board, the nameplates for the Board meetings have been revised.

Those nameplates with purple shading identify those who are Board members. The Acting Chair invited anyone with any queries (including observers) about the conduct of meetings to speak with Mr Peter Watson, Head of Office.

The Acting Chair referenced the Standing Orders and in particular the reference, *“Where the Chairman of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chairman owing to illness or any other cause, the Vice-Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes their duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Vice-Chairman.”*

The Acting Chair noted that a Public Appointment Competition for a Non-Executive Chair to the Trust had been launched, with a closing date of 13 November 2025.

The Acting Chair asked Mr Watson to provide an update on correspondence received.

Firstly, Mr Watson referred to the questions posed by Mr Stanford Smith in his email of 28 August at 1329 (in which he referenced the Emerge festival), and the response made to him by email on 3 October at 1040, which response was shared with the Board on 6 October at 1049. Mr Watson also noted that the Board had seen Mr Smith’s reply on 3 October at 1204.

Secondly, Mr Watson referred to the email from Mr Smith on 23 October at 1856, and the response made to him by email on 30 October at 1058, which response was shared with the Board on 3 November at 1330. That trail related to comments regarding safety within Cardiac Surgery. Mr Smith then wrote to Mr Watson again on 30 October 2025 at 1119 in relation to the same trail, and Mr Watson noted that he would share that later email with the Board.

**ACTION:Mr Watson**

Thirdly, Mr Watson noted that Mr Stanford Smith had written to him on 30 October in relation to Board papers, and he had responded to him on 4 November. Mr Smith

then wrote to him again on 4 November at 1052. Mr Watson noted that once that trail concluded he would share the details with the Board.

**ACTION:Mr Watson**

Fourthly, Mr Watson noted that Mr Smith had written to him on 31 October on a range of matters, with responses being being prepared. Mr Watson confirmed that the questions and responses would be shared with Trust Board as usual.

**ACTION:Mr Watson**

Finally, Mr Watson noted that the Board had seen on 3 November 2025, details of a response which was made to Mrs Angela Haughey on 28 October. As he had noted in his email to Board members on 3 November, Mrs Haughey had written again to him on 3 November. Mr Watson confirmed that Mrs Haughey's email and his response would be shared with the Trust Board.

**ACTION:Mr Watson**

The Acting Chair provided an update on a range of visits and meetings which she had attended since the last Board meeting.

These had included:

- A workshop on Trust communications on 2 October, attended with other non-executive directors, following a recommendation in the DCO Partners Report.
- The Oration and Medical Staff Dinner on 3 October 2025.
- A visit to AMHIC on 7 October 2025.
- A visit to the Knockbreda Centre on 17 October 2025.
- A meeting with Miss Silvestri in Ophthalmology on 4 November 2025.

The Acting Chair thanked those who had accommodated her visits and meetings, during which visits she had noted the dedication, commitment and enthusiasm of staff. The Acting Chair highlighted the importance of showcasing the excellent work which was ongoing throughout the Trust, and noted that the Chair's Awards would shortly be re-launched.

The Chair noted that the RQIA Winter Plan had been received.

## **5. Minutes of Previous Meetings – 20 June 2025 & 4 September P156-2025 A&B**

Miss Gordon referred the Board to the draft minutes of the meetings of 20 June 2025 & 4 September 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 P157-2025 A&B**

Mr Watson referred the Board to the tabled Action Log.

Mr Watson noted that the key had been amended, with purple shading now being used to highlight those items which it was proposed to the Board should be considered as, "Complete or Otherwise to be considered closed."

Mr Watson also updated in relation to P012-2025, which was the action for the Palliative Care Hub update to be at Trust Board, and action P018-2025 which related to the Audit Committee update to be at Trust Board. Mr Watson noted that in a context where both items were on the Trust Board agenda, he would propose that they also be considered as, "Complete or otherwise to be considered Closed."

The Board agreed the Purple items, and those additional two items as, "Complete or otherwise to be considered closed".

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

## **7. Chief Executive's Business P157-2025 C**

The Acting Chair then asked the Chief Executive to speak to her tabled report.

Mrs Welsh firstly noted that she continued with a range of visits to teams across the organisation, and thanked Directors and their teams for accommodating the visits.

Mrs Welsh noted that she had been impressed by the great work she had seen delivered across the organisation.

Mrs Welsh noted that she had attended the Health Committee on 23 October, and noted that Mr McBride and Dr Hill would be attending the Board meeting later in the agenda.

Mrs Welsh confirmed that there were no additional emerging updates beyond those provided in the paper which had been tabled to the Board earlier in the week.

Mrs Welsh invited Executive Team colleagues to speak to the various submissions included in the Chief Executive Update.

Mr McMullan referred to the NI Advancing Healthcare Awards, and the success of Trust staff. Further details will be profiled on the Loop, while Mr McMullan invited Board members to visit award winners and teams across his Directorate.

Mrs O'Neill highlighted the refurbishment of the gardens at the Cancer Centre.

Dr Sloan highlighted the successes at the Minorities Recognition Awards.

Ms Kearney noted the successful Safety Quality Belfast awards event.

*Mrs Clinton joined the meeting.*

Mrs Mulholland updated on the successful outcome of the assessment of Quality Standards in Imaging, and also on the success for those working in Medical Photography, with recognition from the Institute of Medical Illustrators.

Mrs Welsh reflected that it was important to share achievements and external recognition of the attainment of quality standards.

Finally, Mrs Welsh noted that she had attended the Time to Remember event, when the memory of those staff who had passed during the past year had been recognised and honoured.

Professor Ross enquired in relation to communications regarding the Safety Quality Belfast event. Mrs Dalzell confirmed that she was awaiting some additional details and there would be communication about the event in due course.

**ACTION:Mrs Dalzell**

Mr McMullan noted that it would be important too that there was communication following the STEP awards.

Miss Gordon complemented the recruitment work in Mental Health, noting that she had recently spoken to a nurse, who had come from India to work in the Mater Hospital in 2004. Mrs O'Neill noted the excellent work on recruitment of nurses across the Trust.

## **8. Trust Service Delivery Plan Report P158-2025 A&B**

Miss Gordon asked Mr Campbell to speak to the tabled report.

Mr Campbell noted that the revised report had been re-named Systems Oversight Measures Report.

Mr Campbell noted that improvements continued in the performance in the Emergency Departments but that this was in the context of 80 beds currently being open beyond funded capacity. Recent days had been particularly busy within the Emergency Departments.

Mr Campbell also highlighted the details provided in relation to DNAs, elective LOS (where there would be benchmarking with other CHKS sites), and outpatients (where there had been a reduction in the overall number waiting, considered to be consequent upon significant validation work, and additional waiting list activity).

Mr Campbell noted the importance of validation work, so that the focus of attention can be on those who required care and treatment at this time.

Mrs Finlay commended the structure of the report, but enquired as to where the detail was of the action being taken to address identified issues. Mr Campbell indicated that he considered that such detailed discussion would be best placed in the context of the planned performance committee.

Mrs Welsh echoed Mr Campbell's comments and noted that she would anticipate a deep dive into such issues at the planned performance committee. For example, such deep dive would allow the identification of issues such as in General Surgery where Average Length of Stay may appear higher due to the inclusion of long stay patients with intestinal failure. Mrs Welsh also noted the particularly busy week within Unscheduled Care with a daily high of 422 attendances.

Professor Ross noted that when there were identified issues or challenges, it was important that the Board was assured there were effective plans in place to address these.

Query was raised as to what actions were being taken to address CNAs and DNAs. Mr Campbell noted that to date there had continued to be reliance on traditional tools, but that there remained scope for improvement within "mycare" and arising

from behavioural science work. There was also a need to consider increasing the provision of outpatient services, closer to patients, and off the main acute hospital sites. The Board supported this work, encouraging for example the use of Health and Wellbeing Centres for outpatient activity.

The Board also noted the need to ensure that there was an effective way to identify themes emerging from complaints, acting on such themes to effect improvement. Mr Hagan noted that the Service User Engagement and Feedback Group (SUEFG) was the group within the Assurance Framework where such work was coordinated. Mr Hagan also noted that it was important to note that there were approximately 10 times as many compliments received compared to complaints received.

Referencing the Board's wish to be reassured about actions being taken to address identified issues, Mr Campbell noted that the new performance committee would be the best place to ensure oversight of the issues, and the actions being taken to address them.

The Acting Chair thanked Mr Campbell for the report provided, while Mr Campbell indicated that he would pass on the thanks to the team who had prepared the report.

## **9. Finance Report P159-2025 A-C**

Mrs Edwards referred the Board to the tabled finance reports.

Mrs Edwards provided a high level overview of the current financial position across the HSC, with BHSCT now projecting a deficit for 2025/2026 of £10m, which deficit could only be resolved through medium to extreme measures. The HSC overall projected deficit is £90m (prior to pay award costs of £209m), with the Department of Health expecting to receive £100m from December monitoring.

Noting the focus on the financial position for 2025/2026, Mrs Edwards noted that she would be attending a regional financial summit the following day, with Mrs Welsh, M Campbell and Mrs O'Neill. At its most optimistic a deficit of £32m was projected for 2025/2026, but this did not account for any growth in spend or for any pay award.

Mrs Edwards referenced that while there was good work and good outcomes for example in PATH services in Mental Health and in Unscheduled Care Services, many actions continued without funding.

Mrs Edwards advised the Board that there needed to be a continuing focus of the Resource Utilisation Team and colleagues throughout the Trust, on sickness, medical pay and discretionary spend. There had been success for example in nursing and social work, but this success needed to be replicated, with it being preferable for the Trust itself to identify scope for savings, rather than have external scrutiny of spend.

It was noted however that external expertise may be of assistance, for example in reviewing high cost placements.

The Acting Chair noted that when “critical friends” had reviewed expenditure at the Trust they had not identified significant savings opportunities.

Mrs Welsh noted that she was the SRO for the Evolve programme, and reflected on a positive workshop on the previous day.

Mrs Finlay reflected on her understanding regarding the overall public sector budgetary position going forward.

The Board enquired as to the timeframes for reduction in medical agency expenditure, noting the regional work being led by Mr Neill Guckian. Mrs Somerville indicated that from her attendance at a recent Programme Board, she understood that the regional framework would not be implemented until March 2026.

The Acting Chair noted that Board members had raised concerns across many months in relation to actions to reduce absenteeism. The Board had indicated that they wished to be assured that all appropriate action was being taken.

Ms Kearney noted that she could assure the Board of the various processes being progressed including individual meetings with staff who were off, and case management reviews. While absence levels were not where she would wish them to be, considerable work continues to address the issues.

Dr Armstrong reflected that during and following Covid, good management practice such as the completion of Return to Work Interviews, had to some extent fallen away, with it only in recent times being put back in place. Dr Armstrong also noted the generous nature of the HSC Terms and Conditions, including 6 months of full

pay. Mrs O'Neill agreed that there was a need for a review of HSC Terms and Conditions.

Mrs Welsh reflected that all Trusts were struggling to effectively manage absenteeism, with mental health a key part of the challenge, while the work to improve attendance would be a key part of the work to be taken forward on People and Culture at the Trust. It would be important that a People and Culture Strategy was also accompanied by tools being put in place which could be used by managers. Mrs Welsh noted that a "quick fix" could not be promised but it would be important to demonstrate the actions being taken and the improvements being made. Mrs Welsh noted that she would wish the Board to receive reports on this, on a regular basis.

Mrs Somerville updated that a mental health symposium was to take place, at which various experts would pool expertise with a view to identifying steps to secure the return of staff to work.

The Acting Chair acknowledged the information which had been provided to the Board, but it was nevertheless clear that there were concerning unresolved issues in this area. Mrs Finlay also indicated that it would be important that the Board received assurance and see an action plan.

Mrs Somerville noted that an action plan had been shared with the Board at its September meeting, with it having been agreed that the Executive Team would take on board the feedback received then, with a view to developing an updated action plan.

The Acting Chair noted that while a plan may be available, assurance that the issues were being effectively addressed was lacking.

Mrs Welsh indicated that she would ensure that an action plan was brought back to the Board, with Directors speaking to the work in their areas, although it may take a longer period of time to evidence demonstrable improvement.

The Acting Chair enquired regarding regional leadership of transformation. It was clarified that leadership was coming from the Interim Permanent Secretary, with various workstreams established.

## **10. Update on Capital Schemes P160-2025 A&B**

Mr Porter referred to the paper which had been provided.

Firstly, Mr Porter referred to the update on the New Children's Hospital. Mr Porter noted that work on site continues to progress, with bulk excavation works due to be completed in December, and the substructure phase now well underway. Work is also underway through the consultant design team to implement the changes which have been instructed to the water system. Full details of the programme and cost implications for the changes to the water system are not yet available; changes are agreed through the Project Water Safety Group.

Engagement with the contractor on the management of the works on site continues, while the Trust will continue to monitor the impact of the construction traffic on the site, particularly during winter.

Mrs Finlay enquired as to when a revised costed programme will be available. Mr Porter indicated that work continued on this, and he hoped he would be able to update further in January.

Secondly Mr Porter provided an update on the Adult Mental Health Inpatient Centre (AMHIC). Mr Porter noted that Health Estates had confirmed their approval for the remediation works to the AMHIC building and the Mahee upgrade works to be managed by the Trust's Estates team. The Trust has therefore progressed the business cases for these works. Mr Porter clarified the business case process in this context.

Mr Porter confirmed that the tabled programme remains on course with completion of AMHIC ward refurbishments from January 2027 to February 2029. Mr Porter stressed however that the tabled programme is based on extant knowledge from existing survey information, with risk remaining that as the refurbishment works progress, further evidence may come to light which could impact on the scope of the works, and could subsequently have an impact on the programme and the estimated costs.

Thirdly, Mr Porter referenced the update on the new Maternity Hospital.

Mr Porter noted that the report detailing the Trust's recommended option for progressing the remediation works on the water systems within the new Maternity

Hospital had been issued to the Department of Health in June 2025. Mr Porter noted that the Trust has now received a copy of the Minister's independent report, which has confirmed that the Trust's decision making process displayed "a very reasonable level of governance." The independent reviewer had also confirmed that in light of the many factors considered by the Trust's multi-disciplinary review team, option 2 was accepted as the correct approach.

Mr Porter further confirmed that the appointment of the consultant design team has now been completed and the initial meetings with the team have been scheduled for week commencing 20 October 2025. Heath Estates have tasked the consultant design team with completing the RIBA Stage 1 Design Report by end of January 2026. This will provide the Trust with sufficient information on the design and the costs to allow completion of an addendum to the Business Case. Following a query from the Board, Mr Porter advised that work is underway within the Trust to investigate the potential for early occupation of parts of the new building where the localised remediation works could be completed in advance of the new water system being installed within the neo-natal area. Mr Porter noted that any potential for early occupation of these areas is contingent on the success of the remediation works within the new building and the Trust's assurance of the safety of the water system.

Mrs Cahalan noted the particular challenges which would arise if services which were not intended to be based in the new Maternity Hospital in the long-term, were suggested to be placed there in a temporary capacity.

The Acting Chair thanked Mr Porter for his updates and noted that the Board would wish for a further update to be provided at its next meeting.

*The meeting was adjourned for a short break at 1030am, resuming at 1045am.*

#### **11. Updates from Committees / Standing Reports P161-2025 A&B**

This agenda item was taken "out of turn" following consideration of agenda items 12 and 13.

Mrs Edwards noted that in his absence Mr Small, Chair of the Audit Committee, had asked that she speak to the tabled update from the Audit Committee.

Mrs Edwards sought approval of the revised Audit Committee Terms of Reference. The Trust Board approved the revised Terms of Reference.

Mrs Edwards noted the focus of the Audit Committee in the progression of long outstanding recommendations.

Mrs Edwards noted that shared learning from completed audits would be discussed at the Executive Team meeting on 10 November 2025.

Professor Ross referred to the update tabled from the Charitable Funds Advisory Committee, which committee she chaired. Professor Ross thanked Mrs Edwards for her exceptional and knowledgeable support to the committee.

## **12. Being Belfast Palliative Care Hub P161-2025 (i) & (ii)**

The Acting Chair welcomed Dr Grainne Bonar, Co-Chair of Belfast Locality Palliative Care Board and a retired GP, Ms Aisling Pelan, Project Manager, Belfast Community Palliative Care Hub, and Mrs Catherine Collins, Co-director for Adult Social Work, Community Nursing and Intermediate Care Services. These colleagues attended alongside Mr McMullan to provide the Board with an update on the Palliative Care Hub. The visiting colleagues noted that they also wished to acknowledge the input of the Divisional Nurse, Roisin McSwiggan.

Those present spoke to the powerpoint presentation which had been shared with the Trust Board papers.

At the conclusion of the presentation, the Acting Chair noted that it had been an outstanding presentation, with her reflecting on the positive engagement with charities, and the overall significant impact of the service on families and individuals.

Mrs Welsh reflected that in such circumstances there was only one chance to “get it right” and asked that her recognition of the fantastic work be passed on to all involved.

Dr Armstrong also commended the service, which he noted extended beyond patients with cancer, and which service was recognised by staff in ED who had too often witnessed patients who had passed in less than dignified circumstances.

Mrs Finlay commended the service and enquired as to plans for the service following funding ending, and whether there were plans for roll-out of the service in other Trusts. Mr McMullan clarified that endeavours would be made to sustain the service

within existing resources, while the service was being promoted in the context of the Regional Palliative Care Board.

Mr Hagan noted that the work was an outstanding example of collaborative working between the community, Trust staff, and primary care, including with shared decision-making. Mr Hagan reflected that consideration should be given to similar models of working, including (where appropriate) direct admission to specialties, in other contexts.

Ms Pelan advised that the service would be evaluated and it was anticipated that a likely outcome would be consideration to the service moving from a 5 day per week provision, to a 7 day per week provision.

Dr Sloan reflected on his experience of working on a similar project within Mental Health services, and the learning from the Palliative Care Hub work regarding the building of effective relationships across various sectors.

The Acting Chair concluded the discussion, thanking colleagues again for an outstanding presentation in relation to a superb service.

*Visiting colleagues left the meeting.*

### **13. Update from Dr Hill & Mr McBride**

The Acting Chair welcomed Dr Jennifer Hill, Mr Peter McBride and Dr Tony Stevens to Trust Board.

The Acting Chair noted that following the publication of the report of Mr McBride and Dr Hill, the Trust Board had held an extraordinary meeting in confidential session on 28 October 2025. At that meeting, the Board had fully accepted the recommendations for Belfast Trust and agreed that an Oversight Committee, whose membership would include the Acting Chair, two non-executive directors, the Chief Executive, the Director of Finance, and Dr Stevens. The Acting Chair noted that the first meeting of the Oversight Committee would take place week commencing 10 November.

The Acting Chair thanks Mr McBride and Dr Hill for their work which she said provided a clear direction for the Trust moving forward. She wished to provide

assurance that the Trust would now systematically work through the recommendations in order to improve the services provided to patients and clients.

Dr Hill noted that the Trust Board would have seen the presentation at the Health Committee, and also read the report, and therefore it was not her or Mr McBride's intention to repeat that presentation. Dr Hill acknowledged the support and cooperation of Trust Board and Executive Team throughout their work, and noted the universally warm welcome of Chairs, Clinical Directors and clinical teams. Dr Hill also noted the positive feedback which had been received following the publication of the report. The purpose of the work had been to be constructive and helpful, and it was hoped for example that recommendations for Department of Health consideration, particularly in relation to mortality, outcomes and safety, would also be ultimately helpful for the Trust.

Mr McBride reiterated the thanks of Dr Hill to the Trust Board and Executive Team.

Acknowledging that the work had had a painful start, Mr McBride noted that staff at all levels had been supportive, including in the completion of questionnaires. Mr McBride also acknowledged the impressive nature of Mrs Welsh's response to the publication of the report. The process had not been easy, but he and Dr Hill had sought to provide balance throughout their report, honouring the testimony of those who had spoken to them, and providing a clear mandate for the Trust Board to take forward.

Professor Ross reiterated the welcome which the Acting Chair had provided to the work, expressing gratitude for the report, which provided a helpful way for the Trust to move forward. Professor Ross provided assurance that there would be a rapid approach to implementation, which would focus on delivering outcomes which were meaningful and long term in their impact for those who work in the organisation and those who we care for.

Mrs Finlay also thanked Dr Hill and Mr McBride, and enquired in the context of the review of Board structures and committees, if there were any potential pitfalls which the Trust should be aware of. Dr Hill noted that there were no obvious potential pitfalls, but reflected on her own experience of similar work in another Trust, when a slow and steady iterative process had been helpful alongside clarity and rigour regarding Terms of Reference, essential membership, workplan, and templates for

highlight reporting. Dr Hill also suggested that Internal Audit could then be later asked to test and provide assurance that the Trust was adhering to the revised governance arrangements.

Mr McBride advised that the Board should spend time considering their function (including responding to new challenges), and then think about the form to be followed.

Following on from the references to committee structures, Mrs Welsh referenced the work which Mr Hagan and his team had already progressed, which would seek to ensure clear linkages between the vision and objectives of the organisation, and the Board structures.

Mr Hagan echoed the thanks of colleagues for the report, which report he considered was well written, and which had highlighted positive aspects as well. Mr Hagan noted that the Senior Medical Leaders at the Trust were very supportive of the recommendations. While there was a lot to do, the recommendations made sense.

Mr Campbell enquired as to the view of Dr Hill about what links with UK organisations may be helpful. Dr Hill noted that the Trust may wish to consider links with the Shelford Group for peer support and shared learning opportunities.

The Acting Chair thanked Dr Hill for the connection which had been made with Mr Peter Braidley.

There being no additional comments or queries, the Acting Chair thanked Mr McBride and Dr Hill once again for facilitating this formal conclusion of their work at the Trust. The Acting Chair assured Mr McBride and Dr Hill that the Trust would diligently work through the recommendations to make a difference for staff, patients and clients.

*Mr McBride, Dr Hill and Dr Stevens left the meeting.*

#### **14. Papers for Approval P162-2025 A&B, P163-2025**

##### **Involvement and Consultation Scheme**

Mr Campbell referred to the background of this scheme having been approved in draft for consultation, by Trust Board in March 2024. Following consultation and positive engagement with the PHA and other stakeholders, the Scheme had been finalised, and Mr Campbell recommended that the Board approve it.

The Board agreed to approve the Scheme subject to minor typographical correction. It was also noted that a non-executive director would need to be identified in due course to fulfil the requirements outlined in the scheme.

### **BHSCT Winter Plan**

Mr Campbell referred to the tabled Plan, noting that there was already significant reporting and discussion in the context of the Unscheduled Care Project Board.

Dr Armstrong referenced the focus on ambulance “offload” time, and the commendable performance in both Adult and Children’s Emergency Departments.

The Acting Chair noted the query which had been emailed by Mr Small about how best to promote measures which had the potential to alleviate pressures in unscheduled care. Mrs Dalzell noted that there was extensive promotion of measures, including for example “Phone First” being “pinned” on Facebook. There had also been work on circulating details of symptom checker within schools, including engagement with the Education Authority.

Following an enquiry as to how the impact of the Winter Plan would be measured, Mr Campbell noted that the post project evaluation of the business case would provide such details.

Mr Hagan noted that he had recently met the Emergency Department team, and it was clear that there was good engagement within the clinical team and with the management team. Colleagues in ED are keen to engage with colleagues in other specialties to improve the service provided to patients.

Professor Ross reflected that it was important that the Board kept a focus on its strategic role.

Professor Ross indicated that she considered that the wording in the plan should be strengthened.

Professor Ross also queried if the plan was such that it provided an assurance such that the Board could approve it.

Mr Campbell and the Acting Chair provided clarification regarding the history of the development of the plan. Mr Campbell also clarified that he expected that the plan would be monitored through the Performance Committee, which Committee would then report to Trust Board.

The Acting Chair noted that colleagues at SPPG had welcomed the plan.

Mrs Mulholland noted that planning for 'flu vaccination had been ongoing since April 2025, and already 16.6% of staff had been vaccinated (compared with 22% at the end of 2024). In addition, some staff may have availed of vaccination from their General Practitioner.

Mr McMullan noted that the Winter Plan provided assurance in relation to patient discharge and flow, which work continued all year round. Work continued particularly in relation to avoidance of ED attendance, timely discharge of patients and optimising care home availability.

Noting the huge amount of work in this area, but also that the Board were only now receiving assurance, Mrs Finlay enquired as to when the Board might see the complete package of actions being taken. Mr Campbell committed to bring a complete paper to the Trust Board for its January meeting.

**ACTION:Mr Campbell**

In the context of the receipt of the Winter Plan after it had been submitted by the Trust and accepted by SPPG, the Acting Chair noted that the Board would consider the plan as having been received for information (rather than for approval as had been suggested in the paper).

**Belfast Trust Annual Quality Report 2024-2025**

The Acting Chair commended the work of Mr Hagan's team in the compilation of the Annual Quality Report.

While there were a small number of queries arising from the report, the Board approved the Annual Quality Report.

## **15. Papers for Oversight P164-2025 A, P165-2025**

### **Cardiac Surgery**

Mrs Clinton referred to the tabled papers and provided a high level overview of the work of the Cardiac Surgery Steering Group, and Task and Finish groups. Mrs Clinton noted the reports provided to the Trust Board and SPPG by way of assurance in relation to the actions being taken.

### **Muckamore Abbey Hospital (MAH) Inquiry and Related Workstreams**

Dr Sloan, Mrs O'Neill and Mr Porter invited the Board to raise any queries which they had in relation to the papers submitted. There were no such questions.

## **16. Any Other Business**

The Acting Chair enquired as to the status of contingency planning for the industrial action which had been suggested by trade unions. Mrs Somerville updated the Board that while initially there had been some concern that there would be no derogations from the industrial action, Mrs Margaret McKee, Chair of Staffside at BHSCCT had provided assurance that "life and limb" cover would be maintained. Mrs Somerville provided assurance to the Board that colleagues had significant experience of managing industrial action, with for example template documentation for seeking and agreeing derogations from industrial action. Mrs Welsh echoed Mrs Somerville, noting that all Trusts now had recent experience of managing the circumstances arising from industrial action.

The Acting Chair enquired as to what steps were being taken at the Trust following the meeting with Mr Farrar regarding the reset plan. Mr Campbell noted that the approach of the Department of Health was not clear as yet, but the Trust would in any event be progressing work on productivity and efficiency.

Mrs Welsh advised the Board of her attendance at a meeting in relation to the neighbourhood model.

There being no other business, the meeting (in public session) closed at 1230pm.