178th Meeting of BHSCT Trust Board (Public)

Thursday 28 May 2026 at 1030

in the Boardroom, Trust Headquarters, Royal Hospitals

Present

Professor Stuart Elborn	Chair
Mrs Jennifer Welsh	Chief Executive
Professor Ian Bruce	Non-Executive Director
Mrs Maureen Edwards	Director of Finance
Mrs Ellen Finlay	Non-Executive Director
Miss Patricia Gordon	Vice Chair *(joined the meeting as noted below)*
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

In Attendance:

Mrs Paula Cahalan	Director Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health
Mr Alastair Campbell	Director Performance, Planning and Informatics
Mrs Tara Clinton	Interim Director, ACCTS
Mrs Bronagh Dalzell	Head of Corporate Communications
Mrs Bronagh Hagan	Codirector, Medical Specialties
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Mrs Gladys McKibbin	Codirector, Human Resources and Organisational Development
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 *(joined the meeting as noted below)*

Ms Catherine Truesdale	Senior Manager, Planning and Equality (*left the meeting as noted below*)
Mr Peter Watson	Head of Office

Apologies:

Dr Brian Armstrong	Director Unscheduled and Older People's Services
Mr John Conaghan	Non-Executive Director
Mr Colin McMullan	Interim Director, Adult Community and Older People Services
Mrs Gillian Somerville	Director of Human Resources and Organisational Development
Ms Kerrylee Weatherall	Interim Director Children's Community Services/Interim Executive Director Social Work

Karen Devenney, Senior Manager for Nursing, Quality, Patient Safety and Infection Prevention and Control, attended the meeting as an observer.
Nadean Low, an Associate trainer with NEXUS, joined the meeting for the agenda item regarding Violence Against Women and Girls.

1. Welcome, Apologies and Conflicts of Interest

The Chair welcomed everyone to the 178th meeting of the Belfast Trust Board in Public session.

The Chair noted that papers for the meeting had been sent in PDF format on Wednesday 15 May 2026, followed then by the Chief Executive update on 27 May 2026. The Chair confirmed that the meeting papers would be uploaded to the Trust website. The Chair noted that there continued to be some challenges with the ordering of the papers on the website, but he was assured that work continued to seek to resolve those issues.

At the outset the Chair outlined an approach which he hoped would maximise the Board's opportunity to discuss any matters raised in the papers submitted. Moving forward, the working assumption would be that every Board member had fully read all documents prior to our meetings. With this in mind, the Chair would seek to provide a brief summary of each paper before opening the matter to the Trust Board for discussion. This will allow the Board to dedicate more time to the substantive issues.

To support this process, it will be vital that all papers are written with clear intent and purpose, ensuring that the content is accessible and straightforward. For documents that are primarily for information and occasionally for assurance, they may only discussed by exception - meaning discussion will be triggered if any Board member has a concern or wishes to raise a particular issue. Once again, this relies on the understanding that all members have thoroughly reviewed the papers in advance. This updated approach should enable meetings to be both efficient and focused, giving plenty of opportunity for meaningful conversation where it matters most. The Chair noted that this will be an evolving process, with the full Board dealing with key strategic issues, and empowering Board committees and the Executive Team. The Chairman invited the Board to speak with him or Mr Watson in relation to any thoughts or suggestions which they might have, as the approach was put into practice, and as there is a move to a more efficient way of conducting Board business.

The Chair noted that apologies for the meeting had been received from Mr Conaghan, Dr Armstrong, Mr McMullan and Mrs Somerville, while it was expected

that Dr Sloan and Miss Gordon would join the meeting later. Mr Watson confirmed these were the apologies for the meeting.

The Chair welcomed Mr Brendan McConaghy, Co-director for Human Resources, who was attending in the absence of Mrs Somerville, and Mrs Bronagh Hagan, Codirector for Medical Specialties, who was attending in the absence of Dr Armstrong.

The Chair welcomed Ms Catherine Truesdale who has been involved in the work on the Corporate Plan and noted that shortly the Board would be joined by Ms Nadean Lowe, an Associate Trainer with NEXUS.

Finally, the Chair welcomed Ms Karen Devenney, Senior Manager for Nursing, Quality, Patient Safety and Infection Prevention and Control, who was attending the meeting as an observer.
The Chair indicated that if anyone had any queries about the conduct of the meeting, they should speak with Mr Peter Watson, Head of Office, or himself.

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

2. Chairman's Business

The Chairman had no additional business, other than that covered in his opening remarks.

3. Minutes of previous meetings

The Chair referred to the draft minutes of the meeting of 5 March 2026.

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

4. Matters Arising

4.1 Board to be provided with a copy of the Ireach MOU.

Mr Watson noted that there had been an action arising from the reference in the January minutes to iReach, with the Board asking for a copy of the Memorandum of Understanding. Mr Watson confirmed that the Memorandum of Understanding was circulated to the Board by email on 13 May 2026. The Board agreed that this matter arising should be considered as closed.

4.2 Update on CAMHS/Mental Health Service access

Mr Watson noted secondly that arising out of the discussion on 5 March regarding the Trust Systems Oversight Measures Report, Mr Campbell had agreed to consider how best to bring forward information regarding CAMHS/Mental Health Access. Mr Campbell has confirmed that the details will be considered at the Trust's new Performance and Transformation Committee, within discussions regarding the Support and Intervention Framework. The Board agreed that this matter arising should be considered as closed.

4.3 Attendance management update

Mr Watson noted that there had been an action for updated attendance management information to be shared with the Board. Scorecards for the position at end December 2025 and end March 2026 had been circulated to the Board on 14 May 2026, with Mr McConaghy offering to take any queries.

Mr Small noted the ongoing concerns in relation to Attendance Management, and suggested that the Board should engage in a "deep dive" of this important issue.

The Chair acknowledged the significant ongoing concerns in relation to this.

The Chief Executive also acknowledged these concerns and noted she had been discussing the issues with the Codirectors in Human Resources; the issues would be included in the People Report which would be brought to the June Trust Board meeting.

The Chair asked that the People and Culture sub-committee of the Board engage in the "deep dive" of the issues in the first instance, thereafter bringing their considerations to the full Trust Board.

ACTION: Mr Conaghan and People and Culture Sub-Committee

The Board agreed that this matter arising should be considered as closed in this context.

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” actions as completed. The Board agreed.

ACTION:Mr Watson

Mr Watson asked the Board if they had any queries regarding the other open actions. The Chair noted that in written comments to him (in the context of her being unavoidably delayed in attending the meeting), the Vice Chair had asked for additional details to be provided on the outstanding actions. Mr Watson advised that he would seek to obtain such details and then share these with the Board.

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 flagged the updates provided particularly in relation to Equip and the contingency plans being progressed.

The Chief Executive also highlighted the update on the Da Vinci robot, and the update on the visit of Lord Carter to BHSCT Laboratory Services.

Professor Ross asked for an update on the actions taken at the Trust following Professor Atherton’s comments in relation to UKAS. Ms Kearney assured the Board that the Trust was liaising with the Public Health Agency to ensure that appropriate assurance arrangements were in place.

Professor Ross enquired in relation to the visit of Lord Carter to BHSCT. Ms Kearney clarified that we at BHSCT had been invited to facilitate his visit, in the context of the Trust’s ongoing involvement in the work on the Northern Ireland Pathology Blueprint programme. Professor Ross noted that other jurisdictions within the UK were not participating in Lord Carter’s review of UK Pathology services.

7. Draft Corporate Plan

The Chair thanked Mr Campbell, Mrs Barron, Ms Truesdale and colleagues for the extensive engagement work on the plan. The Chair noted that he was conscious

that this was a five year plan and that annual plans would contain more detailed and specific targets, against which the Board would be able to seek assurance and monitor progress.

The Chair suggested that perhaps a one page, “plan on a page” would be helpful in ensuring that the public saw and understood the five year plan, and understood too that we as a Board were committing ourselves not only to the five year plan, but also to objectives across each of the five years of the lifetime of the plan.

Responding to queries from the Board, Mr Campbell clarified that it was important that documents such as the Corporate Plan were accessible, and noted that an “easy to read” version of the plan would be developed.

The Chief Executive and others flagged some typographical and formatting issues with the plan, with Mr Campbell agreeing to address these. Board members were asked to flag any final amendments to Mr Campbell on or before 3 June 2026.

ACTION:Board members/Mr Campbell

The Board discussed the various “audiences” for the Corporate Plan, with the Department of Health requiring considerable detail, while for others a Plan on a Page was preferable.

Mrs Finlay enquired in about the referencing of actions and measures in Social care and Children’s Services. Mr Campbell advised that the high level nature of the plan, with a focus on the “5 Ps”, meant that the matters included in the plan were largely those which were applicable to all service areas.

Mr Small commented that the plan included a good strategic context and was helpful in describing the scale of the work of the Trust. He asked that, where possible, there should be metrics and measures of success across all sections of the plan. Mr Campbell advised that he had already begun to consider the development of a concise report for the Board against the Plan.

The Chief Executive noted that with the overarching 5 year plan now developed, there was now a framework in which the collective leadership teams would work, and within which the Performance and Transformation Committee would operate.

The Vice Chair joined the meeting.

Professor Bruce noted that from his perspective, as someone involved in Research, it would be important that the Trust set lofty targets in a context where there was huge potential.

Mrs Finlay suggested that within sections relating to partnerships, there should be reference to engagement with political representatives.

Professor Ross commended the progress on the plan in recent months, but noted that there were multiple aims.

The Chief Executive and Mr Campbell agreed to develop a “Plan on a Page” with an overarching aim, and alignment to the 5 Ps.

ACTION:Mr Campbell

Professor Ross noted the importance of consistency in the measures of success, and also asked that acronyms be properly explained. Mr Campbell agreed to remove the reference to 2%.

The Chair confirmed that annual plans (within the framework of the 5 year plan) should contajn more detailed metrics, within the broad strategic direction outlined in the 5 year plan.

In conclusion, Mr Campbell acknowledged the work of Mrs Barron, Ms Truesdale and other colleagues, in the development of the Plan. He cautioned however that there were risks in implementation not least given the political and financial context.

The Chair noted the importance of the Department of Health and Trusts working together to address the significant challenges for Health and Social Care at this time.

8. Revised Integrated Assurance Framework

The Chair thanked Mr Hagan and Dr Templer for the update which had been provided on the implementation of the Revised Integrated Assurance Framework. The Chair noted that while he did not have any questions on this update, going forward he would wish to ensure that much of the detailed work of the Board is conducted through the 7 sub-committees of the Board, allowing more time and space at full Board meetings for oversight of that sub-committee work, and a more strategic focus for the agendas of our Board meetings. The Chair noted that this

would take time to developi confidence, and the aim over the next few months is that Board meetings will have a greater strategic focus.

The Chair indicated that he hoped that at the public Board meeting in July (or soon after this), that the Board would be in a position to formally approve the Terms of Reference for each of the Board sub-committees.

The Chair invited Board members to raise any further queries. There were none.

9. Patients and Service Users

The Chair noted that the first of the "5 Ps" within the Corporate Plan is Patients and Service Users, and for Oversight of the Board four updates had been provided.

The Chair noted that again, each of the four papers would be taken as read, but he wished to take each paper in turn to allow Board members to raise any questions or comments.

9.1 Papers for Oversight

Questions to the Board

The Chair referred firstly to the paper detailing questions to the Board (and the answers provided), noting of course that this paper would, as with the other papers on our public agenda, be publicly available on the Trust website. Mr Watson noted that the Board had been provided with a copy of the answers which had been shared with Mr Stanford Smith on 21 May and confirmed that these would be included in the papers which would be uploaded to the Trust website. The Chair invited any comments or questions from Board members, and there were none.

Muckamore Abbey Hospital Inquiry and Related Workstreams Update

The Chair then referred to the paper in relation to the Muckamore Abbey Hospital Inquiry and related workstreams. Dr Sloan highlighted that the Report from the MAHI Inquiry would be published on 18 June 2026. Dr Sloan also noted that a patient had been resettled from Muckamore Abbey Hospital earlier in the week, leaving one patient remaining resident at the Hospital.

Dr Sloan advised the Board that a small number of families had raised requests for reviews of previously closed incidents. Dr Sloan confirmed that responses to those requests were being carefully considered.

The Vice Chair enquired as to who was responsible for the decision to close the site, and who was responsible for the site following closure.

The Chief Executive confirmed that the decision to close the site rested with the Minister of Health. The Chief Executive noted that with the expectation that the last remaining patient resident at the site would be resettled by end June 2026, a meeting had been requested with the Department of Health and the Strategic Planning and Performance Group to discuss next steps.

Cardiology Recall Update

The Chair then referred to the paper updating on the Cardiology Recall.

Professor Ross noted that the doctor had been named on the cover sheet, with Mr Hagan indicating that this had been done in the context where his name was now in the public domain following the recent media coverage.

The Board had no additional questions in relation to the update provided. The Chair noted that the Board had received assurance in relation to the processes being followed in relation to the involved patients and their families, and in relation to the doctor himself.

Support to families of deceased patients from Neurology

The Chair noted that an update had also been provided on the Trust's engagement with a number of family members of patients who have passed away and who were patients of Michael Watt. The Chair noted that a number of families had been in contact with the Trust and arrangements were now in place to respond to any questions they may have. The Board had no questions in relation to the update.

9.2 Papers for Approval

The Chair noted that there were no papers for approval.

10. People

10.1 Papers for Oversight

The Chair noted that there were no papers for oversight.

10.2 Papers for Approval

Update on Trust Culture and Governance Oversight Group

The Chair noted that under Agenda item 10, there was one paper for the approval of the Board, namely the report coming from the Culture and Governance Oversight Group, which report would (subject to the approval of the Board) be shared in the context of the Support and Intervention Framework with colleagues at the Department of Health, the Strategic Planning and Performance Group and the Public Health Agency.

The Chair noted that since the Board had last met in public session, the Minister of Health had de-escalated the Level 5 intervention to Level 3 for Cardiac Surgery, and Level 4 for People and Culture. The Chair thanked the Chief Executive and Executive Team colleagues, and the Vice Chair and Mrs Edwards, for their previous and ongoing work in this area. The Chair indicated that it is reassuring that the progress which had been seen by Board members at the Trust, had also been recognised by the Department of Health, SPPG and the Public Health Agency.

Professor Ross noted that there was a reference in the Cardiac Surgery Steering Group "feed" to a planned review by Mr Livesey. The Chief Executive advised that a date had not yet been set for this review, but this would be arranged with SPPG representatives.

Professor Ross also noted that there were a number of actions which were "green" as on track for completion, but with long completion dates. The Medical Director noted that while there may be long completion dates set for some actions, significant work had already been completed within these various actions, including in relation to benchmarking. Mr Hagan agreed to consider if completion dates might be able to be revised to shorter timeframes.

ACTION:Mr Hagan

Mr Small sought and received assurance that the outcomes from the service continued to be good and safe, including positive developments in the process of theatre scheduling.

The Board committed to maintaining the focus on the work of the Culture and Governance Oversight Group, with it being hoped that demonstrable and sustained

improvement would result in further de-escalation within the Support and Intervention Framework by Autumn 2026.

The Board agreed to approve the update reports, and for these to be shared with colleagues at the Department of Health, SPPG and the PHA.

ACTION:Mr Watson

11. Population Health and Partners

11.1 Papers for Oversight

Being Belfast – Presentation from NEXUS

Ms Truesdale introduced Ms Nadean Low, an Associate trainer with NEXUS, who was attending to present to the Board.

Ms Truesdale thanked the Board for dedicating time to focus on the important topic of ending violence against women and girls, as we work to support the wider Programme for Government priority. This is a significant issue for the population of Northern Ireland, with our police services receiving one call every 16 minutes regarding domestic violence. Domestic violence can happen to anyone: any age, any culture, any level of education, and any gender. However, it does disproportionately impact women and girls. With our workforce being predominantly female this could mean a significant impact on our staff. The Trust already has a Domestic and Sexual Violence and Abuse Toolkit (which has just recently been updated and relaunched), providing signposting and advice to both people living through abuse and to managers as they support their team. As a Trust we have a dedicated support helpline for our staff, and this is how we have developed connections to NEXUS, who have delivered excellent training to our support officers.

Ms Low then spoke to a revised presentation (*a shortened presentation to that which had been shared with the papers, and which shorter presentation has since been shared with Board members and included in the publicly accessible papers on the Trust website*).

The Chair thanked Ms Low for the presentation on such challenging and complex issues. The Chair reflected on the role of the Health and Social Care sector in a context where our staff may be victims and requiring support and patients and service users may also be victims who similarly require our support.

Mrs Finlay also thanked Ms Low for the presentation and enquired as to whether NEXUS would be acting in relation to the recently publicised case regarding the sentencing approach following convictions for rape. Ms Low advised that NEXUS had publicly addressed this issue and would continue to work with the Department of Justice.

Mrs Finlay also enquired in relation to work with boys and men. Ms Low agreed that there needed to be earlier education work with boys and young men.

The Chair noted that he had recently attended an event, where there had been reference to the use of the Comber Greenway by women and young girls, given that it had been carefully curated and was lit 24 hours per day.

The Vice Chair reflected on the sobering statistics which had been shared with the Board, and the need to equip women and girls. The Vice Chair enquired as to how the Trust as an employer managed concerns in relation to sexual harassment. Mrs McKibbin confirmed that the Conflict, Bullying and Harassment Policy was applied in such circumstances. Ms Truesdale noted that work on a Sexual Safety Framework was being progressed at the Trust.

Mr Hagan also reflected on the sobering presentation and enquired in relation to the availability of education and training in the Emergency Departments, citing the example of the Jonathan Cresswell case and opportunities which had been missed. Ms Low confirmed that a range of training is available to support staff in the identification of, and response to, abuse.

Mrs McKibbin noted too that there were specific questions in the staff surveys of 2025 and 2026 which informed work at the Trust in this area.

Mrs O'Neill referenced the significant work between the Emergency Departments and Safeguarding staff over recent years.

Ms Cahalan referenced the particular vulnerability of women who are pregnant, and the work to improve training for staff. Notwithstanding the training provided, Ms Cahalan reflected the challenge for staff in identifying abuse.

Professor Bruce shared the experience of university education, where specific training had been included in the curriculum.

Ms Low noted that the extent of the courage which victims required to disclose abuse was such that it was all the more important that those receiving such disclosure did not fail victims.

The Chief Executive thanked Ms Low for her presentation and also for the support which NEXUS provided to staff at the Trust including in the Emergency Departments, The Chief Executive also thanked Ms Truesdale and Mrs Barron for their work in this area at the Trust.

Ms Truesdale and Ms Low left the meeting.

Update from Committee in Common / Chair's Meeting

The Chair referred to the papers which had been provided to the Board for information.

Professor Ross made reference to the Board Improvement Project which had been commented upon at pages 6 and 7 of the Paper B – Members' Issues ; there had been reference to the burden on non-executive directors. The Chair confirmed that Anne O'Reilly (Chair of NHSCT) was working on a paper in relation to the number of non-executive directors required to be on Boards, and their time commitment. It was likely however that there would be a requirement for legislation if there was to be any significant change to the current model.

The Chair noted that he was progressing discussions in relation to Board development.

The Vice Chair noted that she had attended the meeting where there had been discussion in relation to the work of Medical Directors in relation to vulnerable specialties. Mr Hagan confirmed that Dr Austin (Medical Director at the SHSCT) had led on this work. The Chief Executive agreed to ensure that details were shared with the Board in relation to this, and to keep the Board updated; the Committee in Common would be overseeing the work, and there had been a recognition by Chief Executives in other Trusts of the importance of supporting services in BHSCT and in the other Trusts.

ACTION:Mr Watson

The Vice Chair noted that it would be important that issues within Social Care were also considered by the Committee in Common, while other Board members reflected on the need to prioritise areas of work for the Committee in Common which were achievable; the Board recognised the considerable potential which the Committee offered.

The Chair noted that going forward he would hope that a sharepoint site could be developed to facilitate ready access for the Board to key Board papers.

ACTION:Mr Watson

11.2 Papers for Approval

The Chair noted that there were no papers for approval.

12. Performance

12.1 Papers for Oversight

Finance Report

The Chair thanked Mrs Edwards for the confirmation in her report of the Trust's breakeven position for 2025/2026. He noted that this was a significant achievement delivered by staff at all levels across the Trust.

The Chair noted however that the position for 2026/2027 remains challenging. The figures outlined in the report are stark and the Board will need to wrestle further with the significant financial challenges once clarification is received from the Department of Health on the budgetary position. The Chair noted that he was grateful to the Chief Executive and Mrs Edwards for their continuing work in this area.

The Chief Executive reiterated the Chair's acknowledgement of the significant achievement of Mrs Edwards and the finance team, and indeed all teams, in the achievement of the breakeven position for 2025/2026.

The Chief Executive noted too that the financial position for 2026/2027 was extremely challenging, with time being of the essence in relation to there being a clear direction as to the next steps. In this regard, it was hoped that additional details would be available at the June Board meeting.

In relation to the 2025/2026 outturn, Mrs Edwards noted that this position would be considered at the end June Final Accounts Board meeting.

In relation to 2026/2027, Mrs Edwards noted the context of an estimated shortfall of £800m across the Health and Social Care sector.

Mrs Edwards highlighted that BHSCT is forecasting an opening 2026/27 deficit of £30m, and SPPG indicative allocations reflect a 6% savings target. The Trust has identified and is progressing £68m of low impact cash efficiency savings. A resubmitted response to SPPG's operational planning guidance sets out a range of service impact savings to address the £85.5m funding gap, but many of these would have a catastrophic impact on services. Mrs Edwards assured the Board that she would ensure that updates continued to be provided when available.

Professor Bruce sought clarity as to the impact of delays in decisions to implement savings proposals. It was confirmed that the impact would be such that proposals would only then deliver savings across a shorter timeframe, as each month of the financial year passed.

Mr Small enquired as to whether there was an inevitability to proposals being brought before the Board which were beyond the "low impact" proposals. Mrs Edwards confirmed that this was the case, unless additional funding was provided to the Executive, to the Department of Health and to the Trust.

The Vice Chair acknowledged the work already underway to deliver the £68m savings. Mrs Edwards assured the Board that Developing Value Programme Board would continue to carefully monitor spend within Directorates.

Mrs Edwards noted that there were also challenges with the capital budget. Given the expenditure committed to for example encompass, the new Maternity Hospital, and the Children's Hospital, funds available for other larger schemes are constrained.

The Chair thanked the Chief Executive and Mrs Edwards for their updates, and advised that he anticipated this to be the main item on the agenda for the June Trust Board meeting.

Trust Systems Oversight Measures Report (to include Elective Care Framework update) ; approach to be revised following work of Performance Committee

The Chair thanked Mr Campbell for the provision of the Trust Systems Oversight Measures Report. The Chair noted that going forward, detailed review of performance would be at the Trust Board Performance and Transformation Committee in the first instance, and that it would be important that the sub-committee and the full Board agreed what information to share with the full Board (and also how best to share it).

The Chair thanked Mr Campbell for the helpful trend analysis which had been provided in the report and invited Mr Campbell to draw out any particular highlights.

Mr Campbell noted that areas of particularly strong improvement included: Unallocated Cases, Unmet Need in Domicilary Care, and Endoscopy.

Mr Campbell noted that that there had been a challenging period for unscheduled care but that Belfast Trust had largely maintained ambulance handover performance.

Mr Campbell noted too that the availability of a full year of encompass data now allows for comparison to made against a meaningful baseline. In this regard particularly, Mr Campbell noted that while activity has increased since last year and efficiency/productivity gains are being made, waiting lists are continuing to increase.

Professor Ross enquired in relation to the scope for increasing validation activity of diagnostic waiting lists. Mr Campbell advised that colleagues were still catching up on validation activity following the encompass implementation, and that validation, implementation of sensible care, and other outpatient modernisation all presented significant opportunities to address waiting lists.

The Chair sought assurance that Directorate and local teams continued to review and act on the data. The Chief Executive provided this reassurance and invited Mrs Hagan to speak from her experience in the medical specialties. Mrs Hagan noted, by way of example, the work in Hepatology, where there had been 2489 patients on the waiting list for new patient appointments in September 2023, while by March 2026 the figure had reduced to 934. This had been achieved by sharing the data with clinical teams and also changing the service model.

Mr Campbell noted that pressures on staff in primary care mean that they have limited capacity to assist in validation work.

Ms Kearney referenced the demand management work within Laboratories, focussed on seeking to reduce referrals.

Professor Ross enquired in relation to the role of the Medical Director's Office in the development and implementation of a guideline driven approach to the making of referrals for diagnostic tests. Professor Ross noted that removals from such waiting lists during validation exercises may be indicative of referrals not being necessary in the first instance. Mr Hagan updated on the work with clinical teams and the consideration of the application of "hard stops" within the encompass system, for referrals in particular contexts.

Update on Capital Schemes

The Chair thanked Mr Porter for the update which he had provided on capital schemes and asked the Board if they had any questions.

Professor Ross enquired in relation to the review which had been undertaken by Mr Alan Moore regarding the new Maternity Hospital. Mr Porter confirmed that Mr Moore's report had been received and a further investigation had been initiated.

Mr Porter took the opportunity to update the Board on developments following the circulation of papers to Board members.

Mr Porter noted that a first draft of the Stage 1 report had been received from the consultant design team in advance of papers being due for circulation to Trust Board members. Within the report the consultant design team had developed options for the design of neonatal. Concerns were highlighted around any proposal for "replacement in situ" in Level 3 in relation to thermal control of the water system, accessibility for future maintenance and the potential impacts on cost and programme.

The consultant design team had provided options for a new system installed from the shell space below, and for cold domestic water supply only with local heating at outlets. These proposals were reviewed and accepted at the Project Water Safety Group.

The proposed revised programme (and costs) had been received by the Trust on 27 May 2028, based on the options approved by the Project Water Safety Group. The overall costs remain within the initial forecast cost of £6million for the "option 2" works which was previously reported to Trust Board and the Health Committee.

The forecast timescale for the completion of the remedial works is as below:

- Localised remediation to Level 2 – estimated completion **February 2027**

(as previously reported to Trust Board this could potentially allow for early occupation of this floor of the building, however any proposal for early occupation would be subject to the development of suitable models of care to ensure patient safety, staffing models, etc)

- Localised remediation to other levels - estimated completion **November 2027**
- Installation of new domestic water system to Neonatal - estimated completion **November 2027**

The above estimated programme dates are 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. Early occupation will also be contingent upon the dynamic findings from the detailed analysis and clinical risk assessments of patient safety, clinical flows, etc to demonstrate the viability of any proposed service models. Detailed assessments of staffing requirements and the sustainability of the associated staffing models for the service are ongoing and will need to be aligned with the proposed time frame for early occupation before any option can be agreed.

The Chair thanked Mr Porter for this most recent update and noted that the Board would continue to carefully scrutinise progress in the Maternity Hospital project. Ms Cahalan assured the Board that work continued to seek to plan for occupation of the Maternity Hospital as soon as was appropriate.

Mr Porter also referenced the update which had been provided in relation to the Children's Hospital and confirmed that the design changes had been completed.

Update on ICT outage of 11 May 2026

The Chair introduced the paper provided by Mr Campbell, by reflecting that the biggest risk for business continuity in the organisation was now in Cyber. The Chair commended Mr Campbell and his team for responding so quickly to the outage and thereby minimising the impact on service. The Chair noted that it was timely that later in the day, the Board would be receiving training in relation to Cyber risks and their management.

Mr Campbell thanked the Chair for his remarks and noted that considerations to date had indicated that the incident was unavoidable, while the response from the digital team had been good. Mr Campbell noted that the incident had been a very useful test of the Trust's preparedness; the experience had been that those areas who were familiar with managing planned system downtime more easily and quickly responded, while those areas not familiar with such planned downtime had not responded as well. Mr Campbell advised the Board that work was required in relation to emergency planning and preparedness and that he would be taking this forward.

12.2 Papers for Approval

Charitable Funds Applications

Mrs Edwards noted that the Charitable funds applications had all been previously considered and approved by the Charitable Funds Advisory Committee, and were brought to full Board given their scale. The Board approved the Charitable Funds applications.

13. Potential

13.1 Papers for Oversight

The Chair noted that there were no papers for oversight.

13.2 Papers for Approval

RVH Robot Business Case

The Chair noted that a previous iteration of the Business Case had been brought to the Board and had been subject to some amendment. The Board approved the Business Case and asked for a letter from UU indicating the outcomes required by CDHT/BRCD aligned to their governance requirements.

14. Any Other Business

The Chair thanked all for the level of engagement and contribution throughout the meeting. He noted that there would be a continuing drive to reduce the volume of material coming to the full Board, so as to facilitate appropriate time being available for meaningful discussion.

Finally, the Chair noted he had been very grateful that the Board had been able to discuss the important issue of Violence Against Women and Girls, and he commended the work (recognised by NEXUS) at the Trust.

There was no other business and the meeting closed at 1310.

15. Date of Next Meeting – 25 June 2025 at 1115