

**Minutes of a Meeting of the People and Culture Committee held on  
Monday 02<sup>nd</sup> March 2026 at 09:30 a.m. in the Board Room,  
Trust Headquarters, Craigavon**

**PRESENT:**

Mrs G. Browne, Non-Executive Director (*Chair*)  
Mr R. Lynas, Non-Executive Director  
Mr J. Johnston, Non-Executive Director  
Mrs V. Toal, Director of Human Resources and Organisational  
Development  
Mrs G. Hamilton, Executive Director of Nursing, Midwives and Allied Health  
Professions, Functional Support Services and Infection Control  
Mr C. McCafferty, Executive Director of Social Work / Director of Children,  
Young People and Women's Services  
Mrs S. Hetherington, AD of Clinical and social care Governance (For Dr  
Austin)  
Mrs C. Marks, Executive Director of Finance, Procurement and Estates

**IN ATTENDANCE:**

Ms D. Yapicioz, Trade Union Representative  
Mrs M. Williamson, Deputy Director – Workforce & OD  
Mrs S. Hynds, Deputy Director – HR Services  
Mrs Z. Parks, Deputy Director – Medical Staffing & Trust-Wide Resourcing  
Mr S. Wallace, Head of Office  
Mr B. Creighton, Committee Secretary

**APOLOGIES:**

Dr S. Austin, Executive Medical Director (Mrs S. Hetherington attending)  
Dr C. Corrigan, BMA LNC Chair

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting noting apologies from Dr Austin (Mrs S. Hetherington deputising) and Dr Corrigan.

The Chair thanked Mrs Kathryn Perera, King's Fund for hosting the Committee's January 2026 workshop which she felt was useful in helping the Committee develop its work plan for 2026.

## **2. DECLARATION OF INTERESTS**

The Chair asked members to declare any interests in relation to items on the agenda. There were none noted.

## **3. MINUTES OF LAST MEETING – 17 NOVEMBER 2025 AND ACTION LOG**

The Committee meeting minutes from 17<sup>th</sup> November 2025 were agreed by Committee members. The Chair referred to the action log noting there were two actions listed which had both been completed.

## **4. TERMS OF REFERENCE**

The Chair introduced the Committee's Terms of Reference for approval. Mrs Toal noted some changes since the November 2025 Committee meeting version including the addition of professional practice reports and job planning removed which was felt better aligned with Finance and Performance Committee. It was agreed however, that job planning would be added to the Directorate heatmap, to be discussed later in the agenda. The reference to Policies was noted as being already overseen by the Organisational Governance Steering Group and Trust Governance Committee, and therefore was removed. The Committee approved the Terms of Reference on this basis.

***THE COMMITTEE APPROVED THE TERMS OF REFERENCE***

## **5. REPORT FROM COMMITTEE WORKSHOP – JANUARY 2026**

Mrs Toal referred to the Committee workshop held on 28 January 2026 which was facilitated by Mrs Kathryn Perera from The King's Fund. She noted the workshop was designed to provide time and space for members of the Committee at the outset of their work together, to step outside 'business as usual' and consider what context informs our work together, where are we now and what next for the committee.

She advised that it was agreed following the workshop to proceed with a Trust wide staff led identity campaign, to embed values and behaviours through existing systems rather than launching a new programme and to establish a work stream reporting to People and Culture Committee to

develop the 'Southern Trust Academy' approach. Mrs Toal also noted the need for improved measurement of outcomes and ensure alignment with the Trust strategy and year two business plan.

The Chair commented on the usefulness of the workshop and assistance with forward planning the committee's future work.

## **6. GOVERNANCE STRUCTURE AND KEY PRIORITIES FOR COMMITTEE**

Mrs Toal presented the proposed governance structure and key priorities for the Committee. She noted that three workstreams / subgroups regarding the following should be created as follows with formal names to be decided:

- ***Culture of Safety, Compassion and Openness Group*** – Supporting safe care through human behaviours. Mrs Toal noted phase two of the RQIA Being Human Framework, with Mr Johnston as ambassador, Dr Austin and Mrs Toal as executive co-sponsors. Mr Johnston noted the potential overlap between the remits of the Governance Committee and the People and Culture Committee in respect of the safety and quality elements proposed by the Being Human Framework implementation plan. Related to this potential overlap, he also referred to the draft terms of reference from the Department of Health for the proposed Patient Safety and Quality Committee, which again required consideration to ensure clarity of remit for both committees. He also referred to the next steps for implementing the Being Human Framework which required the completion of a readiness assessment for adopting the Being Human Framework to be undertaken by the ST Board.

The Chair and Mr Johnston agreed to meet to discuss the reporting arrangements regarding Being Human elements with director colleagues to agree an appropriate structure.

***ACTION - CHAIR AND MR JOHNSTON TO MEET TO DISCUSS THE REPORTING ARRANGEMENTS REGARDING BEING HUMAN ELEMENTS WITH DIRECTOR COLLEAGUES TO AGREE AN APPROPRIATE STRUCTURE***

- ***Southern Trust Academy Collaborative Forum*** - Mrs Toal noted that Mrs Williamson as chair of the Trust well-being steering group, has plans to launch the Health and Well-being Framework at an

event in March, with Mrs Elaine Wilson as SLT well-being champion. Mrs Toal and committee members discussed consolidating workforce development, training, and leadership programs into the Southern Trust Academy, aiming for alignment, succession planning, and a unique organisational offering, with input from Mrs Hamilton and Mr McCafferty. The Committee acknowledged the fragmentation in workforce development and training, proposing to centralise these efforts within the Southern Trust Academy to ensure alignment across programs.

The Committee noted that succession planning and supporting development were highlighted as key objectives, with the Academy intended to address areas with significant succession challenges and offer targeted support. The internal responsibility for the Academy was discussed, with emphasis on internal collaboration among workforce leads, head of service, and director of nurses, rather than outsourcing. The concept of different 'schools' within the Academy was proposed, covering international doctors, leadership, clinical professionals, quality improvement, culture, psychological safety, and well-being. Mrs Williamson agreed to consider best practice models for the Academy format.

***ACTION - MRS WILLIAMSON TO CONSIDER EXISTING ACADEMIES AND LEADERSHIP PROGRAMMES IN OTHER TRUSTS REGIONALLY AND NATIONALLY TO IDENTIFY BEST PRACTICES AND UNIQUE FEATURES THAT COULD ENHANCE THE SOUTHERN TRUST ACADEMY, AND REPORT FINDINGS TO THE COMMITTEE***

- ***Strategic Resourcing Fora*** - Mrs Parks discussed strategic medical and non-medical resourcing, addressing recruitment issues in social care, supported living, and mental health as key priorities, and proposing collaborative approaches and potential external partnerships. She also noted the development of a medical resourcing strategy aiming to address recruitment and retention at a strategic level, with ongoing consultation with operational and medical directors.

Committee members referred to the significant recruitment challenges noted in social care, supported living, and mental health, prompting the need for strategic planning and collaboration among

adult community leads and children's services. The committee discussed improving recruitment methods and metrics, such as time to fill positions, and considering potential new job roles to address emerging and known recruitment problems. Options to link with external providers were considered to enhance attraction and recruitment of applicants, particularly in areas with persistent staffing shortages.

## **THE COMMITTEE APPROVED THE COMMITTEE GOVERNANCE STRUCTURE**

### **7. PROPOSAL FOR CONFIDENTIAL SECTION OF COMMITTEE**

The Chair presented a proposal for establishing a confidential section of the Committee to facilitate sensitive reporting including doctors and dentists practice, employment tribunal cases, and whistleblowing. The Committee agreed with support from Trade Union colleague present that given the sensitive nature of the information relating to these matters and the potential for conflict-of-interest Trade Union members would not attend the confidential section of the meeting.

Mrs Hynds noted that while comprehensive coverage of formal employee relations cases can be provided there remains a range of information relating to informal matters that is not directly held by the employee relations team and will be at operational team level. The Committee approved the establishment of a People and Culture Confidential Meeting section at future Committee meetings.

## **THE COMMITTEE APPROVED THE ESTABLISHMENT OF A PEOPLE AND CULTURE CONFIDENTIAL MEETING SECTION**

### **8. SICKNESS ABSENCE BRIEFING FOR COMMITTEE**

Mrs Hynds presented the sickness absence briefing to the Committee. She referred to the attached reports on sickness absence first noting the corporate report from December 2025 noting the Trust target sickness rate of 6.41%. Mrs Hynds advised that it is likely that for this year the Trust will have over 7% sickness rate for the first time. She noted that sickness rates in general had increased following the COVID-19 pandemic and although following some reduction, have not returned to pre-pandemic levels.

Mrs Hynds noted there was a 12-month trigger for absence used by HROD for long term sickness. She noted actions available included transfer to another type of leave, medical retirement or termination of contract in some particular circumstances. She noted the reliance on occupational health services to support this and referred to the challenges that exist with occupational health capacity to provide this. She also referred to the requirement on managers to robustly manage sickness absence in the first instance.

Mrs Hynds noted that the most common reason for sickness absence was Mental Health related issues, both for short and long-term sickness. Mrs Marks noted the financial cost of sickness to the Trust in terms of backfilling and overtime, she also noted that terms and conditions in Northern Ireland differed to those in NHS England in relation to payment of standard overtime in relation to sickness absence. Mrs Hynds also referred to challenges within the HROD team in terms of capacity to support managers. She noted that manager empowerment to lead short term actions was crucial.

Mrs Hynds noted despite the increase in sickness the other regional Trusts had experienced similar increases and the Southern Trust was still the best performing Trust in the region. Mrs Hynds referred to the Trust sickness absence reduction action plan and associated Department of Health targets. She advised this was worked through year on year and directorate specific in terms of actions. She confirmed that senior directorate oversight was in place for long-term absence monitoring.

Mrs Williamson referred to challenges with capacity in the Trust occupational health service advising that one physician has recently left the Optima team. She noted the Trust had considered support and input from external providers. Mrs Williamson advised that she hoped the service would start to stabilise from April 2026 with a new consultant on the contract however referred to Mrs Hynds' previous point that the limitations in occupational health availability inhibited managers from being able to effectively manage sickness absence in assisting staff to return to work.

Mrs Toal noted that other Trusts were in a similar position regarding their provision of occupational health services and stated consideration of a regional service model was being considered. She noted that Dr Tony Stevens, former Northern Trust Chief Executive and Consultant in Occupational Health and Mrs Mary Black have been commissioned to

undertake an options appraisal for what a future service model could look like across HSC. She noted she is herself the Executive Sponsor for this work and that an external critical friend Dr Ira Maddin from NHS in England will assist with this work.

Mr Lynas stated the escalating costs of sickness are concerning and asked is there a regional targeted action plan. Mrs Hynds stated that the Sickness Absence Policy is regionally driven however each Trust tackles issues locally.

Mr Johnston asked was there learning from other sectors. He noted the potential benefits from ensuring that external Occupational Health providers had an understanding of the adverse overall impact on business units arising from long-term sickness absence. Mrs Hynds noted that there had been an increase in staff recognised under Disability Discrimination legislation and this has been delaying some returns to work. Mrs Williamson commented that the contracted Occupational Health physicians along with the Employee Relations team had met and were due to meet again, to ensure that better understanding of our business and the context within which they were assessing fitness for work.

Mrs Marks noted that grief and bereavement leave also had an impact on staffing. Mrs Williamson advised that work on updated bereavement support guidance for managers is under development.

## **9. METRICS REPORTING**

### **a. Corporate Heatmap**

Mrs Toal referred to the proposal of a corporate heatmap to assist direct the Committee's activity and focus on areas of concern. Mrs Toal advised on the rationale for moving from a lengthy Our People Dashboard with multiple separate reporting sections on key metrics to a consolidated overview heatmap based on feedback at the November meeting. She noted the proposal included a set of key indicators to be reported in the heatmap, a proposed reporting format and a proposal for a review after two quarterly meetings.

Mrs Toal advised that the heatmap is positioned as an overview tool to support strategic oversight and discussion, with more detailed analysis provided separately as part of integrated reporting for areas requiring a deep dive. She referred to the deep dive proposal which is a risk-based

approach to identifying areas for workforce deep dive, recognising the scale of the Trust, multiple directorates, and the number of facilities delivering similar service types.

Mr Johnston stated that the inclusion of job planning statistics as a guide would be useful. The Committee discussed how employee relations activity could be reported and the identification on metrics for this.

Mr Johnston also referred to issues relating to Internal Audit recommendations, the Committee agreed these are overseen by Audit and Risk Assurance Committee however will feature where appropriate in boarder People and Culture Committee reporting themes.

***THE COMMITTEE APPROVED THE CORPORATE HEATMAP PROPOSAL***

b) Deep Dive Integrated Workforce Reporting

Mrs Toal referred to the rationale for creating a deep dive approach for workforce reporting. She noted that the committee would not have the capacity to review all workforce data therefore this paper introduces the concept of using sickness absence as a primary signal to identify potential workforce strain at Directorate and Cost Centre / Facility level. She noted that where indicators are flagged, a structured triangulation process will be undertaken using additional indicators including vacancies, turnover, employee relations activity, whistleblowing concerns, violence and aggression incidents, and agency, bank, overtime data.

Mr McCafferty noted the usefulness of this approach and stated it was important that where challenges are identified these are adequately addressed. Mr Johnston stated there must be a clear focus that the Committee's role is that of seeking assurance about the effectiveness of HR performance indicators within fragile services rather than having oversight interventions related to operational delivery of improvements. Mr Lynas noted the huge amount of data and asked what the source of this was. Mrs Hynds advised that this is primarily from the HRPTS system. She noted that this will change this year and EQUIP will provide the data and with this an opportunity to improve data reporting.

**THE COMMITTEE APPROVED THE DEEP DIVE INTEGRATED  
WORKFORCE REPORTING PROPOSAL**

**10. COMMITTEE WORKPLAN**

The Chair and Mrs Toal presented the committee work plan and explained that it is subject to change throughout the year as the Committee establishes itself. They noted that the workplan includes regular progress reports, confidential sections, internal audits, disability staff network updates, employment equality reports, and dedicated reports from corporate and operational directors, with flexibility for additional items

**THE COMMITTEE APPROVED THE COMMITTEE WORKPLAN**

**11. CORPORATE RISK REGISTER**

The Chair and Committee discussed the committee's role in reviewing the corporate risk register, focusing on workforce shortages, staff morale, and vacancies, and the importance of considering Trust's risk appetite regarding treating risk. The committee noted that this will be a standing item for the Committee moving forward.

**12. ITEMS FOR ESCALATION TO THE BOARD**

There were no items noted for escalation to Trust Board

**13. ANY OTHER BUSINESS**

Mr Johnston noted an item raised at Governance Committee regarding locum recruitment and potential variations in processes. The Chair agreed to add this to the action log for future discussion.

***ACTION – LOCUM RECRUITMENT PROCESSES TO BE PRESENTED  
AT FUTURE COMMITTEE MEETING – MRS PARKS***

The Chair thanked everyone for their contributions during the meeting.

***The meeting concluded at 12.15 p.m.***