Northern Health and Social Care Trust
Feedback Report to Trust Board

Report from:	TeamNORTH People & Culture Committee
Author of Report:	Paul Turley, Non-Executive Director
Lead Director:	Jacqui Reid, Executive Director of HR, OD & Corporate Communications
Presented By:	Paul Turley, Non-Executive Director, Trust Board
Date of Meeting:	11th November 2025

Purpose

The purpose of this report is to provide a summary of the business undertaken by the TeamNORTH People & Culture Committee and to offer the views of and the advice of the Committee to Trust Board.

Strategic Objectives (select)

Build Northern Partnerships and Integrate Care	***Continue to improve Outcomes & Experience***	***Deliver value by optimising Resources***	***Nurture our people, enable our talent and build our Teams***	***Improve population Health and address health and social care inequalities***
			X	

Summary of Committee Business

A copy of the draft minutes of the Committee are enclosed.

DRAFT PC Committee Minutes

A copy of the final minutes of the August meeting are attached for noting

P&C Committee Minutes 20082025 F

Being Human – Patient Safety & Culture Presentation

3.0 RQIA Leanne Morgan - Being Hur

TeamNORTH People Report

4.0 PC- Team North People Report _Oct2

Employee Relations Deep Dive

4.2 Employee Relations Deep Dive

Fake References Update

Nurse Bank Offices have paused the onboarding of any new registered or unregistered agency workers. They had agreed that existing supply is currently sufficient to meet requirements in all Trusts, particularly given the focus on agency reduction and development of Trusts' bank supply. The DoH Agency Reduction Implementation Group (ARIG) advised on 21/10/25 that they are content that Trusts can recommence onboarding of nurse agency workers with controlled measures in place. Nurse bank elements will be managed via the Nurse Bank Reform Group.

Recruitment Shared Service Centre (RSSC) has set up a central alert list including details of the identified fraudulent email addresses so that these email types can be screened for in any pre-employment checks process. A process has been put in place for further escalation of any further email addresses identified by local teams

The regional Workforce Capacity Group, which includes the recruitment leads of all HSC organisations and representatives from RSSC, is developing a standard operating procedure (SOP) to provide advice to recruitment teams on the due diligence required in respect of references and other aspects of the pre-employment checks and processes.

Trusts are working with the Procurement and Logistics Service (PaLS) to implement a requirement for all framework agencies to provide agency issued ID to their agency workers on foot of completion of all pre-employment and other right to work checks. It is expected that the Nursing & Midwifery Framework will be the first framework where this will be implemented, followed by the other two frameworks

Reports Approved by the Committee

Allied Health professional Annual Report

9.6 For Noting - AHP Annual Report.

Nursing & Midwifery Workforce Revalidation Regulation and Agency Complaints Report 2024-25

9.2 Nursing Midwifery Workforc

Items for Escalation to Trust Board

1. CONSOLIDATED START DATE

A working group has been set up to introduce a single start date for new employees in early 2026. This will improve the onboarding experience, boost attendance at the Trust's Welcome program, and ensure new staff complete their mandatory training more efficiently.

Assurance: The team is meeting every two weeks with ICT colleagues to identify an automated technical solution that can support this change. They've already reviewed what other trusts are doing. If they can't find a suitable solution, the issue will be escalated to the Director of Performance, Planning & ICT.

2. LOW FLU VACCINE UPTAKE

Staff flu vaccination uptake started quite low in October at just 7.91%.
Assurance: As of the 24th November this had improved to 20.30%. The team has ramped up efforts with more clinics (including evening sessions), ward walkarounds, and increased peer vaccinators who have now delivered 132 vaccines directly in departments.

3. STAFF ABSENCE

Sickness absence is running at 7.8%, which is above the 7.2% target and makes the Trust the second highest in the region. The main causes are stress, bereavement, and work-related stress, with only 1% being short-term sickness.

Assurance: The team has carried out a detailed analysis and identified the divisions with the highest rates (Community Care, Mental Health & Learning Disability, Paediatrics, Women's & Corporate Support Services). The Supporting Attendance Management group is drilling down into the stress-related data with Occupational Health, and the Health & Wellbeing Steering group is reviewing the problem areas.

4. ER INVESTIGATIONS

The issue: Staff conducting employment investigations often aren't given enough time to complete them properly, leading to delays. There's also concern that many investigations end up with no formal action being taken, which raises questions about whether they were all necessary in the first place.

Assurance: Red flag case management has been introduced to review complex cases with senior teams. There are escalations to senior management when there are concerns about timescales. New screening templates are being used to help managers decide early on whether an investigation is actually needed, supporting a more just and learning-focused approach.

5. GMC ENHANCED MONITORING

Antrim Area Hospital General Surgery has been under enhanced monitoring by the General Medical Council since December 2023, with concerns around workload, induction, trainer support, teaching, patient safety, and undermining behaviour.

Assurance: Clinical staff and management are actively working through action plans on each area of concern. These plans are reviewed and updated every 2-3 months with visits happening about twice a year. The team is currently awaiting formal feedback from the most recent visit in October 2025.

6. RESIDENT DOCTOR MONITORING

The Medical Admin service has moved under the Medical & Dental Workforce Senior Manager, who is conducting a review to streamline how resident doctors are monitored and supported.

Assurance: The review will look back over the last three years to identify which rotas and specialties have had repeated compliance issues and what services have done to fix them. There's also work ongoing to get approval from the BMA for a strengthened policy that clarifies roles, responsibilities, and escalation processes.

7. ACCOMMODATION

There's significant pressure for both living accommodation and teaching/classroom space for undergraduate medical students and resident doctors.

Assurance: The Fern House Library refurbishment plan has been approved and is being re-costed. This will provide two additional soundproofed classrooms with full IT and audiovisual facilities on the Antrim Area Hospital site.

8. RESIDENT DOCTOR TRAINING

The expansion of the Foundation programme has stretched trainer capacity in some areas. It's also difficult to free up resident doctors from clinical duties to attend their required formal training sessions, and there aren't enough outpatient department rooms available for training purposes.

Assurance: The increased numbers of F1 doctors have actually helped by allowing better use of rostered education time while still maintaining clinical cover. Attempts to roster simulation-based education and outpatient opportunities have had some success, though the availability of outpatient rooms remains challenging.

9. BAND 5 NURSE RECRUITMENT

The Recruitment Shared Services Centre is processing candidates in batches, which is causing delays in getting Band 5 nurses into post. This directly impacts plans for agency reduction, and other trusts have raised similar concerns.

Assurance: This has been escalated to the Head of Nursing Workforce and Head of Resourcing who are working directly with the Recruitment Centre and monitoring the situation closely. High-risk areas requiring prioritization (such as the Emergency Department in Antrim Area Hospital, Causeway, and other Causeway medical wards) are being flagged for more urgent attention.

10. OCCUPATIONAL HEALTH PSYCHOLOGY

There's very limited psychology resource in Occupational Health & Wellbeing Services – just 0.5 WTE (2 clinical days per week with a maximum of 6 appointments). This has led to a 12-week waiting time for initial appointments.

Assurance: Referral criteria have been tightened so only the most urgent cases are seen (staff on sickness absence with work-related issues who've already tried counselling). A business case is being prepared for submission to the Charitable Trust Fund Committee in December 2025 to request additional temporary psychology staff for two years.