

**Minutes of a Meeting of the People and Culture Committee held on
Monday 7th September 2026, 9.30a.m. in the Board Room,
Trust Headquarters, Craigavon**

PRESENT:

Mrs G Browne, Non-Executive Director (*Chair*)

Mr Rob Lynas, 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

IN ATTENDANCE:

Dr C Corrigan, BMA LNC Chair

Mrs M Williamson, Deputy Director – Workforce & OD

Mrs S Hynds, Deputy Director – HR Services

Mrs Z Parks, Deputy Director – Medical Staffing & Trust-Wide Resourcing

Mrs S Hetherington, Assistant Director, Clinical and Social Care Governance

Emma Herron, Assistant Director of Costing, Efficiencies & Capital

Mrs C Sheeran, Director of Adult Community Services (for item 9)

Mrs B Hughes, Assistant Director of Surgery and ATICS (for item 9)

Mrs T Mulholland, Assistant Director MUSC (for item 9)

Mrs J McGall, Director Mental Health and Disability (for item 9)

Mrs R Montgomery, Senior Project Manager

APOLOGIES:

Dr S Austin, Executive Medical Director
Mrs C Marks, Executive Director of Finance, Procurement and Estates
Declan McClements, Interim Director of Surgery and Clinical Services
Mr J Johnston, Non-Executive Director
Debbie Burns, Director of Operations
Ms D Yapicioz, Trade Union Representative
Mr S Wallace, Head of Office

1. WELCOME AND APOLOGIES

The Chair welcomed members and attendees to the meeting and noted the apologies received. The Chair reminded members of the Committee's commitment to openness, reflection and ensuring that the Trust's values remained central to its work. The Chair also acknowledged the scale of the financial challenge facing the Trust and emphasised the importance of maintaining a focus on workforce wellbeing during the period of resource and workforce control.

2. DECLARATION OF INTERESTS

No declarations of interest were made.

3. CHAIR'S BUSINESS

No matters were raised under Chair's Business.

4. MINUTES OF MEETING HELD ON 1ST JUNE 2026

The minutes of the meeting held on 1 June 2026 were approved as an accurate record.

5. MATTERS ARISING FROM PREVIOUS MEETING

Southern Trust Academy

The Committee noted that a substantive update would be provided later in the meeting as part of the progress report.

Accessible Car Parking

Mrs Hamilton advised that enforcement arrangements remained ongoing across both main hospital sites and that communications were being developed for staff and service users on the appropriate use of accessible parking spaces. Estates colleagues were exploring options to improve accessible parking provision at Daisy Hill Hospital, including opportunities arising from site changes and future developments.

The Committee noted that resurfacing works had been undertaken at a number of Trust sites during the preceding six months. A review of accessible parking provision at Craigavon Area Hospital and Daisy Hill Hospital had confirmed that the sites met national guidance, although members recognised that both sites remained heavily congested and that further improvement should continue to be explored.

Dr Corrigan reported that members of the relevant staff network had met Estates representatives following the previous Committee meeting. Dr Corrigan welcomed the engagement but emphasised that hospital sites should seek to provide more than the minimum standard where possible. Mrs Hamilton agreed to reinforce the need for appropriate enforcement where vehicles were using accessible spaces without displaying a Blue Badge.

ACTION: Mrs Hamilton to follow up the enforcement of accessible parking arrangements. The existing action will remain open.

Handheld Interpreting Devices in Emergency Departments

Mrs Toal reported that the reduced use of handheld interpreting devices had been attributed to difficulties with Wi-Fi connectivity in Emergency Departments. The previously reported reduction in interpreter usage had also coincided with the Encompass go-live period. Dr Corrigan confirmed

that Wi-Fi reliability was problematic in both Emergency Departments and suggested that the proximity of radiology facilities might be a contributing factor.

The Committee agreed that the connectivity issue required further investigation, particularly as effective use of the devices could improve access to interpreting support and reduce reliance on externally provided interpreting services.

ACTION: The Wi-Fi and connectivity issues affecting handheld interpreting devices in Emergency Departments are to be followed up. The action will remain open.

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

Mrs Toal introduced the report, which provided an update on delivery against the People and Culture Committee priorities and the annual strategic plan.

Equip Programme

Mrs Williamson reported that Finance and Human Resources and Organisational Development teams remained heavily involved in the Equip programme. Release 1, covering Finance and Procurement, was planned to go live on 2 December 2026, with cutover activity in the preceding week. Release 2, covering core Human Resources and payroll, was being replanned and was approximately seven months behind the earlier programme position.

Significant testing, training and data migration activity was under way. The programme has adopted a train-the-trainer model, supported by virtual sessions, user guidance, e-learning and system-based learning resources. Members noted that the compressed timetable and changing programme plan were placing substantial pressure on a relatively

small number of staff, particularly within Finance, and could affect routine operations as go-live approached.

Mr Lynas requested a concise overview of the principal systems and components within the new information technology architecture, including how Equip, Oracle and the associated Finance, Human Resources, payroll and learning systems related to one another. Members also discussed anticipated benefits. It was noted that the principal driver was the need to replace systems approaching end of life and move towards an integrated platform, with reporting and self-service benefits expected to develop incrementally following implementation.

ACTION: Mrs Williamson to provide a brief overview of the new systems and how the principal components fit together.

Health and Wellbeing Framework 2025-2030

Mrs Williamson outlined progress on the revised Health and Wellbeing Framework and the Year 2 action plan. The plan had been informed by staff feedback, wellbeing information, sickness absence trends, internal audit findings and emerging organisational priorities. Responsibility for delivery extended beyond Human Resources and Organisational Development and included Estates, operational directorates and other stakeholders.

The key areas of focus included improving staff rest facilities and wellbeing spaces; strengthening support following violence, aggression and critical incidents; finalising the revised stress talking toolkit and bereavement resources; continuing equality, diversity and inclusion activity; strengthening the wellbeing champion network; establishing a carers' network; progressing the domestic and sexual violence and abuse campaign; rolling out compassionate conversations training; and reviewing musculoskeletal support arrangements.

Members welcomed the plan and stressed the importance of connecting the work with existing Trust expertise and ensuring staff-only spaces were

considered alongside facilities for patients and service users. Progress would continue to be monitored through quarterly reporting.

Being Human: A Framework for Safety and Culture

Mrs Williamson reported that the Trust had initially proposed a bottom-up self-assessment approach, supported by multidisciplinary workshops across directorates and a subsequent Board workshop. A pilot workshop was held with representatives from organisational development, quality improvement, governance, psychology and clinical services.

Feedback has supported the multidisciplinary approach but raised questions about the purpose, scale, staff expectations and intended outcomes of the proposed workshops. Members were advised that the planned September roll-out was considered too ambitious and that further work was required to align the approach with the developing regional position on Being Human, Being Open and related culture and accountability work. The proposed approach would therefore be reconsidered with the Senior Leadership Team.

The Committee strongly supported embedding the principles in day-to-day practice rather than treating the framework solely as a strategic exercise. Members suggested that the principles should inform induction, training, management of low-level concerns, learning from incidents and complaints, and relevant professional processes. Dr Corrigan welcomed the proposal to test the approach within the management of professional concerns and offered to contribute.

Southern Trust Academy

Mrs Williamson reported that work had progressed since the May workshop and June Committee meeting, with an initial priority placed on developing new medical leaders, including clinical leads and divisional medical directors. A design group had considered a practical and reflective development offer, informed by focus groups, benchmarking and learning from relevant inquiry reports.

Dr Corrigan queried whether the proposed Academy might duplicate regional leadership provision. Mrs Williamson clarified that the intention was to provide a practical, locally focused programme based on workplace learning, reflection, simulation, peer connection and support, supplemented rather than duplicated by regional leadership programmes. Mr McCafferty welcomed the development and emphasised the need to encourage colleagues with leadership potential. The Chair recalled that inclusive leadership development across all disciplines had been a prominent priority identified by the Committee.

Strategic Resourcing

Mrs Parks updated the Committee on implementation of the medical workforce resourcing plan. Work included the introduction of medical recruitment key performance indicators, a proposed medical career check-in framework, enhanced approaches to hard-to-fill specialties and the development of specialty-specific workforce plans. The Health Trust Europe framework continued to support targeted recruitment.

The Committee noted progress in expanding medical rotas at Craigavon Area Hospital and Daisy Hill Hospital through clinical fellow appointments, with the aim of improving workforce resilience, work-life balance and reducing agency locum reliance. Medical workforce intelligence was also being strengthened through collaboration with Finance and workforce information colleagues.

The new medical agency framework was operational, with eight local bookings remaining under approved regional contingency arrangements because of service risk. Non-medical resourcing work had progressed more slowly due to the operational focus on medical recruitment, although a workshop was planned to consider hard-to-fill non-medical and non-nursing roles. Significant work had also been undertaken to stabilise support services and progress staff through pre-employment checks and onboarding.

Dr Corrigan asked whether vacancy reporting would reflect the funded establishment rather than only actively advertised posts. Mrs Parks confirmed that work with Finance was intended to establish a more meaningful baseline covering funded posts, vacancies, substantive staffing and agency and bank usage. Dr Corrigan also requested trade union engagement on the medical workforce strategy before final governance approval; Mrs Parks confirmed that further engagement would take place. The Chair requested that the newly appointed flexible workforce lead attend a future Committee meeting, once established in post, to outline the role, objectives and key performance indicators.

ACTION: The flexible workforce lead is to be invited to a future Committee meeting, once established in post, to present the role, objectives and key performance indicators.

7. PEOPLE FRAMEWORK: 2026 – 2030

Mrs Williamson presented the refreshed People Framework 2026-2030. The refresh had been required because the previous framework had reached the end of its term, the Trust had gained further learning from staff feedback and significant organisational change, and internal audit findings had identified opportunities to strengthen delivery, oversight and assurance.

The three existing people priorities had been retained to maintain continuity and because they remained aligned with staff feedback and the Trust's Vision and Strategy 2030. The revised framework placed greater emphasis on protecting staff experience during pressure and change, collective leadership and team experience, digital transformation, directorate ownership, delivery and assurance.

The proposed baseline year was 2024/25. Measurement would draw on staff experience, workforce metrics, learning indicators and qualitative

feedback rather than relying solely on frequent surveys. Responsibility for delivery would sit with directorates, with oversight through existing governance arrangements, including the People and Culture Committee and Trust Board.

Members welcomed the clarity and presentation of the framework. The Committee emphasised the importance of honest reporting where progress was not on the expected trajectory and of ensuring that each directorate owned delivery rather than viewing the framework as a Human Resources responsibility. The framework was due to be considered by the Senior Leadership Team on 15 September 2026 before progressing for Trust Board approval.

8. ABSENCE ACTION PLAN – PROGRESS UPDATE

Mrs Hynds presented the Quarter 1 update. Overall sickness absence was above the comparable period in the previous year and above the Department of Health target. Long-term absence represented 83% of overall absence and remained the principal priority. Nursing and midwifery accounted for 43% of Trust absence.

The main operational challenges included limited consultant medical capacity within Occupational Health, staffing pressures in the employee relations and attendance team, increasingly complex cases, the need to strengthen line-manager capability under the new regional sickness absence procedure, and delays in staff receiving treatment through wider healthcare waiting lists. Increased ill-health retirement applications were also placing demand on consultant occupational health capacity. Stress, both personal and work related, remained the largest reported reason for absence.

The Committee discussed regional Occupational Health capacity and the potential for collaboration or alternative delivery

arrangements. Mrs Williamson advised that Occupational Health capacity was constrained across health and the wider public sector and that regional options for future service configuration were being explored.

Mrs Hamilton reported that some nursing and midwifery absences were associated with violence, aggression and staff injury. Work undertaken to address this included identifying high-risk patients, supporting staff, training and considering further use of body-worn cameras. A proposal for additional support to manage absence within Functional Support Services was also being developed.

Dr Corrigan highlighted the absence of a practitioner health service in Northern Ireland and asked whether low reported medical absence might conceal presenteeism. Members acknowledged that this could be a factor, particularly in highly pressured specialties, but no definitive data was available. Mr McCafferty requested a regional comparison of sickness absence performance. A further offer was made to examine themes in incidents and complaints where services had high absence levels.

ACTION: Future absence reporting should, where available, include comparative regional information to provide context for the Trust's performance.

ACTION: Relevant teams to explore whether incident and complaint themes can assist in understanding services with high sickness absence.

9. PULSE SURVEY ACTION PLANS

i) MEDICINE AND UNSCHEDULED CARE

Mrs Mulholland advised the Committee that progress had been limited by gaps in the senior leadership structure, although greater stability was anticipated following the appointment of a new Director and a further Assistant Director due to commence in

November. Examples of good practice included regular Emergency Department newsletters and a ward sisters' meeting across Medicine.

The Chair sought assurance on appraisal completion. TMrs Mulholland confirmed that dates were being established and monitored for relevant staff and that leadership role-modelling would be emphasised. The Committee noted that appraisal completion stood at 13% at the end of Quarter 1, compared with 57% at the end of March 2026, and agreed that improvement should be treated as a priority.

ACTION: The Medicine and Unscheduled Care directorate to prioritise improvement in appraisal completion and monitor progress through its management arrangements.

ii) SURGERY AND CLINICAL SERVICES

Mrs Hughes highlighted that the directorate's action plan was being led collectively by the Assistant Directors. The update highlighted regular contact with staff working from home, normalising the completion of core hours without an expectation of routinely working beyond them, recognition and appreciation, increased leadership visibility and staff empowerment.

The Committee heard that frontline theatre staff had been involved directly in responding to an internal audit, supporting collective ownership of the recommendations. Staff were also encouraged to consider a broad range of relevant development opportunities and to build connections beyond traditional healthcare training routes.

iii) MENTAL HEALTH AND DISABILITY

The Committee noted that the staff survey response rate was approximately 18%. Positive responses related to managerial and colleague support, clarity of expectations, development opportunities and staff being able to suggest improvements. Feeling safe from threats and physical violence remained an area requiring attention.

Mrs McGall noted that the directorate continued to focus on staff support, supervision, appraisal, recognition and opportunities for development. Hot and cold debriefs and facilitated reflective practice were being used following difficult incidents, with further roll-out across community services. A directorate briefing is also planned for the autumn to offer staff engagement with the mental health and disability collective leadership team.

iv) ADULT COMMUNITY SERVICES

The Committee received an update from Mrs Sheeran on directorate engagement, including visits to teams, workshops on future priorities and plans for six-weekly listening sessions. The directorate had a strong relationship with the Quality Improvement team and intended to build on local improvement activity. Trust Home Care had experienced staffing pressures but had moved to a more stable position. The directorate had committed to increasing the number of wellbeing champions and maintaining visible senior leadership.

Appraisal performance had been broken down by Assistant Director and team, with improvement plans requested. The main service focus for the winter would include supporting people living with frailty and reducing avoidable hospital attendance or admission.

Mrs Browne asked how the impact of financial controls on staff wellbeing, sickness absence, performance and patient care would be identified promptly rather than waiting for the next Committee cycle. Mrs Toal explained that the Senior Leadership Team was strengthening monthly scrutiny of posts being held, with directorates required to describe the impact and reconsider decisions where service or workforce effects became unacceptable.

The Committee was assured that decisions were being discussed with operational teams and reviewed dynamically. Members nevertheless recognised that the impact of the financial position could not be fully mitigated and that the effect could increase as the controls continued.

10. REACH STAFF NETWORK – UPDATE FROM CHAIR/VICE CHAIR

This item was deferred to the next meeting as the presenters were unable to attend.

11. NURSING/MIDWIFERY WORKFORCE REPORT

Mrs Hamilton presented the annual workforce report and provided assurance on progress in workforce planning, education, development and retention. HealthRoster implementation had reached more than 73% of nursing and midwifery services, with further areas planned for implementation during the autumn and winter. Training has also been completed in preparation for the regional pilot of the Safer Nursing Care Tool.

The Trust has established an ethnic diversity champions programme and continues to provide international café sessions and engagement initiatives. During the preceding year, more than 1,725 nursing and midwifery students had been supported in practice placements, with

capacity for almost 500 students at one time. The team had delivered 45 educational programmes, facilitated four practice development programmes and supported almost 300 newly qualified nurses through structured preceptorship arrangements.

The Committee noted that more than 5,600 nursing and midwifery attendances had been recorded across commissioned education programmes, 207 university places had been secured, and more than 2,000 staff had received training relating to frailty and the management of violence and aggression. Members welcomed the report and commended its clear visual presentation.

The Committee discussed the need to strengthen connections between the ethnic diversity champions, international café activity and the REACH Staff Network. Members also requested greater visibility of the Trust's response to violence and aggression against staff, including trends and relevant interventions, and asked that findings from retention survey activity be brought into the Committee's wider assurance arrangements.

ACTION: The links between the ethnic diversity champions, international café activity and the REACH Staff Network are to be strengthened and reflected in future reporting.

ACTION: A future report is to provide the Committee with an overview of violence and aggression against staff, relevant trends and the Trust response.

12. CORPORATE HEATMAP – METRICS

Mrs Toal referred to the key points set out in the cover sheet. The Committee agreed that Agenda for Change appraisal completion required continued monitoring following Quarter 1.

Medical appraisal completion for the 2025 appraisal year stood at 41% on 30 June 2026, against an expected completion date of 30 April 2026. Members discussed the time required to complete medical appraisals, the respective responsibilities of registrants and the organisation, and the need to balance timely completion with quality. The Committee agreed that the continuing low completion rate required escalation.

Medical job plan completion stood at 55%, an increase from 43%, but remained below the trajectory required to achieve the target of 85% by September 2026. Turnover remained broadly consistent. Mrs Hamilton also highlighted the additional appraisal implications arising from the movement of agency staff into substantive Functional Support Services roles.

13. CORPORATE RISK REGISTER – LINKS TO COMMITTEE

The Corporate Risk Register was noted. No change was reported in the risks escalated to the Committee. Dr Corrigan advised that the entry referring to the local Specialty and Associate Specialist lead was out of date because the post had been relinquished more than two years previously and the relevant page had not been updated.

ACTION: The Corporate Risk Register entry relating to the Specialty and Associate Specialist lead is to be reviewed and updated.

14. COMMITTEE MEETING DATES 2027

The proposed Committee meeting dates for 2027 were noted and would be entered in members' diaries.

15. ITEMS FOR ESCALATION TO THE BOARD

The Committee agreed to escalate the continuing low level of medical appraisal completion to Trust Board.

16. ANY OTHER BUSINESS

Mr Lynas referred to a recent leadership walk with the Quality Improvement team and raised the potential need to restore or strengthen capability in Lean methodology, particularly its focus on waste reduction. Mr Lynas indicated that the matter would also be raised through other appropriate forums.

The Chair thanked members and attendees for their contributions.

The meeting concluded at 12:15 p.m.