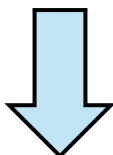
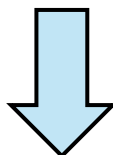


Chief Executive Update

Trust Board

Thursday 24 September 2026

Trust Key Metrics

What People Say			
35 Compliments Received (Q1 2026/27)		442 Complaints Received (Q1 2026/27)	
A decrease of 32* since previous quarter		A decrease of 54* since previous quarter	
*A short-term increase in complaints and reduction in compliments is noted while the new NIPSO Model Complaints Handling Procedure beds in from January 2026, as staff adjust to new standards, processes, and early-resolution requirements. During this transition phase, teams are becoming more consistent in identifying, recording and escalating issues in line with the new regional model, which can temporarily influence reported volumes as practice aligns to the updated procedure.			
What We Spend (At Month 5)			
Cumulative spend £477m, £2.38m above the control total	Savings achieved to date at month 5 £14.8m - £416k underachieved Total savings expected £42.4m, target £47.5m, £5.1m shortfall	The Trust is forecasting a year-end deficit of £10.6m • Shortfall on savings plan of £5.11m and remaining growth pressure of £2.8m (after notification from SPPG of Growth funding for 26/27 of £2.2m) • Increased forecasted spend for Energy £1.8m and a funding deficit relating to a resettlement of £900k	
Our People (At 31 st July 2026 unless stated)			
13,095 Excludes Bank Staff, Staff on Career Break & Seconded out of Trust	Permanent Staff Turnover August 2025 – July 2026 7.23%	Number of Vacancies Activity being recruited to at 31st March 2026 1,118	7.26% Sickness Level July 2026
31st January 2026 Position 13,295			31th January 2026 Position 7.04%
Our Internal Controls (At 14 th September 2026)			
Opening position 109 recommendations due for implementation in 2026/27	Of these 35 are significant audit recommendations	4 of the 35 recommendations are priority 1 recommendations	

1.0 Daisy Hill Hospital inpatient maternity services

1.1 Maternity services at Daisy Hill Hospital are experiencing significant medical workforce pressures following the retirement and resignation of a number of consultant obstetricians.

1.2 Despite sustained recruitment efforts across the UK and internationally, The Trust has not yet been able to recruit enough consultants to fill these vacancies given the shortage of consultant obstetricians across Northern Ireland and the UK.

1.3 The Minister of Health, has asked the wider Northern Ireland HSC system to explore what support may be available to help maintain inpatient maternity services at Daisy Hill.

1.4 The Trust's intention has always been, and remains, to maintain inpatient maternity services at Daisy Hill Hospital. However, should it become necessary to maintain safe care for women and babies, this would include the temporary consolidation of all births and inpatient maternity care at Craigavon Area Hospital. This agreed contingency arrangement has already been in place to respond to short-term staffing pressures.

1.5 Contingency planning will consider the changes required at both hospitals, including the capacity needed at Craigavon Area Hospital to accommodate additional births.

1.6 The Trust sincerely acknowledges the exceptional commitment of the maternity team who have worked tirelessly to maintain services across both sites, demonstrating flexibility and professionalism through sustained pressure.

2.0 New Health Minister

2.1 In August, Mike Nesbitt resigned as health minister. Mr Nesbitt said his time as Health Minister was "the greatest privilege of his political career".

2.2 The decision came following a public disagreement with the UUP leader, John Burrows, regarding withdrawing emergency general surgery services from Causeway Hospital.

2.3 Robbie Butler has replaced Mr Nesbitt as health minister and said any decisions he makes will be based on "expert evidence opinion" as well as the "voices of the people".

3.0 Independent expert reconfiguration committee

3.1 Minister Butler recently published the outcomes of the Hospitals – Creating a Network for Better Outcomes public consultation.

3.2 A key outcome of this consultation exercise, which generated almost 30,000 responses, is the announcement of an independent expert reconfiguration committee to provide advice on future major or controversial proposals for permanent changes to HSC services.

3.3 The committee will bring together independent clinical and public-interest expertise, the Minister has said. It will consider patient safety, service quality, clinical effectiveness and long-term sustainability, and will examine whether the evidence and options supporting a proposal are sufficiently robust and credible.

3.4 The Minister said: "The committee will have a deliberately focused role. It will consider only significant or controversial proposals for permanent service change that I decide to refer to it. It will provide rapid, independent advice, challenge assumptions and rigorously examine the evidence, alternatives and consequences."

3.5 The Minister also announced that he has asked his officials to review the existing guidance governing the change or withdrawal of services.

4.0 Reset and recovery plan

4.1 DOH has pledged £800 million in savings after confirming it is currently overspending by £2 million a day.

4.2 The reset and recovery plan announced by DOH aims to put the health service on a sounder financial footing but will require saving 12% of the current HSC budget over the next 3 years - a 4% saving (around £266 million) to be made by health trusts every year for the next three years

4.4 The Reset and Recovery plan has already delivered savings worth over £300million in 2025/26 (and over £200m in 2024/25).

4.5 Trusts have been developing savings plans since January, which include a vacancy control process, reducing temporary staffing and setting the appropriate number of hospital beds as more care is delivered in the community, closer to people's homes.

4.6 The Chair of NICON insisted that the safety of patients and service users and the implementation of the Reset Plan, must continue to be prioritised, following the decision by Trust Boards to approve financial plans to save 4% of their budgets this financial year.

4.7 UNISON health workers demonstrated outside Trust Board public meetings in late August across Northern Ireland and UNISON representatives made detailed submissions to Trust board meetings amid "deep frustration and much anger across the workforce".

5.0 Industrial action

5.1 The Royal College of Nursing (RCN) in Northern Ireland Council has approved the next steps towards a statutory ballot for industrial action. RCN have now written to the Northern Ireland Executive and employers to formally notify them of the dispute, and it is expected that members will be balloted in the Autumn.

5.2 Professor Rita Devlin, Executive Director of the RCN in Northern Ireland said: "Industrial action is never our preferred option. However, if it is the only way to secure the pay award nursing staff have earned and are owed, we will not hesitate to take action."

5.3 RCN NI began the process of balloting members for strike action in mid-September with strike dates in November TBC.

6.0 Review of deceased neurology patient records

6.1 The RQIA has published its final report on the Expert Review of Records of Deceased Patients of Michael Watt which found harm was caused to some patients through delayed or misdiagnosis and inappropriate treatment.

6.2 RQIA said its collective review provided powerful evidence of the devastating impact of poor clinical practice on patients and their families, underlining the need for patient safety and quality of care to remain central to professional and management practice.

6.3 The publication of this report marks the completion of the expert review of deceased patients' records. DOH and RQIA will now consider the lessons arising from the review and how they can be implemented.

6.4 The RQIA's first phase report was published in November 2022 and examined the records of 44 deceased patients, while in a second phase a further 25 families came forward and those records were subsequently reviewed.

7.0 Infant mortality

7.1 The Royal College of Paediatrics and Child Health (RCPCH) recently said that Northern Ireland now has the highest infant mortality rate in the UK.

7.2 Infant mortality in Northern Ireland has increased from 4.2 deaths per 1,000 live births in 2018 to 4.5 per 1,000 in 2024.

7.3 Their figures also said that MMR vaccination uptake has fallen steadily since 2020. The RCPCH said that by age five, just 86% of children had received both doses of the MMR vaccine. Northern Ireland has the lowest uptake of the 6-in-1 childhood vaccine in the UK and more than a third of 11- to 12-year-olds (34.7%) were classified as overweight or obese in 2023/24.

7.4 The Royal College also said that mental health indicators in the region are worsening. It said an estimated 45.2% of 16-year-olds have a probable mental illness, while wellbeing among 11-year-olds is at its lowest recorded level since 2010.

8.0 Waiting Times

8.1 DOH recently published the quarterly Northern Ireland Outpatient, Inpatient and Day Case, and Diagnostic Waiting Times Statistics, relating to the position on 30 June 2026.

8.2 504,537 patients were waiting for a first consultant-led outpatient appointment - 1.2% fewer than on 31 March (510,680).

8.3 81,223 patients were waiting for inpatient or day case admission to hospitals - 1.6% fewer than on 31 March (82,568).

8.4 231,145 patients were waiting for a diagnostic test - 5.1% more than at 31 March (219,917).

*Figures sourced from encompass are considered to be 'official statistics in development', which are a subset of Official Statistics in line with the Code of Practice for Statistics. While caution must be exercised when using these figures and they are not directly comparable with legacy (pre-encompass) data, they are a meaningful representation of what they measure and are of sufficient quality for publication and use.***

9.0 Complaints

9.1 New figures from the DOH's latest "Complaints and Compliments" report show that, between April and December 2025, Health and Social Care Trusts received 5,222 complaints relating to 9,281 separate issues - an increase on the same nine-month period the year before, when 4,014 complaints and 6,519 issues were recorded.

9.2 Over the past five years, complaint issues have climbed from 5,005 in 2020/21 to 8,805 in 2024/25 – before rising to 9,281 in just three quarters of 2025/26.

9.3 Belfast Trust accounts for around a third of all complaints – 1,684 cases. 647 were about services in SHSCT, roughly one in eight. The South Eastern Trust recorded 1,088 complaints, the Northern 896, the Western 707, while the Northern Ireland Ambulance Service received 200.

9.4 Across Northern Ireland, the most common problem areas were quality, institutional issues and communication. Quality concerns – essentially how good, safe or appropriate the care felt – accounted for 2,246 issues, almost a quarter of the total.

9.5 Institutional issues, covering systems, processes and things like waiting times, made up 1,912 issues (21 per cent). Communication and information problems were close behind on

1,826 issues (20 per cent). Taken together, almost two-thirds of all issues related to how care was delivered, how services were organised and how well everything was explained to patients and families.

10.0 Community cancer support

10.1 Health Minister Robbie Butler and Macmillan Cancer Support announced a £1.25 million investment to provide practical, emotional and wellbeing support for people affected by cancer.

10.2 The 2026/27 scheme will provide £1million from DOH alongside £250,000 from Macmillan Cancer Support. It will help charities deliver services closer to people's homes, including wellbeing support, rehabilitation, practical assistance, transport, cancer awareness and initiatives to reduce health inequalities.

10.3 Developed in partnership with the Northern Ireland Cancer Charities Coalition, the scheme recognises the important role cancer charities and community organisations play alongside Health and Social Care services.