Belfast Health and Social Care Trust caring supporting improving together	**Paper Ref. Num.** 2026.05.28_TBP_AgendaItem3_P197-2026_DraftMinutesOfPreviousMeeting5March2026 ***Note:- To be completed by HQ meeting organiser***

Belfast Health & Social Care Trust Meeting Template Sheet (v050526)

Title of paper (Maximum of 300 characters)

Draft Minutes of Previous Meeting of 5 March 2026

Purpose of paper	For Approval
If other purpose please specify	
Meeting TB Public	
If other meeting please specify	N/A
Rationale for confidential consideration (if applicable)	N/A
Presenter	Peter Watson
Date of meeting	28 May 2026

Background (Maximum of 1500 characters)

Draft minutes of the meeting were circulated to the Board on 18 March 2026.
Amendments were proposed to the draft circulated on 18 March 2026, and those have been consolidated in the revised draft minute below.

Date considered at Exec Team (If Applicable)	N/A

Options for consideration (Maximum of 1500 characters)

N/A

Recommendations (Maximum of 1500 Characters)

Trust Board are asked to :-

1. Review the draft minutes
2. Approve the draft minutes as an accurate record OR discuss and agree changes to 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

177th Meeting of BHSCT Trust Board (Public)

Thursday 5 March at 0900

in the Boardroom, Non Clinical Support Building, Royal Hospitals

Present

Professor Stuart Elborn	Chair
Mrs Jennifer Welsh	Chief Executive
Miss Patricia Gordon	Vice Chair
Mr John Conaghan	Non-Executive Director
Mrs Ellen Finlay	Non-Executive Director
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
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 Brendan McConaghy	Codirector for Human Resources and Organisational Development
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 *(attended as indicated below)*
Mrs Bronagh Dalzell	Head of Corporate Communications
Mr Peter Watson	Head of Office
Mrs Caroline Leonard	Senior Advisor
Dr Tony Stevens	Independent Advisor

Apologies:

Professor Ian Bruce	Non-Executive Director
Professor Catherine Ross	Non-Executive Director
Mr David Small	Non-Executive Director
Mrs Gillian Somerville	Director of Human Resources and Organisational Development

Also attending to address the meeting *(as indicated below)* was Mr Alan Roberts

1. Trust Board Workplan P183-2026

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

2. Conflicts of Interest.

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

3. Apologies

Apologies were as noted above.

The Vice Chair noted that Dr Sloan would need to leave the meeting early, in order to attend a regional workshop.

The Vice Chair welcomed Mr McConaghy who was attending the meeting in the absence of Mrs Somerville.

4. Chair's Business

The Vice Chair welcomed Professor Elborn to his first meeting of the Trust Board, following his commencing in the role of Chair from 1 March 2026.

The Chair expressed his appreciation to the Vice Chair, Board members and the Executive Team for the warm welcome he had received.

The Chair noted that it was a genuine privilege for him to attend his first meeting of the Belfast Health and Social Care Trust Board, commenting that the moment mattered to him — professionally, personally, and emotionally.

The Chair noted that he had been born in Belfast, only a few metres away, and trained here as a student and resident doctor in the old main corridor of the RVH, in the Mater, at Musgrave Park and Claremount Street. Subsequently he had worked for many years in the City Tower as a consultant physician, leading the adult cystic fibrosis and respiratory services and had been director of research in the City Hospital during the period of the coming together of the then 6 Trusts, into the Belfast Health and Social Care Trust. Over these years he had seen first-hand the extraordinary dedication of our staff, the scale and complexity of what we do, and the profound responsibility that comes with caring for the people of this city and across Northern Ireland.

Over the past fifteen years, the Chair commented that his roles in this Trust, Imperial College London, and Queen's University Belfast had given him a wider lens — across health systems, clinical and research cultures, and international partnerships. And those experiences had for him strengthened one conviction: Belfast has everything it needs not just to deliver safe, reliable care, but to become a leading centre of healthcare excellence, innovation, and societal impact.

The Chair then made some comments on facing the past with honesty, and moving forward with purpose.

Firstly in relation to honesty, the Chair noted that this was a quality that is now essential, increasingly rare and frequently disputed.

He added that this Trust has faced significant challenges in recent years. There have been failures, painful ones. Public ones. Moments that have shaken confidence and demanded deep reflection. We should not minimize them. We should not explain them away. And we must never become defensive about learning. Honest reflection and uncertainty is not a weakness. It is the foundation of public trust, staff confidence, and genuine improvement.

Yet those challenges do not define who we are.

Because alongside them, the Chair noted he had seen compassion under immense pressure. He had seen innovation, much of it quiet but remarkable. He had seen professionalism, courage, and kindness in every corner of our hospitals, community teams, and social care services.

Our task as a Board is not to look backwards with blame — but forwards with responsibility. Our purpose, above all else, is to safeguard safe, high-quality care for every single person who comes through our doors or who relies on our community teams.

And we must also recognise the wider truth: health, poverty, social justice, and economic opportunity are deeply intertwined. This Trust has a role to innovate and champion in all of these areas.

The Chair noted that one of his heroes in science and public life, and perhaps the greatest physicist ever was Neils Bohr. Bohr had briefly worked with Oppenheimer

and then stood strong against using nuclear technology for war, leading a team of 10 Nobel and another 5 collaborators. Bohr had said,

“Openess about outcomes, errors and uncertainty is not a weakness, it is the foundation of trust, learning and continuous improvement”

Continuing his remarks, the Chair noted,

“Systems matter. Targets matter. Governance matters. But none of them matter more than this: the safety, dignity, and quality of care we provide to the public we serve.”

The Chair committed to championing a Board culture that welcomes challenge and evidence, listens deeply to patients, families, and staff — especially when the message is uncomfortable, treats governance not as bureaucracy but as a living tool for continuous improvement, and ensures decisions are made collaboratively, transparently, and at the right level.

As a Trust rooted in society, not separate from it, Belfast Trust is not simply a service provider. We are a civic institution, woven into the fabric of Northern Ireland.

Many of our services are mitigations of economic and health inequalities and we must work together with others to address these.

We must influence education, research, and economic growth.

How we act affects public confidence in our health system — and in public institutions more broadly. That carries weight. And it places on us a responsibility to work with communities, not just for them; but to integrate health and social care meaningfully; and to respond to the changing needs of children, young people, older people, and those living with long-term, complex conditions.

To do this effectively innovation is not an optional extra reserved for the good times. It is a necessity for the times we are in.

Mr Alan Roberts joined the meeting and was greeted by the Vice Chair.

The Chair commented that we cannot meet the needs of the next decade by doing more of the same. We must create space for new things — and be courageous in

stopping things that no longer work. We need colleagues across many disciplines in health care and beyond, and in some disciplines just being invented.

Innovation means designing services around patients, not buildings. It means using digital tools intelligently and ethically. It means embedding research and evaluation into everyday care, and building genuine partnerships across the HSC and with universities, industry, and international networks across Ireland, the UK, and beyond.

In this context, the role of the Belfast Health and Social Care Trust Board is pivotal — and powerful.

The Chair noted that he wanted the Board to set a tone of calm confidence, especially in difficult moments, to stay focused on long-term purpose not short-term noise, and to support the Executive Team, while at the same time holding the organisation to account constructively, consistently, and fairly.

If the Board leads with humility and integrity, then that will help the whole organisation to do the same.

Despite the many pressures we face, the Chair noted that he was deeply optimistic.

If he did not believe that helping lead this organisation could make a real difference for patients, families, and communities in Northern Ireland he would not be here today as Chair of the Board.

He was Chair of the Board because he saw a workforce of exceptional calibre, world-class clinical, academic and industry partners, an integrated health and social care system with enormous potential, and clear leadership and direction nationally. And above all, communities and people that depend on us to deliver.

We can be pioneers and leaders in excellence in health and social care. Built collectively, owned by all our staff and the people and communities we serve.

The Chair expressed his commitment to bring energy, integrity, nurture and ambition to the role — and to work alongside the Board and Executive Team to ensure the Trust not only regains confidence, but helps shape the future of health and social care in Northern Ireland and beyond.

Finally, the Chair expressed his thanks to Miss Gordon, for her leadership as Acting Chair, with her having steered the Trust through turbulence with the calmness of a

seasoned pilot, and having been an exemplary custodian and champion. The Chair thanked Miss Gordon for helping him so much already, and noted that he looked forward to her continuing wisdom and partnership in her role as Vice Chair.

The Chairman noted too that he looked forward enormously to working with the Executive Team, supporting the Chief Executive and all of the directors, and drawing fully on the diverse experience and talent of our Non-Executive colleagues.

Given that he was only four days into the role, the Chair noted that the Vice Chair had kindly agreed to chair the Board meeting on this occasion.

The Vice Chair thanked the Chair for his kind remarks.

The Vice Chair noted that the Board workplan was attached at agenda item 1.

The Vice Chair confirmed with Board members that they had had an opportunity to consider the papers sent in PDF format on Tuesday 24 February 2026, followed then by two papers on Friday 27 February 2026, and then the Chief Executive update sent on Tuesday 3 March 2026.

The Vice Chair then formally welcomed Mr Roberts to the meeting, his having asked the Chairman for the opportunity to address the Trust Board. The Vice Chair explained the colour coding of the table name plates, with purple indicating those who were members of the Trust Board, with others with while name plates being “in attendance” at the Board meeting.

Mr Roberts thanked the Chair for the opportunity to address the Board. He explained that his name was Alan Roberts, and that he was the father of Claire Roberts. Claire had died at the age of 9 years old, in 1996, as a result of the negligent care she had received. In 2018, a Public Inquiry had concluded that there had been an attempt to cover this up. Claire had died as a result of the negligent care she had received and he and his wife had been misled.

In 2019 the Coroner had ruled that Claire’s death was not due to natural disease process but was due to the treatment received in hospital.

In 2022 a GMC Tribunal concluded that there had been attempts to conceal the true circumstances of Claire’s death.

Mr Roberts noted that the questions he had for the Board focussed on the actions of the Trust post 2018 and in preparation for the Inquest in 2019. Mr Roberts noted that the Trust had a copy of the questions and that the Chairman had asked for time to respond to them. Mr Roberts asked if the Chairman had the full complaint.

The Chairman noted that he hadn't read all of the details, but that he wished to do so, in order to review the journey.

Mr Roberts noted that his had been a 30 year journey and that he had corresponded most recently with Mr Watson. Mr Roberts noted that the Trust had had a complaint since April last year, and that he would wish to ensure that the Chairman has the full background.

Mr Roberts asked that the questions which he would read out, would be fully recorded in the minutes. Mr Roberts was assured of this by the Chairman, and then proceeded to read out the following questions :-

"1. Following publication of the Public Inquiry Report into Hyponatraemia-related Deaths in January 2018 the Belfast Trust set up an Advisory Group. This Advisory Group commissioned an independent expert report and obtained guidance *'in relation to the actions which should be taken at this time'* from Professor John Woodhouse. Was this decision by the Advisory Group fully compliant with:

i) The Trust procedural document Maintaining High Professional Standards in the Modern HPSS?

ii) The Trust *'Being Open'* policy?

iii) The General Medical Council Good Medical Practice policy?

iv) The Trust statutory, legal and accountability codes of conduct?

2. Is the Belfast Trust currently investigating how it conducted investigations, between 2018 and 2020, into doctors criticised in the Public Inquiry Report?

3. Did any member of the Belfast Trust Advisory Group or the Trust Board know, at any time between 2018 and 2020, that Professor Woodhouse was the Responsible Officer for Dr Michael McBride?

4. Was the action of the Trust Advisory Group, when commissioning a report from Professor Woodhouse, compliant with the Trust statutory, legal and accountability codes of conduct in regard to an actual or perceived conflict of interest?

5. In accordance with the Trust procedural document Maintaining High Professional Standards in the Modern HPSS can the Trust Board please confirm the **actual** number of doctors, that being any former or present doctor employed by the Belfast Trust, currently under investigation by the Trust?"

Mr Roberts confirmed that these were his questions, that the Trust have these in writing and also have the supporting documentation. Mr Roberts noted that the Trust wished more time to respond, and that he looked forward to receiving the response. He hoped it would be open and transparent.

The Chairman provided assurance that the Trust would be open and transparent and would address the questions in as clear a way as possible, recognising that there may be some uncertainty in relation to the past.

The Vice Chair thanked Mr Roberts for addressing the Board so clearly.

Mr Roberts noted that he did not intend to stay for the remainder of the meeting, and would now leave.

Mr Roberts left the meeting, with the Chairman speaking with him as he left.

The Vice Chair asked the Board to pause for a few minutes to reflect on what had been heard from Mr Roberts.

Following a short pause for reflection, the Board resumed the business of the meeting.

The Vice Chair noted that since the last meeting she had taken part in the recruitment process for a Consultant Neurosurgeon at the Trust. An outstanding appointment had been made from a large field of suitable applicants, which large field of applicants evidenced that BHSCT is a place where Consultants wish to come to work.

The Vice Chair noted that she had also visited in excess of 20 services as part of the process of the Chair's Awards. She had seen a diverse range of services, all of which were excellent.

The Vice Chair noted that also since the last meeting she had undertaken a range of other commitments including :-

Attendance at the Trust Culture and Governance Oversight Group on 22 January 2026 and 19 February 2026

Remuneration Committee on 8 January 2026

Charities Investment Committee on 12 January 2026

SPPG Accountability and Assurance Meeting on 16 January 2026

Palliative Care Launch 21 January 2026

Adoption Panel 21 January 2026

Meeting with NIMDTA CEO on 22 January 2026

Meetings of HSC Chairs on 27 January 2026 and 10 February 2026

Meeting with HSC Chairs and Minister of Health and Interim Permanent Secretary on 19 February 2026

The Vice Chair noted that the Board had held a workshop meeting on Thursday 5 February, where discussions had included the progression of the Corporate Plan. The Vice Chair thanked Mr Campbell for his work on this. The Vice Chair also noted that it had been inspirational to hear about innovative work in Dermatology and also the wider work of the Elective Care Reform Group.

The Vice Chair enquired as to the progress on the Board Assurance Framework. Mr Hagan advised that this was due from April 2026.

Finally, by way of Chair's Business, the Vice Chair asked Mr Watson to update on correspondence that had been received and responded to in recent weeks.

Mr Watson thanked the Vice Chair and noted at the outset that consideration continues as how best questions raised to the Board should be managed.

Mr Watson noted that when the Board had met on 8 January 2026 he had confirmed that the Standing Orders are silent, and there is no specific policy or procedure, regarding the management of questions addressed to the Board. He had also advised that he had developed a draft procedure, which would be discussed further

with colleagues at the Patient and Client Council, and with Sponsor Branch at the Department, prior to bringing a draft procedure to Board for consideration. In advance of that further engagement Mr Watson updated that he would be attending the Trust's Involvement Steering Group on Monday 9 March 2026, to hear from patients and service users, their views on how best to manage such questions. For now, he would continue with the custom and practice of recent times, in the management of questions addressed, 'to the Board'.

Mr Watson firstly noted that at the January Board meeting, he had advised that further correspondence had been received from Mr Stanford Smith on 30 December 2025 and that a response would be prepared to that latest correspondence and shared with the Board in due course.

A response was provided to Mr Smith on 23 January 2026, which response was shared with Board members on that day.

Mr Smith acknowledged receipt of the answers on 23 January 2026.

More recently on 2 March 2026 at 0957, Mr Smith had emailed Mr Watson, raising questions on a range of matters including Governance arrangements, Being Open, the Maternity Hospital and the damage caused to the statue of Queen Victoria. Mr Watson advised that he had acknowledged receipt of that email on 2 March, initiated enquiries from colleagues, and will in due course ensure that the Board are provided with the questions asked, and answers provided.

Secondly, Mr Watson noted that at the January Board meeting he had referenced communication with Ms Angela Haughey including her raising a number of questions in her email of 3 November 2025. A response was provided to Ms Haughey on 23 January 2026, which response was shared with Board members on that day. On 2 March 2026, he had received further correspondence from Ms Haughey, and acknowledged this on 4 March 2026. He will in due course ensure that the Board are provided with the questions asked, and the answers provided.

Thirdly, Mr Watson noted that he had advised on 5 January 2026, that he had received questions from a patient. That patient, Mr John Collins, subsequently gave his express assent for his name to be referenced to the Board. Answers were provided to Mr Collins on 12 January 2026, and forwarded to the Board on the same

day. More recently on 27 February 2026, Mr Collins raised additional questions. Mr Watson acknowledged receipt of that email on 27 February 2026, initiated enquiries from colleagues, and will in due course ensure that the Board are provided with the questions asked, and answers provided.

Fourthly, Mr Watson noted that he had received correspondence from the mother of a patient, which correspondence he would refer to in confidential session.

Finally, and for completeness, Mr Watson noted that the Board had now heard directly from Mr Alan Roberts in relation to the questions he had raised to the Board via email on 26 February 2026.

5. Minutes of Previous Meeting – 8 January 2026 – P184 2026

The Vice Chair then referred the Board to the draft minutes of the meeting of 8 January 2026. The Board agreed that these were a true and accurate record of the meeting.

The Vice 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 P185 - 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.

The Vice Chair enquired in relation to the consultation regarding the introduction of bodycams. Mr McMullan advised that the consultation was due to close in April 2026, with the results brought back to the Trust Board thereafter.

Mr Hagan updated in relation to Action P36-2025 regarding clinical trials.

Mr Hagan noted that the 150-day metrics that we have been asked to achieve relate to the totality of the set-up from regulatory submission to first participant recruited.

The first 60 days reflect the target for regulatory approval; the second 60 days relate to the target time from regulatory approval to confirmation of capacity & capability

(C&C) being issued by trial sites; the 30 days that follow (from Sponsor 'Green Light' is the target time for recruiting the first participant.

The second 60 days is the period that the research office (and BHSCT support services) are in a position to influence (though we will also report on fulfilment of the final 30 day period). The clock starts for 'our' 60 day period when the NI Approvals Service issues its report following study-wide governance review (SWGR).

In terms of the implementation date for the metrics, we understood this to be 1st October 2025, however, there has been some variation in the description of whether this relates to studies with regulatory submission initiated after that date or studies with SWGR available after that date. Of note, data have been collected since April 2025 to provide a baseline perspective.

Mr Hagan referred to the BHSCT Performance since 1 April 2025 which was the baseline position.

In total, 22 trials were initated by a commercial Sponsor (ie regulatory submission) since that date. Of these, 13 have no SWGR available such that our 60-day target period has not yet begun. There are 8 trials with SWGR available that are currently under review; the 60-day target period has been exceeded for 4 of these, with the remaining for having not yet reached 60-days post-approval. One trial has received C&C confirmation to start and the BHSCT review period for that trial was 23 days.

In relation to the BHSCT Performance since 1 October 2025 (which was the metric implementation date), Mr Hagan advised that in total, 8 trials initiated by a commercial have had SWGR completed since this date. Four of those have reached the end of the 60-day target period, of which one had confirmation of C&C confirmed within that time (the remaining 3 are under review). The other 4 trials with a completed SWGR are under review and have not yet reached the end of the 60-day target period.

Mr Hagan concluded by advising that if the metric of interest is considered to include all studies with SWGR since 1 October, the 60-day target has been met for 1 of those 4 (25%) trials. If the metric of interest is considered to include trials for which

regulatory submission began after 1 October, it is not yet able to be reported upon since none has reached the end of the 60-day period following regulatory approvals.

Mr Hagan also provided an update in relation to P33-025 regarding Mortality Reviews. Mr Hagan noted that the report from Dr Hill and Mr McBride had commented on the delays. Mr Hagan noted that 914 deaths had been identfiied for detailed review with only 72 outstanding. A workshop had been held in January 2026 with governance leads and there is a plan now to resolve outstanding reviews within 12 months.

Responding to a query from the Vice Chair, Mr Hagan confirmed that the new Assurance Framework was scheduled to go live from April 2026, including with committees to which non-executive directors would be appointed.

The Vice Chair noted that the minutes of the January meeting had also referred to the work of Ireach, and asked that the Board be provided with a copy of the Memorandum of Understanding.

ACTION:Mr Watson

7. Chief Executive's Business

The Chief Executive referred the Board to the update paper which had been provided.

Mrs Edwards referred to the new system which was due to be live from September for finance, and for human resources which was due to be live from November.

Mrs Edwards highlighted the particular risks with the finance system, with an overall risk rating of amber/red, and the human resources system with an overall risk rating of red.

Mrs Edwards noted the particular challenges arising due to the same finance staff being required to continue with "business as usual" work including the preparation of annual accounts, while also preparing for the implementation of the new system. It was inevitable that there would require to be some compromises during the pre-implementation phase.

Mrs Edwards assured the Board of senior oversight of the planning, with the Chief Executive chairing the Trust's Equip Project Board.

The Chief Executive reiterated the assurance regarding oversight, but noted that it was important that the Trust Board were sighted on the scale of the work ahead, and the risks which were present.

The Vice Chair enquired as to whether there was a risk that staff may not be paid. Mrs Edwards advised that at that this time in the development of the system, complete assurance could not be provided, but the Trust would be seeking to ensure that contingency arrangements were in place with the Business Services Organisation, in the event of payment issues arising from the new system.

Mrs Edwards noted that a new system was essential in a context where the current systems were coming to the end of their life. While she was reluctant to say that the new system would be perfect, it was hoped that it would facilitate improved information.

The Chief Executive also noted the achievement of the Mental Health Governance Team detailed in the update, and the update on the Cell Path Tender. Ms Kearney commented that she had provided the update in the context of the continuing public scrutiny of the Cervical Screening programme.

8. Trust Systems Oversight Measures Report (to include Elective Care Framework update) P186-2026 A&B

The Vice Chair asked Mr Campbell to speak to the Trust Systems Oversight Measures Report.

Mr Campbell firstly addressed queries which had been raised with him in advance of the meeting by Mr Small.

Mr Campbell clarified that the inability to report on 20 of our SOMS is due to ongoing difficulties of reporting on encompass in these areas. He advised that there is an encompass Regional Reporting Oversight Group that leads on this and meets monthly. It is hard to give a clear timeline for resolution of the issues as previous deadlines have already been breached. There is also now the added complication that the new planning guidance introduces a whole range of new metrics for which there are no reports, agreed definitions, or baselines on encompass.

Moving on to highlight trends from the report, Mr Campbell referenced the continuing good progress in Unscheduled Care, although with a challenging period across December and January.

Mr Campbell highlighted that the recent improved performance in the timeliness of hip fracture surgery was due to non-recurrent investment in additional operating capacity.

In relation to outpatient DNAs, Mr Campbell noted that there was some evidence that the use of mycare led to reduced DNAs, although there may be selection bias, in that those who have chosen to use mycare may in any event be those patients who were less likely to miss appointments.

In relation to inpatient and daycase DNAs, Mr Campbell noted that the rates were confused due to the inclusion of cancellations within the data.

Theatre utilisation continues to be closely monitored by Mrs Clinton and her team but at a regional centre with complex cases, it was more likely that there may be unused theatre time at the end of lists, following the completion of lengthy cases.

Performance against Cancer targets was noted by Mr Campbell to be impacted at BHSCT by transfers from other Trusts.

Mr Campbell noted that the number of patients waiting for a new outpatient appointment had reduced. Outpatient modernisation is now progressing with circa 7500 patients now on Patient Initiated Follow-Up (PIFU) pathways. The inpatient/daycase and scope waiting lists have remained static.

Mr Campbell concluded his remarks noting that the Trust remains in Level 5 of the Support and Intervention Framework but with discussions progressing with SPPG in relation to this.

Mrs Finlay enquired in relation to the reporting of information regarding Children and Young People and their outcomes. Mr Campbell noted that this reporting had been paused.

Mrs Finlay also noted that while there was reporting on the overall satisfaction rate for CAMHS and Mental Health, and some detail had been provided regarding those waiting to access services, it would be important that the full Board have the

opportunity to consider the information particularly given the role of Board as Corporate Parent. Mr Campbell clarified that such information was available, but it was not a Strategic Outcome Measure, with it being likely it would be reported upon at the Performance Committee. He agreed however to consider how to bring this information to the full Board.

ACTION:Mr Campbell

The Chair enquired in relation to confidence regarding the information being reported from encompass. Mr Campbell noted that there was confidence in the accuracy of the data, but there remained issues in seeking to compare data from encompass with historical data from other systems ; as such it was important not to seek to "retro fit" the data being extracted from the encompass system.

Mr Campbell referenced considerations which were continuing regarding support for encompass, with funding for a number of clinical support roles coming to a conclusion.

The Vice Chair enquired in relation to the continuing low percentage of complex discharges on weekend days. The Chief Executive noted that this was a challenge across the region, with regional discussions about what might be done to address this; there is however a dependence on independent sector providers to receive such complex discharges on weekend days. Mr McMullan added that many homes will not accept admissions on weekend days, although it was hoped that the role of "trusted assessor" might be extended to a 7 day service. While new contracts were being developed with the independent sector, it was unlikely they would mandate 7 days admission. Mr McMullan did note however that the number of complex discharges was now up to an average of 40 per day, with this number rising to as high as 60 on some occasions.

The Vice Chair also enquired in relation to Length of Stay data, and how the Trust compared with Trusts elsewhere. Mr Campbell advised that it was hoped that benchmarking data would be available shortly, with his expecting that it would show the performance at BHSCT slightly below the performance at peer hospitals.

9. Finance Report P187-2026 A&B&C

The Vice 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 had been projected as £45m. However, on 11 February 2026, UK Treasury had announced a £400m in year 'reserve claim' for the Northern Ireland Executive to cover urgent budget overspends, of which the Department of Health will receive £184.5m. It was therefore now projected that the Trust would break-even at the end of 2025/2026.

Mrs Edwards paid tribute to the work of Trust staff, with a robust focus on cost controls and financial management resulting in savings of circa £100m, including recurrent and non-recurrent savings.

Moving into 2026/2027, Mrs Edwards noted that although the financial settlement is not yet known, it is widely accepted that the regional gap for health will be between £800m and £1bn, including the carried forward deficit of circa £185m.

Trusts have been asked to develop plans for a 6% and a 12% savings target. However, before delivering on the 6% savings target, Trusts will be required to have savings plans in place to replace non-recurrent savings achieved in 2025/2026, plans to address residual 2025/2026 deficits covered from non-recurrent funding in 2025/2026, plans to address the full year effect of unfunded 2025/2026 inescapable growth/other cost pressures, and plans to meet anticipated growth and other inescapable cost pressures expected to emerge during 2026/2027. Mrs Edwards noted that the scale of those savings was circa 4.5% (ie before the plans to achieve 6% or 12% savings)

Mrs Edwards noted that there was a further meeting scheduled between the Trust and SPPG on 6 March.

There continues to be a statutory obligation upon the Trust to break-even and hence the need to include measures in a financial plan, which measures would not be achievable. However, this does not negate the need for the Trust to ensure it continues to have strong financial systems and 'grip'. Mrs Edwards confirmed that within the Trust, achievable targets would be agreed with Directorates, while in

external engagement with SPPG, the Trust would seek to articulate clearly that which would need to be done to deliver additional savings.

Mrs Finlay enquired as to whether there had been reference to Programme for Government waiting list targets. Mrs Edwards noted that there continued to be a focus on Elective Care, despite the challenging financial circumstances.

The Vice Chair noted her concern that with the new financial year imminent, the timing of strategic decisions was such that a full year effect of their financial impact would not be realised.

The Vice Chair enquired further in relation to the suggestion that there may be increased costs on medical staffing at BHSCT. Mr Hagan noted that at BHSCT, compared to some other Trusts, it had been easier to attract locum staff, and so the Trust had been able to "hold the line" on locum rates. Ms Cahalan cautioned that this was however a challenge in some smaller specialties, including in Paediatrics, where there were in some cases both national and international shortages of staff.

Mr Hagan noted however that work would continue on developing the clinical fellow roles, seeking to reduce reliance on locum staffing. Dr Armstrong noted that within the Emergency Departments £2m of savings had been realised through the development of the Fellow and Advanced Nurse Practitioner roles.

Mrs O'Neill reported that a number of nursing agencies had ended contracts with the Trust, given the downturn in cost and usage, while there had also been an upturn in nursing staff seeking to join the Trust Nursing Bank.

10. Update on Capital Schemes P188-2026

Mr Porter referred to the paper which had been provided.

Referring firstly to the new Children's Hospital Project, Mr Porter noted that construction had commenced on the new building in March 2025, with the current programme indicating a delivery date of March 2030. Mr Porter assured the Board that works on site were currently progressing well, including the installation of pile caps and works on the drainage system. All three tower cranes have now been erected onsite.

In response to previous design reviews, lessons learned from the Maternity project, and the latest NHS guidance, a series of design and specification changes have

been instructed for the water system on the New Children's Hospital (NCH). Although a delay and additional cost associated with these changes is anticipated, the Trust awaits confirmation of the full impact of the changes.

The Trust is also seeking to strengthen governance and oversight, learning lessons from the Maternity Hospital project. The process of appointing Subject Matter Experts (SME) to oversee the delivery and commissioning of specialist engineering services such as electrical, fire, medical gases, and ventilation, is underway. These will be in addition to the Water SME who has been in place since early 2025. The Subject Matter Experts will chair Project Safety Groups in their specialist disciplines, to provide greater assurance around decision making, and to reduce commissioning risks.

The original target appointment date for the new SMEs had been January 2026. This date was regrettably delayed because of a technical issue with the Crown Commercial Services online portal, but the appointments have now been made, with the various Project Safety Groups now to be scheduled.

Secondly, Mr Porter updated on the work at the Acute Mental Health Inpatient Centre (AMHIC). The consultant design team for the remediation works to the Mahee Ward on the Knockbracken site have been appointed. The design work remains on programme, with tender packages due to be issued to the Trust for assessment in March 2025. Works on the Mahee Ward are due to start on site in May 2026 and are due to complete in December 2026. A paper providing details of the procurement route for the works is due to be issued for approval by DoH Health Estates within two weeks. The proposals have been discussed with Health Estates and no issues are anticipated with this approval.

Thirdly, Mr Porter provided an update on the new Maternity Hospital, noting a typographical error in the report, with the intended reference to the provision of a programme for the phasing of the remediation work, being April 2026 (not April 2025 as detailed in the paper). Mr Porter made reference to the details provided in the paper regarding the potential for early occupation of parts of the building.

Mrs Finlay sought assurance that if there was a proposed change to the remediation works plan that this would be escalated quickly to the Board, and also sought a timeline for the works. Mr Porter clarified that this would be within the programme for the phasing of the remediation work, which programme was to be received in April 2026, and that he would ensure the Board were kept updated.

11. Updates from Committees / Standing Reports P189-2026 & P190-2026

The Vice Chair noted that in the absence of Mr Small, Mrs Edwards had kindly agreed to address any queries arising from the Update from the Audit Committee.

The Vice Chair noted that Mr Small had asked her to highlight that for him as Chair, the key focus needed to be on audit reports with "Limited" opinions and ensuring implementation of agreed recommendations. Mr Small had also asked that the Vice Chair highlight that the committee had focussed on reports with significant audit findings and associated recommendations and would be monitoring implementation of those. Mrs Edwards noted that in assessing the overall audit assurance for the year, Internal Audit would consider Limited/Unacceptable findings and also the extent to which the Trust had progressed the implementation of Priority 1 recommendations in particular. Mrs Edwards noted that following each Audit Committee, she ensured Executive Team received an update on agreed actions and priorities.

The Vice Chair then referenced the update from the Remuneration Committee, which update had come from herself as the Chair of the Committee. The Vice Chair noted that a further meeting of the Committee was due to take place shortly.

12. Update on Trust Culture and Governance Oversight Group P191-2026

The Chief Executive noted that a considerable volume of information had been provided on the work of the Culture and Governance Oversight Group. The Group has continued to oversee work following the DCO Partners Report, and the report from Dr Hill and Mr McBride, under four themes namely, People and Culture, Governance and Assurance, Medical Leadership and Cardiac Surgery, with a fifth area now being the Regional Emergency Social Work Service (RESWS). The Chief Executive invited questions and comments on the provided papers.

The Vice Chair asked Dr Stevens if we would wish to make comment on the work of the Group, in his capacity as an attendee at the Group, and as an independent advisor to the Minister. Dr Stevens noted that progress was obvious, and that the non-executive directors should be assured of the energy and thoroughness of the oversight arrangements. Dr Stevens noted too that further assurance came with the establishment of the Patient Safety and Quality group.

The Vice Chair enquired in relation to progress on the development of the People Strategy. Mr McConaghy advised that there had been engagement with circa 200 staff, while "Town Hall" events were planned for March and April.

The Vice Chair sought and received the approval of the Board to the papers being forwarded to SPPG, for consideration at the next meeting of the Trust/SPPG and PHA.

13. Annual Corporate Plan P192-2026

Mr Campbell noted that the Board had previously agreed the roll forward of the current Corporate Plan, pending the development of an updated plan which would be tabled at Trust Board in May for endorsement and implementation. Mr Campbell noted that the Department had been content with this approach. Mr Campbell confirmed that there would be engagement with stakeholders in relation to Children and Young People, and Older People.

14. Public Inquiry Update

The Vice Chair noted that an update in relation to the Muckamore Abbey Hospital Inquiry was included in the papers later in the agenda.

15. Papers for Approval

The Vice Chair noted that there were no additional papers for approval.

16. Papers for Oversight P193-2026, P194-2026 A&B, P195-2026 A&B

The Vice Chair firstly referred to the update paper relating to the Muckamore Abbey Hospital Inquiry. The Vice Chair enquired as to the timeframe for the patients who continued to remain at Muckamore, moving to their new homes. The Chief Executive noted that a regional meeting would take place on 6 March 2026, with good support being provided to the Trusts by the Department of Health, SPPG and RQIA, in addressing the last remaining challenges for the resettlement programme.

The Vice Chair noted that the papers which had been provided in relation to Attendance Management were not up to date. It was agreed therefore that Mr McConaghy would provide a written update to the Board following the meeting. Mr McConaghy noted that that update would show that the upward trend in absenteeism continued, with the impact of 'flu being seen in December and January.

ACTION:Mr McConaghy

The Chief Executive noted that there would be a Delivering Value workshop in April, which would focus on attendance management. A new regional attendance policy is to be launched on 1 April 2026, following extensive trade union engagement, with training being provided to in excess of 700 staff.

Mr McConaghy noted that in due course it was also hoped that the functionality of Equip would assist with attendance management, with prompts from the system to managers in relation to individual absence management.

The Chairman enquired as to whether there had been a correlation between the spike in flu cases, and the low uptake of the 'flu vaccines. Mr McConaghy noted that while the uptake of the vaccine continued to be relatively low at 31%, it was actually higher than during 2024/2025, when it was 22%.

The Chief Executive noted that at the regional Chief Executive group there had been discussion about actions which might be taken to increase uptake of the vaccine. It had been agreed that seeking to mandate the vaccine was unlikely to be successful, with it being best to focus on those staff groups where there continued to be low uptake. It continued to be recognised that with staff absence came reliance on bank, locum and agency staff, which reliance has an impact not just financially, but also on patient safety.

The Vice Chair enquired as to whether those absent from work longer than 12 months (and not being paid) were included in the absence information. Mr McConaghy confirmed that they were.

The Vice Chair concluded the discussion by noting that addressing absence management had been a subject of particular focus for the Board over an extended period of time, and supported the actions being taken to seek to address the deteriorating position.

The Vice Chair noted the correspondence which had been provided from the Department of Health in relation to the Being Open Framework for Health and Social Care. The Vice Chair noted that Mr Brendan McConaghy was the Trust's nominee to the Being Open Framework Implementation Oversight Group.

The Chief Executive noted that while various related work was being progressed, Being Open remained the primary work.

Mr Hagan highlighted the approach outlined in the correspondence in relation Duty of Candour.

The Vice Chair noted that it was anticipated that the Board would give more detailed consideration to Being Open at the April Trust Board workshop.

17. Benchmarking Presentation

The Vice Chair welcomed Dr Patricia Gordon to the Board meeting, to provide a briefing on the work of the Stroke Service.

Dr Gordon spoke to the presentation which had been shared in the Board papers.

The Board thanked Dr Gordon for the insights she had provided on the significant improvements which had already been made in Stroke care, and the further improvements which were planned. The Board asked that their thanks and appreciation be conveyed to the entire team in the Stroke Service.

18. Any Other Business

There was no other business and so the meeting in public session concluded at 1225.