Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Minutes of a Meeting of the People and Culture Committee held on Monday 1st June 2026 at 2:00 p.m. in the Committee Room, Trust Headquarters, Craigavon

PRESENT:

Mrs G Browne, Non-Executive Director *(Chair)*
Mr Rob 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
Dr S Austin, Executive Medical Director
Mrs C Marks, Executive Director of Finance, Procurement and Estates

IN ATTENDANCE:

Ms D Yapicioz, Trade Union Representative
Dr C Corrigan, BMA LNC Chair
Mrs M Williamson, Dep Director – Workforce & OD
Mrs S Hynds, Deputy Director – HR Services
Mrs Z Parks – Deputy Director – Medical Staffing & Trust-Wide Resourcing
Mrs C Lavery, Head of Equality, Diversity and Inclusion – Item 13
Mrs F McAlinden, ValuABLE Network Deputy Chair, Item 12
Mr S Wallace, Head of Office

APOLOGIES:

None noted

1. WELCOME AND APOLOGIES

The Chair welcomed attendees to the meeting.

2. DECLARATION OF INTERESTS

No declarations of interest were noted.

3. CHAIRS BUSINESS

The Chair informed the Committee members that she is now the Trust Non-Executive Director Champion for Equality, Diversity and Inclusion.

4. MINUTES OF LAST MEETING – 2 MARCH 2026

Chair noted the notes of the previous meeting were approved via email previously.

5. MATTERS ARISING FROM PREVIOUS MEETING

Matters Arising 3 - Being Human. Update included in Item 6 People and Culture Progress Report. Chair update noted progress has been made in relation to the Being Human Framework, with meetings held between Committee members and Executive leads. Further discussion and updates will be provided during the agenda item.

Matters Arising 4 – Southern Trust Academy Forum. Update included in Item 6 People and Culture Progress Report.

Matters Arising 5 and 6. **Locum Assurance Statement**. Mrs Parks provided an overview of the statement on medical locum workforce arrangements, outlining the governance framework in place to manage recruitment, oversight, and associated risks. Mrs Parks advised that enhanced controls have been implemented, including:

- All requests for agency cover requiring approval through established governance processes, with confirmation that alternative staffing options have been considered and budget approval secured;
- Use of approved framework agencies only, with regional approval required for any off-framework engagement following the transition period;
- Comprehensive clinical review and compliance checks prior to engagement, including registration, right-to-work, and professional clearance; and
- Ongoing clinical oversight and supervision, with line managers and Clinical Directors responsible for induction, performance monitoring, and escalation of any concerns.

Mrs Parks acknowledged that, while substantive consultant recruitment remains the preferred long-term model, ongoing workforce shortages necessitate continued use of locum staff to maintain service delivery. Dr Austin provided assurance regarding clinical governance arrangements, advising that:

- Concerns regarding locum performance are actively identified and managed, with robust escalation processes in place;
- Where necessary, contracts are terminated and concerns escalated to appropriate regulatory bodies, including the General Medical Council; and
- There is strong multidisciplinary feedback into performance monitoring, ensuring patient safety remains the priority.

Dr Austin further emphasised the need to balance risks, noting that while locum engagement carries inherent risks, failure to provide staffing would present a greater risk to patient care through lack of access to treatment. In discussion, Mr Johnston reflected that reliance on locum staffing at this scale has become normalised and queried whether a fundamentally different workforce model should now be considered, rather than continued reliance on mitigating controls. Dr Austin noted that:

- The use of locums is a system-wide issue, with similar challenges across Northern Ireland and the wider UK;
- Some clinicians actively choose locum work due to flexibility and working patterns; and
- Alternative workforce models, including multidisciplinary approaches and development of non-training roles, are being explored.

It was recognised that the Trust, in line with regional partners, may need to consider longer-term strategic approaches to workforce planning, rather than reliance solely on short-term mitigations.

6. PEOPLE AND CULTURE – PROGRESS REPORT ON COMMITTEE & STRATEGY 2030 PEOPLE PRIORITIES

Mrs Toal and Mrs Williamson presented the update on the Trust's People Strategy and associated priority programmes, noting significant progress in refreshing the People Framework. Mrs Williamson highlighted key areas of focus, including the EQUIP programme, associated timeline challenges, the Health and Wellbeing (HWB) Framework, and ongoing work aligned to the Being Human Framework regional activity.

Mrs Williamson also referenced early development work on the Southern Trust Academy, noting that an initial workshop has been completed and a pilot approach is being developed on a multi-professional basis, involving medical, nursing, and allied health professionals. The update further outlined progress in strategic resourcing programmes, with members invited to explore these areas through discussion.

In discussion, Dr Corrigan raised concerns regarding the increasing reliance on Locally Employed Doctors (LEDs), noting that such roles are typically not subject to national terms and conditions, are often temporary, and may lack long-term stability. She highlighted the potential risks associated with short-term contracts and the perception of job insecurity.

In response, Mrs Parks outlined the Trust's Medical Resourcing Strategy, advising that the development of a two-year rotational Clinical Fellow programme is intended to stabilise the workforce while offering enhanced development opportunities for doctors unable to access formal training pathways. She emphasised that:

- The model has been co-designed with doctors;
- It includes structured training elements (e.g. SPA time and rotation);
- There has been strong demand, with high application numbers; and
- It aims to support safe staffing levels while offering an alternative pathway into longer-term roles (including SAS posts).
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It was noted that this approach also supports improved ward staffing and is being expanded across both CAH and DHH.

Members discussed wider changes in workforce expectations, noting that younger medical staff increasingly prioritise flexibility, work-life balance, and varied career pathways, including locum work. It was acknowledged that traditional training routes may not fully meet these expectations, and that more flexible models are required.

Discussion also highlighted the impact of national recruitment policies, including prioritisation of UK graduates and proposed NHS experience thresholds, which may be influencing application patterns. Mrs Parks confirmed that engagement with NIMDTA is ongoing to explore improved alignment between training and service needs, although it was noted that current arrangements are not considered sustainable in the long term.

Turning to the Being Human Framework, Dr Austin highlighted ongoing regional work to streamline related frameworks, including "Being Open" and other cultural initiatives, to reduce duplication and improve clarity. Mr McCafferty emphasised the importance of strengthening the visibility and practical application of the Being Human Framework within Directorates, noting that it should be more actively embedded in day-to-day operations

and staff engagement. Mrs Williamson provided an update on implementation plans, advising that:

- A pilot workshop will be held on 29 June to test the approach with identified facilitators;
- A further session will be held with the Senior Leadership Team to support wider rollout;
- Workshops will then be delivered across Directorates, with each Directorate identifying a local “champion” to lead coordination; and
- The approach will focus on staff engagement and listening, exploring what is working well and identifying areas for improvement.

She confirmed that the Being Human Framework will act as an overarching structure to support cultural alignment and cohesion across the organisation.

Members welcomed the progress reported and noted the importance of maintaining clarity and focus across multiple workforce-related initiatives. It was recognised that the People Framework provides a clear and structured approach, reflecting current organisational challenges, including workforce pressures and financial constraints, while supporting engagement and cultural development.

The Committee noted the update, including progress on the People Framework, ongoing workforce challenges, and the planned programme of engagement and implementation activity.

7. CORPORATE HEATMAP

Mrs Toal presented the first version of the workforce performance heatmap, noting that this had previously been shared as a draft template. The dashboard provides an overview by Directorate, with key workforce metrics, trends, and performance indicators clearly set out. Mrs Toal highlighted several key points:

- The Mental Health and Disability Directorate was commended as the only operational Directorate achieving over 80% compliance in both corporate mandatory training and appraisal compliance, representing a significant achievement.
- Medical appraisal completion requires further focus, with a requirement that 2025 appraisals be completed by 30 April 2026. It was noted that improvement activity will be prioritised in the early part of the year.

- Medical job planning is transitioning from a retrospective to a prospective approach, with a clear focus on ensuring timely completion for the 2026/27 year.
- Agenda for Change appraisal compliance has improved and is now being reset and reported on a forward-looking basis from April, with particular focus on completion in the first quarter of the year.
- Staff turnover was noted to be reducing and continuing on a downward trajectory.

Mr McCafferty queried the accuracy of the medical job planning figures and highlighted that recent Directorate changes, including the amalgamation of IMWH, may impact performance data. Mrs Toal clarified that the metric relates specifically to 2026/27 prospective job plans, rather than retrospective completion.

The Chair queried whether Directorates achieving strong performance share learning with others. Dr Corrigan and Mrs Toal noted that sustained improvement often requires active management effort, including regular follow-up with teams and embedding these metrics into routine management discussions.

Dr Corrigan discussed challenges in relation to medical appraisal timelines, noting that changes to expected completion dates, combined with operational pressures particularly during winter, may have impacted delivery. Dr Corrigan noted that improved communication and planning will be required going forward.

Mrs Marks highlighted that achieving improvements in appraisal compliance requires significant leadership effort and sustained engagement across Directorates. Mr McCafferty emphasised that individual staff responsibility must also be reinforced, rather than placing sole accountability on line managers.

Mrs Toal confirmed that this issue will be addressed through the review of the Trust appraisal policy, with a clearer emphasis on shared responsibility between employees and managers. Members further noted the importance of corporate mandatory training, recognising both the operational challenges and the risks associated with non-compliance.
Overall, the Committee welcomed the introduction of the heatmap as a useful and accessible tool for monitoring workforce performance and supporting accountability across Directorates.

The Committee noted the update and agreed the importance of continued focus on improving appraisal, job planning, and training compliance.

8. INTERNAL AUDIT – IMPLEMENTATION OF PEOPLE FRAMEWORK 2022 – 2025

Mrs Toal introduced the Internal Audit report, noting that members had received both the audit findings and the accompanying response. In summarising the findings, Mrs Toal highlighted two significant issues:

- Limited reporting to the Trust Board on people-related matters; and
- A decline in staff satisfaction indicators

Mrs Toal noted that the establishment of the People and Culture Committee provides a clear mechanism to address these issues going forward, ensuring that people-related matters are routinely and robustly considered and reported to the Board.

Mrs Toal acknowledged that timing and governance arrangements had contributed to previous limitations in reporting, noting that the transition to a standalone Committee now provides an opportunity for more detailed scrutiny and clearer escalation. Mrs Toal further emphasised that a key priority is to ensure that staff feedback and survey findings are actively acted upon, rather than simply reported. She highlighted the importance of moving beyond measurement to demonstrable improvement.

Members discussed the need to strengthen the use of people metrics, including those within the People Framework, to provide meaningful insight into organisational culture and workforce experience. It was agreed that:

- A broader range of indicators will be required, beyond existing measures, to assess progress;
- The Committee must be able to evidence whether actions taken are leading to tangible improvement over time; and
- There should be a clear line of sight between staff feedback, actions taken, and measurable outcomes.

It was recognised that this will form a key part of the Committee's role, ensuring that progress can be tracked across year one, year two, and year three, with clear evidence of impact.

The Committee noted the Internal Audit findings and endorsed the proposed approach to strengthen reporting, oversight, and measurement of improvement in workforce experience.

9. NURSING AND MIDWIFERY PROFESSIONAL STANDARDS AND COMPLIANCE REPORT Q4 2025/26

Mrs Hamilton presented the year-end position for supervision, appraisal, and professional registration across Nursing and Midwifery services. Mrs Hamilton advised that there has been positive progress across all areas, supported by an increase in the number of trained supervisors, improving staff access to supervision. Compliance levels were reported as:

- 88% for supervision (Session 1);
- 71% for supervision (Session 2);
- with both reflecting improvement from previous reporting periods, although further progress is required to achieve full compliance.

In relation to appraisal, compliance stood at 64%, representing a significant improvement year-on-year. Mrs Hamilton confirmed that continued focus will be maintained to further improve performance in this area. Professional registration and revalidation compliance was reported at 96%, with any extensions appropriately managed through established governance arrangements.

Mrs Hamilton highlighted a number of ongoing challenges, including:

- Timeliness and accuracy of data, particularly where reliance on paper-based systems impacts reporting; and
- Operational pressures and staff availability, including those on leave, which can affect engagement with appraisal and revalidation processes.

Notwithstanding these challenges, Mrs Hamilton concluded that there has been clear and sustained improvement, with a continued focus on strengthening data quality and enhancing workforce engagement.
The Chair thanked Mrs Hamilton and her team for the progress achieved, specifically recognising the improvement in engagement across Nursing and Midwifery staff.

The Committee noted the update and the continued focus on improving compliance and workforce assurance.

10. AHP PROFESSIONAL STANDARDS AND COMPLIANCE REPORT Q4 2025/26

Mrs Hamilton presented the year-end position for supervision, appraisal, and professional registration across Allied Health Professional (AHP) services. Mrs Hamilton advised that supervision compliance is currently between 65% and 70%, which is below the desired standard. She noted that this is primarily due to workforce pressures, particularly within Radiography and Podiatry, as well as inconsistent recording practices. Action plans are in place to improve compliance and to strengthen the implementation of the supervision framework.

It was further noted that AHP-specific appraisal data is not currently available, due to system limitations. Work is underway with HR colleagues to improve data extraction, with a view to providing a more detailed position in future reports. Mrs Hamilton provided assurance that, notwithstanding these limitations, there is operational oversight through line management arrangements, supported by local tracking mechanisms.

Compliance with professional registration (HCPC) was reported at 100%, providing strong assurance that staff meet required regulatory standards. Mrs Hamilton highlighted key risks and challenges, including:

- Supervision compliance remaining below expected levels;
- Workforce capacity and operational pressures impacting delivery; and
- Limitations in data quality and accessibility.

In discussion, Mrs Marks queried whether supervision is a mandatory requirement for HCPC registration. Mrs Hamilton clarified that, while not a formal regulatory requirement, supervision is considered professional good practice and is expected to support safe and effective practice.

The Committee noted the update and the positive assurance regarding professional registration, alongside the need to continue improving supervision compliance and data quality.

11. MEDICAL APPRAISAL & REVALIDATION REPORT

Dr Austin provided a brief update on medical appraisal and revalidation, noting that reporting aligns to the previous calendar year cycle, with an expectation that all appraisals are completed by the end of the following year. He advised that:

- 2024 appraisals are currently 92% complete, with further completion expected as outstanding cases are finalised;
- 2025 appraisal completion is at an early stage, reflecting the position at the start of the reporting cycle and the expected time lag in completion.

Dr Austin explained that appraisal activity typically increases as the year progresses, with lower completion rates early in the cycle expected to rise significantly by subsequent reporting points. He further highlighted:

- Ongoing work to improve private practice declarations, noting that compliance is variable, partly due to a perceived lack of clarity among staff regarding the purpose of these declarations;
- Continued focus on medical job planning, with monitoring of completion rates; and
- Progress in strengthening declarations of interest, supporting transparency and governance.

In discussion, Mrs Toal sought clarification on the target completion date for appraisals, noting that this is set at 30 April each year to allow for operational pressures, particularly during the winter period. Dr Austin confirmed that these timelines are communicated to all medical staff annually as part of a structured appraisal process. Members noted that:

- Encompass implementation and associated training had impacted appraisal completion in the previous year;
- There remains a need to ensure clear and consistent communication regarding expectations and timelines; and
- Delays in receiving supporting information may contribute to late completion.

Mr Lynas queried whether additional time could be protected to support appraisal completion. Mrs Toal advised that, while this is recognised, it is essential that appraisal is prioritised within Directorates as part of professional responsibilities.

Members discussed the balance between organisational support and individual responsibility, noting that appraisal, supervision, and professional development activities must be regarded as core components of professional practice, even within pressured environments.

The Chair emphasised the importance of leadership in reinforcing expectations, highlighting that consistent messaging from senior levels is

critical to improving compliance. The Committee noted the update, including current performance, challenges affecting delivery, and the continued focus on strengthening appraisal, governance, and professional accountability.

12. PULSE SURVEY ACTION PLANS

Mrs Toal stated that it was agreed that the Trust Corporate Directors would provide the Committee with updates and action plans in relation to their responses to the 2024 Pulse Survey. It is planned that at Septembers Committee meeting operational directors will present their responses to the 2024 survey.

Mr Johnston highlighted the importance of aligning workforce insights with patient safety considerations, noting the ongoing work relating to Patient Safety and Quality Committee Terms of Reference. He emphasised that workforce indicators should be considered as part of wider safety and learning intelligence, with continued focus on how staff experience correlates with patient outcomes.

Mrs Toal acknowledged this linkage, noting that further development will be required to strengthen the integration between workforce metrics, organisational culture, and patient safety indicators.

i) Medical Directorate

Dr Austin provided a brief update on the Pulse Survey results for the Medical Directorate. He advised that the reported response rate exceeded 100%, indicating that the data had been contaminated, likely due to staff identifying with the Medical Directorate despite working in other areas. As a result, the survey findings were not considered sufficiently reliable for meaningful analysis.

In light of this, Dr Austin confirmed that the Directorate had instead developed a local work plan, drawing on key themes aligned to the Trust's People Framework, including belonging, wellbeing, and staff engagement. It was noted that the proposed actions are set out within the accompanying table in the report and will guide improvement activity within the Directorate going forward.

ii) Finance, Procurement & Estates

Mrs Marks provided an update on the Pulse Survey results for the Finance, Procurement and Estates Directorate. She noted while some divisions

performed well, others scored less favourably, and targeted action has been taken to address those areas. Mrs Marks highlighted that the lowest scoring areas related to:

- Staff feeling valued and appreciated;
- Clarity on what is expected of them in their roles;
- Perceived opportunity for development; and
- Overall staff engagement, including willingness to recommend services.

In response, Mrs Marks outlined a range of actions to improve staff experience, with a particular focus on recognition, communication, and engagement. These included:

- Hosting “thank you” events at multiple sites annually to recognise staff contributions and provide opportunities for teams to meet face-to-face;
- Introducing monthly “chat with the Director” sessions, recognising staff contributions and providing updates on Directorate activity (with approximately one-third of staff typically attending);
- Strengthening the People Plan Group, with new leadership to re-establish regular engagement and generate new ideas; and
- Continuing the Directorate annual business planning event, including engagement from Band 7 and above staff and incorporating wellbeing initiatives.

Mrs Marks also advised that the Directorate is working towards:

- Development of a balanced scorecard, with clear objectives and monitoring arrangements;
- Implementation of a training needs assessment, alongside development of individual training plans; and
- Improving staff experience within Estates, where scores were particularly low, through focused engagement and action planning.

In relation to broader organisational challenges, Mrs Marks highlighted:

- Ongoing cultural change within Finance teams, including a shift from transactional roles to finance business partnering;
- Issues arising from teams working in silos, with external support engaged to develop an action plan to improve collaboration; and
- Changes to working patterns, including increased office-based presence to strengthen team cohesion and integration.

It was acknowledged that, while progress has been made, further work is required to improve outcomes and embed sustainable cultural change.

The Chair welcomed the actions being taken, recognising the breadth of work underway, and noted that the impact of these initiatives should be reflected in future Pulse Survey results.

iii) Planning, Performance and Informatics

Mrs Tally provided an update on the Pulse Survey results for the Performance Directorate, noting a 42% response rate and setting out both positive findings and areas for improvement. Mrs Tally reported that, overall, the Directorate received positive feedback from staff, including:

- 66% of staff would recommend the Trust as a place to work and felt proud to work within the Directorate;
- Strong levels of perceived support from colleagues and managers;
- Staff feeling safe within their working environment; and
- High levels of commitment to patient and service user care, alongside positive relationships across teams.

Notwithstanding these strengths, Mrs Tally identified a number of areas requiring improvement, including:

- Greater recognition and appreciation of staff contributions;
- Increased opportunities for staff to influence change;
- Improved communication and connectivity across teams; and
- Enhanced empowerment, autonomy, and trust within roles.

Mrs Tally outlined that a structured response has been initiated, with the senior leadership team identifying key priority areas and developing an action plan. Key actions include:

- Promoting peer recognition, including greater use of existing platforms such as “Greatix”;
- Expanding a quarterly Directorate newsletter, recognising both professional achievements and personal milestones;
- Supporting staff empowerment and development, including enabling staff to operate to the full extent of their roles;
- Addressing duplication across support functions, with a focus on streamlining processes and maximising resource use; and
- Exploring shadowing opportunities to support staff development and succession planning.

In relation to engagement and communication, Mrs Tally advised that:

- A monthly “chat with the Director” session has been established;
- Senior leadership visibility has been increased through attendance at team meetings and leadership engagement; and
- Assistant Director and Head of Service meetings have returned to in-person formats, supporting improved collaboration and relationship-building.

Mrs Tally further noted the importance of supporting staff wellbeing and team connection, with initiatives including in-person events and health and wellbeing activities. In concluding, Mrs Tally emphasised that these actions are being brought together into a formal Directorate action plan, which will be used to drive improvement and will be reflected in future Pulse Survey results.

The Chair welcomed the positive progress and the range of actions being implemented, noting that impact should be evident in future staff survey results.

iv) Nursing, Midwifery and AHPs

Mrs Hamilton provided an update on the Pulse Survey results for the Workforce, Governance and Corporate Services Directorate, noting a 29% response rate, with particularly low engagement within support services (6.1%). It was acknowledged that this may not fully reflect staff experience, given challenges such as agency staffing levels and access to systems. Mrs Hamilton advised that, despite these limitations, the feedback provided valuable insight. Staff responses highlighted a number of strengths, including:

- Strong teamworking and peer support;
- Positive relationships with colleagues and line managers; and
- Continued commitment to patient and service user care.

However, key areas for improvement were identified, including:

- Recognition and appreciation of staff contributions;
- Safety, dignity, and respect within the workplace;
- Communication during periods of change; and
- Ensuring that staff feel their feedback is acknowledged and acted upon.

Mrs Hamilton reported that each Assistant Director has developed local improvement plans, which have been consolidated into an overarching Directorate action plan. Priority areas include:

- Strengthening a culture of recognition and appreciation, including sharing success across teams;
- Enhancing staff voice and engagement, including opportunities to influence change;
- Supporting wellbeing, with a focus on workload pressures;
- Improving safety and respect, including reinforcing reporting mechanisms; and
- Ensuring clear and consistent communication, particularly during ongoing service changes.

Mrs Hamilton further highlighted a programme of leadership engagement, including regular visits to teams across the Directorate. Positive feedback has been received regarding these visits, with staff valuing the opportunity to engage directly with senior leaders and to discuss their day-to-day experiences. It was noted that, while time-intensive, this approach is considered important in demonstrating leadership visibility and commitment.

Mrs Hamilton advised that progress will be monitored through quarterly review of the Directorate action plan, with all areas currently assessed as amber, reflecting ongoing work in progress.

The Chair acknowledged the breadth of the work underway and emphasised the importance of sustaining focus to improve staff experience, noting that future Pulse Survey results will provide an indication of impact.

v) Social Work and Communications

Mr McCafferty (CMMC) provided an update on Pulse Survey findings relating to Children's and Young People's Services (CYPWS), Social Work and IMWH, noting that he was relatively pleased with the overall position, particularly given the wider pressures across Health and Social Care.

Mr McCafferty highlighted the complexity and scale of the workforce, noting that social work responsibilities extend beyond CYPWS and include a significant number of staff across the wider Trust. It was recognised that this presents challenges in achieving consistent engagement and visibility across all services. Mr McCafferty emphasised that leadership visibility remains a key priority, noting the importance of:

- Regular engagement with staff through events and team meetings;
- Maintaining a visible presence at both formal and informal activities; and

- Recognising the value of direct interaction with staff and service users.

He referenced recent engagement at Trust events and highlighted the benefit of being present with both staff and families, noting the positive impact this has on staff morale and connection. Mr McCafferty advised that a number of engagement initiatives are being progressed, including:

- Planned inclusive Directorate workshops, such as Specialist Child Health and Disability services, aimed at maximising staff engagement and feedback;
- A scheduled IMWH (Infant, Maternal and Women's Health) workshop, with a focus on broad staff involvement; and
- Continued development of the Social Work Forum, with a commitment to at least two face-to-face sessions per year.

Mr McCafferty noted that the key challenge remains the ability to balance operational demands with leadership visibility, acknowledging the difficulty in consistently protecting time within busy schedules. However, he emphasised that informal visits and interactions, including attendance at team meetings and service events, are highly valued by staff and should not be underestimated. Members recognised the importance of maintaining leadership presence across services and the positive impact this has on staff engagement and culture. Mr McCafferty advised the action plan related to all the CYPWS Directorate and not just the social work element.

vi) HROD including CX office

Mrs Toal provided an update on Pulse Survey findings for the Directorate, noting a strong response rate of 65%, which was welcomed as providing a robust basis for analysis. Mrs Toal advised that, while performance in areas such as recognition and appreciation remained a key focus for improvement, there is evidence of positive progress and increased engagement within the Directorate. In response to feedback, a number of actions have been taken, including:

- Strengthening focus on staff recognition and appreciation;
- Establishing Health and Wellbeing (HWB) Champions, providing accessible support routes for staff outside of line management structures; and
- Reinforcing communication and visible support structures across teams.

Mrs Toal highlighted that the year ahead will be particularly challenging given the pressures associated with the EQUIP programme, and that workforce planning remains a key priority in ensuring the Directorate is sufficiently resourced to deliver on its objectives. It was noted that:

- A key element of the Directorate plan is to ensure that vacancies are filled, enabling the right capacity and capability to support delivery;
- Consideration is being given to business continuity planning, including prioritisation of essential activities within available resources; and
- Continued focus is required on practical measures to support staff wellbeing, including reinforcing expectations around breaks and workload management.

Mrs Toal emphasised that these actions form part of a broader approach to supporting staff through a difficult operational environment while continuing to improve culture and engagement. The Chair noted the positive direction of travel and the practical steps being taken, recognising the importance of maintaining momentum in this area.

The Committee noted the updates provided, including the actions underway to improve staff experience, and the importance of continuing to monitor impact through both qualitative and quantitative measures.

13. VALUABLE DISABILITY STAFF NETWORK UPDATE

Mrs McAlinden provided a presentation on behalf of the Disability Staff Network, outlining its purpose and key issues identified through engagement with staff.

Mrs McAlinden advised that the Network was established to provide a forum for colleagues with disabilities to share experiences, raise concerns, and support one another, noting that the Trust workforce includes a wide range of needs, including visible and non-visible conditions. She emphasised the importance of ensuring that staff are supported to perform their roles effectively through appropriate workplace adjustments and inclusive practices.

Members were advised that a key objective of the Network is to ensure that the views of staff with disabilities are considered at the planning stage of service and operational changes, rather than retrospectively. A number of key themes were highlighted, including:

- Accessibility and parking at Daisy Hill Hospital (DHH). Concerns were raised regarding the adequacy and suitability of blue badge parking provision. While overall parking capacity has increased, it was noted that accessible spaces have reduced in number and, in some instances, are not fit for purpose. This was described as causing distress for staff and service users requiring accessible parking.
- Reasonable adjustments in the workplace and the importance of promoting awareness that staff can request adjustments, such as movement breaks, flexible working arrangements, or environmental adaptations, was emphasised. It was noted that increased awareness and openness would support staff confidence in raising such requests.
- Consistency of management responses. Members acknowledged that inconsistent responses to requests for adjustments can be a source of frustration for staff and highlighted the need for greater consistency across the organisation.
- Awareness and culture. The Network emphasised the importance of fostering a culture that recognises different abilities rather than disabilities, and supports staff to work to the best of their potential.

In response, the Chair thanked Mrs McAlinden for her impactful and candid contribution, noting the value of hearing directly from staff about their lived experience. Dr Corrigan highlighted a related cultural initiative, noting the forthcoming launch of the Sunflower Scheme, which aims to promote awareness and identify individuals across the Trust as safe, supportive points of contact for colleagues who may require assistance. This will be supported by awareness training and a voluntary pledge system.

Mrs Hamilton and Mrs Marks acknowledged the concerns raised regarding parking provision and offered an apology for the experience described. It was confirmed that Estates will review blue badge parking arrangements, including enforcement, allocation, and suitability of spaces, as well as communication with staff regarding appropriate use.

Mr McCafferty emphasised the need to maintain focus on accessibility issues, noting that such matters should remain a standing priority given their impact on both staff experience and patient access. He also highlighted the importance of improving consistency in how reasonable adjustment requests are managed.

Members agreed that the issues raised require continued attention and should be progressed, with further updates to be brought back to the Committee.

The Commitee noted the presentation and the importance of strengthening accessibility, consistency, and inclusion across the organisation.

ACTION – RESPONSE TO BE PROVIDED REGARDING ISSUES RAISED:

- ***ACCESSIBLE CARPARKING,***
- ***AWARENESS FOR STAFF ON AVAILABILITY OF REASONBLE ADJUSTMENTS***
- ***TAKING STEPS TO MOVE TOWARDS MORE CONSISTENT MANGEMENT RESPONSES FOR SUPPORT REQUESTS***

MRS HAMILTON AND MRS MARKS

14. EQUALITY – ANNUAL PROGRESS REPORT

Ms Lavery presented the Equality Annual Progress Report for 2025/26, noting that this forms part of the Trust's statutory reporting requirements to the Equality Commission. The report includes the prescribed annual template, alongside updates on regional equality and disability action plans and a summary of key activities undertaken during the year.

Mrs Lavery outlined progress across both workforce equality and service-user focused inclusion, noting close collaboration with the EDI team, Dr Corrigan and the Disability Staff Network.
Key workforce-related developments included:

- Delivery of the annual multicultural celebration day and other engagement activities;
- Development of guidance and resources for managers on reasonable adjustments, supported through regional absence management policy work;
- Continued promotion of flexible working, with approximately 1,000 requests received, of which over 70% were approved;
- Publication and implementation of the Menopause Policy, with the workplace pledge signed in March 2026; and
- Successful submission of statutory reports, including the Fair Employment Report and Article 55 return to the Equality Commission.

From a service-user perspective, Mrs Lavery highlighted a number of key initiatives, including:

- A range of inclusive events, including multicultural and community-focused initiatives;
- Opening of the Sunflower Room at South Tyrone Hospital, supporting children with learning disabilities undergoing dental procedures;
- Development of a welcome pack for Woodlands Short Breaks Unit, supporting families to better understand the service; and
- Continued high demand for interpreting services, with approximately 45,000 face-to-face requests, placing the Trust second regionally.

Mrs Lavery noted ongoing challenges and emerging areas of focus, including:

- Provision of suitable facilities for transgender young people, in the context of limited legislative and policy guidance;
- Continued development of disability policy, including greater emphasis on neurodiversity;
- Implications of emerging legislation, including the Identity and Language Act; and
- Potential impacts of the EQUIP programme, particularly on statutory equality reporting processes.

In discussion, Mrs Hamilton raised queries regarding a recent reduction in interpreting service usage. Mrs Lavery advised that this may be linked to the Encompass system implementation, with activity returning to expected levels thereafter.

Members also discussed the role of handheld interpreting devices, particularly in Emergency Departments, which may be contributing to reduced face-to-face interpreter demand. It was noted that access to certain languages, including Bulgarian, remains challenging.

Mrs Toal emphasised the importance of ensuring that all service users continue to receive appropriate interpretation support and that staff remain aware of booking processes. It was agreed that further engagement with services will be undertaken to confirm usage trends and ensure continued accessibility.

Members recognised the significant volume of work delivered by a small team, with formal acknowledgement of the contribution made in meeting both statutory obligations and broader organisational priorities.

The Committee noted the report, including progress made, ongoing challenges, and the continued importance of equality, diversity and inclusion in supporting both workforce and service-user outcomes.

ACTION – MRS LAVERY TO INVESTIGATE IMPACT ON REDUCTION OF INTERPRETER USAGE THAT MAY BE LINKED TO THE INTRODUCTION OF HANDHELD TRANSLATION DEVICES PARTICULARLY IN THE EMRGENCY DEPARTMENT

15. CORPORATE RISK REGISTER

Mrs Toal introduced the Corporate Risk Register, noting that it had previously been reviewed at the Senior Leadership Team meeting.

Mrs Toal highlighted the ongoing challenges associated with strategic resourcing, noting that a number of risks remain difficult to mitigate fully due to workforce and capacity constraints. She advised that there will be a continued focus on identifying and prioritising key risks within this area, with targeted actions being developed to reduce and, where possible, eliminate these risks.

Mrs Toal further advised that consideration will be given to reviewing the risks that relate to staff morale, particularly as the Trust transitions to new data systems and approaches to workforce monitoring.

Members noted the update and the continued focus on strengthening risk management arrangements, particularly in relation to workforce and organisational resilience.

16. ITEMS FOR ESCALATION TO THE BOARD

No items noted for escalation to Trust Board.

17. ANY OTHER BUSINESS

The Chair thanked everyone for their contribution to the meeting.

The meeting concluded at 4:30 p.m.