181st Meeting of BHSCT Trust Board (Public)

Thursday 27 August 2026 at 1030

in the Boardroom, Trust Headquarters, Royal Hospitals site

Present

Professor Stuart Elborn	Chair
Miss Patricia Gordon	Vice Chair
Mrs Jennifer Welsh	Chief Executive
Mrs Maureen Edwards	Director of Finance
Professor Olga O'Neill	Director of Nursing and User Experience
Ms Kerrylee Weatherall	Interim Director Children's Community Services/Interim Executive Director Social Work
Professor Ian Bruce	Non-Executive Director
Mr John Conaghan	Non-Executive Director
Mrs Ellen Finlay	Non-Executive Director
Mr David Small	Non-Executive Director
Ms Elsie Trainor	Non-Executive Director

In Attendance:

Dr Brian Armstrong	Director Unscheduled and Older People's Services
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
Mr Chris Hagan	Medical Director *(joined the meeting as indicated below)*
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Mr Brendan McConaghy	Interim Director, Human Resources and Organisational Development
Mr Colin McMullan	Interim Director, Adult Community and Older People Services

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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 *(left the meeting as indicated below)*
Mr Peter Watson	Head of Office

Apologies:

Professor Catherine Ross	Non-Executive Director

NB Colleagues from Staff Side joined the meeting, with four colleagues having sought and been granted speaking rights. Please note the details at Agenda Item 10.2 below.

NB

M/A Action denotes an Action to be considered under Matters Arising at the next meeting of the Trust Board.
A/L Action denotes an Action to be included in the meeting Action Log.

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1. Welcome, Apologies and Conflicts of Interest

The Chair welcomed all to the meeting of the Trust Board. The Chair noted that Boards across Northern Ireland HSC Trusts were meeting at the same time.

The Chair welcomed a number of visitors who were attending the meeting.

The Chair firstly welcomed Mr Rodney Morton, RQIA authority member, and Mrs Suzanne Cunningham, RQIA Assistant Director for Children's Services. Colleagues from RQIA were attending to observe the conduct of the board meeting.

The Chair also welcomed Mr Nathan Tate, Divisional Nurse for Anaesthetics, Critical Care, Theatres and Sterile Services, who was observing the meeting.

The Chair also welcomed Mrs Claire Corry, currently Co-director for Finance, who will take over from Mrs Edwards as Director of Finance from 1 October.

Finally, the Chair welcomed Ms Elsie Trainor, who was attending her first public meeting of the Trust Board. The Chair noted that Ms Trainor was an experienced communications and engagement leader with more than 20 years of experience across the private, public and third sectors. She had advised executive teams on organisational change, reputation, stakeholder engagement, culture and employee engagement, and had led major transformation, change and crisis communications programmes.

Ms Trainor is Communications and Employee Engagement Manager with Openreach Northern Ireland, leading strategic communications and engagement across a workforce of approximately 1000 colleagues. Her previous senior health sector roles span Northern Ireland and the Republic of Ireland. Her expertise includes strategic communications, cultural transformation, stakeholder relations, continuous improvement, trust and transparency, risk, constructive challenge and governance. She holds a BA (Hons) from University College Dublin, a Postgraduate Diploma in Business and is a fellow of the Chartered Institute of Marketing. The

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Chair noted that he was delighted to have Ms Trainor join the Board and looked forward to her contribution.
The Chair noted that there were apologies from Professor Ross, while Mr Hagan was due to join the meeting a little later, following another meeting.
The Chair invited any conflicts of interest to be declared. None were declared.
The Chair noted that papers would be "taken as read", to allow time for discussion at the Board, with care being taken to ensure that the purpose of the discussions (for information, assurance or approval) was understood and recorded.

2. Chair's Business

The Chair congratulated Mr Campbell on his appointment as Interim Deputy Chief Executive and congratulated Professor O'Neill on her appointment as Director of Nursing and User Experience.

The Chair advised that there had been a recent meeting of the Committee in Common and once a written report was received, he would ensure that the summary of the meeting was shared with the Board.

M/A Action: Chair

The Chair noted that Minister Butler had conducted a series of visits across the Trust on Tuesday 25 August. There had been good engagement with staff at all levels, with the Minister visiting the RVH Emergency Department, Care of the Elderly at BCH, Musgrave Park Hospital and the Mater Hospital, concluding with a meeting with General Practitioners. The Chair recorded his thanks to former Minister Nesbitt for his support and challenge to the sector during his time in office, noting that his

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legacy would include progress in the “shift left” and the reset which would be required to deliver the best and safest care to the population of Northern Ireland.

3. Minutes of previous meeting – 23 July 2026

The Chair referred to the draft minutes of the meeting of 23 July 2026. The Board agreed that these were a true and accurate record of the previous meeting.

4. Matters Arising

The Chair asked Mr Watson to take the Board through the various matters arising and updates in relation to these.

4.1 Update on Approach to Questions to the Board

Mr Watson confirmed that a revised approach to questions to the Board had been shared with the Executive Team for their comments in the first instance. Mr Watson advised that he expected that a final proposal would be provided to the Board at its next meeting. Matter ongoing.

4.2 Report on Social Work Recruitment

Mr Watson confirmed that a written paper on social work recruitment had been emailed to the Board on 27 July following Rhoda McBride's attendance at the July Board meeting. Matter closed.

4.3 Corporate Plan Oversight

Mr Watson asked that Mr Campbell provide an update to the Board on Corporate Plan oversight and the role of individual professions in governance.

Mr Campbell advised that an operational plan would be prepared for each year which would be a vehicle by which the Board could hold Executive Team members to account. Matter closed.

4.4 Individual Professions

Update following Board meeting – Mr Campbell will update on skill mix considerations by end November.

A/L Action:Mr Campbell (end November 2026)

4.5 Correspondence to SPPG regarding RESWS

Mr Watson noted that correspondence in relation to the regional emergency social work service had been sent to SPPG on 30 July 2026 with a response having been received. Mr Watson asked that Ms Weatherall provide an update on the current position. Ms Weatherall advised that the Chief Executive had written to SPPG seeking clarification in relation to their strategic intent for the service. The response

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had been that two task and finish groups were to be established with a view to their work being concluded by December, while a financial analysis was also to be commissioned in relation to future commissioning arrangements. Matter closed.

4.6 Learning Disability Team

Dr Sloan confirmed that the thanks of the Trust Board had been conveyed to the team within learning disability. Matter closed.

4.7 Update on RCP Report – Cardiology

Mr Watson noted that an update on cardiology was a substantive agenda item later in the meeting. Matter closed.

4.8 Indicative Programme of Works for Maternity Hospital

Mr Watson asked that Mr Porter update the Board regarding the indicative programme for the Maternity Hospital. Mr Porter advised that the programme remains as advised to the Board in June 2026 with remedial works progressing with a view to early occupation in March 2027. Mr Porter confirmed that written updates on the major capital schemes would be shared with the Board immediately following the meeting.

M/A Action: Mr Porter/Mr Watson

4.9 Date for Receipt of AMHIC Report

Mr Porter confirmed that the report in relation to AMHIC was due to be received by December 2026. There had been a need for additional independent surveys to be undertaken to inform the reports.

A/L Action: Mr Porter (end December 2026)

5. Action Log

The Chair asked Mr Watson to speak to the updated action log.

Mr Watson noted the completion of the action regarding sharing details of the impact of industrial action with the Board by email on 11 August 2026, and it was agreed that this should be considered as closed.

Mr Watson asked that Mr McMullan provide an update on the action in relation to the review of expected outcomes from the Bodycam pilot.

Mr McMullan confirmed that the Body Cam pilot would be live in the Emergency Department from 21 September 2026. Mr McMullan reminded the Board of the discussion which there had been in relation to the evaluation of the pilot and in

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particular whether there would be a metric which would indicate that there should not be substantive implementation following the pilot exercise. Mr McMullan confirmed that an evaluation of the pilot would be brought back to the Trust Board, which would include staff, patient and service user feedback; there would be both quantitative metrics and qualitative data.

The Chair enquired as to whether there had been comparison with implementation in other large trusts, with Mr McMullan confirming that the use of body cams was well embedded within NIAS and indeed had progressed within NHSCT. Mr McMullan reflected that it would have been better that body cam use had been progressed on a regional basis. It was agreed that this specific action be considered as closed, with the action regarding the update on the pilot exercise remaining in place.

Mrs Finlay enquired in relation to whether the dignity of patients had been considered alongside GDPR provisions, in the implementation of the pilot exercise. Mr McMullan provided assurance that the standard operating procedures centred on the dignity of patients, including for example, there being no recording of personal care.

Mr Watson asked Ms Weatherall to update on the action regarding social work reporting lines. Ms Weatherall noted that the next interface meeting with SPPG was due to take place on Friday 28 August 2026 and this issue would be raised, with her reporting back to the Board following this. It was agreed that the action would now move to Matters Arising and be removed from the Action Log.

M/A Action: Ms Weatherall

6. Chief Executive's Business

The Chief Executive referred to the report which had been provided to the Board and highlighted her congratulations to the gynaecology service and the regional andrology service. The Chief Executive advised that she would be content to pick up any other matters during the meeting.

Mr Small commented that the work in the Gynaecology service had been particularly impressive, noting its long-term sustainability. Ms Cahalan noted that the team had worked very hard and she was delighted that they had been recognised for this.

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7. Patients and Service Users

7.1 Papers for Oversight

Questions to the Board

Mr Watson noted that in relation to questions to the Board there were three items upon which he would wish to provide an update.

Firstly, Mr Watson advised that in relation to the four emails received about one doctor, received immediately prior to the previous meeting, these emails had been responded to; given that the concerns related to an individual doctor, details would not be placed in the public domain.

Secondly, Mr Watson noted that discussion was taking place following the approach from the mother of a patient.

Thirdly, Mr Watson noted that a meeting was planned with Mr and Mrs Roberts following the attendance of Mr Roberts at Trust Board in March 2026 and subsequent correspondence.

Muckamore Abbey Hospital Inquiry and Related Workstreams Update

The Chair noted the update on the response of the Trust to the Muckamore Abbey Hospital Inquiry.

The Chair noted the ongoing engagement with patient families, with two meetings having taken place in recent weeks. Hearing the experience of families had been particularly harrowing but it was also encouraging that families were keen to be forward facing to bring about positive change for the learning disability community.

The Vice Chair noted that she was a member of the Trust's oversight group and in that context a report had been received from Ms Weatherall with feedback from families on their wish for services to be co-produced. The Chair noted that involvement of families would need to be proportionate given the considerable demands on their time. The Vice Chair suggested it would be helpful for the report to be shared with the Board.

M/A Action: Ms Weatherall

The Chief Executive referred the Board to the opportunity to work with the Patient and Client Council including in the context of their publication, “People to Partners.”

Mrs Finlay noted the report contained updates on the various work streams, and sought assurance that there was an adequate resource to meet the various

demands. Mrs Finlay also sought an update on the latest plans for the closure of the hospital.

The Chief Executive noted that Mr Campbell's appointment to the Interim Deputy Chief Executive role was one part of the plan to enhance resourcing while Mrs Billie Hughes was also now working full-time in support of families. There had also been an increase in the resourcing of the Risk and Governance team given the demands placed on that team, including the ongoing management of correspondence with families.

In relation to the plans for the closure of the hospital, Dr Sloan referred to the details contained within the paper including that not all patients had been resettled. The site had now contracted to a small footprint and once the resettlement process had concluded there would be work in conjunction with Health Estates on the decommissioning of the site.

Mr Small commended the structured approach which was being taken in response to the Inquiry report, including the oversight group. He also welcomed the workstream in relation to shared learning. The Chair agreed noting the need to empower the learning disability community.

The Chair reiterated the importance of the Board continuing to provide leadership with an unreserved focus on families, openness, accountability and demonstrable change.

Mr Hagan joined the meeting.

Cardiology Recall Update

The Chair introduced this agenda item noting that the recall remains a live patient safety and public assurance issue. The Chair further noted that concluding clinical follow-up for patients who were in the live cohort and resolving the best approach for engagement with families of deceased patients remained outstanding.

Dr Armstrong advised that it was expected that by the end of September all patients requiring clinical reviews would have been identified by the multidisciplinary team. Attention would then turn to how best to engage with the families of the cohort of patients who were deceased. Dr Armstrong noted that the recommendations of the Royal College of Physicians (RCP) had included the need to report individual benchmarking data, and this would be in place from 1 September 2026.

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The Chair enquired in relation to engagement with the patients whose care had been reviewed by the RCP, with Mr Hagan confirming that individual discussions would take place with these patients.

The Vice Chair noted that there had been a recommendation regarding multidisciplinary team meetings and suggested that it may be prudent to give consideration as to how effective multidisciplinary team working was across the Trust.

Mr Hagan advised that multidisciplinary team working had been a core way of working particularly in Cancer care for many years, but there was now a need to extend this more fully across the Trust. He noted that this would be a key focus of the new Deputy Director for Risk and Governance.

The Chair noted the importance of regional and national work in rare diseases, while Professor Bruce noted the importance of there being a clear path to decision-making in the prescribing of high-cost drugs.

Mr Hagan reassured the Board that there was a good regional process in place for the prescribing of biologics, while there had also been previous good work in identifying and supporting vulnerable specialties.

7.2 Papers for Approval

There were no papers for approval.

8. People

8.1 Papers for Oversight

There were no papers for oversight.

8.2 Papers for Approval

Update on Trust Culture and Governance Oversight Group

Mr Watson noted that the papers provided included an update on the most recent meeting of the Culture and Governance Oversight Group which was ensuring oversight and assurance of the actions taken on foot of the recommendations of the report regarding Cardiac Surgery and the report from Dr Hill and Mr McBride. Mr Watson noted that the Board was asked to raise any questions in relation to the reports, and to approve the reports for onward consideration at the monthly meeting

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between the Chair, Chief Executive, SPPG, PHA and Department of Health within the Support and Intervention Framework.

The Chair reflected that the monthly engagement with colleagues in this context had provided a good opportunity to engage the support of SPPG, PHA and Department of Health colleagues.

The Chief Executive noted that the discussions continued to be built around the four themes of work overseen by CGOG, and that it was clear that there continued to be an increasing confidence from SPPG, PHA and DoH in the progress which was being made. There was a recognition however that it could take from 3 to 5 years to fully embed sustainable cultural change.

Mr Small noted that some actions were now reported as in "business as usual", with his enquiring how progress would be monitored in this context. He also noted the very positive improvement in relation to the raising concerns themes within the staff survey report.

The Chief Executive noted that the DCO report had been a stand-alone report in relation to Cardiac Surgery, which had then been followed by the Hill / McBride report. The Chief Executive noted that there had been a closing report in relation to the DCO recommendations but nevertheless there remained a cardiac surgery group chaired by Mrs Clinton which continued to report to the Culture and Governance Oversight Group. As such, the Board, through the work of the Culture and Governance Oversight Group, could and should continue to seek assurance. Furthermore, Mrs Clinton and her team also had a detailed montly meeting with SPPG to review progress, in addition to the meeting attended by the Chair and Chief Executive.

The Chief Executive agreed with Mr Small that the results of the staff survey had been encouraging, with an increased number of respondents, an increased engagement score, and improvements in metrics across all areas. The Chief

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Executive noted that directors and their teams would now be reviewing information at an individual team level.

Mr Small again reiterated the significance of the improving scores in relation to Raising Concerns.

The Vice Chair enquired in relation to the reference to the publication of the People and Culture strategy. The Chief Executive confirmed that this would be brought to the September Trust Board. Mr McConaghy confirmed that following extensive engagement, the strategy was almost in final draft, and he committed to ensuring that there would be appropriate sign-off by the People and Culture Committee and the Trust Board prior to the launch of the strategy. Related initiatives including Respect and Civility, Being Open and a Sexual Safety Charter would follow.

The Chair asked for some additional detail in relation to the clinical leadership programmes that were in place, questioning if they were aligned to the challenges facing the Trust. Mr Hagan noted that the clinical leadership programme was evolving but had received very positive feedback. Additional modules are being considered, and it is anticipated that completion of the programme will be a requirement built into future recruitment. Mr Hagan noted that he would bring back further feedback to the Board on the programme.

A/L Action: Mr Hagan (end January 2027)

The Chair reflected that it would be important that SPPG and the Department of Health were aware of the work taking place at the Trust in relation to clinical leadership development. Mr Hagan noted that the Department of Health were also developing their own programme in relation to medical leadership, while there was also a programme provided by the Leadership Centre. Mr Hagan advised that he

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would be engaging with these other providers to ensure that there was alignment across the programmes.

A/L Action: Mr Hagan (end January 2027)

Mr Campbell reflected on his personal positive experience of engaging with clinical leaders through their development programme.

The Chair confirmed the Board's approval of the papers provided to it from the Culture and Governance Oversight Group, and confirmed that they should be shared with SPPG/PHA/DoH.

9. Population Health & Partners

9.1 Papers for Oversight

There were no papers for oversight.

9.2 Papers for Approval

There were no papers for approval.

10. Performance

10.1 Papers for Oversight

There were no papers for oversight.

10.2 Papers for Approval

Finance Report/Financial Planning for 2026/2027

The Chair noted that this item would be taken following the other agenda items.

Performance Report

The Chair asked Mr Campbell to speak to the Performance Report and welcomed the inclusion of trend data.

Mr Campbell confirmed that this would be the last time the report would be coming to the Board in the current format, with a revised format being prepared.

Mr Campbell noted key points from the Performance Report including:

- Ongoing challenges with unallocated cases
- A broadly static position for the outpatient waiting list
- A slight improvement in the inpatient and daycase waiting list
- An increase in the "scope" waiting list due to patients being transferred to the BHSCT waiting list.
- A decrease in the Haematology Length of Stay

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Ms Kearney commended the work by the team in Haematology and referenced the engagement with SPPG to seek to secure similar improvements in other Trusts.

The Vice Chair reported that there had been two meetings of the Performance and Transformation Committee, with it being anticipated that a first draft of a new integrated performance report would be brought to the October Board meeting.

The Vice Chair indicated that it may be helpful to have a short briefing, particularly for non-executive directors, following the next Board meeting, in relation to the Support and Intervention Framework, Strategic Outcome Measures, and benchmarking activity across the Trust (including CHKS data).

M/A Action: Mr Watson

The Vice Chair further noted that Transformation work across five areas would also be overseen by the Performance and Transformation Committee, with there being robust project plans for their work, thereby providing an effective mechanism for assurance.

The Vice Chair commended the work of Mr Campbell and his team, including detailed work on scheduling of meetings and reports for the Committee. The Vice Chair noted too that she expected that the revised reports would better facilitate Board overview of the breadth, scale and depth of activity at the Trust. She hoped too that the revised performance report would also facilitate triangulation with other information available to the Board.

Mr Small indicated that he would very much welcome the improved reports. He enquired however in relation to the range of indicators where there remained an absence of confidence in reporting. Mr Campbell advised that that issue had been discussed at the Performance and Transformation Committee with an update having been given on regional work which was progressing as central resource limitations permitted.

Mr Small noted the continuing high number of “red” indicators and asked if the new report format would assist the Board in identifying key areas for consideration. Mr Campbell reassured Mr Small that the new reports would assist in the identification of key issues and facilitate their escalation.

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The Chair noted that there would need to be continuing engagement with the Department on the appropriateness of the various targets which had been set.

Mr Hagan noted that the implementation of Sensible Care should bring a renewed focus on how resources are used. Professor Bruce suggested that it would be important to better understand the financial costs associated with, for example, delays in patients with fractured hips receiving timely surgery.

Mr Campbell noted that there was already some work being undertaken in unscheduled care regarding the costs of delays, while the PHA were also taking forward similar work.

The Chair noted that there was a real opportunity to engage with the universities in the development of work in health economics. Professor Bruce reflected that in an ever more financially constrained context it was imperative to see where best value in investment could be secured.

The Chief Executive reflected on the experience in the renal service where the benefits of expanding the transplant service had been demonstrated, with commissioning decisions then being taken.

The Board and Executive Team discussed a range of areas which could readily be identified for investment in a context of the risks which existed. The Chair summarised the discussion noting that it would be important to identify key issues, and identify those where a material difference could be made.

The Board approved the report which had been presented to it.

11. Potential

11.1 Papers for Oversight

Equip Update

Mrs Edwards referred to the update which had been provided on the Equip programme. Mrs Edwards highlighted the detailed discussion which there had been at a regional level regarding the range of risks and concerns. Mrs Edwards advised that the Board would be updated following the Go Live Readiness Assessment.

The Chair enquired in relation to whether there would be a risk of staff not being paid. Mrs Edwards advised that such risk could only arise in the second phase of release of the new system but that mitigations were being planned for. The Board

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was advised that there may be some scope to extend the operation of current systems but that this may come with additional cost.

12. Any Other Business

There was no other business, with the meeting adjourning at 1205, and resuming at 1215 for the presentation and discussion of the finance matters on the agenda.

The meeting resumed at 1215, with the Chair extending a warm welcome to trade union colleagues including Gerry Largey (NIPSA), Sonia McCann (Unison), Padraig Sweeney (Unison) and Craig Gill (Unite the Union) who had asked for speaking rights at the Board meeting. The Chair also welcomed Claire Corry, currently Co-director for Finance, who will succeed Maureen Edwards as Director of Finance with effect from 1 October.

The Chair noted that HSC Trust Boards were meeting across Northern Ireland that day, all of which were addressing challenging financial circumstances. The Chair noted that the Trust was required to deliver safe and high-quality care in as efficient and effective a way as possible. The Trust was also required to break-even. The Chair thanked Mrs Edwards and her team for the work they had led in developing the proposals which were now brought before the Board for approval. The Chair noted that a number of the proposals had mitigations which could be applied, and he indicated that the Board would wish to work with trade union colleagues in relation to these mitigations, in relation to communications regarding the savings proposals, and more generally in the “reset” which was required within health and social care. The Chair noted too the context of a recently appointed Health Minister, and the unchanged requirement to deliver the best sustainable care possible.

The Chair noted that trade union colleagues had requested to address the Board at the start of the agenda item and therefore invited each to speak to the Board.

Ms Sonia McCann firstly addressed the Board. Ms McCann thanked the Board for facilitating union colleagues addressing the Board at short notice. Ms McCann reflected that she had worked at the Trust for approximately 33 years, following university and largely within Patient and Client Support Services.

Ms McCann referred to her concern that the Board were not receiving accurate information and noted that domestic services staff had already been withdrawn from

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administration areas. Ms McCann also noted that portering vacancies were already not being replaced and cited an example of recruitment for 4 porters.

Ms McCann advised that staff were at the limit of their goodwill and already there were issues with removal of 1 to 1 care, leading for example to safeguarding issues especially at night. An individual healthcare assistant had been left to provide personal care for 18 patients.

Ms McCann also noted that there was considerable sickness due to staff being overworked and suffering “burn out”.

Ms McCann advised that there was footage on TikTok of a patient taking footage of another patient and a staff member. This had resulted in various comments being placed under the footage. *Ms McCann clarified following the meeting that the footage was not from Belfast Trust but from a hospital in Limerick.*

Ms McCann advised that BHSCT policies should be reviewed to ensure there are appropriate protections from “video footage” for staff and patients.

Ms McCann advised that among administrative staffing, staff were required to work “short” when colleagues were on sick leave. Reliance on goodwill was not sustainable. Staff were going on sick leave with work related stress.

Ms McCann summarised her presentation advising that these issues should be addressed before the Board considered making further cuts.

The Chair thanked Ms McCann for her contribution to the Board meeting and assured her that the Board would wish to ensure that all the information it received was accurate, and to work with our workforce during these challenging times.

The Chair invited Mr Gill to address the Board.

Mr Gill advised that Unite the Union was totally opposed to cuts or reductions in service throughout the Northern Ireland health and social care sector. He advised that the result will be that the service will reach breaking point which will impact on both patients and the wider community. False promises had been made in relation to pay, and for low paid staff, overtime and additional hours had been stopped. Mr Gill advised that he was concerned that while it was a last resort, there could be industrial action.

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Mr Gill advised that vacancies were not being filled quickly enough, stating that this was due to the Business Services Organisation and citing an example of it taking 6 to 8 months for a post to be filled.

Mr Gill advised that imposing cuts would increase problems in the health service and not solve them. While the Board was meeting in August, the Autumn and Winter crisis was fast approaching, and the cuts would bring the service to breaking point, with further cuts of up to 12% to follow.

Mr Gill concluded his remarks by saying that the Board should go to the Department of Health and say that more money was needed, rather than the Department of Health saying that the Trusts should live without it. Trusts should tell the Department what they can't provide.

The Chair thanked Mr Gill for his remarks and confirmed that the Trust was continuing to engage with the Department of Health, although this was in the difficult context of the flux regarding the NI Executive budgetary position. The Chair confirmed that the Trust had been clear with the Department of Health of the impact of particular savings proposals.

The Chair then invited Mr Sweeney to address the Board.

Mr Sweeney advised that he was speaking on behalf of UNISON, the largest trade union within Belfast Trust, representing the majority of workers across health and social care services.

UNISON is deeply concerned by the proposals that this Board is being asked to consider today.

Mr Sweeney advised that the Board were being asked to approve significant reductions in spending which will impact patients, service users and the workforce across this Trust. UNISON understands that the plan before the Board is only the first year of what is expected to be a three-year programme of spending reductions.

Before approving these proposals, the Board must fully consider their cumulative impact over the coming years, particularly on patient care, health inequalities, service delivery and workforce sustainability.

At the outset, UNISON must place on record our serious concerns regarding consultation and engagement.

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UNISON has not been afforded the opportunity to be meaningfully consulted on these proposals. While UNISON were addressing the Board meeting, that does not remove the Trust's obligation to properly engage with recognised trade unions before decisions are taken.

Receiving a briefing shortly before a Board meeting is not meaningful consultation. Consultation must provide sufficient time, information and engagement to allow staff representatives to understand proposals, assess their implications and influence outcomes.

UNISON therefore expects full disclosure of the information underpinning these proposals, including any workforce, service, risk and equality assessments that have informed this financial plan.

The Board also has responsibilities under Section 75 of the Northern Ireland Act and its Equality Scheme. Decisions of this scale require careful consideration of their impact on equality of opportunity and on those communities who already experience significant health inequalities. UNISON would expect the Board to satisfy itself that any necessary assessments have been undertaken and that equality implications have been fully considered before decisions are reached.

While UNISON recognises the severe financial pressures facing Health and Social Care, financial pressures cannot be considered in isolation from their impact on people.

Members are already working in an environment characterised by high demand, workforce shortages, recruitment difficulties and increasing complexity of care. Many services are operating under considerable strain.

Against that backdrop, any measures that reduce staffing levels, restrict recruitment, leave vacancies unfilled or increase workloads carry significant risks.

Reducing workforce capacity does not remove patient need. Instead, it often results in increased pressure on remaining staff, longer waiting times, reduced resilience within services and a greater risk to patient safety.

UNISON are particularly concerned about proposals involving vacancy controls, recruitment restrictions or reductions in workforce spending. Staff are often described as the Trust's greatest asset, but in times of financial pressure they can

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quickly become the focus of savings measures. UNISON would urge the Board to recognise that reducing staffing capacity rarely removes demand. It simply transfers pressure elsewhere in the system.

UNISON also remains concerned about the impact on staff wellbeing. Belfast Trust staff have shown extraordinary commitment through some of the most difficult periods faced by our health service. They continue to go above and beyond for patients every day. Any proposals that increase workload, uncertainty or pressure risk further damaging morale, worsening retention challenges and increasing sickness absence.

Where proposals include further reductions in agency spending, UNISON remains committed to working with employers and the Department to reduce excessive agency costs. However, the objective should be to reinvest those savings into substantive posts and strengthen the permanent workforce, not reduce workforce capacity overall.

UNISON would also urge the Board to seek assurance that all reasonable alternatives have been explored. Trade unions and frontline staff can often identify efficiencies and operational improvements that deliver savings while minimising harm to patients and staff. Meaningful partnership working is essential if the best outcomes are to be achieved.

Mr Sweeney concluded his remarks by confirming that UNISON members understand the reality of financial constraints. They understand that difficult decisions may sometimes be required. However, they also expect transparency, openness and genuine engagement.

Today, UNISON asks the Board to provide assurance that no irreversible decisions will be taken before meaningful consultation has taken place; that the impact on staffing, patient care and service delivery will be fully assessed; and that staff side organisations will be actively involved in shaping any future savings plans.

The workforce is not simply a cost on a balance sheet. It is the people who provide care, compassion and support to thousands of patients and families every day.

UNISON therefore urge the Board to proceed with caution and to ensure that any decisions taken protect both the services our communities rely upon and the staff who deliver them.

The Chair noted that the comments made by Mr Sweeney resonated with the discussions which the Board had already had.

The Chair then looked to Mr Largey to address the Board.

Mr Largey thanked the Board for the opportunity to address the meeting and indicated he would wish to summarise the key messages from trade unions to the Board.

Mr Largey noted that nobody present, whether staff member or Board member, had envisaged being in the circumstances of considering savings of the scale envisaged. Morally, professionally and ethically, nobody would wish to be in this situation.

The Board had heard from representatives of approximately 50% of the workforce. That workforce feels stretched and vulnerable and will look to see if the Trust can live up to its stated values. The values would be measured in the context of the particular challenges.

Mr Largey noted that it was a mistake to present the savings proposals as “housekeeping” or “efficiencies”; these were “cuts” and everyone should be clear about that.

Mr Largey noted that there were approximately 2500 social workers at the Trust, with pressures in particular areas including Children’s Services where there was a 50% vacancy rate. Mr Largey noted that staff would always seek to meet service demand but with these cuts it may be that trade unions reach the point where they are asking the Trust what work is not to be done.

Mr Largey reiterated the commitment of staff side to work with the Trust but observed that when the value of compassion meets the test of opportunistic staff cuts, compassion usually does not win.

Mr Largey noted that there was more demand than capacity and it was important that everyone was honest and did not pretend that it was possible to do everything.

Mr Largey referred to the presentation which trade unions had seen the previous day, (and would shortly see again at the Board meeting) but even that fell short of what was required for the Trust to break even.

Mr Largey summarised the remarks of staff side, who had delivered a rounded and mature assessment of the situation and the workforce capacity. Pay had hardly

been mentioned as that was not the principal concern of staff. The priority concern for staff was that winter is coming, and how will the Board live its values. Staff Side will continue to present an honest voice. Mr Largey noted that the largest union, the RCN, had not attended the meeting.

The Chair thanked Mr Largey for his comments and noted that there was much for the Board to consider. The Chair reiterated the commitment of the Board to work with staff side to effect the changes required to deliver better healthcare. The Chair noted that the Board may have to make difficult decisions as part of the work to reset and reform health and social care, in order to look after the community better.

The Chief Executive also thanked trade union colleagues for attending the meeting and agreed that they had provided a rounded and mature assessment of the current challenges. The Chief Executive in particular thanked trade union colleagues for their recognition of the challenges facing the Board.

The Chief Executive clarified that the savings before the Board at this time were not those which would bring about irreversible service change. The Chief Executive noted however that as recognised by staff side, these savings were proposals in the context of the first of a three-year plan to reset the entire system, and through which a total of 12% of savings was required in order to break even.

The Chief Executive confirmed that even if the savings before the Board were approved there would still be a funding shortfall in this financial year, with discussions taking place with the Department of Health regarding how that would be managed.

The Chief Executive concluded her remarks by reiterating her sincere thanks to trade union colleagues for attending and addressing the Board meeting.

Dr Peter Sloan left the meeting.

The Chair asked Mrs Edwards to speak to the presentation which had been shared with the Board, and which had been shared with staff side representatives during the meeting on the previous day.

Mrs Edwards then provided the presentation, with Mr Campbell noting that only one of the proposals had been identified as requiring a full equality impact assessment.

The Chair thanked Mrs Edwards for her presentation.

The Chair noted that the Board had extensively discussed the proposals over many weeks and months, with an emphasis on seeking to minimise any impact on patients and recognising the importance of the workforce.

The Chair noted that the biggest cost in delivering health and social care was people, and so it was important that there was an effective workforce which was sustainable for the future. All were committed to ensuring that the workforce was appropriately rewarded and supported.

The Chair noted that while there had been extensive discussion by the Board already, it was important to consider the papers afresh, alongside the submissions which had been received. It was important for Board members to bring forward any further challenge and seek any additional assurances required.

The Vice Chair thanked trade union colleagues for attending and addressing the Board and echoed the remarks about how difficult these circumstances were for everyone around the table. The Vice Chair noted that the Board had had a number of discussions about how to achieve the required savings. The Board had been clear that they wished to see substantive staff in place of agency staff. The Board had also been concerned regarding sickness absence levels for some time, and the Vice Chair reflected that this may be an area where joint working with staff side colleagues may be helpful.

Mr Small sought clarity from Mrs Edwards that even if the savings proposals were approved and delivered, this would still not achieve break-even. Mrs Edwards confirmed this.

Mr Small enquired as to whether the £800m shortfall referenced for the health and social care sector included the pay award. Mrs Edwards confirmed this.

Mr Small enquired if the 4% savings required for each of the three years covered all pressures. Mrs Edwards advised that this did not account for future pay awards or the cost of inescapable growth. In addition, there was not a resolved position in relation to how the underlying deficit at BHSCT would be addressed.

The Chair noted that while there remained uncertainty in relation to the budgetary position, the challenge for the Board was to consider approval of proposals which had been identified as reasonable savings and efficiencies.

Mr Small reflected that nobody would wish to be in this situation, but in a context where it was highly unlikely that additional funding would be provided by the Department of Health, it was incumbent upon the Board to make the best decisions possible. Efficiency measures alone would not however be sufficient, with reset having to be the next step.

The Chair agreed that reset was key, including addressing duplication across health and social care in Northern Ireland and identifying better ways of providing health and social care across the community.

The Chief Executive clarified that 12% savings was not the totality of what was required.

The Chief Executive reminded the Board that the Department of Health had initially signalled that savings of 6% + 3% + 3% would be required, with Trusts indicating that the scale of savings in year 1 was not deliverable. There had then been a move to 4% + 4% + 4% but given the Trust's underlying deficit, this meant that the requirement for BHSCT in year 1 was circa 5.4%.

There was a need to deliver savings in year 1, before savings could flow in later years from system change. It would be important that the health and social care sector demonstrated commitment to this service change.

Mr Conaghan enquired as to whether there was guidance as to how 2% of resources was to be transferred from acute service to community services. Mr Campbell clarified that the 2% transfer had been recognised as a target but it would take time to work through how this would be realised. Mr Campbell did note however that reform in the provision of Care of the Elderly services would be part of this. This reform included a move to a community-based model of care, with access to hospital services only as required.

The Chair noted that it would be important that Trusts across Northern Ireland worked collectively to address collective issues, in addition to taking necessary actions which were within the gift of individual Trusts.

Mrs Finlay sought clarification in relation to the consultation process and enquired as to whether the Board should be required to acknowledge that it was stepping outside of process. Mr Campbell noted that the approach being taken in this context was not the approach which would ordinarily be taken, but that there was legal precedent for

the approach of implementation of the measures alongside continuing consultation and engagement.

The Chair and Mrs Edwards both reflected that a number of the measures, for example seeking to reduce agency spend, were part of normal business, with the only actual service change being the cessation of Phone First.

Mr Small enquired as to the impact of the timing of the Board's approval for the proposals being 5 months into the financial year. Mrs Edwards reassured Mr Small that the projected savings had taken account of the timing of implementation of the proposals, while a number of proposals including regarding agency expenditure were already underway.

The Vice Chair noted that the requirement for system reform had been stated on many occasions before but had not been progressed in the absence of political will.

Mr Small noted that the Trust should have an important role in demonstrating the benefits of system reform, with the Chair echoing this and also referring to the important leadership role of the Committee in Common. The Chair noted too that the Good Friday Agreement had envisaged a Citizens' Forum but this had not been progressed.

The Chief Executive reminded the Board of the important work of "This is our Health" and the approach of a "health contract" with individuals and communities.

The Chair invited trade union colleagues to make any further remarks. Mr Largey noted that the Board had engaged in considerable consideration and lengthy discussion regarding the savings proposals. He reiterated that trade union colleagues remained very concerned about the proposals for savings which had been outlined in the presentation from Mrs Edwards and expressed concern for the winter months ahead.

The Chair summarised the discussion by seeking the confirmation of the Board that they approved the savings proposals which had been brought before it. The Board approved the savings proposals.

The Chair invited Mrs Edwards to speak to the Month 4 reports. Mrs Edwards referred the Board to the papers which had been provided, and noted that following

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Month 5, there would be a further detailed report to the Board including consideration of the extent to which savings were being realised as planned.

The Chair thanked all for their forbearance and contributions to the discussions which had taken longer than had been scheduled. In particular, the Chair acknowledged again the important contribution of trade union colleagues to the discussion regarding finance. The Chair also thanked RQIA colleagues and Mr Tate for observing the meeting.

13. Date of Next Meeting – 24 September 2026 at 1030

The meeting closed at 2pm (one hour later than had been scheduled in the meeting agenda, due to the extended discussion regarding finance).

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