

**Minutes of Trust Board meeting held on Thursday, 27th August 2026
at 11.00 a.m. in the Boardroom, Trust Headquarters, Craigavon**

PRESENT

Ms E Mullan, Chair
Mr S Spoerry, Interim Chief Executive
Mrs L Ensor, Non-Executive Director
Mr A Hughes, Non-Executive Director
Mr J Johnston, Non-Executive Director
Mr R Lynas, Non-Executive Director
Mr C Stewart, Non-Executive Director
Mrs M Corkey, Non-Executive Director
Dr S Austin, Executive Medical Director
Mrs G Browne, Non-Executive Director
Mrs C Marks, Executive Director of Finance, Procurement and Estates
Mrs G Hamilton, Executive Director of Nursing, Midwifery and Allied Health Professionals, Functional Support Services and IPC

IN ATTENDANCE

Ms E Wilson, Director of Planning, Performance and Informatics
Mrs C Sheeran, obo Director of Adult Community Services
Mrs T Mulholland, Assistant Director MUSC on behalf of Director of Medicine and Unscheduled Care
Mrs V Toal, Director of Human Resources and Organisational Development
Mr D McClements, Interim Director of Surgery and Clinical Services
Mrs J McGall, Director Mental Health and Disability Services
Mr C McCafferty, Deputy Chief Executive, Executive Director of Social Work / Director of Children, Young People and Women's Services
Mrs D Burns, Director of Operations, Adult and Community Services
Mrs R Rogers, Head of Communications
Mr S Wallace, Head of Office (Minutes)

APOLOGIES

None noted

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed members and attendees to the meeting

2. DECLARATION OF INTERESTS

The Chair asked members to declare any potential conflicts of interest in relation to any matters on the agenda other than those previously recorded. No interests were declared.

3. TRUST FINANCIAL PLAN 2026/27

The Chair advised that two requests for speaking rights had been received and accepted in advance of the meeting. The Board was reminded that the meeting had been convened as a single-item agenda focused on consideration of the Trust's Financial Savings Plan for 2026/27. The Chair outlined the wider context, noting that the Trust had been instructed by the Department of Health to deliver significant recurring savings as part of a three-year financial recovery programme. The Chair highlighted that Health and Social Care was facing a significant financial challenge, with Trusts expected to deliver savings of approximately 4% per annum over a three-year period. Whilst the Board had a statutory responsibility to achieve financial balance, it also had a duty to ensure safe and effective services, requiring careful consideration of the risks, impacts and mitigations associated with the savings proposals.

The Chair invited Mrs Deborah Yapicioz (UNISON) to address the Board. Mrs Yapicioz expressed significant concern regarding the proposed savings plan and the wider three-year programme of financial reductions facing Health and Social Care. She stressed the potential impact on patients, staff and those experiencing health inequalities and questioned whether the Trust had fulfilled its obligations in relation to consultation with trade unions and the wider public. Reference was made to statutory obligations under equality legislation and the Trust's Equality Scheme, with concerns expressed that no consultation had yet been undertaken. Whilst acknowledging the difficult financial context and wider funding pressures facing Health and Social Care, Mrs Yapicioz urged the Board to challenge funding allocations that could adversely affect service provision, patient care or the workforce. Concerns were also raised regarding workforce controls and vacancy management arrangements, emphasising the need for investment in substantive staffing and cautioning against measures that could increase pressure on an already stretched workforce. Mrs Yapicioz concluded by urging the Board not to approve measures that would negatively impact services, patients or staff.

The Chair then invited Mr Justin McNulty MLA to address the Board. Mr McNulty acknowledged the extremely challenging financial position facing the Trust and recognised that many of the pressures stemmed from the absence of an agreed Executive budget. He highlighted concerns regarding the implications of the proposed savings for staff, services and future developments, including the Newry Community Treatment Centre. Particular reference was made to the important contribution of cleaners, porters and other support staff, and questions were raised regarding the scale of the proposed reductions, whether redundancies were being considered, and the likely impact on service delivery. Mr McNulty also sought assurances regarding the protection of jobs, maintenance of patient care standards and continued delivery of care packages. Whilst acknowledging the commitment and dedication of Trust staff, he expressed concern about the cumulative impact of ongoing financial pressures and emphasised that responsibility for addressing these challenges extended beyond the Trust Board to political leaders and decision-makers.

Responding to the issues raised, Mr Spoerry thanked both speakers for their contributions and advised that a number of matters relating to consultation and impact assessment would be addressed during the presentation of the financial plan. He noted that the original requirement had been for Trusts to identify savings equivalent to approximately 6% of budgets and emphasised that challenge from Trust Boards had contributed to the revised expectation of 4%. He provided assurance that there were no proposals for compulsory redundancies, although some vacancies may be subjected to enhanced scrutiny before recruitment decisions were progressed. Mr Spoerry reiterated that all staff groups made an essential contribution to healthcare delivery and that the Board was required to balance its statutory responsibilities relating to both financial balance and service quality.

Mrs Marks presented the Financial Savings Plan for 2026/27 and outlined the scale of the challenge facing the Trust. Members were advised that the overall savings requirement was £47.5 million, comprising a 4% savings requirement alongside an underlying deficit carried forward from the previous financial year. Mrs Marks noted that whilst substantial savings had been achieved during FY2025/26, a proportion had been non-recurrent in nature and therefore did not address the underlying financial position. The Board was advised that the savings programme had been developed in two phases, with Phase 1 already approved and implementation underway. Following further work and engagement with SPPG, savings of £42.4 million had now been identified,

representing approximately 3.6% of the Trust budget and leaving a remaining savings gap of £5.1 million. Key areas of savings included reductions in temporary staffing expenditure, workforce control measures, procurement, pharmacy, digital transformation, income generation and facilities management efficiencies, corporate savings and operational improvements. Mrs Marks advised that the identified savings represented the maximum credible and deliverable level achievable within the current financial year. PA Consulting has been commissioned to provide independent challenge and identify any further opportunities to bridge the remaining gap on a risk and reward model.

Ms Wilson outlined the comprehensive impact assessment process undertaken in developing the proposals advising that Senior Responsible Officers had been assigned to each savings scheme and had assessed risks relating to patient safety, staff wellbeing, service effectiveness, quality and equality impacts. Equality screening had been completed on both the overall plan and workforce control measures, which represented the area most likely to have differential impacts. Mrs Wilson emphasised that the proposals do not constitute a vacancy freeze and confirmed that each vacancy would continue to be reviewed individually through established scrutiny processes. She advised that all measures would remain subject to continuous review and monitoring through the RISE Programme and existing governance structures. Should evidence emerge that savings proposals were creating unacceptable risks or patient harm, mitigation measures would be implemented and proposals reconsidered.

Mrs Toal acknowledged the pressures already being experienced by many teams across the organisation and outlined the workforce arrangements supporting implementation of the savings programme. She advised that active workforce management, vacancy scrutiny, wellbeing monitoring and clear escalation mechanisms would be critical throughout implementation. Directorates would continue to assess workforce pressures regularly, considering workload, sickness absence, turnover and service demand as part of ongoing decision-making. Mrs Toal reaffirmed the Trust's commitment to strengthening substantive staffing levels, reducing reliance on agency expenditure and maintaining transparent engagement with trade union colleagues through Joint Operational Forums and JNCF arrangements.

Professional assurance was then provided by Dr Austin, Mrs Hamilton and Mr McCafferty. Dr Austin outlined how patient feedback, incident reporting systems and existing governance arrangements would be utilised to identify any emerging concerns arising from implementation of the savings programme. Mrs Hamilton provided assurance regarding the comprehensive quality and

safety frameworks in place across nursing, midwifery and AHP services, including professional oversight groups, incident monitoring and patient experience measures. Mr McCafferty advised that social work services would be protected where possible, particularly in safeguarding and statutory service areas, and highlighted opportunities for continued investment and development through specific regional funding initiatives.

Following the presentation, Board members welcomed the detailed and transparent assessment that had underpinned development of the plan and acknowledged the considerable work undertaken by staff and senior leaders in identifying measures designed to minimise impact on frontline services.

Mrs Corkey paid tribute to staff across the organisation for their commitment, innovation and resilience in continuing to deliver services in challenging circumstances. She sought assurance on the robustness of arrangements for delivery of Phase 2, including lessons learned from implementation of Phase 1 and how these would inform future delivery. Mrs Marks advised that whilst some schemes were overachieving, others required additional time to implement. Savings delivery continued to be reviewed through the RISE Programme on a monthly basis, with detailed scrutiny of individual schemes and escalation where risks emerged. Mr Spoerry noted that the Trust had successfully met its financial targets during the previous two years and that the engagement of PA Consulting would provide further assurance through independent challenge and stress testing of assumptions. Mrs Corkey also sought assurance regarding communications with staff. Mrs Toal outlined the extensive communications programme planned to follow the meeting, including staff briefings, engagement through Joint Operational Forums and ongoing updates from the Chief Executive and Chair. Mrs Ruth Rogers advised that briefings would also be provided to elected representatives and the wider public.

Mr Lynas noted that Non-Executive Directors were highly conscious of the extensive work undertaken across the organisation in developing the proposals and felt it important that this effort be recognised publicly. In response, Mrs Marks outlined the detailed analysis, workshops, engagement sessions and challenge processes undertaken since January 2026, including extensive work with directorates, senior leaders and PA Consulting. Mr Lynas commended the professionalism and commitment demonstrated throughout the process and requested that this be reflected in the public record.

Mr Johnston considered that the impact assessments provided a satisfactory level of assurance across most proposals but observed that vacancy control measures required close scrutiny due to their potential longer-term implications. He emphasised the importance of maintaining close oversight throughout the winter period and requested that any significant changes in risk profile be reported to the Board as early as possible. Mrs Toal outlined the vacancy scrutiny arrangements operating at directorate and corporate levels, including monthly reviews, assessment of service impacts and exploration of longer-term workforce modernisation opportunities. Mr Spoerry agreed that regular reporting on vacancy control measures would support Board oversight.

Action: Monthly vacancy control monitoring information to be provided to the Board to support ongoing scrutiny of workforce impacts and associated risks.

Mr Stewart thanked Executive colleagues for the thoroughness and rigour applied in developing the proposals. Whilst recognising that some measures represented genuine efficiencies, he acknowledged that others, particularly vacancy controls, reflected difficult decisions necessitated by the wider financial environment. He welcomed the assurances provided by professional Executive Directors in relation to monitoring patient safety, service quality and staff wellbeing. Mr Stewart commented that the proposals represented the only credible option currently available to the Trust but cautioned that such measures were unlikely to be sustainable over an extended period. He emphasised the importance of securing longer-term investment and transformation opportunities to deliver future efficiencies.

Mr Hughes, as Chair of the Finance and Performance Committee, confirmed that significant scrutiny had already been undertaken through the Committee. He described the proposals as credible, robust and defensible in the circumstances, whilst acknowledging the considerable challenge that remained. Mr Hughes advised that additional deep-dive reviews were planned and emphasised the importance of ongoing oversight and assurance throughout implementation. He also highlighted the contribution that patients and communities could make through increased utilisation of digital services such as MyCare.

Mrs Browne welcomed the assurance that no compulsory redundancies were proposed and observed that monitoring and oversight had been recurring themes throughout the discussion. She sought assurance regarding how emerging issues would be identified and reported. Mr Spoerry advised that

existing governance structures would be strengthened where necessary, rather than replaced by new processes, and emphasised the importance of using established performance, quality and safety indicators to identify emerging concerns and trigger investigation where required.

Mrs Ensor, as Chair of the Audit and Risk Assurance Committee, highlighted the importance of maintaining oversight of organisational risks and sought assurance that the Corporate Risk Register would reflect the implications of the savings programme. Mr Spoerry confirmed that the Senior Leadership Team had already begun reviewing relevant risks and assessing whether existing ratings required adjustment. Any changes would be incorporated through existing governance arrangements and reported through the Audit and Risk Assurance Committee. Mrs Ensor also highlighted the importance of communicating clearly that the Trust remained committed to recruitment and the development of a sustainable substantive workforce.

Mrs Toal referred to concerns raised by trade union colleagues regarding the Enhanced Patient Care Observation (EPCO) framework and sought assurance regarding governance, monitoring and compliance arrangements. Mrs Hamilton outlined the work underway to strengthen implementation of the framework, including staff training, monthly auditing and enhanced governance oversight. Mrs Burns outlined operational arrangements supporting the work and advised that a more holistic approach was being adopted to support patients requiring enhanced observation, whilst also reducing unnecessary delays to discharge. Members were assured that compliance with the framework had improved and that close monitoring of patient and staff safety remained in place.

Drawing the discussion to a close, the Chair reflected on the key themes emerging throughout the meeting. The Chair noted the clear consensus that the proposals represented the most balanced, credible and deliverable approach currently available to the Trust. Emphasis had been placed throughout the discussion on maintaining patient safety, supporting staff, ensuring transparency in decision-making and implementing robust monitoring arrangements. The Chair also highlighted the importance of communicating clearly to staff, patients and stakeholders that the proposals did not include compulsory redundancies and that the Trust remained committed to building a sustainable substantive workforce. Clarification was also provided that the Newry Community Treatment Centre formed part of a separate capital programme and was therefore not directly affected by the savings plan under consideration.

Having considered the report, the associated impact assessments, the assurances provided by Executive Directors and the discussion of Board members, the Board:

The Board approved the Phase 2 Financial Savings Plan for 2026/27, noting the identification of £42.4 million of savings, the remaining gap of £5.1 million and the ongoing work with SPPG and external advisers to identify additional opportunities to address the outstanding shortfall.