180th Meeting of BHSCT Trust Board (Public)

Thursday 23 July 2026 at 1130

in the Boardroom, Trust Headquarters, Royal Hospitals

Present

Professor Stuart Elborn	Chair
Miss Patricia Gordon	Vice Chair
Mrs Jennifer Welsh	Chief Executive
Mrs Maureen Edwards	Director of Finance
Mr John Conaghan	Non-Executive Director
Mrs Ellen Finlay	Non-Executive Director
Mr David Small	Non-Executive Director

In Attendance:

Dr Brian Armstrong	Director Unscheduled and Older People's Services
Ms Karen Brookes	Co-director, Strategic Development
Mrs Tara Clinton	Interim Director, ACCTS
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Ms Rhoda McBride	Deputy Director of Social Work
Mr Brendan McConaghy	Interim Director, 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
Dr Paula Scullin	Deputy Medical Director *(left meeting early as indicated below)*
Dr Peter Sloan	Interim Director Mental Health, Intellectual Disability and Psychological Services
Mr Peter Watson	Head of Office

Apologies:

Professor Ian Bruce	Non-Executive Director
Mrs Paula Cahalan	Director Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health
Mr Alastair Campbell	Director Performance, Planning and Informatics
Mrs Bronagh Dalzell	Head of Corporate Communications
Mr Chris Hagan	Medical Director
Mrs Olga O'Neill	Interim Director of Nursing and User Experience
Mr David Porter	Director of Strategic Development
Professor Catherine Ross	Non-Executive Director
Ms Kerrylee Weatherall	Interim Director Children's Community Services/Interim Executive Director Social Work

NB There were no members of the public in attendance at the scheduled start time for the meeting of 1130, or subsequently. The meeting commenced at 1300.

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 180th meeting of the Belfast Trust Board in Public session.

The Chair confirmed that papers were circulated for the meeting on Thursday 16 July 2026, with supplementary papers following the day prior to the Board meeting.

The Chair noted the apologies received, as noted above. The Chair welcomed Ms McBride, Ms Brookes and Dr Scullin, who were attending in place of Directors.

The Chair congratulated Mr McConaghy on his appointment as Interim Director of Human Resources and Organisational Development.

The Chair noted that Mrs Claire Corry had been appointed as Director of Finance and would take up post following Mrs Edwards' retirement.

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

2. Chair's Business

The Chair reflected that the Trust continues to operate in an exceptionally challenging environment. Alongside our response to the Muckamore Abbey Hospital Inquiry, we face significant financial pressures, increasing demand across services and major risks within our capital programme. Today's discussion should focus not simply on activity, but on assurance, delivery and the actions required to maintain safe, effective and sustainable services.

The Chair advised that three themes were likely to dominate the meeting: restoration of trust following MAHI; financial sustainability; and delivery of major capital programmes.

Mr Watson indicated that he wished to update the Board on more recent correspondence which had been received.

Mr Watson noted that immediately prior to the meeting, he had advised the Chair that following his arriving at the office that morning he had been provided with four emails which had been sent to Trust Headquarters on the previous evening. Mr Watson advised that each of the emails related to an individual member of staff, and all refer to today's Board meeting, although none asked for speaking rights.

Mr Watson confirmed that he had shared each of these emails with the Chair, and the Trust's Standing Orders had been reviewed.

It had been noted that the Standing Orders refer to circumstances in which the business of the Board should be discussed in private or "confidential session". This section is at paragraph 3.18 which includes the statement :-

"Trust Board meetings are held in public to openly demonstrate how decisions within the Trust are made and recorded. On occasion, there may be issues which the Board requires to discuss in private and in this case a "confidential session" may be convened with a separate agenda which is not made public.

These may include subjects that are:

a) Demonstrably protected in terms of the Data Protection Act (ie staff or service user personal information)"

Given that the matters contained in the emails relate to an individual member of staff, it had been decided that any consideration of these should not be in public session.

Mr Watson confirmed that he would ensure appropriate consideration of the emails received last evening and ensure that responses were provided.

3. Minutes of previous meetings

The Chair noted that the draft minutes of 25 June 2026 were to be considered by the Board.

The Board agreed that the minutes of 25 June 2026 were an accurate record of that meeting.

4. Matters Arising

4.1 Update on iReach

The Chair noted the significant opportunities which iReach would provide for the Trust in the years ahead, including in relation to enhancing reputation, recruitment and retention, and economic benefits.

The Chair noted too that he hoped that a paper in relation to a proposed Research, Data and Innovation committee would come to the Board for consideration at its August or September meetings.

A/L ACTION:Chair

4.2 Additional details re Action Log

Mr Watson noted that he had sought to provide some more details of the specific actions within the action log which would shortly be considered by the Board. Matter Arising to be closed.

4.3 MAHI and Related Workstreams Update to be provided

Mr Watson noted that the next matter arising was in relation to the paper to be provided to the Board in relation to Muckamore. Mr Watson advised that the Board would note from their review of the papers that this came later in the agenda. Therefore, this Matter Arising to be closed.

4.4 Update on Approach to questions to the Board

Mr Watson noted that this related to the development of an approach to the management of questions to the Board. Mr Watson advised that he had not yet progressed this to conclusion but would hope to do so before the next meeting. This action therefore to be added as a Matter Arising for the August meeting of the Board.

M/A ACTION:Mr Watson

4.5 Board update re Cardiology to include references to RCP

Mr Watson noted that the Board had indicated that in relation to the Cardiology update, they wished this to include reference to RCP. Mr Watson noted that the paper which the Board would consider later in the meeting addressed this point. This Matter Arising to be closed.

4.6 Review of Expected Outcomes from Bodycam pilot

Mr Watson noted that the next matter arising had been for Mr McMullan to update on the proposed outcomes or metrics to be considered in the Bodycam pilot exercise. Mr Watson advised that he had understood from Mr McMullan that the Steering Group had not discussed this matter as yet, but that an update would come to the next Board meeting. Mr McMullan confirmed this. This outstanding action therefore to be moved to the Action Log.

A/L Action:Mr McMullan

4.7 Social Work Reporting Lines / Social Work Vacancies

Ms McBride advised that she did not have an update on the discussions which Ms Weatherall was to have regarding Social Work Reporting lines. This outstanding action therefore to be moved to the Action Log.

A/L Action:Ms Weatherall

Ms McBride provided a verbal update on the recent recruitment for social workers, in particular advising that the 2026 social work graduate recruitment campaign had been very successful, with 57 positions filled by newly qualified social workers. Ms McBride clarified that the majority of the new recruits were from local universities.

The Chair enquired in relation to the extent to which the supply of graduates met demand. The Chief Executive advised of the workforce planning work being led by the Department of Health.

Mrs Finlay and Mr Small commended the excellent work to secure additional staff to fill the vacancies across the service.

It was agreed that Ms McBride would provide the Board with a written report regarding the recruitment.

M/A Action:Ms McBride

4.8 Additional details regarding capital projects

Mr Watson noted that there had also been enquiries in relation to capital scheme updates, and referred the Board to the update paper which would come later in the agenda. This matter arising therefore to be closed.

4.9 Impact of industrial action

Mr Watson noted that there had also been a matter arising in relation to an update on the impact of the recent medical staff industrial action. Mr Watson advised that he had received some additional details in relation to the numbers of outpatients, inpatient and daycase procedures, and theatre lists which were cancelled consequent upon the industrial action. There had also been an impact on the fracture service. Mr Watson advised that he would wish to liaise with Mr Campbell on his return from Leave so that a composite report could be provided to the Board. This action to be added to the Action Log.

A/L Action:Mr Watson/Mr Campbell

The Vice Chair noted that she also wished to raise a number of queries.

Firstly the Vice Chair asked how the Board would oversee the implementation of the Corporate Plan, secondly the Vice Chair enquired in relation to progress on service redesign in RESWS, and thirdly the Vice Chair enquired in relation to the need for an update on the consideration of the role of individual professions (following the previous discussions in this regard).

The Chief Executive advised that there would be further discussion with Mr Campbell regarding the Corporate Plan and the role of individual professions.

M/A Action:Mr Campbell

The Chief Executive advised that correspondence would shortly issue to SPPG in relation to RESWS. The Chief Executive also referenced the correspondence from NIPSA in relation to RESWS.

M/A Action:Ms Weatherall

5. Action Log

Mr Watson then referred the Board to the Action Log which had been included in the papers, and where actions from previous meetings not already picked up within Matters Arising, were tracked.

Mr Watson asked the Board to confirm the “purple” action as complete. The Board agreed.

ACTION:Mr Watson

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 have emerged.

The Chief Executive highlighted the update which had been provided on the Care of the Elderly Inpatient Ward moves.

The Vice Chair thanked the Chief Executive for the update on the Care of the Elderly inpatient Ward moves, and the appropriate focus on medical cover at the Mater Hospital site.

The Vice Chair enquired in relation to work to develop the front door frailty service and the timing of implementation. Mr McMullan noted that this had also been a recommendation from the GIRFT review of acute medicine. Once all of the Care of the Elderly staff are in place and rotas are populated, the service will know what medical capacity is available to contribute to a front door frailty model. This model will likely be an MDT approach and discussions have commenced between clinicians in COE and Acute Medicine. It is likely to be October before there is more detail on medical capacity and a model of front door frailty and a potential start date. The Vice Chair welcomed the progress which had been made to develop a service which would be of significant benefit to older people. The Chair echoed the Vice Chair's comments, with Emergency Departments not an appropriate place for older people to be cared for. Mr McMullan confirmed the key benefit of specialist elderly care on the first day of presentation, rather than some days later following admission.

The Chief Executive also highlighted the update provided on the Staff Experience Survey with the results overall being positive, an increase in response rate (now at 24%) and an increase in the engagement score (now at 3.84). The Chief Executive noted that the full report from the Staff Experience Survey would be considered at the People and Culture Committee.

Mr Small welcomed the positive outcomes from the Staff Experience Survey, including the improving engagement score. Mr Small enquired as to whether there were areas for improvement.

McConaghy advised that almost all elements of the survey had shown improvement. Mr McConaghy noted however that there had been an apparent small increase in reports of staff reporting concerns (staff on staff) regarding sexual safety. Mr McConaghy noted that the Trust was already developing a sexual safety framework, which would support the response to any concerns in relation to this.

Mr Small enquired if there would be an action plan following the results of the Staff Experience Survey. Mr McConaghy confirmed that there would be local, divisional and Directorate plans which would all inform the overarching People and Culture Strategy.

Mr Small noted the importance of an effective response to the results of the Staff Experience Survey.

The Chief Executive also updated the Board on the correspondence from Mr Peter Toogood, Deputy Secretary of the Social Care and Public Health Policy Group, in which the Trust had been advised of the joint decision of the Minister of Health and Minister of Justice not to proceed with the establishment of a Regional Children's and Family Authority at this time.

The Chief Executive noted that later in the agenda, the Board would be updated on the actions being taken following the publication of the Muckamore Abbey Hospital Inquiry report.

7. Patients and Service Users

7.1 Papers for Oversight

Questions to the Board

Mr Watson referred the Board to the paper which had been provided. Mr Watson noted that following Mr Roberts attendance at Trust Board on 5 March 2026, a part response was provided to his questions on 20 May 2026, prior to a complete response on 26 June 2026. Mr Roberts had responded on 13 July 2026. The Chair advised that he was considering how best to respond to this latest correspondence and that he planned to ask Mr Roberts if he would meet with him.

Muckamore Abbey Hospital Inquiry and Related Workstreams Update

Dr Sloan referred the Board to the paper which had been provided, inviting the Board to ask any questions which they might have.

Dr Sloan noted that there had been extensive work since the publication of the Report and a meeting held most recently on 21 July 2026 to ensure effective planning and oversight of the various required actions. Dr Sloan commended the work of Dr Sara Templer and her team. The primary focus remained on engagement and meetings with patient families. There had also been recent correspondence with families of a number of patients, where incidents of concern were being opened or re-opened.

Mr Small sought, and was provided with, clarification regarding the range of meetings which had taken place with families previously, and those which were now being arranged.

The Chair noted the importance of the Trust listening to patient families, in order that there could be clarity as to what those families would wish, and how the Trust may be able to assist in delivering for them. The Chair noted too, the opportunity which was now presented, to make a positive difference for the wider Learning Disability community, and to work together with that community to re-design services.

The Chief Executive updated the Board on the weekly meetings at both the Trust (chaired by herself) and at the Department (chaired by the Interim Permanent Secretary) to oversee the work at this time. This work was also overseen by the Department's Inquiries Implementation Project Board, again chaired by the Interim Permanent Secretary.

The Vice Chair noted the long period of time since these issues had been identified in 2017 and sought assurance that families were being offered psychological support. Dr Sloan confirmed that this support was in place for those who wish to access it.

The Vice Chair sought assurance in relation to ongoing patient care at Muckamore Abbey Hospital. Dr Sloan noted the challenging circumstances, but assured the Board of the work to ensure effective patient care, while at the same time seeking to effect resettlement as soon as was possible.

The Chair thanked Dr Sloan and his team for their considerable work, including the extensive engagement with patient families. The Chair asked that Dr Sloan convey the thanks of the Trust Board to his team.

M/A Action:Dr Sloan

Cardiology Recall Update

Dr Armstrong referred the Board to the update paper which had been provided, which reflected the good progress which had been made.

Dr Armstrong noted that while there had been 682 procedures across 14 years, the focus was initially on those 140 patients who remained alive. Dr Armstrong noted that the report from the Royal College of Physicians was at the stage of factual accuracy checking.

The Chair sought assurance from Dr Armstrong that all appropriate support was being provided to him and his colleagues. Dr Armstrong confirmed the good working across teams at the Trust, and externally including with the Royal College of Physicians, the Strategic Planning and Performance Group, the Public Health Agency, the General Medical Council and other Trusts. There had already been good learning from the circumstances in advance of the receipt of the final report from the Royal College of Physicians.

Dr Scullin left the meeting given her clinical commitments.

The Vice Chair enquired as to when the Board would see the Royal College of Physicians Report, with Dr Armstrong advising that he anticipated it being shared within two to three weeks.

M/A Action:Dr Armstrong

Mrs Finlay noted that the papers referred to the doctor by name and enquired as to the appropriateness of this. The Chair noted that the name of the doctor was included in the Board papers in a context where the name was already in the public domain.

Mr Small enquired as to whether there had been anything unexpected in the content of the draft RCP report. Dr Armstrong confirmed that there had not been anything unexpected in the draft RCP report, with the Trust having received previous correspondence in relation to both individual patients and wider governance issues, which correspondence had been acted upon in advance of receipt of the full draft RCP report.

Mr Small enquired as to the timeframe for the conclusion of the process. Dr Armstrong advised that it was anticipated that a review of the care and treatment of this cohort of 140 live patients would be completed by end August 2026, with any required clinical follow-up being complete by end November. There would then be consideration of the appropriate approach to take to engagement with the families of the patients who were no longer alive; this is a much larger group of patients however and until it is determined what approach is to be taken with this group it is difficult to quantify the time which will be required.

Professor Elborn noted that it would be helpful to consider the process for accessing expert reports, including where they were sourced from, and their cost.

A/L Action:Mr Hagan

7.2 Papers for Approval

N/A

8. People

8.1 Papers for Oversight

Whistleblowing Annual Report

The Chair noted that the report which had been provided showed a significant increase in the number of whistleblowing concerns. This could perhaps be attributed to an increase in the confidence in the systems for responding to concerns, or could be attributed to an increase in the number of issues.

Mr McConaghy advised that the People and Culture committee would be considering the data in more detail, and that work had already commenced in seeking to benchmark the Trust with peers. It was apparent that BHSCT was a significant outlier from other Northern Ireland Trusts but as yet it was not possible to confidently state the reason or reasons for this.

Mr McConaghy noted the particular actions taken across the year including training in investigations, training of advocates, and training for staff more generally.

Mr McConaghy also highlighted three key mechanisms for learning, at the Raising Concerns (Whistleblowing) Oversight and Shared Learning Group, at the point of Director sign off of closed concerns, and through the Whistleblowing Manager attending the Trust weekly governance meetings.

The Chief Executive noted that she had received a number of concerns herself and reflected that this may have been in the context of the publication of the report by Dr Hill and Mr McBride. The Chief Executive also reflected that some matters being managed through Whistleblowing at Belfast Trust may have been handled through alternative processes elsewhere.

Mrs Finlay advised that while there were 88 open cases, that did not mean that all were whistleblowing cases.

Mrs Finlay noted that additional staff had been secured for the Whistleblowing team, and that in her view the report from Dr Hill and Mr McBride had been a factor in the increase in the number of cases being referred to the Whistleblowing team.

Mrs Finlay advised that the Raising Concerns (Whistleblowing) Oversight and Shared Learning Group was due to meet again in August and would be reporting through to the People and Culture Committee (and as required to the Patient Safety and Quality Committee).

Mrs Finlay advised that there had been a series of focus groups with staff in relation to the Whistleblowing policy and procedures, but that there was limited scope to effect change to what was a regional policy.

Mr Small reflected that inevitably discussion about whistleblowing will have increased the number of cases. He noted that he considered the report to be largely positive, and sitting alongside the staff experience report, demonstrated a confidence in the whistleblowing process. Additional resourcing and the response to the internal audit recommendations was also positive.

Mr Small enquired as to an assessment as to what further was required. Mr McConaghy advised that he hoped he brought “fresh eyes” to the area. His initial

consideration was that there needed to be continuing scrutiny to ensure that the threshold for application of the Whisteblowing policy is being met, prior to issues being categorised as whistleblowing and managed within those processes.

The Vice Chair also commended the comprehensive report, including the positive approach to learning which was evident. The Vice Chair asked that a report come back to the Board in circa 6 months. That report should also triangulate information with other sources.

A/L Action:Mr McConaghy

Mr Conaghan also noted that it was pleasing to see that staff had indicated that they could raise concerns without fear of negative consequences. Mr Conaghan agreed that it was important to be clear on what was and what was not whistleblowing.

Mrs Finlay noted the role of the Whistleblowing Operational Group in the screening of concerns.

The Chief Executive noted that inappropriately including cases within Whistleblowing had the potential to extend the time taken to resolve issues. The Chief Executive also reflected that while the majority of concerns raised are genuine, there was also an apparent increase in vexatious concerns being raised.

The Chair commented that staff should be encouraged to raise any concerns which they might have at an early stage, rather than time passing, and concerns growing.

The Chief Executive summarised the discussion by reflecting that it was key that any and all concerns were appropriately managed through the appropriate process.

The Chair noted his expectation that this would be an area in which the Trust would be increasingly held to account.

8.2 Papers for Approval

N/A

9. Population Health and Partners

N/A

10. Performance

10.1 Papers for oversight

Update on capital schemes

Mrs Brookes referred the Board to the paper which had been provided, with all programmes remaining largely as they had been at the time of the last reports.

The Chair enquired in relation to the confidence in the March 2027 timeframe for the early occupation of Level 2 of the new Maternity Hospital. Ms Brookes cautioned that the March 2027 date remains contingent on the success of the remediation works and the Trust's assurance of the safety of the water system on completion of the works.

Mr Small enquired as to the timeframe for full occupation of the new Maternity Hospital. Ms Brookes noted that the Neonatology water system was due to be completed by November 2027 but that thereafter there were a number of inter-dependencies including Trust commissioning, the demolition of the current RJMH and the construction of the link bridge. The Vice Chair recognised that there were a number of complex pieces of work but asked that the Board be provided with an indicative programme of works.

M/A Action:Ms Brookes

The Vice Chair enquired as to the expected timeframe for receipt of the revised costs and programme for the New Children's Hospital. Ms Brookes advised that it was anticipated that the report on this would be received by end December 2026.

A/L Action:Ms Brookes

The Vice Chair noted that there was still not a date for the Board to receive a report on the review of the water systems at AMHIC. The Board asked that Ms Brookes seek to obtain a date for this from the Directorate of Legal Services.

M/A Action:Ms Brookes

10.2 Papers for approval

Finance Report/Financial Planning for 2026/2027

Mrs Edwards advised that the timing of Month 3 financial reporting and the scheduling of this Board meeting was such that the usual formal written report could not be provided to the Board.

However, Mrs Edwards assured the Board that initial overview of the figures had not indicated that there had been anything unexpected, with the Trust remaining confident in the Phase 1 savings.

Mrs Edwards noted that work continued to respond to the required savings of 4%, with it being anticipated that formal Trust Board approval to saving proposals would be sought at the August Board meeting.

Mrs Edwards assured the Board that detailed revenue and capital reports would be brought to the Board's August meeting.

Charitable Funds Applications

The Chair noted the applications before the Board and reflected on their consistency with the Reset Plan. The Chief Executive noted by way of example that advancing work on Virtual Ward at BHSCT, would allow learning for other parts of the HSC.

Mr Conaghan encouraged the use of charitable funds, as long as such use was consistent with the fund objectives and such use was appropriate. The Chair suggested that opportunities for strategic charitable investment in major projects could be considered where consistent with the purposes of the funds.

11. Potential

12. Any Other Business

The Board noted the paper provided in relation to Revenue Business Case approval limits.

Mrs Edwards tabled a paper in relation to arrangements for BACS payments. The Board agreed to the approach outlined.

The Chair thanked the Board for their engagement on a range of matters across the meeting, apologising that the meeting had concluded later than had been envisaged.

There being no other business the meeting closed at 1410.

13. Date of Next Meeting – 27 August at 1030