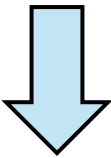
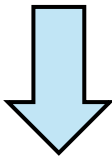


Chief Executive Update

Trust Board

Thursday 27 November 2025

Trust Key Metrics

What People Say			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">169 Compliments Received (Q2 2025/26)</div> <div style="text-align: center; margin: 10px 0;">  </div>			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">198 Complaints Received (Q2 2025/26)</div> <div style="text-align: center; margin: 10px 0;">  </div>
<i>An decrease of 26 since previous quarter</i>		<i>An decrease of 23 since previous quarter</i>	
What We Spend (At Month 07)			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Cumulative Spend £642m</div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Savings Achieved £18.5m</div>		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Projected year-end deficit of £6.3m</div>
Our People (At 30 th September 2025 unless stated)			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">13,489</div> <p><i>Excludes Bank Staff, Staff on Career Break & Seconded out of Trust</i></p>	<p>Permanent Staff Turnover October 2024 – September 2025</p> <p>7.37%</p>	<p>Number of Vacancies Activity being recruited to at 30th June 2025</p> <p>1,047</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">6.50% Sickness Level</div> <p>April 2025 – September 2025</p>
<i>31st August 2025 Position 13,158</i>			<i>30th August 2025 Position 6.35%</i>
Our Internal Controls (At 14 th September 2025 Draft Position Pending Mid-Year Review)			
<p>Opening position – 126 recommendations for 2025/26</p>	<p>84% recommendations due in September 2025, implemented (for 2025/26)</p>	<p>89 recommendations remain outstanding at this point for implementation in 2025/26</p>	<p>8 of 89 recommendations now highlighted as at risk of delivery in 2025/26 with implementation dates being pushed into 2026/27 or beyond</p> <p>Of remaining 81 recommendations due, 27 of these are significant recommendations. One is Priority 1</p>

1.0 Cervical cancer screening

1.1 The Southern Trust and the Public Health Agency published 3 new Independent reports on cervical screening on 5 November. This followed the passing of a Private Members' Business motion on Cervical Screening on 3 November in the NI Assembly.

1.2 The reports provide important independent analysis of the complex issues relating to the historical delivery of the cervical screening programme in the SHSCT from 2008 to 2021.

1.3 Dr Austin, SHSCT Medical Director apologised again to all women impacted by the cervical screening review and acknowledged the past performance issues in our laboratory. He fully accepted that the actions of the Trust at that time were not sufficiently robust and this was an unacceptable breach of governance procedures.

1.4 The Health Minister confirmed in his statement that Professor Sir Frank Atherton, previously the Chief Medical Officer in Wales, will conduct an expert review of all the published reports to date and advise if there are any gaps or areas that need to be explored further. He is expected to report his findings directly to the Minister in early 2026.

1.5 Representatives from the PHA and SHSCT attended NI Health Committee on 13 November and provided an Oral briefing on the Cytology Screening Review.

2.0 Pay parity

2.1 The Health Minister recently confirmed that healthcare staff are expected to receive pay parity after "extraordinary steps" taken by the Executive. Whilst an arrangement has been agreed with The Executive to fund the pay award in 2025-26, this will result in an increased pressure to the budget next year.

2.2 The Minister said the Executive approved the move which will see HSC staff receive pay on par with NHS workers in England, Wales and Scotland, representing a 3.6% or 4% pay rise for health workers in Northern Ireland. Health staff can expect to see the changes come through by February 2026.

2.3 The Minister is committed to ensuring the "issue of late payment of pay awards will never happen again" and will ensure future pay awards are prioritised in the budget allocation.

3.0 Financial position

3.1 The financial position remains challenging. Following correspondence from the Permanent Secretary (DOH) on 31 October, the Trust Savings Plan has increased by £8m, from £35m to £43m, with a deficit of £8m remaining.

3.2 In response a range of low and medium impact measures will be implemented to minimise the effect on services. However, it is essential that we all remain committed to operating within our budget allocations and making prudent spending decisions to help reduce costs wherever possible.

4.0 Maternity and gynaecology

4.1 Like many other specialties throughout health and social care right across the UK, our maternity and gynaecology services have been facing difficulties recruiting and retaining specialist staff.

4.2 Over the past year, significant efforts have been made to manage these workforce challenges and stabilise maternity services across both sites. A project structure has been established to review maternity and gynaecology services and make recommendations on a longer-term best practice model.

4.3 Trust leadership of obstetrics and gynaecology has transferred from the Directorate of Surgery and Clinical Services to be combined with Children and Young People's services, now known as Children, Young People and Women's Services.

4.4 Senior midwives, obstetricians, senior managers, and directors have participated in a workshop to start to plan the way in which our obstetrics and midwifery service should develop. Some short-term developments were agreed to improve the current service, and some potential models of service delivery were explored for consideration in the longer term.

5.0 Car parking

5.1 There have been some changes to car parking charges at Craigavon and Daisy Hill hospitals in October.

5.2 Charges apply to those car parks closer to the main hospital buildings for the convenience of patients and visitors. The changes bring charges in line with hospitals across the region in response to inflation, to cover operational costs. Time bands have changed, and prices adjusted accordingly.

5.3 The majority of car parking at Southern Trust hospitals remains free of charge. Exemptions for parking charges continue to apply for some patients and visitors. From May 2026, car parking on all hospital sites will be free of charge following the Hospital Parking Charges Act, passed by the Northern Ireland Assembly in 2022.

6.0 Reset plan

6.1 The Health Minister recently welcomed significant and sustained progress in reducing some of the longest waits for care across Northern Ireland's health service through increased clinical activity, targeted waiting list initiatives, validation work and better use of capacity across Trusts and the independent sector.

6.2 Since April 2025, more than 100,000 red flag or time-critical patients have been seen, diagnosed or treated across Health and Social Care Trusts (HSC) and through partnerships with the independent sector. Based on current plans, this figure is expected to rise to around 226,000 patients.

6.3 There has also been substantial progress in reducing the longest waits. Between April and September 2025, the number of people waiting over four years for an outpatient appointment fell by 24%, equivalent to 24,811 fewer patients. Over the same period, the number of people waiting over four years for treatment reduced by 33%, a fall of 6,683.

6.4 Up to £215m has been earmarked for elective care initiatives across Northern Ireland in this current financial year.

7.0 Winter preparedness plan

7.1 Health Minister Mike Nesbitt launched the Department's 2025/26 Overarching Winter Preparedness Plan in mid-October, setting out key measures to protect health and social care services during another challenging winter period.

7.2 The plan focuses on five key themes: prevention, the role of pharmacy and General Practice, hospital care, local planning and preparations and whole system flow improvement for the elderly and frail emerging from our "Big Discussion" workshops.

7.3 HSC Trusts have developed local winter plans which will deliver both regional priorities and address specific local challenges, reflecting the outworkings of ongoing multi-disciplinary thinking and consideration.

8.0 Emergency care waiting times

8.1 Latest DOH Emergency Care quarterly waiting time statistics report for quarter ending September 2025, shows that 203,230 patients physically attended urgent and emergency care services, 2.5% (4,949) more than the same quarter in 2024.

8.2 The number of emergency admissions to hospital from an ED decreased by 3.8% between September 2024 (11,206) and September 2025 (10,781)

8.3 During the quarter ending 30 September 2025, over two fifths (43.9%) of patients spent less than 4 hours at an ED, less than in the same quarter in 2024 (46.8%).

8.4 Craigavon Area Hospital reported the longest time regionally spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 15 hours 8 minutes of being triaged; 6 hours 14 minutes more than September 2024.

9.0 Doctor retention

9.1 The Chief Executive of the General Medical Council (GMC) told an audience of GPs in Belfast that most doctors leave Northern Ireland within five years of graduating to take up their first training posts elsewhere, often in England.

9.2 81% of doctors who graduated in 2019 from English medical schools were still working in England in 2024, the figure in Northern Ireland was only 44%. GMC data shows Scotland and Wales face the same challenge.

10.0 GP Collective action

10.1 GPs are involved in ongoing collective action since July, limiting some of their services in opposition to the imposition of a contract worth an extra £9.5m for 2025/26, far below the £80m figure the BMA has said is needed to stabilise primary care.

10.2 The Department of Health said the priority is to ensure that patients continue to have access to safe, high quality and sustainable GP services at all times, including during periods of collective action. The Department has written to GPs to remind them of their responsibilities on these issues and will closely monitor adherence to ensure that practices continue to deliver to their contractual requirements.

11.0 NI mental health strategy

11.1 The Department of Health has published a review of the deliverability of the Northern Ireland Mental Health Strategy's (MHS) actions over the next three years.

11.2 This report highlighted the substantial funding shortfall against the Strategy's estimated £1.2 billion cost. As of end 2024/25, only £12.3 million has been allocated to 14 actions within the Strategy, representing just 16% of the funding deemed necessary for its implementation during that period.

11.3 The review outlines four medium-priority MHS actions proposed for phased implementation in 2027/28 and 2028/29, relating to mental health and older people, Digital Mental Health, Child and Adolescent Mental Health, and supporting individuals with severe and enduring mental ill health.

12.0 Emergency general surgery

12.1 The Western Trust Board has taken the decision to close the current Public Consultation on the permanent change to Emergency General Surgery in the Western Trust.

12.2 The Western Trust will now move forward on visioning work for 'Future Health and Care Services in Fermanagh and West Tyrone'.

12.3 In July 2025, the Health Minister asked the Trust to end the current consultation and begin the process of producing a vision plan, emphasising how the South West Acute Hospital will meet the health needs of its current and future population.

12.4 Chief Executive Neil Guckian confirmed that while work to complete the vision is carried out, the temporary suspension of Emergency General Surgery (EGS) at SWAH, in place since December 2022, will continue to remain in place.

13.0 Performance of restricted procedures

13.1 Northern Ireland's Comptroller and Auditor General published a report in October which considers the Department of Health's Effective Use of Resources (EUR) policy. This policy restricts the performance of 29 healthcare procedures (e.g. tonsillectomies, breast reductions, liposuction, tattoo removals) to ensure they are only carried out in very specific circumstances, if at all.

13.2 The report identified around 12,000 restricted procedures carried out by health Trusts in 2023-24. It concludes that there is no assurance that these were performed in accordance with the EUR policy. The total cost of restricted procedures is estimated at just under £22 million for the year however, the true cost is likely to be even higher.

13.3 While some of procedures performed may have been permissible within the terms of the EUR policy, the report finds that arrangements have not been put in place by Trusts to verify this. No such assurances were provided by Trusts during 2023- 24, and none were sought by the Department.

13.4 The report sets out a series of recommendations, to be implemented at pace, for ensuring greater awareness of and adherence to the Department's policy in respect of restricted procedures.