

 Belfast Health and Social Care Trust caring supporting improving together		Paper Ref. Num. P184-2026 <i>Note:- To be completed by HQ meeting organiser</i>
Belfast Health & Social Care Trust Meeting Template Sheet (v11.25)		
Purpose of paper		For Approval
If other purpose, please specify		
Meeting TB Public		
If other meeting, please specify		
Presenter		Peter Watson
Date of meeting		5 March 2026
Title of paper (Maximum of 300 characters) Draft minutes of meeting of 8 January 2026		
Background (Maximum of 1500 characters) Draft minutes were circulated by email on 20 January 2026. Minor amendments were suggested and have been incorporated in the revised draft below.		
Date considered at Exec Team (If Applicable)		N/A
Options for consideration (Maximum of 1500 characters) N/A		
Recommendations (Maximum of 1500 Characters) The Board are asked to review and approve the draft minutes.		
Proposed Onward Consideration		Remove from Agenda
If other		

Note:-

Any papers accompanying this template should not exceed 10 pages in length.

Please ensure when submitting papers that

- (1) Orientation of paper is set so that the content of the paper can be read**
- (2) Embedded documents should be [provided a separate attachments**
- (3) Append any papers to this coversheet starting on the next page**

176th Meeting of BHSCT Trust Board (Public)

Thursday 8 January at 0900

in the Boardroom, Non Clinical Support Building, Royal Hospitals

Present

Miss Patricia Gordon	Acting Chair
Professor Catherine Ross	Non-Executive Director
Professor Ian Bruce	Non-Executive Director
Mr John Conaghan	Non-Executive Director
Mr David Small	Non-Executive Director
Mrs Jennifer Welsh	Chief Executive
Mrs Maureen Edwards	Director of Finance
Mr Chris Hagan	Medical Director (<i>other than for parts of meeting as indicated below</i>)
Mrs Olga O'Neill	Interim Director of Nursing and User Experience (<i>other than for parts of meeting as indicated below</i>)
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
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 (<i>other than for parts of meeting as indicated below</i>)
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 (<i>attended as indicated below</i>)
Mrs Gillian Somerville	Director of Human Resources and Organisational Development
Mrs Bronagh Dalzell	Head of Corporate Communications (<i>other than for parts of meeting as indicated below</i>)
Mr Peter Watson	Head of Office
Mr Peter Braidley	Interim Clinical Director, Cardiac Surgery (<i>attended as indicated below</i>)
Dr Judy Bradley	Chief Executive, iReach (<i>attended as indicated below</i>)
Mrs Caroline Leonard	Senior Advisor
Mrs Tracey McCaig	Chief Operating Officer, SPPG (<i>attended as indicated below</i>)
Ms Linsey Sheerin	Interim Codirector Unscheduled care (<i>attended as indicated below</i>)
Dr Tony Stevens	Independent Advisor (<i>attended as indicated below</i>)

Apologies:

Mrs Ellen Finlay	Non-Executive Director
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Also attending to observe the meeting (*as indicated below*) were Eileen Mullan, Stephen Wallace and Ruth Montgomery from SHSCT, and Catherine McCrisken and Gemma Clements from BHSCT.

1. Trust Board Workplan P165-2026

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

2. Conflicts of Interest.

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

3. Apologies

Apologies were as noted above, from Mrs Finlay.

4. Chair's Business

The Acting Chair noted that Trust Board members had been provided with papers sent in PDF format, on Tuesday 30 December 2025, followed then by the Chief Executive update sent on Tuesday 6 January. There had then been a further presentation in relation to Cardiac Surgery sent on Wednesday 7 January 2026.

Noting the unavoidably sizeable agenda for the meeting, the Acting Chair noted that papers would be taken as read.

The Acting Chair firstly noted the recognition in the New Years Honours List for colleagues within health and social care, including the former Chair of the Business Services Organisation, Mrs Julie Erskine and the former Chief Executive of NIAS, Mr Michael Bloomfield.

The Acting Chair paid tribute to Professor Carmel Hughes, who left the Board on 31 December 2025, noting that Professor Hughes contribution to the Trust had been huge, and that she left the Board with our deep gratitude.

The Acting Chair welcomed the recently appointed non-executive director, Professor Ian Bruce, to his first meeting of the BHSCT Board. The Acting Chair noted that Professor Bruce is Pro Vice Chancellor, Faculty of Medicine Health and Life Sciences at Queen's University Belfast, where he leads a team of 1300 staff and over 6000 students. He is also an NIHR Senior Investigator Emeritus and Professor of Rheumatology at the University of Manchester.

The Acting Chair advised that she understood that the process to appoint a substantive Chair to the Board continues, while processes are also underway to

appoint an additional non-executive director to take the Board to its complete membership of a Chair and 7 non-executive directors.

The Acting Chair also welcomed Dr Tony Stevens, Independent Advisor, and noted that later in the morning the Board would be joined for the item in relation to Cardiac Surgery by Tracey McCaig, Chief Operating Officer of the Strategic, Planning and Performance Group.

Finally, the Acting Chair welcomed Eileen Mullan, Stephen Wallace, and Ruth Montgomery from SHSCT who were present to observe the meeting. Also present to observe the meeting and welcomed by the Acting Chair were Catherine McCrisken whose role at the Trust includes support to the work in Cardiac Surgery and the Culture and Oversight Group, and Dr Gemma Clements, ADEPT Clinical Fellow and Medical Oncology Specialty Registrar.

There were no members of the public present.

The Acting Chair thanked Board colleagues for their support with the Chair's Awards. The Acting Chair then provided an overview of some of the events and meetings she had attended in her role, since the previous meeting of the Trust Board.

These had included:

Chairing Consultant interview panels.

A meeting with the Chief Executive and Professor Taylor regarding work on waiting lists.

A meeting of the Committee in Common.

Meetings of the Trust's Culture and Governance Oversight Group.

Civility and Bystander Training.

The George Cross Lecture, organised by former vice-chair of the Board, Professor Martin Bradley.

A visit to Donard with the Minister of Health, and a discussion with newly qualified social workers.

A visit to Occupational Health with the Minister of Health.

A visit to the Hub with the Minister of Health.

Attendance at the Mercy Medal presentation.

Attendance at the Mater Consultative Committee.

A visit to the Carlisle Centre, including meeting staff from Learning Disability, Speech and Language Therapy, and Children's Services.

Finally, by way of Chair's Business, the Acting Chair asked Mr Watson to provide an update on correspondence with the Board.

Prior to providing details of specific correspondence received, Mr Watson noted that the Trust Standing Orders are silent, and there is no specific policy or procedure, regarding the management of questions addressed to the Board. Mr Watson further advised that consideration was being given as to the management of questions addressed to the Board, and undertook to provide an update to the Trust Board no later than the next public meeting.

ACTION:Mr Watson

Mr Watson then updated the Board on specific correspondence received.

Mr Watson noted that at the Board meeting on 6 November 2025, he had referenced a trail of communication with Mr Stanford Smith regarding safety within Cardiac Surgery. In particular, Mr Watson had noted that Mr Smith had written to him again on 30 October 2025 at 1119 in relation to the same trail, and that he would share that with the Board. Mr Watson noted that he had shared that with the Board by email on 18 November 2025 at 1205.

Mr Watson also noted that on 6 November 2025, he had also advised that Mr Smith had written to him on 30 October in relation to Board papers, and that he had responded to Mr Smith on 4 November. Mr Smith had then written to Mr Watson again on 4 November at 1052. That trail was shared with the Board on 22 December 2025 at 1440.

Mr Watson also noted that on 6 November 2025, he had noted that Mr Smith had written to him on 31 October on a range of matters and that at that time responses were being prepared. The questions and responses were then shared with Mr Smith on 18 December 2025, and then shared with Trust Board on 18 December 2025 at 1013.

Mr Smith had then engaged further with the Trust on 6 December, with questions relating to the management of questions to the Board. Mr Watson noted that a response was agreed with the Chief Executive and Acting Chair and forwarded to Mr Smith on 22 December 2022. Further correspondence was received in relation to

this theme, and also in relation to the theme of director visits, on 30 December 2025. A response will be prepared to that latest correspondence and shared with the Board in due course.

ACTION:Mr Watson

On 6 November 2025, Mr Watson had noted that the Board had seen on 3 November 2025, details of a response which was made to Mrs Haughey on 28 October. Mr Watson had also referenced that Mrs Haughey had written to him again on 3 November. Mr Watson advised the Board that to date, a substantive response had not issued to Mrs Haughey, pending his receiving some further details. Mr Watson had written to Mrs Haughey on 30 December 2025, apologising for the delay. Mr Watson confirmed that in due course, Mrs Haughey's email and the substantive response will be shared with the Trust Board.

ACTION:Mr Watson

Mr Watson finally noted that on 5 January 2026, he had received questions from a patient. Those questions and the Trust response will also be tabled to the Board in due course, subject to the securing of consent from the particular patient.

ACTION:Mr Watson

Mr Small raised a query in relation to the reference which there had been to outstanding mortality reviews. Mr Hagan advised that work was ongoing to validate the data in relation to this, and he would hope to give an update to the Board at its March meeting.

ACTION:Mr Hagan

5. Minutes of Previous Meetings – 6 November 2025

The Acting Chair then referred the Board to the draft minutes of the meeting of 6 November 2025. The Board agreed that these were a true and accurate record of the meeting.

The Acting Chair then 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 P168-2026 A&B

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

The Board had no queries arising from the Action Log.

It was agreed that the items marked purple should be closed.

7. Chief Executive's Business P168-2026 C

The Chief Executive firstly thanked colleagues across the Trust who had worked over what had been a very busy Christmas and New Year period.

The Chief Executive then asked Dr Armstrong to speak to the first section of her update, regarding the Royal College of Emergency Medicine report, and the current pressures within unscheduled care. Dr Armstrong noted the continuing unsatisfactory prevalence of "corridor beds" both at BHSCT and elsewhere. This arose from a fundamental mismatch between capacity and demand.

Dr Armstrong noted the focus on delays in patients moving from ambulances to care within Emergency Departments, but with BHSCT's performance comparing favourably with other Trusts. Work continued in conjunction with NIAS and other Trusts to reduce these delays.

Dr Armstrong noted that an early spike in 'flu cases had led to a particularly challenging week in early December, while this, the first week of the New Year, was also typically challenging, with delays in patients being discharged. Dr Armstrong commended the work of the community discharge hub but noted extensive delays continued, while there were also significant pressures within the Fracture service.

The Chief Executive noted that the performance of BHSCT in responding to the considerable challenges had been recognised by SPPG, as recently as her call with Mrs McCaig earlier that morning. Focus was now turning to measures to be planned for next winter, including how to secure increased uptake of the 'flu vaccine.

Mr Small commended the work in unscheduled care, including the details of ambulance handover performance, with Mr Conaghan reflecting on his personal experience of the entire clinical team working well together to deliver excellent care. He enquired in relation to vaccination rates among particular staff groups. Mrs

O'Neill noted the impact peer vaccinators had made in nursing, while Ms Weatherall noted the particular challenges in engaging with community staff, but with work planned now to see how best to engage with this staff group going forward. Ms Weatherall noted that a young workforce, vaccine fatigue and an "anti vax" agenda had impacted on vaccination uptake.

The Acting Chair asked that the thanks of the Board be passed to staff in both Adult and Children's Emergency Departments.

ACTION:Dr Armstrong/Ms Cahalan

Mr Small enquired as to whether there was clarity as to the impact of particular measures. Dr Armstrong noted that Same Day Emergency Care had been identified as a key measure, with Ms Cahalan referencing the impact of increased Point of Care Testing.

The Chief Executive also referenced the key achievements identified in the tabled update, including the Queens Nurse awards and the progress now made in the Belfast Inclusion Health Service.

The Board asked that their congratulations be passed to the recipients of the awards, and welcomed the developing plans for the Inclusion Health service.

ACTION:Mr McMullan

Noting the update in relation to the 150 day target for the set-up of clinical trials, Mr Hagan welcomed the focus on this, and his wish that BHSCCT would become an organisation of choice, with opportunities presented in the context of iReach and a recently appointed Director of Research. Enquiry was made as to the current performance against the target and Mr Hagan indicated he would seek details on this.

ACTION:Mr Hagan

The Chief Executive noted that at a recent meeting with representatives from the NI Cancer Clinical Trials Network, there had been discussion about how they had shortened their timelines. The Chief Executive noted the welcome focus which the letter from the Permanent Secretary would bring.

Mrs Clinton referenced the welcome developments in robotic surgery at the Trust.

Mr McMullan then spoke to the tabled information in relation to proposals for service reconfiguration across the acute sites, with initial moves within Care of the Elderly Services, to be followed by wider plans (led by Mr Campbell) seeking to decongest the RVH site.

Referencing the particular plans for Care of the Elderly services, Mr McMullan noted the plan to bring the services from three sites to one.

Mrs Dalzell, Mr Hagan, Mr McMullan and Mrs O'Neill left the meeting.

Mr Campbell commended the work of Mr McMullan and his team, reflecting that there remained change management work to complete. Mr Campbell advised that plans for wider service reconfiguration would be brought back to Board in March 2026, but with it likely that BCH would remain as a centre for planned work, MIH an acute hospital and elective care centre, and the Royal site being the primary trauma site.

The Acting Chair also commended the work on reconfiguration within Care of the Elderly, and referenced the supportive discussions with the Mater Consultative Committee. The Acting Chair noted too the continuing wish for single site provision of Ophthalmology services.

In relation to the update on the Corporate Plan, Mr Campbell noted that the timeframe was that consultation would take place through to March 2026, with the likely timeframe of a finalised plan coming to Board in April 2026. The Department of Health had confirmed that in the particular context of the circumstances at BHSCT, they were content with this timeline.

The Chief Executive also noted that there had been a series of Ministerial visits to the Trust including one to the BCH Day Surgery Unit, which had been very well received, with the Minister welcoming the significant improvements in patient experience. The Chief Executive thanked all who had facilitated such visits. The Acting Chair reiterated such thanks.

8. Trust Systems Oversight Measures Report (to include Elective Care Framework update) P169-2026 A&B

Miss Gordon asked Mr Campbell to speak to the Trust Systems Oversight Measures Report.

Mr Campbell noted some highlights from the report.

In relation to the System Oversight Measures, Mr Campbell noted that there remained data issues with the reporting of discharges, although a pilot exercise was in place to seek to improve this situation. Mr Campbell noted the earlier discussion in relation to Unscheduled Care.

Noting the continuing challenge with patients with hip fractures, Mr Campbell reported a recent very positive meeting with SPPG when there had been acknowledgement as to the capacity issues, and the need for work to be progressed regionally.

Mrs Dalzell, Mr Hagan, and Mrs O'Neill rejoined the meeting.

The positive position regarding reducing numbers of hours of unmet need in domiciliary care was noted. Mr Campbell noted that the new reporting of Neurophysiology patients within the new outpatient waiting list disguised what continued to be a downward trajectory in the numbers of new outpatients waiting to be seen.

It was noted that 14 day performance within Breast Surgery was now managed regionally.

In relation to those who would be waiting over four years by March 2026, Mr Campbell highlighted the 28% reduction in new outpatient waiting numbers in the six months to October 2025, and the 40% reduction in the inpatient/daycase waiting list for the same period.

Finally, Mr Campbell noted that next steps would include the development of a new performance management structure at the Trust which would be aligned to the SPPG approach, allowing for a shared focus. There were also plans for further outpatient modernisation and work on DNAs.

Professor Ross noted that it would be helpful going forward if there was additional narrative in the report, and also enquired as to the plans for establishing confidence in the data (noting that 28% of the indicators were not reported due to low confidence in the data). There was also a request for additional detail where there were plans for improvement in particular areas. Mr Campbell noted the Ministerial priority and regional approach to the resolution of the data issues, and advised that the new Trust Performance Committee was envisaged to be the context for “deep dive” into specific issues.

Mr McMullan rejoined the meeting.

The Board expressed their concern at the continuing reporting of KPIs with unrealistic targets. The Chief Executive provided assurance to the Board of the ongoing liaison with SPPG about these, and the focus on tracking improvement, rather than reference only to the target.

The Board also discussed how issues with complex discharges were approached outside of weekday hours. Mr McMullan acknowledged the challenges arising due to the restrictions in service provision to weekdays, and shorter hours.

The Board discussed the reported DNA rates, and Mr Campbell assured the Board that he would be analysing the data he had received, and would update the Board. The Chief Executive referred to the beneficial approach at the BCH Day Surgery Unit of contact being made with patients in the days immediately prior to their date of surgery.

The Board discussed the demands in the fracture service, including hip fracture surgeries being postponed, consequent upon the impact of major trauma. Mrs Mulholland noted the benefits from increasing theatre capacity since November 2025, and the ongoing discussions with SPPG with a view to increased investment including at the Duke of Connaught Unit. Mrs O'Neill advised that this had been a key area of consideration during the Big Discussion.

The Acting Chair thanked Mr Campbell for his very comprehensive report.

9. Finance Report P170-2026 A&B

The Acting Chair thanked Mrs Edwards for her finance report and asked her to identify any key highlights.

Mrs Edwards confirmed that the current 2025/26 year end forecast for BHSCT is a deficit of £43.7m, of which £35m related to a shortfall in funding in relation to the 2025/26 pay award. Mrs Edwards expressed her concern that such outturn would mean that the Trust would be in breach of its statutory duty to breakeven.

In relation to planning for 2026/27, Mrs Edwards advised that while the financial settlement for 2026/27 is not yet known, it is widely accepted that the regional gap will be significant and will include a carried forward deficit of circa £240m, with an overall deficit well in excess of this. Mrs Edwards assured the Board that work would continue to ensure that BHSCT delivered against agreed savings plans including through a re-energised Delivering Value Board, and engagement with regional planning at a regional finance summit on 4 February 2026.

Mrs Edwards advised that the extent of the financial pressures within health and social care was now clearly articulated across the region, and expressed a wish that this would improve the appetite for system change.

The Board enquired in relation to the scale of the financial pressures across the HSC and Mrs Edwards noted that while a best estimate may be £0.8bn, this did not account for growth costs. Mrs Edwards noted that there remained a lack of long-term financial planning.

Mr Small noted the ongoing financial pressures arising from absenteeism levels. It was agreed that this would be picked up in the discussion regarding the tabled People Report. Mrs Edwards accepted that this was the most significant financial pressure other than growth related pressures, and noted that savings could be achieved if there was to be a revision to pay policy.

The Acting Chair noted the proximity to the new financial year and the reducing scope to achieve savings as months passed.

Mrs Edwards reiterated that staff at BHSCT would continue to do all possible to deliver savings within the Trust's control, but recognised that time was running out on realising savings from system change. The Chief Executive echoed the remarks of Mrs Edwards of the need for system wide collective action, with cognisance of the neighbourhood model, sensible care, and that which could realistically be offered to

the public. Demonstrating non-cash releasing productivity improvements would also be important.

The Acting Chair enquired as to the financial impact for BHSCT, arising from the planned implementation of the regional medical agency framework. Mrs Edwards expressed her concern that dependent on the setting of rates, there could potentially be an increase in costs at Belfast.

10. Update on Capital Schemes P171-2026

Mr Porter referred to the paper which had been provided.

Noting firstly the update on the Children's Hospital, Mr Porter advised that the programme for changes to the water system was still being developed. Board members asked for dates to be included within the reports tabled to them, and enquired regarding the likely timeframe for a costed programme being available. Mr Porter advised that it had been suggested that the programme would be available in May 2026 but he was pressing for this to be made available earlier. It was still envisaged that the costs would be within the project contingency, although they will be a significant demand on that contingency.

Mr Porter referenced the update on AMHIC.

Mr Porter referenced the update on the water system at the Maternity Hospital and the programme previously reported to Trust Board. Ms Cahalan noted that in parallel, discussions were ongoing regarding the potential for use of parts of the new building pending full occupation. Such early occupation will need to be carefully considered, for example to minimise the impact on clinical teams who may not ultimately be due to be based in the new hospital. Ms Cahalan noted that the timeframe for progressing such decisions was very much pre-dependent on the plans for work on the water system.

11. Updates from Committees / Standing Reports P172-2026 & P173-2026

The Acting Chair firstly referenced the report from the Assurance Committee which she had provided, as the current chair of that committee.

Noting the reports that the Assurance Committee had considered, Professor Ross enquired as to whether reports would be considered from all professional groups. Mr Hagan provided assurance that full reporting would be envisaged within the remit of

the new People Committee. Ms Kearney noted also the intention to ensure reporting in relation to professional staff working within her Directorate.

The Board agreed the Assurance Committee Terms of Reference which had been tabled.

The Board noted the minutes of the Assurance Committee of 16 September.

The Board approved the approach of the Assurance committee pending the new committees arising out of the revision of the Board Assurance Framework.

Professor Ross referred to the update of the Charitable Funds Committee, which committee she chaired. It was noted that an update had already been received recently, and there were no questions in relation to the update in the meeting papers.

12. Cardiac Surgery Update P174-2026 A&B

This item was considered following consideration of a number of the papers at agenda item 14.

Mr Peter Braidley and Mrs Tracey McCaig joined the meeting.

Mr Braidley, Mrs Somerville and Mrs Clinton spoke to the presentation which had been forward to the Board the previous day, and there then followed extensive discussion by the Board.

The Board enquired in relation to the workload of surgeons. Mr Braidley clarified that across the Cardiac Surgery units in the UK, the average number of cases per surgeon per annum has declined from a previous average of 180 to a current average of 100. This had occurred due to a decline in the volume of cardiac surgery undertaken and an increase in the number of surgeons, while there is now a focus on specialist teams.

Mr Braidley noted that there was a suggestion that there was risk aversion in patient selection for surgery, but this was not the case in BHSCT. Dr Armstrong noted the increasing reliance on Cardiology procedures for many patients, with the result that the patients referred for Cardiac Surgery were more complex.

Mr Small enquired as to actions which would be required to reduce the waiting list for cardiac surgery, with Mr Braidley confirming that there would be a need to secure non-recurrent additionality to address the backlog in the waiting list.

Mr Small also enquired regarding the interpersonal relationships between the cardiac surgeons. Mrs Clinton provided assurance that ongoing communication with the team, daily check-ins, and the management of issues as they arose meant that there was not a detrimental impact on service provision or safety.

The Acting Chair thanked Mr Braidley for his excellent presentation and enquired regarding the key priorities for the next three months. Mr Braidley indicated that these were the development of subspecialty teams, the development of the surgeon of the week model and a move to a single on call consultant. Mrs Clinton noted that SPPG had invited the submission of a Business Case for Cardiac Surgery.

Mrs McCaig thanked the Acting Chair and the Board for the invitation to the meeting, noting that such invitation demonstrated the continuing openness and transparency of the team at Belfast. Accepting that the level of scrutiny with Level 5 of the Support and Intervention Framework was painful, Mrs McCaig recognised the commitment of those at the Trust who had put their “shoulder to the wheel.”

Mrs McCaig noted that once Level 5 had been put in place in the context of Cardiac Surgery, other matters had emerged. For Mrs McCaig, key for her was the ambition of the Trust and its staff, and an understanding of the expectation of the public. Mrs McCaig indicated that she considered the Trust under Mrs Welsh’s leadership was in the right place. Mrs McCaig (noting that she brought apologies from Mr Dawson who was unable to attend) indicated that she would not wish the Trust to be held in Level 5 of the Support and Intervention Framework for any longer than was necessary. Sustainability was what was sought, and in particular while there were currently good outcomes in Cardiac Surgery, there needed to be consideration if there were people or culture issues which could lead to poor outcomes, while there was also a need to have regard to the Hill/McBride report and the learning for other services.

Mrs McCaig noted that the focus of SPPG would be on assessing where the Trust was in its improvement journey, but that while the Trust continued to remain in Level 5, there was in particular huge appreciation of the work of Mrs Clinton and her colleagues. As commissioner, Mrs McCaig will provide both challenge and support and will not hold the Trust in Level 5 longer than is necessary. Further, there had been amendment to the oversight arrangements from an SPPG perspective, while

the reports back to the Minister have been that the service is progressing in the right direction.

The Chief Executive thanked Mrs McCaig for her kind comments and her engagement with the Trust on these issues.

Mrs Welsh referred to slide 38 from the presentation and the structures which the Trust were adopting in relation to the work of, and within, the Culture and Governance Oversight Group.

The Acting Chair thanked Mrs McCaig for her attendance and reiterated the commitment of the Trust Board to the implementation of all recommendations and ensuring the sustainability of improvements made. Reflecting on the journey of the Trust in recent months, the Acting Chair noted the work with, and support of, SPPG and suggested that it was a good example of the HSC system working collaboratively. It was noted that assurance had been provided that the Cardiac Surgery service was safe, albeit with a need to address the waiting list backlog. In this regard, the Acting Chair thanked Mr Braidley for his work in briefing the Board on a range of metrics, and indeed for his immense contribution to the department since his appointment as Interim Clinical Director.

Mrs McCaig and Mr Braidley left the meeting.

13. Update on Trust Culture and Governance Oversight Group P174-2026 C

The Acting Chair referred to the update which she had provided for the Culture and Governance Oversight Group, which Group she chaired. Mr Hagan also referred to the work on medical leadership and development (recommendation 10) launched with medical staff and senior managers.

The tabled Terms of Reference for the Oversight Group were agreed by the Board.

Mr Small enquired as whether there was a plan to bring the referenced implementation tracker to Trust Board. The Chief Executive noted that the likely approach would be to bring a highlight report to the Board.

14. Papers for Approval P176-2026 A&B, P177-2026, P177-2026 A-D

Mr Campbell referred to the tabled update report from the Unscheduled Care Assurance Group. In particular, Mr Campbell noted the significant improvements in

unscheduled care at Belfast Trust due to the interventions introduced by members of the group, such that the Trust is now the strongest performer in Northern Ireland in this area. Mr McMullan agreed with Mr Campbell and advised that there would also be a group established for oversight of work in community services. Dr Armstrong highlighted the cultural shift which had taken place in unscheduled care across the previous decade, resulting in the Trust now taking a “whole system” approach, and with the work a major focus of the Big Discussion.

Professor Ross commended the positive paper and enquired in relation to the sustainability of the improvements which had been realised. Mr Campbell confirmed that the £2m investment had been confirmed as recurrent, and as such he was confident as to the sustainability of the improvements.

The Board enquired as to the timeframe for outcomes being realised from the Big Discussion. Mrs O’Neill clarified that while the plan had been to inform targets for 2025/26, the extent of system and cultural change was such that reporting was now planned from March 2026. The Acting Chair noted that an action plan for winter 2026/2027 with dates and outcomes would be helpful in future reporting.

Mr Small also commended the encouraging and impressive performance which had been reported, and enquired as to how outcomes from the various initiatives would be measured. Mr Campbell noted that post project evaluation would take place. Professor Ross noted the assurances provided that actions were in place, but asked that future reports were clear on the impact of the measures.

The Acting Chair noted that discussion on the Implementation of the Redesigned Integrated Governance and Assurance Framework for 2026/2027 would be deferred to later in the meeting.

The Acting Chair then referred the Board to the applications to access Charitable Funds which were before the Board, having already been approved by the Trust Charitable Funds Committee, which committee itself was also informed by its own committee structure.

Mr Small enquired in relation to the long term strategy for the funding for the Bereavement Service in the context of the Department of Health 10 year strategy, Mrs Edwards providing assurance that it was only in the context of long term

Department of Health funding, that charitable funding was sought for a three year period. The Chief Executive noted that correspondence had gone to the Chief Medical Officer to confirm this approach.

The application for the Bereavement Service was therefore approved.

Mr McMullan confirmed that the proposal in relation to the Age Well Project was consistent with the Big Discussion and development of the neighbourhood model.

The application for the Age Well Project was approved.

The application for Robotic Surgery was also approved.

At 11am there was a short break, with it being agreed that the Board would reconvene at 1115 in order to consider agenda item 12 Cardiac Surgery update.

Details of that update are included in the minutes at agenda item 12 above.

Following the consideration of the Cardiac Surgery update, the Acting Chair asked Mr Hagan to speak to the tabled papers in relation to the implementation of the redesigned integrated governance and assurance framework for 2026/2027.

Mr Hagan referenced the discussion which had taken place at the Trust Board workshop on 4 December 2025, and the review and approval of the new version of the Integrated Governance and Assurance Framework, inclusive of the organogram. Mr Hagan noted that there had been further discussions with Mrs June Champion in relation to the plans for the new Patient Safety and Quality committees to be established at all Trusts, with a regional workshop to progress the discussions having been suggested.

The Board approved the proposed new structure outlined in the organogram.

15. Papers for Oversight P175-2026 A&B, P178-2026 A&B, P179-2026 A&B, P180-2026, P181-2026 A&B, P182-2026 A-E

Statutory Functions Report

The Acting Chair firstly invited Ms Kerrylee Weatherall to speak to the Interim Statutory Functions Report, which report had been submitted to SPPG.

Ms Weatherall highlighted the particular challenges which there had been in decanting three children's homes, and thanked Executive Team colleagues for their support in this process.

Reference was made to the staffing situation and Ms Weatherall noted that she would discuss this in greater detail in her later report on staffing to the Board.

The Acting Chair noted that the report highlighted the key role of the Board as corporate parent for 296 Looked After Children, and the risk the Board carried with unallocated cases.

Ms Weatherall advised the Board of a new approach to the management of unallocated cases, with management by a team, rather than an assigned Social Worker. SPPG are to be asked to audit this new approach, which will hopefully provide assurance to Trust Board. The Chief Executive noted that the challenges were not unique to BHSCT and that the BHSCT approach may be developed elsewhere following the discussions with SPPG.

Dr Peter Sloan joined the meeting.

People Report

Mrs Somerville noted that the latest report had been informed by both corporate and service directorate information, seeking to respond to the feedback from non-executive Directors (received through Mr Conaghan). Mrs Somerville indicated that she expected the report to evolve in the context of the revised Assurance Framework and consideration of the report by the relevant Board Committee. Mrs Somerville took the Board to key elements of the Executive Summary of the tabled People Report.

Mr Conaghan thanked Mrs Somerville for the additional narrative contained in the report. Mr Conaghan reflected on the scale of savings which could have been realised if absence had been maintained at previous levels. Mr Conaghan welcomed the action plan including the details in relation to social work. He enquired as to where the impact of improvement measures was reported.

Mrs Somerville noted that she had had a series of recent meetings with Directorates, with colleagues challenging themselves as to new targets from April 2026, including ensuring that robust case management was in place for long term absences.

Professor Ross thanked Mrs Somerville for the report, which contained a lot of information, but commented that it had been a difficult paper to follow. While there was a focus at the Trust on improving culture, it was not clear where this was described in the report. It was noted too that all professions, all of which were valued, should be referenced in the report, rather than a focus only on doctors, nurses and social workers. Professor Ross noted that she found the report to be confusing and she was very disappointed.

The Acting Chair noted that in the development of the People Strategy, the various comments on the People Report would be taken on board.

ACTION:Mrs Somerville

The Acting Chair welcomed the scrutiny of individual absences, in a context where the subject of attendance management had been a matter of concern for the Board for some time.

Mr Small also commended the scrutiny of individual absences, but noted that absence levels remained a key “people” concern. He noted that the improvement plans did not however appear to be delivering. He noted the data in relation to disciplinary and grievance activity, with BHSCT in fact comparing favourably with other Trusts. Mr Small also welcomed the positive report in relation to mandatory training.

Mrs Somerville noted that at an earlier Trust Board meeting, a comprehensive plan had been provided for improving absence management, but that improvement would not be a “quick fix”, with Executive Team colleagues requiring time to “turn the juggernaut.” Mrs Somerville provided assurance to the Board that she had met with seven directors and had obtained assurance of the actions being taken in relation to individual cases.

MAH Inquiry and Related Workstreams Oversight Group Update

The Acting Chair referred to the Muckamore Abbey Hospital (MAH) Inquiry and Related Workstreams Oversight Group Update. Dr Sloan noted the plans for the ongoing work of, and reporting from, the Oversight Group, and the current position in relation to the work of the Inquiry. The Board had no questions and approved the approach outlined in the papers.

Infected Blood Inquiry

The Acting Chair then referred to the papers tabled in relation to the Infected Blood Inquiry. Ms Kearney noted that it was timely that Mrs Leonard was attending the Board given her extensive role in these matters during her previous role at the Trust. Ms Kearney highlighted that as of 18 November 2025, 3418 claims processes had been started, while there had been requests for information from the Infected Blood Compensation Authority in relation to 45 patients. Ms Kearney noted that the Belfast Trust Infected Blood Oversight Group had been re-established in April 2025, with a key purpose of providing assurance to the Trust Board that actions are being implemented, and that gaps/challenges are being recorded and highlighted to commissioners as necessary. There had also been an engagement workshop on 19 November 2025

Following an enquiry from Mr Small, Ms Kearney assured the Board that compensation would be provided from a central UK funding stream. The Acting Chair noted the importance of ensuring that all possible support was provided to patients and families effected. Ms Kearney noted that it was in this context that the Trust had progressed investment in key services at “financial risk.” Mr Hagan echoed the remarks made, noting that experience from other Inquiries, was of patients and families requiring support, long after Inquiry reports had been published. Mr Small noted the importance of capturing learning. Mr Campbell acknowledged the work of a small but dedicated team in his Directorate who had had to manage a significant volume of Subject Access Requests in this context.

Social Work Recruitment and Retention

The Acting Chair thanked Ms Weatherall for her Report to the Trust Board on Progress with Social Work Recruitment and Retention.

Ms Weatherall noted the ongoing challenges across Trusts in Northern Ireland arising from the deficit in supply of social workers. Ms Weatherall noted that this issue had been included within the Support and Intervention Framework. Ms Weatherall then highlighted various initiatives outlined in the report which had been taken at BHSCT, and the more positive trajectory which was beginning to emerge, with evidence of increased staffing, enhanced support structures and strengthened retention strategies. The Board commended the work being progressed by Ms Weatherall and her colleagues. Professor Ross noted that much of the positive work (with consequent positive impact) could be replicated across other Northern Ireland Trusts. The Acting Chair noted the palpable enthusiasm of the newly qualified social workers she had met during a recent visit.

Ms Linsey Sheerin joined the meeting.

Bodycams

The Acting Chair welcomed Ms Sheerin to the meeting, noting that she was joining with Mr McMullan to brief the board regarding the use of Bodycams. The Acting Chair asked Ms Sheerin to take back to the Emergency Departments, the thanks of the Board for all the work being done in the context of the current pressures.

Mr McMullan explained that approval was sought from the Board to initiate a 12 week consultation regarding the introduction of bodycams (in specific circumstances). Following the consultation, and reflection on feedback obtained, the matter would again be brought to Board for final approval for what was hoped to be a 6 month pilot exercise.

Ms Sheerin noted that front line staff were very supportive and welcoming of the proposed pilot exercise. Dr Armstrong noted that he fully endorsed the pilot, referencing that similar work had already been progressed in NHSCT, while NIAS use bodycams already.

The Chief Executive reflected on the experience at NHSCT and noted that she was hugely supportive of the proposals. It was noted too that this might be a development to be considered and progressed by the regional committee in common.

Professor Ross noted the awful experience of staff experiencing abuse, and noted too that there may be a potential linkage with the work being progressed by the Executive Office in relation to ending violence to women and girls.

The Board supported the progression of the consultation, with the Acting Chair noting the support to staff working in a particularly challenging environment.

The meeting was then adjourned at 1310, for a short break.

Dr Stevens, Eileen Mullan, Stephen Wallace, Ruth Montgomery, Catherine McCrisken and Gemma Clements left the meeting

16. IReach Presentation

The meeting reconvened with the Acting Chair welcoming Professor Judy Bradley.

Professor Bradley made a presentation on developments and plans for iReach.

Professor Bruce noted the significant interest from Pharma companies in investing in trials, which trials could benefit individual patients, bring income to the Trust, the University and Northern Ireland, while at the same time providing the opportunity for savings. Professor Bruce also noted that engagement in research was also welcomed by clinical staff.

Professor Ross reflected on her experience of the strong relationship between education and health in Edinburgh, which was transformative for individual patients and also of financial benefit for the University and Health, and the wider economy. Professor Ross noted that iReach should be on the Board's agenda going forward.

Mr Hagan and Professor Bruce reflected on the importance of ensuring effective arrangements were in place so that the 150 day target to commence trials, was achieved at the Trust. Professor Bruce noted the engagement there had been with other Trusts which had had similar research ambition, and which had already made progress. Mr Hagan noted that the Trust now had a Codirector with responsibility for research, with a new Director of Research recently appointed at the Trust.

Mrs O'Neill referenced the involvement of nursing in the development of the Memorandum of Understanding, and noted that nursing colleagues were keen to be involved in the context of the launch of the NIPEC framework in December 2025.

Mr Conaghan noted that he had worked in the Pharmaceutical industry and welcomed the commitment to effective liaison and engagement between the Trust and the Pharmaceutical industry. Echoing the comments of Professor Bradley and Professor Bruce, Mr Conaghan stressed that for the industry, an early question will always be how long it takes to set up a trial.

The Chief Executive noted that it would be important that key staff were identified to progress the work across the relatively short period of 15 months ahead, not just at BHSCT but across the region.

The Chief Executive asked for a copy of the agreed Memorandum of Understanding.

ACTION:Mr Hagan

It was noted that the location of the iReach facility at the BCH site should not preclude involvement for example of Children's Services and Mental Health services.

The Acting Chair thanked Professor Bradley for her attendance and presentation and thanked the Board for their discussion on iReach.

Professor Bradley left the meeting.

17. Any Other Business

There was no other business.

The meeting concluded in public session at 1410.

Date of next meeting: Thursday 5 March 2026