TRUST BOARD / SLT COVER SHEET

	The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee *The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.*	
Meeting and Date of meeting	Trust Board May 2026	
Title of paper	Committee in Common Meeting held 21st April 2026	
Report Author	**Name**	Eileen Mullan, Chair of Committee in Common
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This paper sits within the Trust Board role of:		Strategy
This paper is presented for:		Information
Links to HSC Reset Plan		Working Together

1. Reason for Presentation of Paper / Report

The papers are being presented to provide the six Health and Social Care Trust Boards with updates on the work and progress being made through the Committee in Common approach.

Paper A- CiC Ministerial Brief AQO- 05 May 2026

Prepared Ministerial Brief in response to an Oral Assembly Question tabled for Assembly Question Time for the Health Minister on 05 May 2026.

Question: To ask the Minister of Health for an update on the work of the Committee in Common for Health and Social Care providers.

Although the question was not reached during Assembly Question Time, the prepared briefing is included for information.

Paper B- CiC Meeting Notes- 21 April 2026

Paper C- CiC Action Log- 21 April 2026 and

Paper D- CiC Provider Collaboratives Quarterly Updates 21 April 2026

- For Information

2. Detailed summary of paper contents:

On 21 April 2026, the Committee in Common (CiC) held a forward planning workshop followed by its formal meeting.

The workshop focused on setting a clear direction for 2026-27, agreeing a small number of additional system-wide priorities where collective action will deliver greatest impact. The CiC meeting reviewed progress across established provider collaboratives and emerging priorities, supported by a standardised reporting approach.

Workshop Outcomes- Priority Areas

Five priority areas were agreed for focused collective action:

- Care Homes- Progress through the Enhanced Care Provider Collaborative, focusing on discharge, patient flow, and system capacity

- Hospital Network- Scope to be defined, including alignment to vulnerable specialties, led by Directors of Planning & Performance (DoPPs) and Directors of Adult Services
- Transport- Development of alternative pathways (including hear and treat / see and treat) to improve flow, coordinated through existing structures (DoPPs, NIAS, SPPG), rather than establishing a new collaborative at this stage
- Procurement- To be progressed with reference to the existing Procurement Board, with scope to escalate matters to CiC where wider system support or resolution is required, led by BSO and Southern Trust Chief Executives with the Procurement Board
- Information Governance (priority proposed on the day)- To be developed as a cross-cutting enabler to support delivery across priorities, in conjunction with digital and information governance leads.

CiC agreed that a high-level roadmap will be developed by the Programme Team for Chief Executive consideration ahead of 23 June 2026.

Committee n Common Meeting- Key Points

- Core governance arrangements are now in place
- Delivery must accelerate, with greater consistency in operating as a single system, including coordinated responses to commissioners
- The financial position remains a critical risk, with in-year savings requirements and the underlying deficit impacting service stability and workforce sustainability
- Delays in decision-making are now directly impacting deliverability across the system, compressing timelines and increasing risk
- A CiC communications and engagement framework is in development; support from Trust Heads of Communications was agreed.

Paper B- CiC Meeting Notes- 21 April 2026
Paper C- CiC Action Log- 21 April 2026

Current and Emerging Provider Collaborative Updates:

- Provider Collaborative programme brief and report cards were shared with members for review of progress since the previous meeting, next quarter priorities, and key risks and issues.

Paper D- CiC Provider Collaboratives Quarterly Updates 21 April 2026

Across all areas, common themes included the need to operate more consistently as a single system, including collective responses to commissioners, the importance of pace and timely decision-making to enable delivery, and a continued focus on impact and measurable outcomes.

Future meeting dates include:

- 23 June 2026 - Forward Plan review
- 18 August 2026 - CiC meeting

3. Areas of improvement/achievement:

- Established a formal system-wide arrangement, enabling coordinated action on shared priorities across all six Trusts
- Clarified the advisory remit, strengthening system alignment while maintaining full Trust Board accountability
- Implemented a clear model linking system oversight (CiC) with delivery through Provider Collaboratives
- Enhancing the visibility and management of shared risks and interdependencies across the system
- Enabled more consistent approaches to service delivery, reducing variation and supporting equity of access
- Strengthened collective leadership and shared learning, supporting more effective system-level decision making, with independent feedback recognising the continued maturation of CiC, reflected in more evolved discussion and progress
- Supported coordinated use of existing resources, while ensuring budgets, expenditure and governance remain with individual Trusts.
- Improvements and achievements from ongoing Provider Collaboratives outlined within Paper D- Provider Collaboratives Quarterly Updates 21 April 2026.
- CiC priorities for 2026/27 agreed as: 1) Care Homes 2) Hospital Network 3) Transport 4) Procurement 5) Information Governance

4. Areas of concern/risk/challenge:

- Ongoing system pressures including demand, workforce constraints and financial challenges
- Requirement for sustained programme management capacity and clinical leadership to support delivery at scale
- Interdependencies across Trusts requiring continued coordination and alignment
- Emerging programmes at early stages of maturity requiring further development and assurance
- Requirement for clear, coordinated system messaging to manage expectations and maintain a coherent narrative, supported by a communications and engagement plan.
- Risks identified and challenges from ongoing Provider Collaboratives outlined within Paper D- Provider Collaboratives Quarterly Updates 21 April 2026.

5. Impact on Statutory Duties: Provide details on the impact of the following and how.	
Financial Impact	***Safety and Quality Impact***
No, there are no Financial Impacts Activity is delivered within existing Trust resources, with ongoing system pressures and a need to demonstrate value through reduced agency use and improved efficiency. Any CiC or Provider Collaborative changes remain subject to Trust Board approval, with budgets, expenditure and accountability retained by each Trust.	Yes, there are Quality, Safety or Experience Impacts Positive impact through improved coordination of care pathways, reduction in long waits, and strengthened clinical collaboration across Trusts, supporting more consistent and equitable patient outcomes.
6. Risk Assessment (Risk level and state if a risk assessment be completed)	
Formal risk assessments are managed through existing Trust governance arrangements and programme-level risk registers, with shared risks escalated through the Committee in Common for visibility and alignment.	
7. Other Business Intelligence/data (If appropriate)	
Demonstrable reductions in long waiting times (e.g. significant reductions in gynaecology waits since September 2025) Quantifiable progress in discharge pathways and care home placements Ongoing monitoring through standardised reporting across Provider Collaboratives	

Trust Board Role Fulfilment

Strategy	*Papers in this category should address forward-looking priorities, long-term objectives, or service transformation. These are typically focused on shaping the future of the organisation and will often involve decisions on direction, investment, or innovation.*
Culture	*These papers aim to influence or reflect the values, behaviours, and staff or patient experiences within HSC. They may relate to leadership development, equality, diversity and inclusion, staff engagement, or initiatives intended to reinforce our organisational ethos.*
Accountability	*Papers falling into this area relate to governance, assurance, performance monitoring, compliance, and risk. They provide evidence that responsibilities are being fulfilled, standards are being met, and corrective actions are being taken where necessary.*

Reasons for Paper Presentation

Approval	*Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.*
Assurance	*Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.*
Information	*Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.*
Discussion	*Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.*