179th Meeting of BHSCT Trust Board (Public)

Thursday 25 June 2026 at 1130

in the Boardroom, Trust Headquarters, Royal Hospitals

Present

Professor Stuart Elborn	Chair
Mrs Jennifer Welsh	Chief Executive
Professor Ian Bruce	Non-Executive Director
Mr John Conaghan	Non-Executive Director
Miss Patricia Gordon	Vice Chair
Mr Chris Hagan	Medical Director
Mrs Olga O'Neill	Interim Director of Nursing and User Experience
Professor Catherine Ross	Non-Executive Director
Mr David Small	Non-Executive Director
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, ACCTSS and Surgery
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 McConaghhy	Codirector, 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
Mrs Bronagh Dalzell	Head of Corporate Communications
Mr Peter Watson	Head of Office

Apologies:

Mrs Maureen Edwards	Director of Finance
Mrs Ellen Finlay	Non-Executive Director

NB

M/A Action denotes an Action to be considered under Matters Arising at the next meeting of the Board.

A/L Action denotes an Action to be included in the meeting Action Log

1. Welcome, Apologies and Conflicts of Interest

The Chair welcomed everyone to the 179th meeting of the Belfast Trust Board in Confidential session.

At the outset of the meeting the Chair provided the following tribute to Dr Tom Frawley.

“The Board wishes to place on record its deep appreciation for the life and service of Dr Tom Frawley CBE.

Dr Frawley dedicated more than five decades to public service, making an exceptional contribution to health and social care in Northern Ireland. Beginning his career in the NHS in 1971, he rose through a series of senior leadership roles to become Chief Executive of the Western Health and Social Services Board, where he helped shape modern health service management and delivery across the region.

He later served with distinction for over 15 years as Northern Ireland Ombudsman and Commissioner for Complaints, where he championed fairness, accountability and transparency in public services. His influence extended internationally through his work with the International Ombudsman Institute.

In subsequent years, Dr Frawley continued to contribute his expertise across a range of public bodies, including the Northern Ireland Policing Board and professional standards organisations, consistently demonstrating integrity, insight and sound judgement.

Appointed Chair of the Western Health and Social Care Trust in 2023, he provided steady, compassionate and principled leadership, always committed to the wellbeing of patients, service users, staff and the wider community.

Dr Frawley was widely respected not only for his professional achievements, but also for his warmth, wisdom and humanity. His legacy will endure in the strength of the institutions he served and the lives he touched.

The Board extends its sincere condolences to his wife, family and all who knew him. He will be remembered with gratitude and respect.”

The Chair confirmed that papers had been circulated for the meeting on Wednesday 17 June 2026, with supplementary papers following on Tuesday 23 June 2026. All

of these papers will shortly be uploaded to the Trust website. The Chair noted that the issues which had previously been encountered with the ordering of papers on the Trust website had now been resolved. Finally, the Chair noted that he would continue to work on the assumption that every Board member had fully read all documents prior to the meeting. With this in mid, the Chair indicated he would provide a brief overview of papers before opening the meeting for questions and comments.

Confidential business was again being taken first, prior to the public meeting starting at the slightly later time of 1130. The key matters for consideration of the Board would be the Muckamore Abbey Hospital Inquiry Report and the Savings Plan proposals.

The Chair noted that apologies had been received from Mrs Edwards. The Chair noted that Mr Brendan McConaghy, Codirector for Human Resources and Organisational Development was in attendance. The Chair enquired of Mr Watson if there were any other apologies. Mr Watson confirmed that there were no additional apologies.

The Chair invited those present to declare any conflicts of interest. None were declared.

2. Chairman's Business

The Chair advised that before any further business was progressed he wished to make a statement to the Board at the first public Board meeting since the publication of the Muckamore Abbey Hospital Inquiry Report.

"The publication of the Muckamore Abbey Hospital Inquiry report marks a profoundly important moment for this Trust and for the wider Health and Social Care system.

The report is deeply critical, and rightly so. It exposes unacceptable failings in care, culture, oversight and accountability over a sustained period. We must acknowledge this clearly and without qualification.

First and foremost, I want to recognise the patients and families who were affected. Their experiences should never have happened. On behalf of the Trust, I reiterate an unreserved apology. Our immediate priority must be to **rebuild trust** with those who

were harmed, through openness, sustained engagement, and demonstrable change.

As a Board, we now have a clear governance responsibility—not only to respond to the findings, but to ensure that the conditions which allowed these failures to occur cannot recur.

While the report is extensive, its recommendations can be understood across five key areas which will guide our response:

1. Culture and Safeguarding

The report highlights a failure to consistently place patients' dignity, safety and rights at the centre of care.

- We must embed a culture where **challenge is encouraged, concerns are acted upon, and safeguarding is everyone's responsibility**.
- This requires strengthened clinical leadership and zero tolerance for poor practice.

2. Governance, Oversight and Accountability

There were clear weaknesses in internal and external oversight.

- We must ensure robust governance arrangements with **clear lines of accountability, effective escalation, and real-time assurance at Board and committee level**.
- Assurance must be evidence-based, not reliant on reassurance alone.

3. Workforce Capability and Support

The Inquiry identifies issues around staffing, training, supervision, and leadership.

- We must ensure the workforce is appropriately resourced, trained, and supported, with **strong supervision, professional accountability and leadership at all levels**.
- Staff must feel safe to speak up—and confident they will be heard.

4. Listening to Patients and Families

A central failure was the system's inability to listen and respond to families.

- We must create mechanisms where **patients, families and carers are actively heard, involved, and responded to in a timely and compassionate way**.
- This is fundamental to restoring confidence.

5. System Learning and Improvement

These failures are not confined to one service or one Trust.

- We must work across the wider system to ensure **shared learning, consistent standards, and sustained improvement**, supported by regional oversight where necessary.
- Our response must be transparent and measurable over time.

In closing, colleagues, this is not simply about responding to a report. It is about demonstrating—through our actions—that we are a different organisation: one that is **open, accountable, and relentlessly focused on safe, compassionate care**.

The work ahead is significant, and it will require sustained leadership from this Board. We will ensure that progress against these areas is visible, scrutinised, and reported openly."

Mr Small advised that he considered that he spoke for the entire Board in agreeing with what the Chair had stated in relation to the Muckamore Abbey Hospital Inquiry

Report. Timeliness was now key, with the sincere apologies of the Trust communicated to patients and their families.

The Chair noted that he also wished to update the Board on two related initiatives. The Chair firstly referred to the proposed programme for Board development which is rooted in culture and values. Planning meetings for this will begin in July, with the programme launching in the Autumn; the issues arising in the Muckamore Abbey Hospital Inquiry Report, and other Inquiry reports will be considered.

The Chair noted that he would also be bringing forward proposals for the establishment of a research, data and innovation committee of Trust Board.

3. Minutes of previous meetings

The Chair noted the draft minutes from the meeting on 28 May 2026, for consideration by the Board.

The Board agreed the minutes of the meeting of 28 May 2026.

The Vice Chair noted the previous reference to iReach and enquired as to the current position of the project. The Chair advised that he would wish to have discussions with Mr Porter and would then ensure an update was brought to the Board.

M/A ACTION:Chair

The Vice Chair also noted the previous reference to Sexual Safety work at the Trust and enquired in relation to this. Mr McConaghy noted that the same staff who had been working on this, were leading on the People and Culture Strategy, and it was hoped that following the development of that strategy there could be further work to progress the Sexual Safety strategy by end September 2026.

A/L ACTION:Mr McConaghy

4. Matters Arising

4.1 Additional details to be provided in Action Log

Mr Watson noted that in relation to the additional details to be provided in the Action Log, he had (as requested by the Board) sought to obtain additional details and

include these in the Log which would be reviewed shortly. He proposed therefore that this Matter Arising should be considered as closed.

4.2 Corporate Plan to be updated

Mr Watson noted secondly that following consideration of comments from the Board, a final plan had been shared with the Board on 10 June 2026 via email. That plan is now being worked upon by the Trust's graphics team. Mr Watson checked with Mr Campbell and it was agreed that this Matter Arising should be considered as closed.

4.3 Completion Dates in CGOG report / CGOG reports to SPPG, PHA and DOH

Mr Watson noted that there had been a request for additional completion dates to be added, where possible, to the papers from the Culture and Governance Oversight Group, and again that had been effected in the papers which the Board would see at 8.2 on the meeting agenda. Matter Arising to be considered as closed.

4.4 Regional Work regarding Vulnerable Specialties

Finally, Mr Watson noted that an update was to be provided to the Board regarding the regional work on vulnerable specialties. Mr Hagan noted that Trust Medical Directors were planning to meet again to progress this work, and he would keep the Board updated.

A/L ACTION: Mr Hagan

5. Action Log

Mr Watson highlighted the additional details which had been provided in the Status/Update column, following the request of the Board. The Board asked for additional details to be included in the Action column, so that the background to each action was clear, without there having to be recourse to the relevant meeting minutes.

M/A ACTION:Mr Watson

The Board agreed that the "purple" item could be considered as "Complete or otherwise to be considered as "Closed".

6. Chief Executive's Business

The Chair thanked the Chief Executive for the provision of her update report, noting that it would (as with all the reports provided), be "taken as read", but inviting the Chief Executive to highlight any particular issues, or any new issues which had emerged.

The Chief Executive advised that she would speak later in the agenda in relation to the Muckamore Abbey Hospital Inquiry Report.

The Chief Executive referred the Board to the update of the response of staff during the recent period of civil unrest. Staff were to be commended for their willingness to go "above and beyond" in their support to patients and service users, and in their support to their colleagues. The Chief Executive noted the engagement which there had been with the PSNI during and after the unrest.

Ms Kearney noted that she also wished to advise the Board of the Trust's successful accreditation with the European Federation for Immunogenetics (EFI), Histocompatibility & Immunogenetics (H&I). The service has achieved successful accreditation from the European Federation for Immunogenetics (EFI). This represents a significant milestone, marking the first time in over a decade that the service has progressed to and secured accreditation. Ms Kearney thanked the entire team for their commitment and hard work in achieving this outcome, with particular recognition to Dr Fotini Partheniou, Clinical Lead Scientist for H&I, for her leadership and sustained dedication throughout the accreditation process.

The Chief Executive also highlighted the success of the Podiatry Team at the UK Advancing Healthcare Awards, details of which were outlined in the written update. In addition to that award for the Podiatry Team, the Chief Executive noted that Trust colleagues had been highly commended for transforming strabismus services through advanced orthoptist led care. Finally, the Chief Executive noted that non-executive director Professor Catherine Ross had received the Academy for Healthcare Science award for the most inspiring leader. Trust Board congratulated all who had received awards.

The Chief Executive noted that she wished to speak in relation to the Muckamore Abbey Hospital Inquiry Report. The Chief Executive firstly thanked the Chair for his remarks.

The Chief Executive reiterated the apologies which had been offered to the patients (and their families) who had been resident at Muckamore Abbey Hospital, and who had suffered abuse, neglect and cruelty.

The Chief Executive noted the key importance of continuing engagement, as we as an organisation sought to rebuild trust with patients and their families. In this regard, the Chief Executive noted that an early priority would be to meet with families, conscious too that the Minister also would be separately meeting with them.

The Chief Executive noted the comments made by the Inquiry Chair, to the approach that the Trust had taken to the Inquiry; the Chief Executive reiterated the apologies of the Trust for approach. The Chief Executive reflected on how painful it will have been for families to have heard of such an approach, which approach would itself have a detrimental impact on building relationships with those families. A clear intent remained however to seek to rebuild trust.

The Chief Executive advised that consideration would also be given as to how best to engage with families who had reported previous incidents, but which were not captured on CCTV footage.

The Chief Executive noted that the Inquiry Chair had recognised there were also good people who had worked at Muckamore Abbey Hospital. These staff have been deeply impacted upon by all of these circumstances, with a long shadow cast over their reputation. The Chief Executive noted that we would wish to support these staff, many of whom continue to be closely involved in the care and treatment of patients who have been resettled from Muckamore Abbey Hospital.

The Chief Executive also noted the important context of the Urology Inquiry and the Nottingham Maternity Inquiry, in informing how we seek to change HSC services.

Mr Small concurred with the comments which had been made by the Chair and Chief Executive.

The Vice Chair agreed, noting specifically the reference at paragraph 57 of the executive summary of the Inquiry Report, to the many members of staff who had worked at the hospital diligently and with professionalism.

The Vice Chair noted that the Report's Executive summary did contain a paragraph in relation to the dedicated service of very many staff. The Vice Chair noted her concern that the Trust's submission that a little more than 10% of patients were represented could be misconstrued. The Vice Chair stated that any abuse suffered by any patient was not acceptable; abuse of even one patient was entirely unacceptable.

The Chief Executive echoed the Vice Chair's remarks, stating that one case of abuse is one too many.

Professor Ross enquired as to the source of the Trust response which had been criticised in the Inquiry Report. The Chief Executive clarified that the response had been made by the Trust's legal representatives on behalf of the Trust.

The Chair noted that there would be much to do, to fully understand the recommendations and the wider implications for health and social care, in addition to ensuring appropriate support to families. The Chair referenced the meeting being hosted by the Minister on 30 June 2026, which was expected to be a pivotal moment in responding to the various published Inquiries.

The Vice Chair commented that communication with families should be timely. The Vice Chair also suggested that BHSCT should seek to bring leadership to the implementation of the recommendations, but that this should be appropriately resourced given the scale of the work required. The Chair agreed, noting the importance of the work in this context alongside the day-to-day "business as usual" work of the Trust.

The Chief Executive confirmed that additional resource would be provided in order that all matters received appropriate attention and focus. A meeting of Trust Directors of Learning Disability with SPPG was noted to be taking place on the afternoon of 25 June.

Dr Sloan apologised that a written report had not been tabled for this meeting of the Board, and undertook to provide this following the meeting.

M/A ACTION: Chief Executive

In relation to resettlement, Dr Sloan advised that it had been hoped that the hospital would have been closed by now. Currently however, the Trust is seeking to progress the final processes of resettlement. These final processes are expected to take some time and it may not be until later in this calendar year that they are concluded. This delay will also impact on the timeframes for the decommissioning of the Muckamore Abbey Hospital site.

The Vice Chair sought assurance regarding ongoing care and treatment pending the conclusion of resettlement processes and was assured by Dr Sloan that a focus remained on ensuring that staff were fully supported and equipped to provide necessary care and treatment.

The Chief Executive reiterated the comments of Dr Sloan and assured the Board that all steps were being taken to ensure the appropriate conclusion of the resettlement programme.

7. Patients and Service Users

7.1 Papers for Oversight

Questions to the Board

Mr Watson advised the Board that work continues to finalise responses to the questions raised by Mr Roberts at the Board meeting on 5 March. Mr Watson indicated that he expected that the responses would be finalised very shortly, then shared with the Board, and then formally recorded at the next public Board meeting. The Vice Chair expressed some concern at the timeframe for the finalising of responses. The Chief Executive advised that independent expertise had been sought in relation to a number of the questions raised by Mr Roberts, while Mr Watson noted, a partial response had been shared with Mr Roberts, noting that further answers were to follow.

Mr Watson confirmed that he had received no additional questions to the Board, since the last Board meeting.

Mr Watson advised that he had received patient and user feedback on the approach to be taken when receiving and considering questions to the Board, and that he hoped to be in a position to update the Board further at the next meeting

M/A Action:Mr Watson

Muckamore Abbey Hospital Inquiry and Related Workstreams Update

There was no further discussion regarding this, the matters having been discussed as a priority issue for the Board under Chair's Business and Chief Executive's Update.

Cardiology Recall Update

The Chair thanked Mr Hagan and Dr Armstrong for the paper which had been provided.

Mr Hagan advised that he hoped the multi-disciplinary team reviews would be completed by the end of the summer, to allow the review of patients (as required) by the end of the calendar year 2026.

The Chair enquired in relation to the support being provided in these circumstances to individual patients. Mr Hagan advised that individualised support was offered, including where patients were being advised that their treatment would have to change.

Professor Ross noted that the report to the Board had been brief, and asked that there be reference in Board updates going forward, to the role of the Royal College of Physicians.

M/A Action:Mr Hagan/Dr Armstrong

Mr Small enquired in relation to the current stage of the recall exercise, and what the next steps would be.

Mr Hagan noted that the focus of the work at present is on those patients who are alive, with later consideration then regarding those who are deceased. There will also be parallel work in progressing the implementation of the RCP recommendations, including the learning from these circumstances of the need for multidisciplinary team working, and the need for oversight of processes for the insertion of devices not only within Cardiology but in other services.

7.2 Papers for Approval

Consultation in relation to Body Worn Cameras

Mr McMullan advised that through the consultation exercise, considerable support had been received for the pilot exercise**.**

The Chair enquired if the purpose of the pilot was to see if it was feasible to implement the cameras or was it to see if the implementation impacts on aggression. The Chair noted that he was supportive of the pilot exercise but that it would be important to be clear on the outcomes being tested during the exercise.

Mr McMullan advised that both qualitative and quantitative feedback would be obtained from the exercise. It is hoped that the wearing of the cameras will act as a deterrent, while the functionality of the camera to always be recording would mean that footage would also be available of the moments prior to it being "activated". It was noted that the use of the cameras in the NHSCT had demonstrated that they were a significant deterrent to incidents occurring. Mr McMullan advised that an evaluation process would be developed and considered in the first instance by Executive Team.

The Chair also encouraged Mr McMullan to consider what "Go" or "No Go" outcomes from the pilot would be appropriate.

M/A Action:Mr McMullan

Mr Small enquired as to how learning would be captured from the pilot, Mr McMullan indicating that there would be questions posed and clear protocols established.

Mrs O'Neill advised the Board that she was very supportive of the pilot, but that it would be important that there was effective oversight and governance within the usual Directorate governance arrangements. Mr McConaghy provided assurance that the new Management of Violence Group (at Tier 3 in the revised integrated governance and assurance framework) would have oversight and governance of the pilot.

The Vice Chair enquired in relation to service user engagement, with Mr McMullan confirming that the evaluation of the pilot exercise would include service user representation.

Professor Bruce noted that he understood there to be some evidence that the use of cameras did not reduce the frequency of incidents, but did reduce their severity, while at the same time being welcomed by staff as facilitating evidence of these often very challenging experiences. He suggested that the literature be reviewed to assist in informing the outcomes to be sought.

Mr Hagan advised that he too was supportive of the pilot but would wish there to be caution, for example when those with mental health issues, or those who wished to disclose abuse, were patients. Mr McMullan confirmed that the cameras were not used at NHSCT where patients were under 18 years of age or where they had a known mental health condition.

Professor Ross enquired as to the purpose of the pilot in BHSCT in the context of the work already undertaken in NHSCT. The Chief Executive recognised that going forward, in similar circumstances, it would be hoped that one Trust could test proposals, and then there be roll-out across all Trusts.

The Chair summarised the discussion noting the approval of the Board to the pilot, subject only to the considerations which had been discussed.

The Vice Chair enquired as to when there would be a report to the Board of the pilot exercise. Mr McMullan confirmed that he would agree the Standing Operating Procedures and metrics with Executive Team prior to implementation (likely from September) and bring an update to the Board midway through the pilot.

A/L ACTION:Mr McMullan (December Trust Board)

Annual Statutory Functions Report

The Chair noted that this was the Trust's annual statutory assurance report which highlighted partial compliance due to workforce pressures, rising demand, and system constraints.

Ms Weatherall noted that the format of the provided reports had been revised, but still remained significant in volume.

Ms Weatherall reflected that the Muckamore Abbey Hospital experience had highlighted the risk that concerns raised were not adequately responded to.

Ms Weatherall provided assurance to the Trust Board that the Social Care Committees (for both Adult and Children's services) had comprehensively reviewed and approved the Reports which were before the Trust Board.

The Chair noted that he found the provision of the overview table to be of great assistance.

The Chair expressed concern regarding the issue of unallocated cases. He raised a question regarding the reporting lines regarding such concerns. The Chief Executive advised that the line of reporting was previously to the Health and Social Care Board, which Board included an Executive Director of Social Work. Following the closure of the Board, and its work being subsumed into the Strategic Planning and Performance Group (SPPG), the reporting line was to the SPPG (which did not have a similar Executive Director of Social Work role). It was agreed that this issue of reporting lines would be flagged with SPPG. Ms Weatherall reflected on the discussions which she had had with Director colleagues in other Trusts, regarding the level at which engagement took place with SPPG.

M/A Action:Ms Weatherall

Professor Bruce noted the high proportion (20%) of Looked After Children who were of Black African ethnicity. He enquired in relation to the steps taken to monitor the pathways of Looked After Children to, for example, Emergency Departments. He noted too the Enforcement Notices placed in relation to Door Handles.

In relation to the latter issue regarding Door Handles, Dr Sloan assured the Board that there was a rolling programme of replacement of these, clarifying that the risk had been identified following a tragic death by suicide in 2020.

Mr McMullan noted that unallocated cases could slip into crisis situations but that such risks are mitigated by the duty system. He noted too that consideration was being given to extending the role of Band 4 Social Work Assistants

Dr Sloan noted that mitigations for unallocated cases in Learning Disability were realised including through some service users being in residential care, some

attending day centres, and where there was no such mitigation, through proactive contact being made.

Ms Weatherall advised of the twice weekly meetings which she held in order to review the management of the risks.

The Chair enquired of the position regarding managing social work vacancies, Ms Weatherall advising that 82 graduates had expressed an interest in working at BHSCT and so there was optimism that a large number of current vacancies would soon be filled. Ms Weatherall indicated that she would be in a better position to advise the Board on this at its next meeting.

M/A Action:Ms Weatherall

In relation to unallocated cases, Mr Small welcomed the mitigations in place but expressed concern if the number was to rise.

Ms Weatherall noted that all Trusts were currently only achieving partial compliance in the discharge of their statutory functions. There were particular resource constraints at BHSCT with issues and challenges specific to the population of this Trust area. The Chief Executive concurred and indicated that she would argue strongly that the appropriate comparison or benchmark for BHSCT was not with other Northern Ireland Trusts, but instead with similarly sized UK cities.

Mr Small noted the very uncomfortable position for the Board to be in receipt of a report of partial compliance.

The Vice Chair thanked Ms Weatherall for the good summary provided but noted her particular concerns regarding the Trust's discharge of its responsibilities as Corporate Parent and also the high frequency of Datix reports within the Regional Emergency Social Work Service (RESWS). The Vice Chair commented that in such latter context it was important that plans were put in place for the future model of service provision for RESWS.

The Chair noted too that review of the statutory functions reports reinforced the the critical importance of these services for society.

The Chair thanked Board colleagues for the discussion, and confirmed that the Board approved the reports.

8. People

8.1 Papers for Oversight

Update from Neurology Service

The Chair thanked Dr Armstrong for the provision of the update paper.

Dr Armstrong updated that following a visit to the Trust from the GMC and NIMDTA on 9 June, it was hoped that Enhanced Monitoring of Neurology by the GMC would shortly be removed.

Dr Armstrong highlighted that improvement work to better support team dynamics and communication was due to be completed by the autumn.

It was agreed that Dr Armstrong would provide the Board with an update regarding Neurology in October 2026.

A/L Action:Dr Armstrong (October 2026)

Professor Ross noted that there should be increasing consideration as to how individual professions work, this being the approach in other parts of the United Kingdom. In this regard, Mr Campbell reflected that the regional Neurology Review had been an opportunity to consider alternative roles in providing care to patients.

People Report

Mr McConaghy introduced the revised People Report which had been provided, which had sought to build on the feedback which had been received and also on regional work. The approach had been to provide a dashboard from which a “deeper dive” could be made.

The Chair thanked Mr McConaghy for the development of this first draft report, which he expected to be further developed by the People and Culture Committee of the Board. The Chair enquired in relation to whether Power BI was being used to source the data. Mr McConaghy advised that at present the format was the use of Excel tables but that Power BI and Artificial Intelligence solutions could be considered going forward.

Professor Ross expressed disappointment that in what was a public facing report, there was an emphasis on Medical, Nursing, Social Work and Allied Health Professionals, with other professions such as Pharmacists and Scientists not

referenced. Professor Ross expressed concern that there was a consequent risk that staff in those professions might not feel valued, when we are seeking to build a culture where all are valued.

Professor Ross noted difficulty too in triangulating the presented data across the various worksheets. Further details should be provided on specific types of statutory mandatory training, while there should be more narrative around the absence data.

The Chair reflected that the report would develop over time with oversight in the first instance being provided, and development led, by the People and Culture Committee in the first instance.

Mr Conaghan (as Chair of the People and Culture Committee of the Board) agreed that the People and Culture Committee would progress this work, noting that he and colleagues were meeting with colleagues at the Northern Health and Social Care Trust in early July to inform planning of work here at BHSCT. There would be an emphasis on ensuring that data was also accompanied by a narrative including in relation to actions taken and to be taken.

The Chief Executive thanked Mr McConaghy for the Report, noting the background of there having been key absences across the HR team in recent times. As noted by the Chair, there would be an iterative process of development of the People Report by the People and Culture Committee of the Board.

Mr Small queried the reporting of low levels of SDR compliance. Mr McConaghy advised that the data came from HRPTS and it was acknowledged that there was a significant issue with recording on HRPTS. Mrs O'Neill confirmed that there was a significant variance between the data reported on HRPTS and locally held records.

Mr Small noted that it would be important that the People Report also included data regarding core HR process, for example Return to Work Interview compliance and warnings issued.

The Chair reiterated that the Trust was on a journey to an appropriate People Report for Trust Board.

8.2 Papers for Approval

Update on Trust Culture and Governance Oversight Group

The Chair referred to the papers which had been provided from the Trust Culture and Governance Oversight Group, noting that the papers reflected continuing progress in this important work. There was still further progress to be made, but as Chair of the Oversight Group he commended the reports to the Trust Board. He invited the Board to raise any queries or questions. There were no queries or questions.

The Chair sought the Board's approval to the papers being forwarded to SPPG, PHA and the Deputy Secretary of the Department of Health, to inform the meeting within the Support and Intervention Framework on 3 July 2026. The Board provided their approval.

9. Population Health & Partners

There were no papers under this agenda heading from the Corporate Plan.

10. Performance

10.1 Papers for Oversight

Update on Capital Schemes

The Chair thanked Mr Porter for his update to the Board on major capital projects.

The Board agreed that Mr Porter should seek clarity from the Directorate of Legal Services regarding the revised timescale for the completion of the report into the water ingress at the AMHIC building.

M/A Action:Mr Porter

The ViceChair noted the reference in the report to the expected early occupation of Level 2 of the new Maternity Hospital in March 2027 and sought details of such early occupation. Ms Cahalan advised that clinical colleagues continued to work on a plan, such that some limited services occupy the building by March 2027. The Vice Chair asked that additional details be provided to the Board of the programme of works and completion dates, including for the connecting bridge.

M/A Action:Mr Porter

The Vice Chair also asked that Mr Porter advise the Board regarding revised timeframes and costs for the New Children's Hospital in the context of the water changes.

ACTION:Mr Porter

10.2 Papers for Approval

Finance Report / Financial Planning for 20262027

The Chief Executive referred to the papers which had been provided by Finance colleagues (who were unable to attend the Board meeting). The Chief Executive noted the report of the Trust's actual performance and savings achieved to 31 May 2026, and the high level update on the 2026/2027 financial outlook.

The Chair noted that discussions continued between the Trust and SPPG in relation to the financial plans for 2026/2027.

11. Potential

There were no papers under this agenda heading from the Corporate Plan.

12. Any Other Business

The Vice Chair sought an update from Mr Campbell on the impact of the industrial action by medical staff on Thursday 25 June and Monday 29 June. Mr Campbell referenced that there had been cancellation of circa 250 outpatient appointments, while Mrs Mulholland referenced the closure of the LVH Emergency Department.

Mr Campbell assured the Board that he would provide details of the impact of the industrial action as soon as possible.

M/A Action:Mr Campbell

There being no other business, the Chair thanked all for their attendance and contribution to the Board meeting. The meeting concluded at 1315.

13. Date of Next Meeting – 23 July at 1145