182nd Meeting of BHSCT Trust Board (Public)

Thursday 24 September 2026 at 10.30 am

in the Boardroom, Trust Headquarters, Royal Hospitals site

Present

Professor Stuart Elborn	Chair
Miss Patricia Gordon	Vice Chair
Mrs Jennifer Welsh	Chief Executive
Professor Ian Bruce	Non-Executive Director
Mrs Maureen Edwards	Director of Finance
Mrs Ellen Finlay	Non-Executive Director
Mr Chris Hagan	Medical Director
Professor Olga O'Neill	Director of Nursing and User Experience
Professor Catherine Ross	Non-Executive Director *(via MS Teams and left the meeting as noted below due to other commitments)*
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	Deputy Chief Executive / Director Performance, Planning and Informatics
Mrs Tara Clinton	Interim Director, ACCTS
Mrs Bronagh Dalzell	Head of Corporate Communications
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Mrs Clare Lundy	Co-Director, Imaging, Medical Physics and Outpatients
Ms Rhoda McBride	Deputy Director of Social Work
Mr Brendan McConaghy	Interim Director, Human Resources and Organisational Development

DRAFT

Mr Colin McMullan	Interim Director, Adult Community and Older People Services
Mr David Porter	Director of Strategic Development
Mr Peter Watson	Head of Office

Apologies:

Mr John Conaghan	Non-Executive Director
Mrs Marion Mulholland	Director Trauma and Orthopaedics and Rehabilitation Medicine, Imaging, Medical Physics and Outpatients
Dr Peter Sloan	Interim Director Mental Health, Intellectual Disability and Psychological Services
Ms Kerrylee Weatherall	Interim Director Children's Community Services/Interim Executive Director Social Work

There were no members of the public in attendance during the meeting.

NB

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

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

DRAFT

1. Welcome, Apologies, and Conflicts of Interest

The Chair welcomed everyone to the 182nd meeting of the Belfast Health and Social Care Trust Board in Public session.

The meeting was held in the Boardroom at Trust Headquarters on the Royal Hospitals site.

The Chair invited apologies, which were noted as above.

The Chair invited any conflicts of interest to be declared. No conflicts of interest were declared. NB Please see however note at Agenda Item 7.2 below.

2. Chair's Business

The Chair referred to World Patient Safety Day which had been on 17 September 2026 and his attendance at the event which had been chaired by Prof Peter McBride. The themes of listen, learn and act had been highlighted, along with the importance of hearing the patient and family voice, triangulation of data, and honest engagement and candour when there are bad outcomes.

The Chair reflected that while colleagues would be busy heading into the Autumn, it was important to lift our heads and improve the quality and safety of care provision through innovative change both in Belfast Trust and through working collaboratively across the HSC family, and driving cross-sectoral initiatives and partnerships in the public, voluntary and industry sectors. It was important that we are enablers and not blockers in the mission to deliver quality care for the people of NI.

The Chair noted that while there would be an appropriate focus on responding promptly to Inquiry recommendations, it was also important that the Trust looked for

DRAFT

any and all opportunities to improve services for our patients and service users, and their families.

The Chair noted that as usual, papers which had been provided (and which would be published on the Trust website following the meeting) would be considered as having been read, to allow additional time for questions and discussion.

3. Minutes of previous meeting - 27 August 2026

The Chair referred to the draft minutes of the Public Trust Board meeting held on 27 August 2026 which had been provided to the Board, and asked if they were an accurate record of the meeting. The Board approved the minutes as an accurate record of that meeting.

Miss Gordon noted the reference to multidisciplinary team working which had been included in the update on the Cardiology Recall and the reference to this being a key focus for the new Deputy Medical Director for Risk and Governance. Miss Gordon asked that an update be brought back to the Board in approximately six months, and this was agreed.

Mr Hagan noted that work would also be progressed on lone working, while he also highlighted the increased risk to be managed in circumstances where services were dispersed in the community.

A/L Action: Mr Watson/Mr Hagan (31 March 2027)

4. Matters Arising

Mr Watson referred to the written update which had been provided on the Matters Arising from the previous meeting.

Mr Watson proposed that the first four matters be considered as closed while the action pertaining to “Briefing for Board in relation to SIF, SOM and Benchmarking”, should be maintained as an open “Matter Arising” until that briefing was arranged. Miss Gordon advised that she considered that would be addressed in the report from the Performance and Transformation Committee to the October Board meeting.

M/A Action: Mr Watson

Mr Watson noted also that there had been liaison with the secretariat for the Committee in Common so that there might be clarity as to how information from that

Committee's work was shared with individual Trust Boards and their members on an ongoing basis. Mr Watson undertook to update Trust Board regarding this.

M/A Action: Mr Watson
4.1 Committee in Common update to be shared with Board
4.2 Written Updates on capital schemes to be shared with Board
4.3 Query regarding Social Work Reporting Lines
4.4 Family reports to be shared with Board
4.5 Briefing for Board in relation to SIF, SOM and Benchmarking Activity

5. Action Log

Mr Watson referred the Board to the action log and sought approval for the two actions highlighted in the log as complete. The Board agreed.

Mr Watson also sought approval that action P39-2026 be regarded as complete, given that the plan on a page was within the previously approved Corporate Plan. The Board agreed.

Mr Watson invited any queries from the Board in relation to the other actions in the Action Log. There were no other queries raised by the Board.

6. Chief Executive's Business

The Chair thanked the Chief Executive and colleagues for the report and the updates provided. He noted that as previously, the report would be taken as read.

The Chair asked the Chief Executive and colleagues to draw the Board's attention to the key issues for Board oversight and assurance, including any material developments since the report was prepared.

The Chief Executive welcomed the continuing growth of the Volunteer Service, and the collaborative work with Belfast Met, details of which were provided in her report.

The Chief Executive also highlighted the various awards which Trust staff had received including the award to Andrea Hall as Prosthetist of the Year, Gerry Duffy from the Inclusion Health Service, and the colleagues from Social Work who had been recognised in both the regional and Trust Social Work Awards.

Miss Gordon noted that in relation to the engagement with the families of deceased patients of Michael Watt, she had received a helpful briefing from Mrs Lundy in recent days. Miss Gordon commended the proactive approach being taken to

DRAFT

engagement by Mrs Lundy, with meetings with two families having already taken place, and two further meetings planned.

Professor Elborn also commended Mrs Lundy and advised that families who had been involved in Phase 3 of the work of RQIA had also received a commitment in relation to engagement, and this was being progressed too.

Mr Hagan advised that a follow-up meeting was planned with RQIA in the coming weeks to agree the next steps.

A/L Action: Mr Hagan (end October 2026)

Mrs Lundy noted that some family members had indicated that they had found this recent engagement to be helpful in bringing closure to their concerns.

Miss Gordon noted the update which had been provided in relation to the Thirlwall Inquiry and enquired as to who would be leading on the consideration of its outworkings at Belfast Trust. Mr Hagan advised that as with the Ockenden report, it would be important that there was careful consideration of the Trust's current position against each of the recommendations.

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

Ms Cahalan assured the Board that the status of the report was being clarified and that a Maternity and Neonatal Project Board was being established in October to have oversight of these matters.

A/L Action: Ms Cahalan (end October 2026)

The Chief Executive noted that colleagues at BHSCT would be keen to make progress where we can, but that it was also important to have cognisance of the regional oversight of these matters.

Miss Gordon agreed with Mr Hagan that it would be important that the Trust progresses the gap analysis.

Professor Bruce commended the leadership and proactivity in highlighting the details of these Inquiries to the Board, and being "on the front foot" in identifying actions already completed, and those which remained to be completed.

The Chair noted that the Patient Safety and Quality Committee, which he chairs, had initiated a "deep dive" of Maternity services, with clinicians from that team to attend

the Committee. The Chair indicated that it was his wish that this approach of a high-risk specialty being on the “front foot”, identifying good practice, and identifying areas for improvement, would be an exemplar for other high-risk specialties.

Mr Small noted that issues of governance, patient safety, safeguarding, and escalation to the Board, had again been highlighted in this Thirlwall Inquiry Report.

Professor O’Neill noted that she had been in various meetings with NMC colleagues in recent days and they had noted these consistent themes across a range of Inquiries. While there had been learning specifically for the nursing profession from the Thirlwall Inquiry and the Muckamore Abbey Hospital Inquiry, this also needed to be taken forward across professions other than nursing.

The Chair reflected again on his earlier remarks regarding the importance of the Trust listening, learning and acting.

7. Patients and Service Users

7.1 Papers for Oversight

Questions to the Board

Mr Watson referred to the report which had been provided in relation to questions to the Board.

The report was noted.

Muckamore Abbey Hospital Inquiry and Related Workstreams Update

The Chief Executive referred to the report (dated 9 September) which had been provided to the Board from the Muckamore Abbey Hospital Inquiry and Related Workstreams Oversight Group, and noted that there had been a more recent meeting since then. The Chief Executive noted that a gap analysis against the

DRAFT

Inquiry recommendations had also been provided separately but that going forward the Board would receive one overview paper.

The Chief Executive indicated that the reports could provide reassurance to the Board of the significant work being undertaken in response to the Inquiry Report.

The Chief Executive invited Miss Gordon (non-executive director on the Oversight Group) to add any comments.

Miss Gordon noted her ongoing concern that not all patients had yet been resettled from Muckamore Abbey Hospital, with the consequent risk remaining. Miss Gordon commended all for their work in seeking to bring resettlement to a conclusion.

The Chief Executive noted that a further meeting was planned for the following day with colleagues from SPPG and another Trust to seek to progress arrangements.

Mr Small sought details in relation to the nature of the issues at present and was advised that there had been resistance to progressing interim resettlement plans in advance of permanent resettlement plans.

The Chair noted that he was reassured by the extensive work of Dr Sloan and his team in seeking to bring the resettlement to a conclusion.

Cardiology Recall Update

The Chair noted that Dr Armstrong and Mr Hagan had been asked to provide a brief verbal update on the Cardiology recall.

Dr Armstrong advised that the recall followed concerns in relation to the practice of an individual Consultant Cardiologist.

358 patients had been identified for multidisciplinary team review and of these, 48 patients had been identified as having received a device unnecessarily. Arrangements had then been progressed to meet with these patients, with it being planned to have concluded all appointments by the end of October 2026.

A draft report had also been received from the Royal College of Physicians.

In parallel, there continued to be ongoing Human Resources and regulatory processes.

The Chair enquired as to what action was being taken when it had been identified that individuals had received the devices inappropriately. Mr Hagan confirmed that the approach was specific to each individual patient, with in some circumstances it

DRAFT

being considered best to leave a device “in situ” rather than seek to now remove it, and in other cases plans made to reprogramme or replace the device.

Miss Gordon enquired as to the feedback from patients. Mr Hagan advised that initially there had been reports that patients had been unnecessarily distressed by initial approaches and this had resulted in a revised approach going forward.

Miss Gordon enquired as to whether there was support to the staff involved. Mr Hagan reassured the Board that Mr McConaghy and colleagues in Human Resources continued to provide support as required.

The Chair enquired as to whether the concerns were limited to one individual. Mr Hagan noted that the circumstances had underscored the requirement that complex devices should not be implanted unless first approved by a multidisciplinary team. There was now a more robust system in place to ensure that this multidisciplinary approach was adopted, whereas historically it had not been consistently applied. Dr Armstrong added that all practitioners were now required to report outcomes to the National Institute for Cardiovascular Outcomes Research (NICOR).

Patient Safety and Quality Committee Assurance Report

The Chair noted that the next report for consideration by the Board was the Patient Safety and Quality Committee Assurance Report.

The report arose from the second formal meeting of the Patient Safety and Quality Committee and focuses on the level of assurance available across several key patient safety and governance domains. The Committee had identified a number of areas where assurance remains partial or limited, particularly in relation to risk governance, serious adverse incident management, Emergency Department pressures and Regional Medical Physics Services. The report is therefore less about activity and more about the actions required to strengthen assurance and reduce risk.

The Chair noted that the first meeting of the Committee had focussed principally on agreeing its Terms of Reference, while at the second meeting the templates in the revised Integrated Governance and Assurance Framework had been helpful in the process of identifying the areas where assurance remained partial or limited.

Mr Small asked for assurance that previously identified gaps in assurance and actions from the previous Assurance Committee had been transferred to the new Patient Safety and Quality Committee. The Chair confirmed that effective

DRAFT

arrangements had been implemented for the transition of actions from one committee to another.

The Chair noted too that the role of the Social Care Committee within the revised Integrated Governance and Assurance Framework had been confirmed recently.

Professor Bruce noted the reference to four wrong-site surgeries and enquired as to whether there was a pattern across these. Mr Hagan advised that there was no discernible pattern or link between the four issues, which had occurred over a three-month period. Ongoing work continued to emphasise the WHO checklist at team safety huddles. Professor Bruce thanked Mr Hagan for the confirmation that there was no pattern emerging.

The Chair noted that he and Miss Gordon continued to have sight, in real time, of Early Alert Notifications, and in contexts such as this their experience had been that when they enquired as to whether actions had been taken in response, invariably colleagues such as Mr Hagan had already acted. The Chair reflected however that the Department's Early Alert Notification system was principally created for the purpose of providing an Early Alert and as such there was no evidence that these notifications were being used as early indicators of developing areas of concern.

The Chief Executive reassured the Board however that where a patient safety concern was apparent in an Early Alert Notification, clinical teams and senior staff (including at Chief Executive level) would have already acted in response. Mr Hagan noted the additional level of assurance that Early Alert Notifications were considered alongside SAIs and Never Events, at the Trust's weekly governance meetings.

The Chair welcomed the reassurance provided by the Chief Executive and Mr Hagan.

The Chair noted that the key message from the Committee was that important improvement work was underway, but there were still a number of areas where assurance is not yet at the level we would wish to see. The Board should continue to seek clear evidence of progress, particularly around serious adverse incident timeliness, action-plan closure, learning from incidents and the management of high-risk operational pressures.

Overall, the Committee provides assurance that the right issues are being identified and addressed, but several important patient safety risks remain under close scrutiny

DRAFT

and require demonstrable evidence of improvement before full assurance can be provided.

The Board approved the report from the Patient Safety and Quality Committee.

7.2 Papers for Approval

Annual Equality Report

Prior to the Board discussing this agenda item, Mrs Finlay noted that given her role as a member of the Equality Commission of Northern Ireland, she would be unable to participate in the discussion regarding this matter. The Chair thanked Mrs Finlay for this declaration but confirmed that he did not consider that in any way precluded her from being present while the Board discussed the draft annual report. The Board concurred and Mrs Finlay remained in attendance.

The Chair noted that the Board was asked to approve the Trust's 19th Annual Progress Report to the Equality Commission for Northern Ireland. The report demonstrates substantial activity across equality, disability, inclusion and good relations and evidences compliance with statutory duties under Section 75 and Disability Duties. It also highlights the Trust's broader role in tackling health inequalities and creating inclusive services and workplaces.

The Chair invited Mr Campbell to set out the background of the report coming to the Board and enquired as to how the Board could be assured in relation to the outcomes from the work at the Trust.

Mr Campbell referred to the cover paper for the report which explained the context for the report coming to the Board at this time. He reflected that the format of the report was to focus on the actions or activities, with outcomes reported elsewhere.

The Chair asked that consideration be given in future reports to the inclusion of a high-level summary of outcome data.

A/L Action: Mr Campbell (end August 2027)

The Chief Executive commended the work of Mr Campbell, Mrs Barron and their team, referencing the format required to meet the Trust’s s75 requirements. The

DRAFT

Chief Executive also supported the proposal for a high-level summary of outcome data.

It was noted that this report should sit in the Population Health and Partners section of the agenda, alongside reporting on the implementation of the neighbourhood model.

A/L Action: Mr Watson (end August 2027)

Miss Gordon commended the report, noting that it demonstrated huge progress, and enquired as to how its content might be shared, for example with the Health Committee. Miss Gordon asked that Mrs Dalzell give consideration as to how the work might be celebrated.

A/L Action: Mrs Dalzell (end November 2026)

Miss Gordon noted that there was a reference to the Oliver McGowan training not being used, but the reasons for this were not outlined.

M/A Action: Professor O'Neill/Mr Watson

Mr Small indicated that he considered the report to be both impressive and comprehensive. He echoed the comments of colleagues that a summary of outcomes would be helpful.

Mr Small noted that only one policy had been subject to a full Equality Impact Assessment. Mr Campbell advised that this was not unexpected in a context where most policies at the Trust were designed to improve equality of access, while there is a high threshold for full equality impact assessments.

Professor Ross also considered the report to be excellent, but noted that it would be helpful to have an executive summary for what was a lengthy report. Professor Ross noted too a number of formatting issues in the draft provided. Mr Campbell agreed to review these with Mrs Dalzell.

M/A Action: Mr Campbell/Mrs Dalzell

The Chair concluded the discussion by noting that the report provided assurance that the Trust takes its equality, disability and good relations duties seriously and, in many areas, goes beyond compliance. However, our challenge as a Board is increasingly to move from measuring activity to measuring impact. Given the scale of health inequalities across Belfast and the significant service transformation ahead, we need ongoing assurance that equality considerations remain embedded in

DRAFT

decision-making and that our interventions are making a demonstrable difference to the people and communities we serve. The Chair commended the team for their work, and thanked colleagues for agreeing to consider both the communication of the information contained in the report, and the suggestions of a summary and visual representation of outcomes.

Management of Questions to the Board

The Chair noted that this paper seeks Board approval for a clear and transparent process for handling questions submitted to the Trust Board. The proposed guidance is intended to improve consistency, clarify expectations for members of the public, and strengthen openness while ensuring appropriate protection of confidential patient and staff information. The key principle is that questions and responses will be shared with the Board and recorded through the public Board process wherever possible, thereby supporting transparency and accountability.

The Board agreed to the process proposed and asked that it be shared with colleagues in other Trusts. Miss Gordon noted the role of the Reader Panel.

M/A Action: Mr Watson

8. People

8.1 Papers for Oversight

MAHI Recommendations

The Chief Executive referred the Board to the earlier report, and this report which had been provided to show the “gap analysis” of BHSCT against the recommendations from the Inquiry Report.

Mr Small drew the Board’s attention to recommendations 75 and 76 and the importance of Board oversight.

The Chair noted that Non-Executive Directors had held a helpful workshop during the summer and might look to consider these recommendations, including their training requirements, when they have a further workshop in November.

A/L Action: Chair (end November 2026)

Miss Gordon thanked those who had contributed to the provision of the report, noting that a number of the recommendations were very detailed and specific, and would require careful review of the Trust’s compliance, including those specifically relating to non-executive directors.

Mr Small agreed that there were many recommendations specifically for non-executive directors.

The Chief Executive noted that consideration would need to be given to the suggestion that there be an examined course in governance.

The Chair enquired of the Chief Executive if the Trust was sufficiently resourced to respond effectively to the Inquiry Report. The Chief Executive noted that the Department of Health had built resource to respond to the Inquiry Report, and Trusts had signalled that they too required enhanced resourcing to respond particularly to the wider governance recommendations. The Chief Executive advised that she hoped that the Department would recognise the additionality required, while the Chair indicated that he accepted that the Trust should in the meantime progress at financial risk, as the matters were too important not to be progressed in a timely and appropriate manner.

Miss Gordon echoed the comments of the Chair and the importance of the commitments which the Trust had made.

The Chair noted that a number of the timeframes for action were challenging and that it would be important that actions were implemented appropriately as well as in a timely way.

The Chair concluded the discussion noting that the papers considered during the meeting provide an update on our response to the Muckamore Abbey Hospital Inquiry and the work of the associated Oversight Group. The reports demonstrate continuing progress in implementing the Inquiry recommendations, engagement with families and carers, preparation for regional implementation arrangements, and the final stages of the Muckamore closure programme. Whilst progress has been made, this remains one of the most important areas of work for the Trust and one where continuing transparency, learning and family involvement will be critical.

The Board noted the report on the recommendations.

8.2 Papers for Approval

Update on Trust Culture and Governance Oversight Group

The Chair noted that the papers provided an update on the work of the Culture and Governance Oversight Group and our continuing response to the recommendations

DRAFT

arising from the Hill/McBride Review and the Cardiac Surgery reviews. The reports demonstrate continued progress across People and Culture, Governance and Assurance, Cardiac Surgery and Medical Leadership. Most importantly, it shows how we are moving from review and recommendation into implementation, embedding the changes required to strengthen culture, leadership, governance and patient safety across the Trust.

The Chair thanked all those who were involved in each of the workstreams and in the Culture and Governance Oversight Group.

The Chair indicated that it was hoped that these matters could be returned to "business as usual" during the Autumn. Whilst there is clear evidence of significant progress, the key challenge now is demonstrating that these changes are becoming part of everyday practice and are delivering measurable and lasting improvement across the Trust.

There were no questions from the Board, and the papers were approved to be shared with SPPG, PHA and Department of Health to inform the October meeting within the Support and Intervention Framework.

People and Culture Strategy

The Chair noted that the paper sought approval for the Trust's new five-year People and Culture Strategy. The strategy has been developed following extensive engagement with staff, trade unions and stakeholders, Executive directors and non-executive directors, and responds directly to what colleagues have told us about culture, leadership, staff experience, wellbeing and inclusion. It also represents a key part of our response to the Hill/McBride recommendations and our wider ambition to

DRAFT

make Belfast Trust a place where people feel valued, respected, supported and able to deliver the best possible care.

The Chair invited Mr McConaghy to provide an overview of the strategy to the Board.

Mr McConaghy noted that it had been a considerable challenge to bring various data points together.

Mr McConaghy noted that the strategy was underpinned by five key commitments, namely, Effective Leadership, Involve and Respond, Nurture and Grow, Great Place to Work, and Belonging and Respect.

Areas of focus had been identified, with linked measures of success, while there was a phasing of actions across the five years of the Strategy.

Mr Small sought some additional details about specific measures of success. Mr McConaghy advised that it was hoped that the strategy would be accessible to staff, but he also assured the Board that the various people and culture workstreams reporting to the People and Culture Committee would develop metrics (which would be considered by the Committee), which would also dovetail with the performance management framework.

Ms Trainor commented that this was an excellent strategy document, which could be enhanced by visual representation of the various measures.

Ms Trainor noted the reference to health and wellbeing champions and indicated that it would be important that such roles were appropriately resourced.

Miss Gordon commended the engagement and consultation which had informed the development of the strategy. Miss Gordon reflected that it would be important to see the strategy as a living document, with for example, a review of it following the first year. Miss Gordon noted that in future development of the strategy it would be helpful to develop the theme of the Trust being a learning organisation. It would also be important to capture work on workforce transformation (e.g. the role of apprenticeships) and the impact of the development of the neighbourhood model for our workforce.

The Chief Executive suggested that the foreword for the strategy could be revised to reflect the Trust's role as a learning organisation. The Chief Executive noted too that beneath the five-year strategy there would be the need to develop operational plans,

DRAFT

similar to the approach with operational one-year plans sitting beneath the Trust's Corporate Plan.

Supporting the comments made by the Chief Executive, Miss Gordon commented that as a system leader, we should be ambitious in our People and Culture Strategy.

The Chair agreed that the strategy should be considered a living document.

Mr McConaghy confirmed that the plan for launching the strategy would be taken to the People and Culture Committee and would include reference to a range of actions including the dedicated Loop Page, the sharing of a slide deck, and the related launching of the Respect and Civility Framework and the Being Open Framework.

Professor Elborn noted the Being Belfast reference and commended the identification of the Trust as a key contributor to civic society.

The Chief Executive further reflected on the closure of a number of Inquiries in recent times, and the opportunity now to look forward.

The Chief Executive noted that at the Trust's Senior Leadership Group on the previous day, she had noted that we could be proud but not comfortable. There was much very good work across the organisation and it was important that this was recognised and staff encouraged.

The Chair summarised the discussion by noting that the Board were enthusiastic in approving the People and Culture Strategy, subject to some minor amendments identified during the Board discussion.

Professor Ross left the meeting.

9. Population Health & Partners

The Chair noted that in future agendas, consideration of the Annual Equality Report, and work on neighbourhood and population health would be more appropriately considered under this agenda item. It would be important to capture the contribution made by BHSCT to civic society across the city and Northern Ireland, including working in partnership with the HSC sector, the wider public sector and the community and voluntary sectors.

Mr McMullan noted that there remained a challenge in securing GP involvement in developing the neighbourhood model, in the context of unresolved contractual

DRAFT

negotiations. There was also a challenge in securing involvement from Pharmacy and the community and voluntary sectors.

Mr Campbell noted that an update was awaited regarding the role of Area Integrated Partnership Boards (AIPBs).

Mr Campbell noted that further clarification was needed in relation to the planned shift of 2% resources from the acute sector to the community.

9.1 Papers for Oversight
None.

9.2 Papers for Approval
None.

10. Performance

10.1 Papers for Oversight

Capital Update
The Chair invited Mr Porter to update the Board in relation to capital projects.

In relation to the new Children's Hospital, Mr Porter reported that there had been good progress on site. There was however a potential increase to costs including in relation to the water systems; at present a delay of circa 8 months is envisaged, with Health Estates indicating that it is likely to be the New Year before revised costs and timeframes can be confirmed.

Mr Porter also highlighted the details in the paper of concerns about the design of non-standard fire stopping details.

The Chair enquired in relation to the retaining wall along the Falls Road, with Mr Porter clarifying that a submission had been made to the Department for Infrastructure, with a further update awaited before full assurance could be given.

The Chief Executive noted that it would be important that there was a tabular log kept to capture the nature of issues which arose, the responsibility for each issue, what had been requested and when actions had been taken. This log should demonstrate the issues within Trust control, and those outside the Trust's control.

Mr Small and Miss Gordon echoed the comments of the Chief Executive noting that a clear audit trail on emerging issues was important, along with clarity on timeframes, and the reasons for any delays.

DRAFT

The Chair summarised the discussion noting that a tabular explicit demonstration of timeframes and costs (along with the level of assurance in relation to each) should be provided and kept under regular review.

M/A Action: Mr Porter

Miss Gordon enquired in relation to the financial contingency for the new Children's Hospital, with Mr Porter confirming this was £50m, all of which may be absorbed in managing the water and fire stopping issues which had been identified. Miss Gordon noted that it would be very important that there was clarity regarding the use of the contingency funding.

The Chief Executive advised that she had asked Mr Campbell, as Interim Deputy Chief Executive, to lead a small group which would consider how the Board should be updated on capital projects going forward.

M/A Action: Mr Campbell

In relation to the new Maternity Hospital, Mr Porter advised that remediation works to the water systems within the new Hospital continued. Mr Porter advised that the initial phase of remediation (within the neonatal unit) was nearly complete. The main issue of concern at present is that the programme for the delivery of the new water system within the neonatal unit is currently on hold pending approval from the Department of Health to proceed with the Stage 2 design of the new water system.

Mrs Finlay queried why there was this delay given that approvals had previously been granted.

Mr Porter advised that the decision for further scrutiny had been made by the Investment Directorate, and this scrutiny had not been envisaged in the previous timeframes reported.

Miss Gordon enquired as to when approval would be granted and if the Department of Health were aware of the impact of the delay on the project. Mr Porter advised that he could not give a definitive date as to when approval would be granted, but that he continued to liaise with the Department of Health, while the issues had been flagged with the Special Advisor, the Minister, the Private Office and the Department of Health.

DRAFT

The Chief Executive also reflected on the importance of continued escalation of the issues to the Department of Health Deputy Secretary, so that there was clarity as to the impact of the intervention by the Investment Directorate.

Miss Gordon sought confirmation that the work to isolate the existing neonatal system would be completed within one week, and Mr Porter confirmed this.

Miss Gordon enquired as to why there were so many items in the addendum to the business case. Mr Porter advised that costs would include inflationary uplift to the remaining phases of the project, and additional costs for asbestos removal which had not previously been envisaged. Miss Gordon noted that it would be important to clearly delineate those issues which arose from inflationary costs, and those which arose from the asbestos issue.

M/A Action: Mr Porter

Mr Porter advised that work had commenced at the Mahee ward at Knockbracken to facilitate the decant from the Acute Mental Health Inpatient Centre. The costs for the refurbishment at Mahee have returned higher than initially forecast and so while work is ongoing to reduce these, it is anticipated that costs will be greater than £3m (when they had previously been estimated at £2m). The issue was that initial cost estimates had not been accurate in relation to the work required on the management of ligature risks throughout the ward.

Miss Gordon expressed her disappointment that the final costs would be more than one third greater than those estimated and enquired as to where responsibility for the initial costs lay. Mr Porter advised that he shared Miss Gordon's disappointment, noting that the estimated costs had been prepared by the Trust Estates team.

Miss Gordon asked that there be learning taken from such circumstances into future building schemes.

Mr Porter advised that there were also challenges with the Haematology project. The Gardner Robb building had been identified as the preferred decant solution but the Department of Health had reviewed the options appraisal and challenged both the robustness of the capital cost estimate and the Trust's assertion that all staff currently accommodated on A Floor must be co-located on the BCH site. An alternative location in the city centre had been suggested but this had not been considered suitable by the Trust. Approximately £1.5m of funding had been

withdrawn by the Department of Health, with alternative sources of funding now being sought.

Mr Campbell noted the role of the Department of Health in operational decision-making at the Trust and also concern that the removal of funding could create a risk in relation to the continuing availability of charitable funding.

Ms Kearney echoed Mr Campbell's concerns in relation to the risk to the charitable funding, noting that there had already been a delay in the progress of the works.

The Chair noted the consequences for the Trust of any further delay, while Mr Campbell highlighted the impact on patients whose access to better care would be delayed.

The Chair thanked Mr Porter for his update, and the Board for their input on these issues.

10.2 Papers for Approval

Finance Report/Financial Planning for 2026/2027

The Chair noted that the paper reported the Trust's financial position at 31 August 2026.

Mrs Edwards advised the Board that while there had been some suggestion of additional funding to the Northern Ireland Executive by HM Treasury, the sums being discussed would not address the totality of the identified funding gap across Health and Social Care.

Mrs Edwards advised that the Trust continues to have confidence in the deliverability of the £67.9m phase 1 low impact savings, but that there was not the same level of confidence in relation to the £20.1m of phase 2 savings. This was in a context where realising these phase 2 savings required reliance on regional enablers.

A review of the financial position at the end of month 5 is being undertaken across all Trusts, which will inform an overall assessment of the deliverability of financial plans across the Health and Social Care sector.

Mrs Edwards noted that given the size of the shortfall relative to other Trusts (which is wholly attributable to Belfast Trust's disproportionate opening funding deficit) the Trust has been placed on level 3 of the Support and Intervention Framework. The Trust continued to take actions within its control and work with SPPG and the Department of Health in highlighting issues out-with its control. In relation to the

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latter, there was a concern that those savings proposals requiring system action, would be able to be realised in year.

Mrs Edwards highlighted the particular financial pressures in mental health inpatient services, and children's home placements, where there was often a reliance on high cost independent sector placements.

Mrs Edwards noted that a Finance Reset Summit has been arranged for 29 September by the Department of Health, to consider both the in-year financial deficit and opportunities for financial recovery and sustainability over the next two years.

Mrs Edwards noted that Mrs Corry would update on the month 5 "deep dive" exercise, at the October Board meeting.

Miss Gordon sought assurance that while the Board was receiving a high-level overview, there was a detailed "drill down" into performance at Directorate level. Mrs Edwards provided this reassurance, reminding the Board of the financial controls which were in place and which included finance forums and individual Delivering Value meetings with Directorates.

Mr Small sought clarification that even if the identified savings proposals were delivered, and there was a level of HM Treasury intervention, that it was still anticipated that the Health and Social Care sector would be in deficit. Mrs Edwards confirmed this was her expectation, while there would need to be further consideration regarding the pay award, and other potential savings.

Mr Small reflected that half of the financial year was now complete, with the scope to make savings reducing with each passing month.

Mrs Edwards also referred the Board to the overview provided on the Equip programme. Mrs Edwards noted the decision to delay implementation of the finance module to December, but with remaining concern as to whether that timeframe was

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deliverable. Mrs Edwards advised that Directors of Finance across the region continue to meet on a weekly basis to review the position.

Draft Operational Plan

Mr Campbell referred to the operational plan which translates how the Trust will progress against the five corporate priorities over the next year, and with reports coming to the Board mid-year and at the end of the financial year.

Miss Gordon commented that timescales were not included and asked that they be added, while Mr Small noted that details had been provided for the 2025/26 achievements but with information for 2026/27 being more general. Mr Small asked that for the operational plan there should be more targets.

Mr Campbell thanked the Board for their feedback which would be considered by the Performance and Transformation Committee.

Dr Armstrong reassured the Board that while the draft operational plan for the Trust was at a high level, each service area had its own detailed plan.

The Chair summarised the discussion noting that overall, this is a welcome first operational plan and an important step in linking strategic ambition to operational delivery. It reflects many of the priorities already discussed by the Board, including patient safety, culture, workforce, neighbourhood care, digital innovation and service transformation.

However, this should be regarded as a living document rather than a static plan. The real test will be disciplined delivery, meaningful measurement and honest reporting of progress, risks and barriers. The Board's expectation is that future updates demonstrate not only what has been done, but what difference it has made for patients, service users, staff and the wider population.

The Board approved the Draft Operational Plan as the framework through which we will monitor delivery of our Corporate Plan during 2026/27.

11. Potential

11.1 Papers for Oversight

None.

11.2 Papers for Approval

None.

12. Any Other Business

Update on implementation of Revised Integrated Governance and Assurance Framework

Mr Hagan referred the Board to the report which had been provided on the implementation of the revised integrated governance and assurance framework.

Mrs Finlay noted that the structures should be revised to reflect that the Raising Concerns Oversight Group (which she chaired) reported to the People and Culture Committee.

M/A Action: Mr Hagan

Mr Small noted the reliance which had been placed on the revised framework (including by Internal Audit) and highlighted the importance of it being fully implemented.

Miss Gordon noted that it was important that the framework was now operational and that its implementation be reviewed every six months. Mr Hagan noted too that there had been concern expressed regarding the need for regular well-attended meetings, and this too would be kept under careful review.

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

Board development pilot

The Chair referred to the proposals which had been developed for a pilot Board development initiative.

Mr McConaghy noted that the Trust was regularly approached with proposals for Board development work, but what marked this proposal out as different was the evidence base, and with the opportunity through the pilot exercise to develop a programme which was bespoke to the needs of BHSCT Board members.

The Chair noted that at the end of the pilot, consideration could be given as to whether the programme was suited across the Trust Board (and wider Executive Team), and potentially across the wider HSC sector.

Miss Gordon noted that the work may be able to assist in responding to the relevant recommendations from the Muckamore Abbey Hospital Inquiry.

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The Board agreed that the pilot should be progressed, with Mr McConaghy to draft correspondence from the Chair and Chief Executive to brief the Interim Permanent Secretary.

M/A Action: Mr McConaghy

The Chair then referred to two additional papers which had been provided under Any Other Business.

The Chair noted firstly the paper which provides visibility of Revenue Business Cases over £1 million submitted between February and July 2026. The cases related to service expansions and investments in Urology, Diabetes, Fracture Services and Thrombectomy, and reflect how the Trust is seeking to secure funding for key regional and priority services.

This paper provides important transparency around major funding bids and helps the Board maintain oversight of significant service developments being progressed on behalf of the Trust and the wider HSC system.

The Chair then referred to the paper with a proposal for a new Board committee.

The Chair noted that this was a well-argued proposal that recognises a genuine gap in our current governance arrangements. Research, innovation and data activity across Belfast Trust has grown significantly in scale, complexity and strategic importance, yet oversight remains fragmented and lacks a clear Board-level focus. The proposal would establish a Tier One Committee with responsibility for research governance, innovation, data and digital assurance, risk management and strategic direction

The paper is particularly strong in articulating:

- The strategic importance of research and innovation to the future of the Trust.
- The increasing external expectations around research performance and delivery.
- The complexity of the current research ecosystem, including hosted regional services, City Deal programmes and external partnerships.
- The need for improved visibility, accountability and escalation routes.

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Professor Bruce echoed the comments of the Chair and noted the importance of there being visibility at the top of the organisation of work in this area. Professor Bruce noted that compared to other UK Trusts, BHSCT was probably undertaking comparatively less work in this area, but as core business for the Trust it was important that it was overseen by a Board committee.

Mr Small agreed that the proposed committee would be helpful in providing leadership for this work, although it would be important to consider the need for appropriate structures below the committee. Professor O'Neill agreed and referenced the work which had been progressed in nursing including with updates to individual job descriptions.

Mr Hagan noted that until recently there had not been a Co-Director with responsibility for research, and that further consideration of the structures below the committee may reveal gaps in necessary support.

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

The Chair noted that the Interim Permanent Secretary had been supportive of an increasing focus on work in this space.

There was some discussion as to whether the universities should be represented on the committee, but it was agreed that it would be for the committee to agree how best it engaged with the universities.

Miss Gordon indicated that she supported the recommended Option 3, and the establishment of a Tier One Research, Innovation and Data Committee.

The Chief Executive confirmed her support for the committee, subject to some minor amendments to the proposed membership.

At the conclusion of the meeting, the Chief Executive noted that Staff Recognition Certificates were to be presented to Ms Weatherall, Dr Sloan, Mr Campbell, Mr McMullan and Mrs Edwards. The Board congratulated these Directors.

The Chair noted that the Chief Executive had also been nominated for two Staff Recognition certificates and these were presented to her.

Finally, the Chair noted that this Board meeting marked Mrs Edwards' last meeting as Director of Finance, prior to her retirement.

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The Chair noted that Mrs Edwards had begun her career as a graduate finance trainee for NHS Wales in 1993. After qualifying, she took up the role of Assistant Director of Finance in North Glamorgan Trust in Merthyr Tydfil before returning to Belfast in 1998 to work in North & West Belfast Trust.

In 1999 Mrs Edwards moved to the Royal Hospitals and held a number of positions there before becoming the last Director of Finance of that Trust.

In 2007 Mrs Edwards was appointed Co-Director of Finance in the newly formed Belfast Trust, and in 2017 took up the role of Director of Finance. Between September 2024 and October 2025 she carried out the Interim Chief Executive role.

Reflecting on his own short time of working alongside Mrs Edwards, the Chair noted that he had very much enjoyed working with her.

The Chair recorded the thanks of the Board, and those Boards who had gone before, for Mrs Edwards many years of service.

There being no other business, the meeting concluded at 1.25 pm.

13. Date of Next Meeting - 22 October 2026 at 10.30 am

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