



Northern Health and Social Care Trust

**Minutes of One Hundred and Seventy-Third Trust Board Meeting held on Thursday
27 August 2026 at 11:15 am, Boardroom, Bretten Hall, Antrim Hospital Site, Antrim**

Present:

Anne O'Reilly, Chair
Suzanne Pullins, Chief Executive
Carol Diffin, Non-Executive Director, Vice Chair
Paul Turley, Non-Executive Director
Paul Douglas, Non-Executive Director (attended online)
Kathy Mackenzie, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Mike Keating, Non-Executive Director
Scott Armstrong, Non-Executive Director
Dr George Gardiner, Executive Director of Medicine
Maura Dargan, Executive Director of Social Work
Stevie Lennon, Interim Director of Finance
Gill Murphy, Executive Director of Nursing
Gillian Traub, Director of Operations
Neil Martin, Director of Strategic Planning, Performance, and ICT
Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications
Paddy Graffin, Director of Infrastructure
Dr Petra Corr, Director of Mental Health, Learning Disability and Psychological Services
Audrey Harris, Director of Medicine and Emergency Medicine
Lynne McCartney, Director of Surgical and Clinical Services
Diane Spence, Director of Community Care
Jacqui Armstrong, Interim Director AHP, Intermediate Care and Integrated Discharge
Joanne Edgar, Head of Communications
Karen O'Kane, Business Support Manager

In attendance:

Michelle Weir, Local Democracy Reporter
Stephanie Greenwood, UNISON Representative
Claire Bolt, UNISON Representative
Alison McConaghie, UNISON Representative
Ian Boersma, NIPSA Representative
Fionnuala Anderson, NIPSA Representative
Sabine Antal, NIPSA Representative
Linda Lyttle, Interim Assistant Director, Intermediate Care Pathways and Community Stroke Services
Miss Eunice Minford, Consultant Surgeon, Clinical Director
Mr James Patterson, Consultant Surgeon
Members of the media



Ms O'Reilly welcomed members, attendees and observers to the meeting.

The Chair advised that representatives from NIPSA and UNISON had been granted speaking rights in advance of the Board's consideration of the Trust Financial Plans 2026/27.

Mr Boersma expressed significant concern regarding the scale of the Trust's savings requirement and the cumulative impact of the proposals on services and the workforce. Particular concerns were raised regarding vacancy controls, restrictions on recruitment, reductions in agency and locum expenditure, changes to administrative processes and proposals affecting care homes, domiciliary care, transport, medicines and the remodelling of posts.

NIPSA advised that reductions in administrative and clerical staffing would not remove the underlying work and could transfer additional duties to already pressurised clinical and operational staff. While supporting reductions in unnecessary agency expenditure, NIPSA stressed that this should be accompanied by investment in substantive posts or an appropriately resourced Trust bank and should not result in a reduction in overall workforce capacity.

Mr Boersma called for a needs-based health and social care budget and asked the Board to challenge funding allocations which, in its view, would not enable safe and sustainable service delivery.

Ms Greenwood, UNISON, also raised significant concerns about the impact of the financial proposals on patients, service users and the workforce. She questioned the extent of consultation with recognised trade unions and the public and highlighted the need for the Trust to comply with its Equality Scheme and its duties under Section 75 of the Northern Ireland Act 1998.

UNISON opposed measures which could negatively affect services or workforce capacity, including vacancy controls and recruitment restrictions. It supported reducing agency expenditure where savings were reinvested in permanent staffing and called on the Board not to approve measures which would damage services or adversely affect patients, service users or staff.

The Chair thanked the representatives from both trade unions for their clear and considered contributions. She confirmed that the concerns raised had been heard and would be formally recorded. In accordance with the speaking rights arrangements, the Board did not respond to individual points during the presentations.

Ms O'Reilly reaffirmed the Trust's commitment to continued engagement with recognised trade unions and acknowledged the challenging circumstances facing staff, services and the wider Health and Social Care system.

TB81/26 – Apologies

Apologies were received from Francis Rice, Independent Adviser to Trust Board.

Mr Douglas attended the meeting online.

TB82/26 – Conflicts of Interest / Declarations of Interest

No conflicts of interest or declarations of interest were made.

TB83/26 – Chair’s Report

The Chair advised members of changes to the published agenda arising from the volume and complexity of the business to be considered.

Members noted that the Organ Donation Committee update had been deferred to the next meeting.

The Chair also advised that the report from the Northern Partnership and Population Health Committee had been deferred until September 2026. The update from the Team North People and Culture Committee would proceed as planned.

TB84/26 – Chief Executive’s Report

Mrs Pullins updated the Board on a number of matters arising since the previous meeting.

Members were advised that Antrim and Newtownabbey Borough Council had passed a motion recognising the 78th anniversary of the National Health Service and recording the Council’s appreciation for health and social care staff. The motion acknowledged the dedication of staff in the context of sustained demand and workforce challenges and recognised the contribution of colleagues from overseas who had made the local area their home.

Mrs Pullins endorsed the Council’s comments and placed on record her appreciation for all Trust staff.

The Chief Executive reported a significant improvement in ambulance handover performance during July 2026. Members noted that Antrim Area Hospital had received a substantially greater volume of ambulance arrivals than Causeway Hospital and that only a small number of handovers across the Trust had exceeded the two-hour and 15-minute threshold.

Mrs Pullins commended Emergency Department teams and all staff involved in supporting patient flow across the acute hospital sites.

The Chief Executive also updated members on the continuing public, media and political discussion regarding the proposed transformation of emergency general surgery. Members noted that concerns had been expressed during the 14-week consultation, particularly by people in the Causeway area and some members of staff.

Mrs Pullins confirmed that the proposed changes related to where emergency general surgery would be delivered. They did not represent a proposal to close the Emergency Department at Causeway Hospital.

The Board noted that the Trust remained committed to retaining a 24-hour Emergency Department and acute inpatient services at Causeway Hospital and recognised the importance of Causeway Hospital to the Trust and the wider region.

TB85/26 – Minutes of the Meeting held on 25 June 2026

The minutes of the meeting held on 25 June 2026 were agreed as an accurate record.



TB86/26 – Matters Arising

No matters were raised requiring discussion under this item.

TB87/26 – Employee Experience

Miss Minford delivered an Employee Experience presentation to Trust Board on behalf of clinical staff involved in the delivery of emergency general surgery services.

The presentation outlined the significant workforce pressures affecting the sustainability of the current service model. Members heard about the difficulties associated with maintaining safe consultant rotas and the limited ability to recruit sufficient staff to support the current arrangements.

The clinicians described the proposed direction of travel under four core headings:

- Safety.
- Sustainability.
- Standards.
- Specialisation.

Members were advised that service reform was required to align emergency general surgery with national and regional recommendations and to support the development of sustainable and attractive consultant posts.

The presentation emphasised the importance of patients receiving the right operation, in the right place and from the appropriately skilled surgeon. The clinicians advised that the choice was not between change and no change, but between planned change and change which might otherwise be forced by continuing workforce gaps.

Ms O'Reilly thanked the clinicians for their open and considered presentation and acknowledged the uncertainty and pressure being experienced by the team.

The Board recognised the resilience demonstrated by staff in maintaining patient safety in difficult circumstances. Members also acknowledged the fragility of the existing workforce arrangements and the risks associated with maintaining the current model.

The Chair noted that Trust Board remained committed to the decision previously taken regarding the future model for emergency general surgery and acknowledged the importance of continuing to communicate the vision for Causeway Hospital. She emphasised that the proposed model was intended to strengthen specialist emergency general surgery and did not represent a reduction in the Trust's commitment to Causeway Hospital.

TB88/26 – Trust Financial Plans 2026/27

Before the Board received a detailed presentation on the Trust Financial Plans for 2026/27, presented by Mr Lennon, Ms O'Reilly reminded members of the difficult context the Trust was operating in.

Members were advised that the Trust faced a total savings requirement of approximately £53.8m. This comprised a 4% savings requirement of approximately £45.8m, together with the need to address an underlying deficit carried into the financial year.

It was reported that the savings proposals had been developed in phases. Phase one amounted to approximately £30.9m and included a combination of non-recurrent measures and savings relating to:

- Agency expenditure.
- High-cost care placements.
- Vacancy controls.
- Medicines procurement.
- Service efficiencies.
- Income-related measures.
- Estates and energy efficiencies.
- Business services.
- Administrative services.
- Transport and contractual arrangements.

Members noted that some of the proposed measures would be non-recurrent and would not provide a sustainable solution over future financial years. The importance of developing recurrent savings through longer-term service reform was emphasised.

Further phase two schemes of approximately £14.5m had been developed across the following broad categories:

- Efficiency and productivity.
- Service reform and consolidation.
- Workforce planning.

Members noted that delivery would be monitored through established governance arrangements and that the remaining £3.8m gap would remain under review with SPPG.

The Board considered its financial, quality, safety, workforce, equality, rural-needs, consultation and involvement duties and acknowledged the significant delivery risks.

The Board agreed that any material under-delivery, additional growth or new schemes would be reported, appropriately screened and subject to continued stakeholder engagement.

Mr Turley referred to the concerns raised by UNISON and asked what consultation and engagement had taken place with staff and trade unions. Ms Reid advised that recognised trade unions had been briefed on the financial position on the day before the Board meeting, although the detailed proposals could not be shared in advance of the formal Trust Board process. She confirmed that engagement would continue through the Strategic Change and Engagement Forum, the relevant negotiating and consultative committees and the Trust's normal consultation and management-of-change arrangements. At this point, Stephanie Greenwood clarified that UNISON did not consider that full and formal consultation on the financial plan had taken place and remained concerned about the adequacy of equality assessment.

Ms Mackenzie sought assurance that the schemes had been considered from equality and rural-needs perspectives. It was confirmed that all schemes had undergone equality and rural-needs screening. Phase one had been screened at a higher level and phase two on a scheme-by-scheme basis. No major differential impact requiring a full Equality Impact Assessment or public consultation had been identified at that stage. The position would remain under review throughout implementation, and any further schemes would also be screened.

Mr Armstrong queried whether the financial plan addressed future demographic growth. Mr Lennon confirmed that it did not. The plan addressed the underlying deficit and current financial requirement. Emerging demographic or other growth pressures would require further discussion with SPPG and could necessitate additional plans. Mr



Armstrong then asked when savings arising from service reform and the neighbourhood model could be expected, rather than relying principally on immediate efficiency and cost-control measures. Mrs Pullins advised that service and pathway redesign was complex and would take time. Benefits were more likely to emerge in the following year or thereafter. Reform remained essential to improving care and supporting a shift from higher-cost settings to lower-cost community-based provision, while immediate measures were required during the current year.

Dr Gray asked about the likely savings requirement for 2027/28 and how the Northern Trust compared with other Trusts. Mr Lennon advised that all Trusts had been asked to deliver a 4% saving and address their underlying deficits. The Department of Health was considering financial sustainability over a three-year period, and a similar requirement was expected in 2027/28 and 2028/29.

In response to a follow-up question from Mr Turley, Mrs Reid confirmed that converting locum and agency arrangements to substantive appointments, where possible, formed part of this approach. A Workforce Oversight Group and subgroups focused on medical reform and premium expenditure had been established, with oversight to be reported through the Delivering Value arrangements and to Trust Board.

Members sought assurance regarding the potential impact of workforce controls on clinical and non-clinical services. Ms Reid advised that the Trust was not applying a blanket vacancy freeze or an indiscriminate reduction in posts. The focus was on strengthening workforce controls and reducing premium expenditure, including agency, locum and overtime costs, alongside workforce modernisation and sustainability. She reported that consultant vacancy levels had reduced from 12% to 6% and that an 8% saving had already been achieved in multidisciplinary agency expenditure.

Mr Keating asked how delivery would be tracked and how underperformance or the need for contingency schemes would be escalated. Mr Lennon confirmed that schemes would have identified senior responsible officers and operational ownership. Monitoring would take place through directorate accountability arrangements, specific project structures, Delivering Value arrangements, Senior Management Team and Executive Team oversight, the Resources Committee and regular finance reporting to Trust Board. Areas falling behind target would be escalated and replacement or contingency measures considered where required.

Ms Mackenzie asked how confident the Trust was that the savings could be delivered during 2026/27. Mrs Pullins advised that financial sustainability was central to the Reset Plan and that the schemes represented the best available measures developed by the Trust to address the shortfall. Mr Lennon acknowledged the scale of the challenge and the requirement for sustained organisational focus.

Mrs Diffin followed up with a question seeking clarification on schemes dependent on regional agreement, SPPG approval or other external support. Mr Lennon confirmed that elements relating to care-home charging arrangements, transport, procurement and BSO services relied on regional consistency or the involvement of external organisations. These dependencies created delivery risk and would require continuing engagement and review.

Mr Turley then asked about the balance between recurrent and non-recurrent savings. Mr Lennon advised that approximately £15m was regarded as non-recurrent. Measures included vacancy controls, delayed recruitment, deferred repairs and maintenance and some medicines-related rebates. Some measures might be repeatable or replaceable in



the short term, but sustainable financial recovery would ultimately require recurrent savings.

Mr Keating queried how confident the Executive Team was that the proposals would bridge the financial gap. Mrs Pullins confirmed that the plans presented totalled approximately £50m and therefore did not yet address the full £53.8m requirement. The remaining gap of approximately £3.8m was subject to continuing discussion with SPPG. While delivery would be challenging and require tight control, the Trust's delivery of more than £33m of savings in the previous year provided confidence in its processes.

Mrs Diffin asked for an explanation of the process used to identify and assess the schemes. Mr Lennon advised that the proposals had been developed over a number of months. This included financial analysis of expenditure, regional work, engagement with services and directorates, review through Senior Management Team sessions, comparison with other Trusts and challenge through SPPG, Department of Health and regional finance processes. Mrs Pullins added that Directors and their teams had undertaken detailed work to identify realistic cash-releasing efficiencies and opportunities to deliver services differently.

The Chair placed on record that the decision had not been taken lightly. She thanked the Senior Management Team for the detailed work undertaken over a number of months to develop proposals intended to minimise impact and harm.

Decision: Trust Board approved the Trust Financial Plans 2026/27, including the £50m savings plan, for submission to the Department of Health.

TB89/26 – Financial Position as at 31 July 2026

Mr Lennon presented the financial position as at 31 July 2026.

Members noted the challenging financial context, including demographic growth, high-cost care placements, workforce pressures and the delivery risks associated with the savings programme.

The Board was advised that some savings had commenced and included the continuing effect of schemes introduced during the previous financial year.

Agency expenditure remained a significant area of focus. Members noted that the Trust had continued to move agency expenditure onto approved frameworks and that approximately 2.4% of current agency expenditure was off-framework.

The Board discussed the importance of receiving a clear and current forecast position during the remainder of the financial year and maintaining close oversight of savings delivery and emerging operational pressures.

The Board received assurance regarding the financial position as at 31 July 2026.

TB90/26 – Annual Report and Accounts 2025/26

The Board received the Trust Annual Report and Accounts and the Charitable Trust Funds Annual Report and Accounts for 2025/26.

Members noted that the reports had previously been approved and had been laid before the Northern Ireland Assembly on 10 July 2026. The reports had also been published.



The Board discussed the projected increase in the number of people aged over 65. It was clarified that the Annual Report referred to an expected increase of approximately 49% in the number of people aged over 65 by the mid-2040s.

Members reflected on the implications of demographic growth for future service demand and the importance of neighbourhood working, demand management, prevention and supporting people to care for themselves where appropriate.

The Chair highlighted the annual summary of achievements within the report. These included:

- Recognition through the Autism Awards.
- Referrals through Connect North.
- Increased use of the My Care application.
- Investment in Causeway Hospital.
- MRI and Same Day Emergency Care developments.
- The new care strategy.
- Five years of Care Opinion.
- Construction of the Alongside Midwifery Unit at Antrim Hospital.
- Introduction of body-worn cameras at Antrim and Causeway.

The Chair reflected that the annual summary provided an important account of the work undertaken by staff and the progress achieved during the year.

Members noted the satisfactory assurance referenced in the Accounting Officer's statement and acknowledged the contribution of the Outcomes and Assurance Committee and Audit Committee in supporting the Trust's assurance arrangements.

The Board also noted the contribution made by charitable funds to community-facing projects and wider Trust activity.

Mr Turley raised a query regarding the administrative costs associated with managing charitable funds. It was agreed that the figure referenced in the report would be checked outside the meeting.

The Trust Annual Report and Accounts and the Charitable Trust Funds Annual Report and Accounts were noted.

Action: Director of Finance to clarify the figure relating to the administrative costs associated with managing charitable funds.

TB91/26 – Business Case: Mid Ulster Hospital Replacement of Theatre Ventilation and Theatre/Recovery Area Minor Refurbishment

The Board considered a business case of approximately £1.6m for the replacement of theatre ventilation and minor refurbishment of the theatre and recovery areas at Mid Ulster Hospital.

Members were advised that the existing ventilation system was more than 50 years old and no longer met current operational compliance standards.

The proposed works would provide modern ventilation to both theatres and associated recovery areas and support a safe, compliant and sustainable environment for patients and staff.

The project would include:

- Creation of two dedicated preparation rooms, one for each theatre.



- Refurbishment of the utility and recovery areas.
- Creation of a new doorway.
- Associated works to the day surgery and recovery areas.

Mr Turley sought clarification on whether the new ventilation system would increase theatre capacity or enable a wider range of procedures to be undertaken.

It was explained that the primary purpose of the project was to bring the theatres up to the appropriate standard. Theatre utilisation and any potential expansion of capacity would be considered separately as part of wider work on efficiency and utilisation.

Trust Board approved the Business Case.

TB92/26 – Business Case: Lisgarel/Gloucester Park Building Block Flat Roof Refurbishment

The Board considered the business case for replacement of the flat roof covering Lisgarel Residential Home and Gloucester Park Day Centre.

Members were advised that the roof covered approximately 3,000 square metres and had reached the end of its expected life. The building dated from the 1970s and had experienced multiple leaks.

The proposed expenditure was approximately £336,000 in year one and £128,000 in year two. The project was also expected to provide an annual revenue saving of approximately £12,000.

Ms Mackenzie asked about the proposed use of a replacement flat-roof system and Mr Graffin advised that flat-roof technology and energy efficiency had improved significantly since the original roof was installed.

The Board recognised the benefit which the works would provide to staff and people using the services at the site.

Trust Board approved the Business Case.

TB93/26 – Business Case: Installation and Replacement of Lifts in Service Users' Homes

The Board considered the business case for the installation and replacement of lifts in service users' homes.

Members were advised that there was a requirement to install 80 new lifts during 2026/27 at an estimated cost of approximately £604,000. Two installations carried forward from the previous year brought the total to 82 lifts, with an overall value of approximately £631,000.

It was clarified that the number of lifts required was demand-led and varied from year to year.

Mr Turley asked whether lifts were recovered and reused when no longer required. It was confirmed that suitable lifts were recovered and reused where practicable. Some through-floor lifts were designed for a particular property or service user and might not be suitable for reuse.

The Chair commended the clarity of the business case cover sheets and asked that the teams responsible for their preparation be thanked.



Trust Board approved the Business Case for the commissioning of 82 lifts at a total value of approximately £631,000.

TB94/26 – Capital Report as at 31 July 2026

The Board received the Capital Report as at 31 July 2026.

Members were advised that the Trust's Capital Resource Limit stood at approximately £19.571m, representing an increase of approximately £1.85m from the position reported at the June meeting.

Additional allocations included funding for:

- Research and development.
- Integrated Care Partnership activity.
- General capital.
- Backlog maintenance.

The Board noted that the three business cases considered earlier in the meeting had been included within the capital reporting arrangements.

Members discussed the treatment of proceeds where surplus Trust properties were sold. It was explained that receipts returned to the centre for future allocation and did not remain directly with the Trust.

The Board considered the position regarding Post-Project Evaluations. It was clarified that some evaluations shown within the report were not yet due, while a number relating to earlier projects remained outstanding.

Members emphasised the importance of having clear visibility of overdue evaluations and understanding the learning arising from completed evaluations.

It was agreed that priority attention should be given to the three outstanding Post-Project Evaluations relating to 2023/24. Mr Turley also requested a clearer position regarding evaluations from 2024/25.

The Board received assurance regarding the capital position as at 31 July 2026.

Action: Mr Graffin to submit a report to the Senior Management Team regarding outstanding Post-Project Evaluations, including overdue evaluations from 2023/24 and 2024/25 and any associated learning.

TB95/26 – Performance Report as at 31 July 2026

The Board received the Performance Report as at 31 July 2026.

Members were advised that the report contained one new indicator and two indicators where performance had changed, and which required particular attention.

Cancer Performance

The Board reviewed the three principal cancer waiting-time measures:

- The 14-day period from red-flag referral to initial assessment.
- The 31-day period from decision to treat to first definitive treatment.
- The 62-day period from referral to first definitive treatment.

Members noted continuing capacity and demand pressures affecting the breast cancer pathway. The then-current wait for breast red-flag assessment was approximately five



and a half weeks. Mrs Diffin asked when the position was likely to improve and Ms McCartney replied that it depended on the regional model.

Regional waiting-list initiatives remained in place. However, patients assessed by another Trust could return to their home Trust for treatment, creating continuing pressure on Northern Trust surgical capacity.

The Board discussed the need for a more sustainable regional model and noted continuing work with SPPG and other Trusts. Members were advised that one Trust had agreed to retain Northern Trust patients whom it had assessed, although this did not represent the largest volume of Northern Trust patients seen through the regional arrangements.

The 31-day position had generally remained close to the target but had experienced a reduction in performance relating mainly to breast surgery. It was reported by Ms McCartney, following a query by Ms Mackenzie, that the longest wait described during the discussion was approximately 38 days.

The Board noted the regional focus on the breast pathway and the need for continuing investment and service development.

Emergency Departments

The Board considered an increase in the number of patients leaving Emergency Departments without being seen, particularly during a busy July period at Causeway Hospital.

Members were advised that increased attendances and longer waits could increase the likelihood of patients leaving before being seen.

The Board was assured that:

- Patients who left without being seen could be identified through encompass.
- A consultant reviewed the cases.
- The review included consideration of any tests completed and any identified red flags.
- Contact was made where clinically appropriate.
- Work was under way to improve information for waiting patients, including the potential use of information screens in Emergency Departments.

Mr Armstrong asked about reverse triage and Mrs Harris advised the current regional position is that patients presenting to an Emergency Department should be assessed through an appropriate clinical pathway.

The Board received assurance that a safety-net process was in place for patients who left without being seen.

Patient-Initiated Follow-Up

Members received an explanation of the new Patient-Initiated Follow-Up indicator and Dr Gray asked how it worked in practice. Ms McCartney explained that the approach allows suitable patients to contact a service when they require review rather than automatically receiving a routine follow-up appointment. Members noted that this could reduce unnecessary reviews, release capacity for new patients and provide more patient-centred access for people whose condition fluctuated.

It was noted that:

- The model was at an early stage.



- Not every patient or condition would be suitable.
- Appropriate standard operating procedures were required.
- Patients placed on patient-initiated follow-up pathways would be provided with a named contact or dedicated contact route for the relevant service.
- Pathways were active or in development across a range of specialties.

Members discussed the need to ensure that patients were not lost to follow-up and were able to access an appointment when required.

The Board also considered the potential for appropriate virtual outpatient appointments as part of wider elective reform. Mr Turley noted that virtual clinics had been used more extensively during the COVID-19 period and that this was an area for further consideration.

Day-of-Surgery Admission

Members noted the position regarding day-of-surgery admission, particularly within gynaecology.

Work was continuing to understand why some patients were admitted on the evening before surgery and to ensure that appropriate facilities were available to admit suitable patients on the morning of their procedure.

Mental Health and Learning Disability

The Board noted strong performance in relation to the nine-week community mental health access measure.

Members also discussed delayed discharges in a small number of cases of people with learning disability being discharged from inpatient services. It was explained that performance reflected limitations in community capacity for those with very complex presentations.

Mr Turley drew attention to a press release in regard to the Northern Ireland Public Services Ombudsman own-initiative investigation into access to acute health care for people with learning disabilities. The Trust has completed its scoping response.

Members noted the support provided by the Learning Disability Acute Advisory Service. The service supports acute staff to make appropriate adjustments for people with learning disabilities.

The Board also noted the use of encompass alerts and hospital passports to identify individuals who might require reasonable adjustments and to make information regarding those adjustments available to staff.

The Board received assurance regarding the performance position and the actions being taken in the areas highlighted.

TB96/26 – Update from Organ Donation Committee

The Board noted that, due to the demands of the agenda, the planned update from the Organ Donation Committee had been deferred until the September 2026 meeting.

Action: The Organ Donation Committee update to be included on the agenda for the September 2026 Trust Board meeting.

TB97/26 – Update from Team North People and Culture Committee

Mr Turley, Chair of the Team North People and Culture Committee, presented an update from the meeting held on 11 August 2026.

Members noted that the Committee had received an update on the new communications strategy and the need for a more proactive approach to digital communication.

The Committee had also received a presentation regarding the wider Health and Social Care culture and learning programme. Members noted that a culture workshop was being planned for September or early October 2026 and that the intention was to bring the various culture frameworks together in a coherent way.

The Committee had received workforce updates from each directorate and had approved the Health and Safety Report and the Staff Health, Wellbeing and Inclusion Report.

The Staff Health, Wellbeing and Inclusion Report had been extended for a further year to align with wider people and culture planning.

Members noted that sickness absence stood at approximately 7.6% at the end of June 2026 and that the Trust was a regional outlier. Targeted work was under way in directorates with the highest absence levels.

The Committee had also considered performance relating to appraisals and openness training. Against an in-year target of approximately 70%, performance was reported as:

- Appraisals: approximately 67%.
- Openness training: approximately 65%.

Concern was raised regarding overdue non-clinical policies. The Committee had requested a specific report on the actions being taken to progress outstanding policy reviews.

The Committee also considered workforce implications arising from the reduced capital programme and received an update regarding the regional Estates Apprenticeship Programme.

No matters were escalated to Trust Board.

Action: A report on overdue non-clinical policies and the actions being taken to progress outstanding reviews to be presented to the Team North People and Culture Committee.

TB98/26 – Any Other Business

No items of any other business were raised.

TB99/26 – Public Questions

No public questions were raised.

TB100/26 – Date of Next Meeting

The next confirmed meeting will be held at 11:15 am on Thursday 24 September 2026.

The Chair thanked members for their professionalism and commitment during a lengthy and challenging meeting. She also thanked the trade union representatives for their attendance and contribution.

Appendix One:**Speaking Notes – UNISON**

Thank you Chair. Good morning

My name is Stephanie Greenwood, and I am speaking on behalf of your largest Trade Union UNISON, which represents the majority of workers right across your Trust.

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

You are being asked as a Board to approve a major reduction in your Trust's budget. This will impact patients, service users and the wider workforce across the Trust.

We also understand that the plan that is before you represents only the first year of a projected three years in which the Trust will be expected to cut spending.

Before approving budget cuts, this Trust Board must understand the combined effect that such cuts will have across multiple years, on patients and service users, particularly those experiencing health inequalities, and on its workforce.

We must place on record that we are not satisfied that the Trust is following its obligations in relation to consulting effectively with Trade Unions as representatives of the workforce, or with the wider public in relation to this Financial Plan.

This Trust has specific obligations to consult and negotiate with the recognised trade unions, including UNISON.

Whilst we are addressing this Board meeting today, this does not remove the Trust's obligations to properly engage with UNISON on the impact of these proposals on our members and the public alike.

Nor does the presentation provided to Trade Unions in advance of this meeting remove the obligation to consult with us to enable us to affect decisions before they are taken.

UNISON will require full disclosure of all relevant information in relation to these proposals.

Public bodies, including this Trust, have obligations under Section 75 and Schedule 9 of the Northern Ireland Act 1998 and their Equality Scheme in relation to assessing the impact of their policies on the promotion of equality of opportunity. They also have obligations to consult.

Policy is very broadly defined – it includes all the ways in which you carry out or propose to carry out your functions. We do not accept that decisions such as these do not require consultation or assessment of their impact on equality of opportunity.

When taking decisions such as these, this Trust Board must consider what assessments of the impact on equality of opportunity have been made. It should take these into account when reaching its decisions.

Where there is no evidence of these assessments having been undertaken, such as through an Equality Impact Assessment (EQIA), and where you as a Board therefore have not considered these, we believe that you would be in breach of your Equality Scheme and your obligations under section 75.

In addition, in taking decisions you should take into account any consultation which has been undertaken. But we are unaware of any consultation being undertaken on these proposals to date. This would also be a breach of your Equality Scheme commitments.



UNISON is opposed to cuts that will damage the health of the public or negatively affect the workforce.

We know that this Trust is being asked to make cuts in a context where the Northern Ireland Executive has not yet agreed a budget and where the budget deficit facing Health and Social Care as a whole is estimated at around £800 million.

The argument made will be that the Trust cannot spend money that it has not been given. There is no doubt that political leaders at both Westminster and Stormont must bear responsibility for the fact that public services in Northern Ireland are not funded based on need.

However, there is an obligation on this Board to push back against budgetary allocations that will not allow it to meet its duty to provide services to the public.

There may be effort to suggest these budget cuts are part of a wider agenda aimed at resetting or transforming services. UNISON is not opposed to efforts to reform or transform services where this genuinely involves the public, patients and service users, the workforce and their recognised trade unions. But we do not believe that this has been the case here.

We do not accept that where actions such as these are proposed to tackle budget shortfalls that they can enable effective reform. Instead, we believe that such actions are counterproductive and that investment is required in our services, not cuts.

We note that the Financial Plan provided refers to further reducing spending on agency staff. UNISON has worked, and will continue to work, alongside employers and the Department to reduce the high costs of spending on agencies. However, our aim is to have this money reinvested into permanent posts and the non-agency workforce.

We are very concerned by any proposals to control vacancies or reduce recruitment activity. Where services are already overstretched and understaffed, controlling vacancies where they arise will negatively impact on morale and place staff who remain in post under even greater pressure.

Staff need their pay uplift and they need it now.

To conclude, Chair, members, we call on you not to agree to cuts in your budget which would damage services, impact negatively on patients and service users, or negatively impact on the workforce.

Staff are broken and that is shameful.

Thank you

Speaking Notes – NIPSA

1. There should be no cuts to health services. Patients and staff should not be expected to pay the price for pressure for financial pressures and failings of others.
2. There should be no so called “efficiency savings”. Cuts dressed up as efficiencies are still cuts when they mean fewer staff, reduced services or greater pressure on those delivering care.
3. The Pay Review Body’s pay award must be implemented immediately. Staff deserve the pay award and parity.
4. The Real Living Wage should be implemented immediately for the lowest paid staff. Nobody working in our health service should be struggling to make ends meet.
5. Trust boards should demand a needs based budget from the Executive. Budgets must reflect what is actually required to provide safe, effective and accessible health services, not what can be afforded after arbitrary cuts.
6. If a needs based budget cannot be agreed within the existing financial framework, Trust boards should break that budget rather than break the service. Their responsibility is to patients and staff, not simply to balance an inadequate budget.
7. Most importantly, the Executive and Trust Boards must honour the commitments made to staff. Promises on pay, conditions and staffing must mean something.

Summary

We are calling on Trust Boards to make no cuts and no efficiency savings, implement the Pay Review Body award immediately, introduce the Real Living Wage for the lowest paid staff, and set a genuinely needs based budget. If the budget doesn't meet the needs of patients and staff, the answer is to challenge and break that budget not cut services. Above all, Trust Boards must honour the commitments they have made to staff.