

Quarterly People Report

Trust Board (Public): January 2026

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Executive Summary

1. Workforce Composition

As of 30th September 2025, BHSCT employed 21,808 staff, with 20,923 permanent and 885 temporary employees, excluding bank workers. The cumulative labour turnover for permanent staff from October 2024 to September 2025 was 6.81%, down from 8.04% the previous year. Among the 1,657 leavers, 23.78% retired and 59.93% resigned, with most leavers in bands 2-5 (66.63%). Medical and Dental leavers accounted for 6.10%, slightly higher than the previous quarter, possibly due to August Medical and dental turnover.

2. Sickness Absence

Sickness absence hours lost cumulatively for the second quarter stood at 8.99%, a slight increase from 8.79% the previous year. The in-month percentage for September 2025 was 9.19%, up 0.41% from September 2024. The cost of sickness absence rose by 14.46% in September 2025 compared to the same month last year, totalling over £6.1 million, with year-to-date costs increasing by 17.39% to nearly £36.7 million. It should be noted that it is difficult to directly compare cost as each year there are pay awards. Short-term absence was 2%, and long-term absence was 7.18% in September 2025, which is comparable to the previous year. Mental health issues remain the leading cause of long-term absence, with stress being the highest category (47.03%), followed by grief/bereavement, work-related stress, and anxiety. A Mental Health Symposium is planned for February 2026 to address staff mental health support. Key interventions are outlined in report.

3. Our Workforce

3.1 Section 75 Equality Categories

The workforce is predominantly female (76%) compared to male (24%), reflecting wider public sector patterns. There is concern about incomplete equality data from staff, which affects the accuracy of monitoring on aspects like disability, ethnicity, and community background and we continue to liaise with applicants to seek more detail. The Trust's ethnic composition closely reflects the local population, with 3.30% Black and Minority Ethnic (BME) staff compared to 3.45% in the community, supported by international nurse recruitment. Community background shows 37% Catholic, 28% Protestant, and 35% not known, with underrepresentation of Protestant males noted as a continuing concern. We continue to advertise widely to encourage a diverse applicant pool.

3.2 Improving Working Lives

Between July and September 2025, 490 flexible working requests were made; 69% were approved, 21% rejected, and 10% pending.

3.3 2025 Summer Scheme

The Summer Scheme provided affordable childcare for staff, serving 450 children across four sites from 3rd July to 8th August 2025. Feedback highlighted the scheme's positive impact on staff's ability to work during summer holidays.

4. Trust Recruitment

From April to September 2025, 2,549 recruitment requisitions were approved, a 29% increase from the previous year. Manager performance, measured by the time from advert closure to interview invites, declined by 14% compared to the previous quarter, with no clear pattern across job families or directorates. The Recruitment team have targeted action plans to liaise with services to improve time-to-hire, including communication enhancements, a new recruitment toolkit, manager support clinics, and regular KPI reporting to senior leadership.

5. International Staff

The HR department manages international recruitment, including visa compliance and onboarding. Between April and September 2025, 2,724 staff requiring visas were in post (1,315 in Q1 and 1,409 in Q2).

6. Statutory and Mandatory Training

Training compliance improved from 71.3% in August 2025 to 78.6% in November 2025.

7. Onboarding and Statutory Training Compliance

Between April and September 2025, 732 new employees attended Corporate Welcome events, achieving an 88.2% completion rate for statutory training. This approach embeds compliance early and fosters positive employee engagement and inclusion from the start of employment.

8. Leadership and Culture

People & Culture Strategy

The Trust is prioritising the development of a comprehensive People & Culture Strategy to strengthen organisational culture and staff engagement. The approach is inclusive, using multiple methods such as staff discussions, focus groups, town halls and a short staff survey to gather a wide range of staff views and encourage local ownership.

Respect and Civility Workshops

Following a review of the Cardiac Surgery Service, 18 bespoke workshops were delivered during Autumn 2025, engaging 394 staff. Workshops encouraged open dialogue, reflection on behavior impacts, and shared responsibility for promoting civility. Feedback was positive, highlighting insight into systemic pressures and willingness to foster respectful cultures. Outcomes inform the Culture and Civility Task & Finish Group.

Respect and Civility Framework

A framework is being developed to articulate the organization's commitment to reducing bullying and harassment, outlining behaviors to promote or reject, and encouraging active bystander roles.

Enhancing Leadership: Being Belfast Leadership Academy

The Academy, in development for approximately a year, aims to build leadership capacity aligned with Trust values. After a pilot with Social Work staff engaging 746 participants, the first core curriculum, Foundations of Leadership, launched in November 2025. It offers flexible, blended learning modules focusing on leadership skills, organizational understanding, and values-based leadership.

9. Employee Relations

Whistleblowing Activity: There has been a marked increase in whistleblowing concerns within BHSCT in 2025. By 30th September, 44 concerns had been raised already surpassing the total for 2024 and representing a 26% increase compared to 2021, with three months remaining in the year. The number of open whistleblowing cases stood at 52 as of 30th September 2025. The recent spike in concerns is considered partly attributable to the DCO Partners Review of Cardiac Surgery and subsequent actions. Compared regionally, BHSCT's whistleblowing cases (0.27% of headcount) are double those of the next highest Trust, indicating a higher reporting or concern rate than peer organisations.

Employee Relations Case Activity: There was a 21% increase in employee relations cases in the last quarter, rising from 221 in quarter one, to 268 in quarter two. The most notable increases were in disciplinary cases and those involving conflict, bullying, and harassment. Of the new disciplinary cases in September, 10 related to abusive or threatening behaviour. The Trust continues to focus on informal resolution and mediation for conflict, bullying, and harassment cases.

Regional Comparison: When compared to other regional HSC organisations, BHSCT generally compares favourably across formal disciplinary, grievance, and tribunal cases as a percentage of headcount.

10. Nursing and Midwifery Fitness to Practice (FTP)

The report outlines the process aimed at protecting patients by ensuring nurses and midwives maintain professional standards. It emphasizes a person-centered, transparent, and learning-focused approach within an open and just culture.

The report also presents current active FTP case figures, identifies risks linked to recent regulatory changes, and details mitigations to support staff and maintain confidence in the process. The FTP process prioritizes patient care, promotes openness and learning over blame, ensures timely

communication, manages risk at the Trust level, considers contextual factors, and applies proportional actions to address issues.

Current FTP case statistics: There are 115 active BHSCT FTP/NMC cases, involving 88 registered nurses and 27 nonregistered nurses (nursing assistants/senior nursing assistants) cases, there are currently 29 active referrals to the Nursing and Midwifery Council regulatory body (NMC).

11. Social work and Social Care

This section of the report provides an update on the status of regulated professions of social workers and social care workers. It highlights compliance, workforce development, regulatory risks, and assurance measures for the period up to December 2025.

Key Achievements

- **Registration Compliance:** Maintained at a high level (98.9%), with a slight improvement from the previous period. Robust systems ensure staff maintain registration, including those on long-term absence.
- **Professional Development:** Mandatory requirements for newly qualified social workers are closely tracked, with proactive alerts for deadlines. Continuous learning is supported by a wide range of programmes, and current enrolments are strong across key areas such as safeguarding, practice teaching, and leadership.
- **Cross-Jurisdictional Registration:** The Trust supports social workers in registering with external regulatory bodies with increasing compliance and streamlined processes.
- **Supervision and Training:** Supervision compliance is monitored quarterly, with overall rates at 84%. Statutory and mandatory training compliance is at 98.21%.

Risks and Issues

- **Workforce Pressures:** Challenges persist in releasing staff for professional development activities due to operational demands. Managers are reminded to monitor and support compliance as part of supervision.
- **Registration Lapses:** Occasional lapses are managed with clear review processes. Delays in re-registration are tracked, with most staff returning within four weeks. Reasons for delay include application and endorsement issues, fee payments, and additional checks.
- **Fitness to Practice:** A small proportion of staff are subject to ongoing proceedings, with no removals via FTP in the last quarter. Partnership working with NISCC ensures timely resolution and support.

12. Finance

Nursing: We have used backfill in different ways over the years to fill our vacancy gap. We successfully recruited 1,000 international nurses from 19/20 – 24/25 (with 80% arriving in 21-23) and implemented a new agency framework in May 23. Subsequently there was a cessation of off contract agency, however there has been no net increase in bank usage and overall, our backfill spending has increased whilst vacancies have stayed fairly static. We are achieving registered nurse agency savings against 2022/23 baseline, and we have a time-bound plan in place to stop contracted agency spend by the end of this financial year. It should be noted that the use of on-contract healthcare assistants has increased since 2022/23 baseline.

Medical: Backfill spending has doubled over the past 10 years, despite there being little change in the number of vacancies overall. There was a notable peak in vacancies in 2022/23 driven by gaps in our training grades, but this is reducing. A new framework starting during 2026 will end off-contract agency spending for doctors, saving £9 million annually and eliminating 25% of agency costs. In preparation for the new contract efforts have been made to recruit permanent staff and reduce the backfill spend but further progress needs to be made to address the high agency cost.

Admin: The number of admin vacancies has risen steadily by 25% from 400 to 500 over the past 10 years. Up to 80% of the backfill being agency at the peak of its use in 2022/23. This has reduced to below 70% in terms of proportion and in absolute terms by £4m per year, due in part to the implementation of our new patient and client records system, encompass. The majority of agency spend is on contract and never exceeds the vacancies we have.

13. Medical Directors Office

Maintaining High Professional Standards (MHPS) : MHPS is the framework for managing concerns about the conduct or performance of medical and dental staff. It ensures issues are addressed fairly, consistently, and promptly, with a focus on patient safety and professional accountability. The process includes initial assessment, formal investigation, and resolution, emphasising transparency, confidentiality, and proportionality.

Currently there are:-

- Less than 5 doctors under the MHPS process
- 14 cases with concerns being reviewed or open
- 7 doctors with practice restrictions.

Medical Appraisal and Revalidation:

- **Appraisal Compliance:** 84%, with improvements due to standardised datasets and enhanced monitoring.
- **Revalidation:** Doctors must be revalidated every five years. In 2025, 79% of doctors due for revalidation were successfully revalidated, with 19% deferred due to insufficient evidence and 2% due to ongoing processes.
- **Division Breakdown:** Revalidation rates vary by division, with some divisions achieving 100% compliance and others having a mix of completed and deferred cases.
- **Governance:** The Trust is updating its Appraisal and Revalidation Governance and Assurance Framework, with a new version set for 2026.

Job Planning: An electronic job planning system is being piloted, with Trust-wide rollout planned for 2026. This aims to optimise processes and support audit recommendations.

GMC Dashboard: This provides data-driven oversight of medical professionals' revalidation, fitness to practice, and registration status. It supports governance and early intervention to uphold standards and patient safety.

1. Workforce Composition

As of 30th Sept 2025, there were 21,808 staff in post: 20,923 were permanent and 885 were temporary. The figures do not include bank workers.

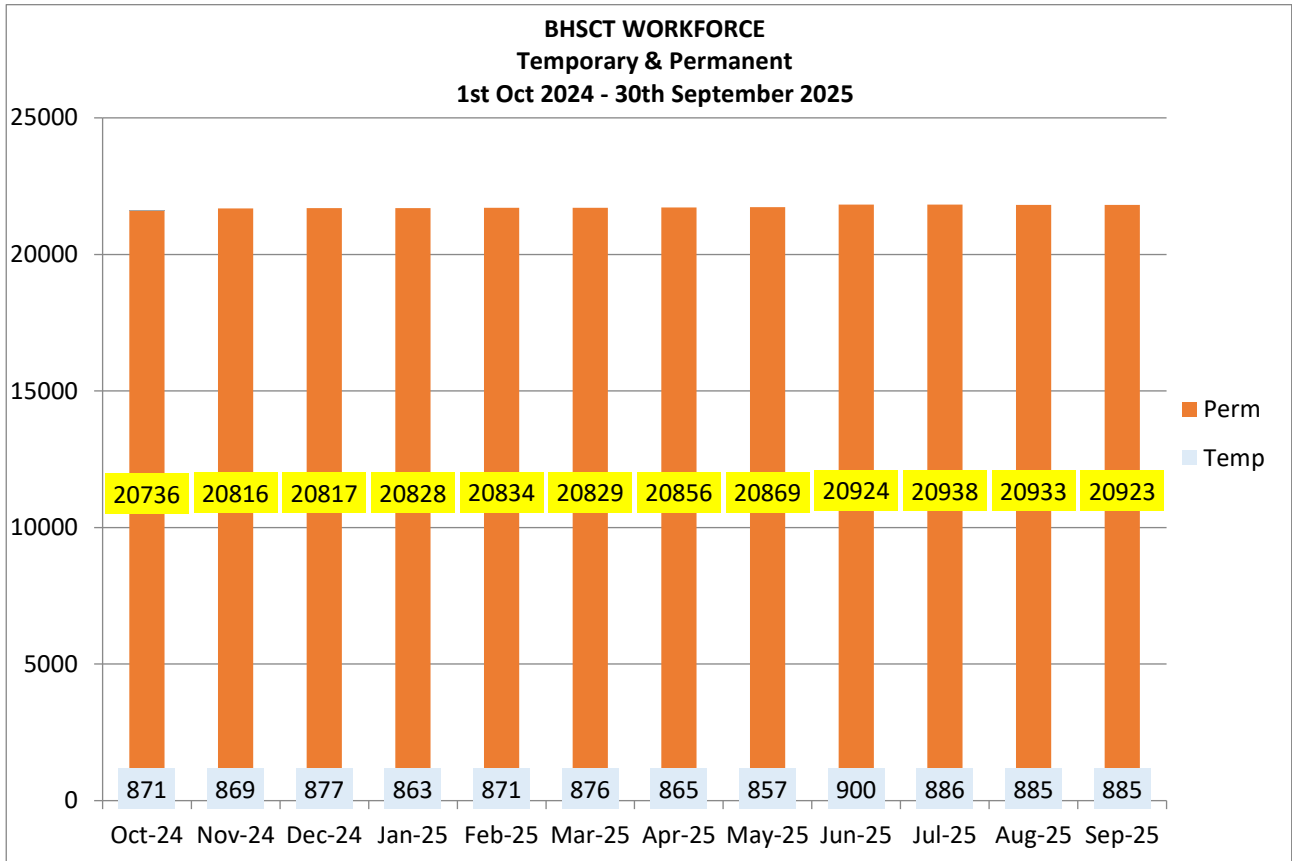


Figure 1: Workforce composition 01.10.24 – 30.09.25



Figure 2: 13-month trend of staff in post and New Starts and Leavers

The cumulative labour turnover of permanent staff in BHSTC for the period Oct 24 - Sept 25 was 6.81%. This compares to 8.04% for the previous year.

Of the 1657 leavers from 1st October 2024 to 30th September 2025, 23.78% retired and 59.93% resigned (16.29% other reasons). Of those who left, 66.63% were in bands 2-5 and 27.28% were in bands 6 up to Director level. This broadly reflects the trend in the previous quarter. 6.10% were Medical and Dental leavers, which is a slight increase from previous quarter which may be impacted by August changeover.

2. Sickness Absence

Cumulative percentage hours lost due to sickness absence for the second quarter was 8.99% and compares to 8.79% for the same quarter last year.

In month percentage hours lost was 9.19% and compares to 8.78% for September 2024 an increase of 0.41%.

Cost of sickness absence in September 2025 was £6,102,157 This compares to £5,331,221 for the same month last year, an increase of 14.46%. For the year to date absence cost is £36,688,667 compared to £31,254,084 for same period last year, an increase of 17.39% or £5,434,583.

Short term absence was 2% with long term recorded at 7.18% for September 2025. This compares to 1.88% short term and 7.33% long term absences for the same period last year. The cumulative figure for the year to date shows short term absence at 1.96% and long term at 7.26%.

As illustrated in the graphs below (figure 3), mental health remains the top absence category for long term absence sitting at 37.96% cumulatively at September 2025. Stress is the highest mental health absence (47.03%) followed by Grief/Bereavement (17.52%), work related stress (13.63%) and Anxiety (10.59%).

A Mental Health Symposium is also being scheduled to take place in February 2026 to consider how the organisation can best address and support our staff who are experiencing poor mental health.

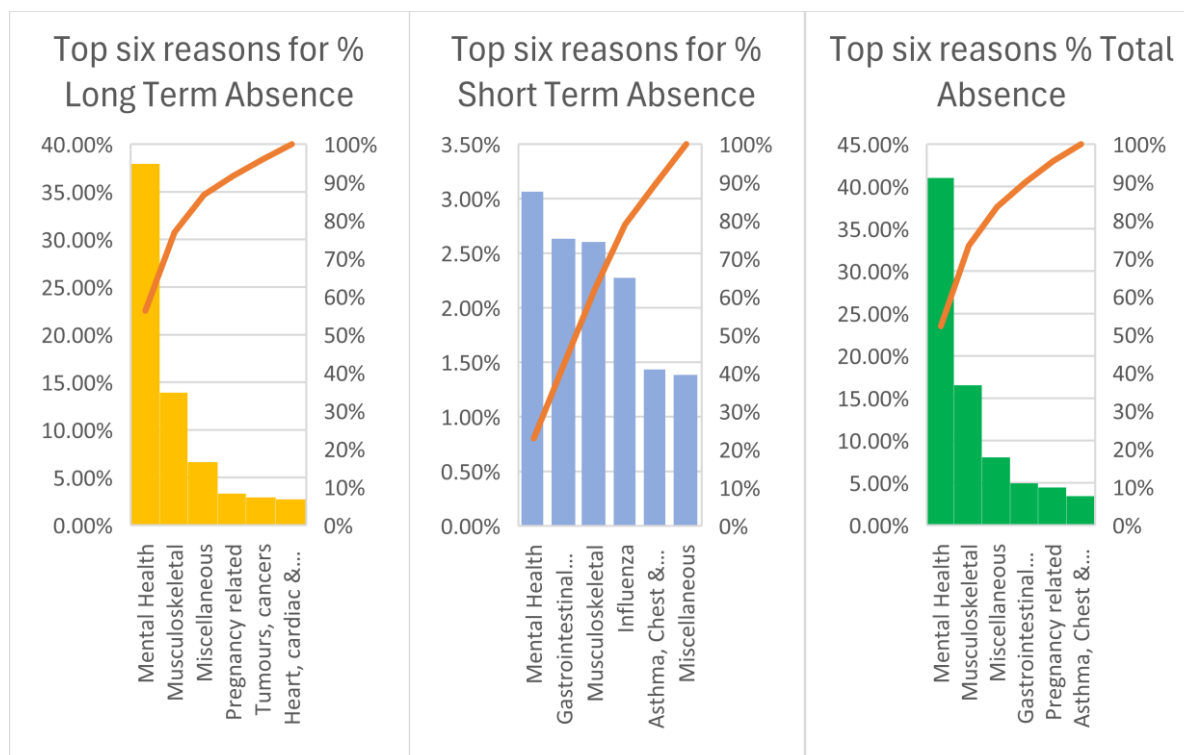


Figure 3: Reasons for absence.

The chart overleaf (figure 4) outlines the overall cumulative percentage hours lost for the Trust since 2018/19 and includes the six months of this current financial year, ending 30th September 2025.

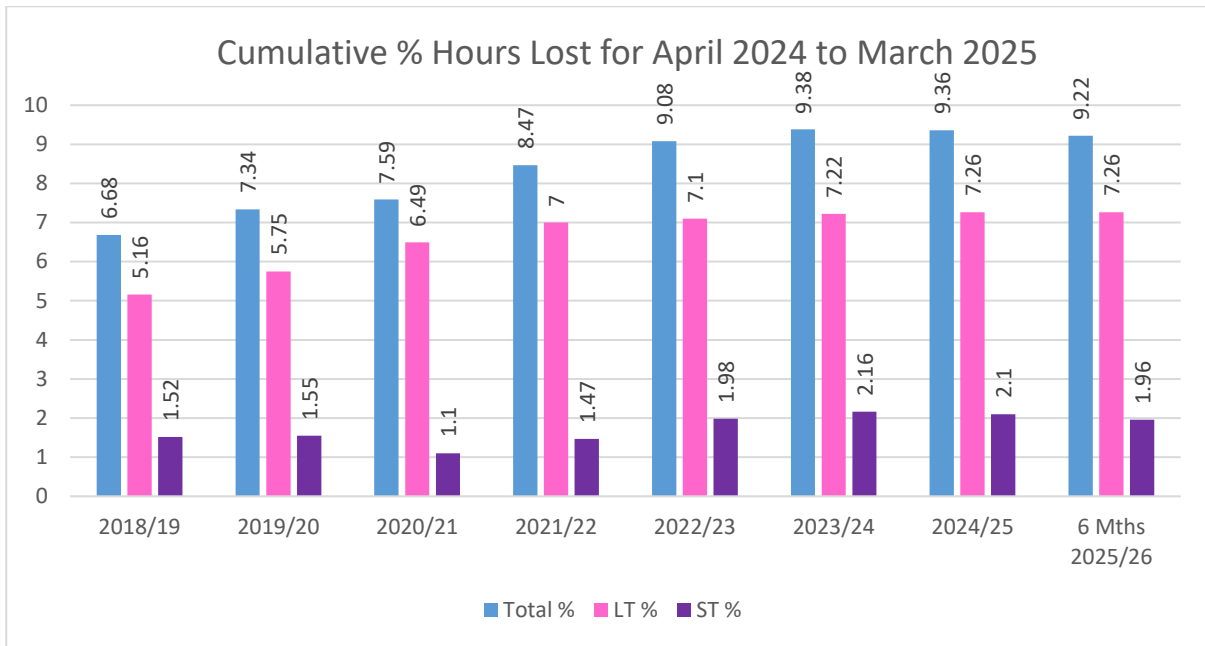


Figure 4: Cumulative percentage of hours lost

Detailed below are some headlines from the attendance improvement plans which are being actioned:-

1. Improve Work Environment & Culture

- Leadership academy was launched in November and will upskill managers to lead with empathy and consistency as poor supervision is a major driver of absenteeism.
- Promotion of psychological safety so employees feel comfortable raising issues before they disengage.
- Address inappropriate behaviours quickly (bullying, perceived unfair workloads).

2. Support Employee Health & Well-Being

- Offer wellness programs (mental health support, employee assistance programmes, stress management workshops).
- Normalise mental health days where appropriate.
- Encourage use of preventive care and health & wellbeing.

3. Increase Flexibility

- Review of flexible work hours, hybrid work, or compressed workweeks where possible.
- Allow shift swaps or self-scheduling in operational roles.
- Provide accommodations for caregiving, medical needs, or transportation challenges.

4. Review Attendance Policies

- Following the regional review of the attendance policy (effective date – 1st April 2026) ensure clarity, appropriate training, fair, and consistently applied.

5. Strengthen Engagement & Motivation

- Conduct stay interviews to understand why employees come to work or don't (piloted in social work).
- Recognise good attendance but focus more on engagement and contribution than just presence.
- Create clear career development paths and learning opportunities.

6. Use Data to Spot Patterns

- Track absenteeism by team, role, manager, and time period to identify trends.
- Look for red flags (e.g., frequent Mondays/Fridays, post-shift changes, specific managers).

7. Improve Onboarding & Role Fit

- Continue with values based corporate induction.
- Set realistic job expectations during on-board.
- Provide strong local service level onboarding so employees feel competent and connected early.
- Ensure workloads and performance expectations are achievable.

8. Address Workload & Burnout

- Audit workloads and staffing levels.
- Encourage leaders to model taking time off responsibly.
- Rotate demanding tasks when possible.

9. Strengthen Communication

- Regular pulse surveys to capture early warning signs.
- Transparent communication during change or uncertainty.

10. Collaborate with Managers

- Coach managers on how to have constructive attendance conversations.
- Provide scripts and guidance so discussions feel supportive, not disciplinary.
- Hold managers accountable for team engagement, not just attendance metrics.

11. **Mental Health Symposium** scheduled for February which will focus on examining current practices, not just promoting awareness. It will review existing mental health initiatives, benefits, and policies (EAP usage, flexible work options, psychological services provision, occupational health offering).

3. Our Workforce

3.1 by Section 75 Category

76% of our workforce are categorised as female compared with 24% male and this reflects a gender pattern across HSC, NHS and the public sector generally.

We continue to be concerned that staff do not complete their employment equality data information, and this is reflected in our statutory monitoring return and equality screening exercises. Whilst the completion of equality monitoring is best practice and not mandatory, we continue to encourage existing staff and new applicants to complete this more fully. The high numbers of “*Not Known*” however skews the validity of our workforce data e.g. limited up to date information regarding staff with caring needs, disability, community background, ethnicity, religious belief and political opinion and sexual identity.

BHSCT is largely representative of the culturally and ethnically diverse community we serve. The latest NI Census figures (2021) showed 3.45% of the population are BME compared to 3.30% in the Trust. This is due to our successful recruitment of international nurses and the ongoing appointment of staff who apply from outside UK & ROI.

Our community background overall is 37% Catholic, 28% Protestant and 35% not known. Of our Protestant workforce, 5% are males (4% of these are in bands 1-7 and 1% in Medical and Dental), compared with 23% Protestant females. The underrepresentation of Protestant males generally in our workforce is a continuing concern for the Trust and we will continue to advertise widely to maximise the applicant pool. We highlight this in our annual monitoring return and the 3 yearly Article 55 report to the Equality Commission for NI.

3.2 Improving Working Lives

Figure 5 provides a summary breakdown of flexible working requests both within the period July to September 2025, and a comparison of to the last quarter.

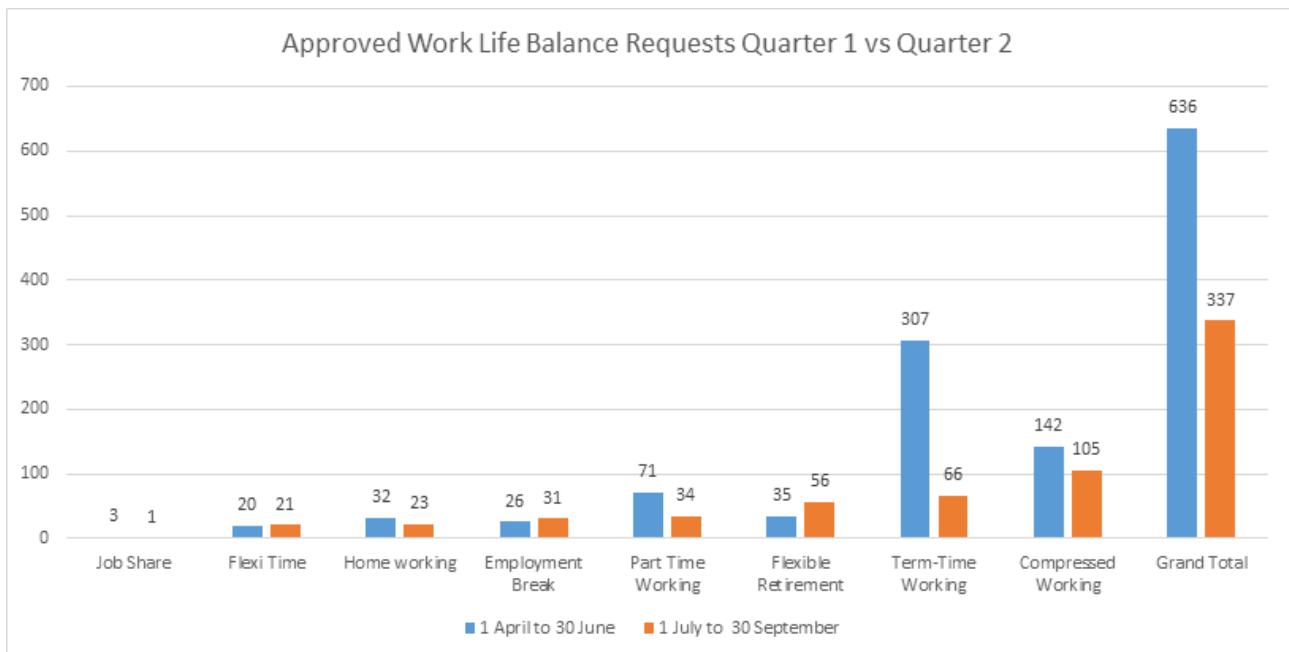


Figure 5: Approved flexible working types for Q1 & Q2 2025

Requests for flexible working will inevitably be higher in the first quarter of the financial year as term time applications tend to be actioned in quarter one. Between July 2025 and September 2025, 490 requests for flexible working were made by employees. 69% were approved, 21% rejected and 10% are in progress.

It should be noted that many flexible working arrangements are successfully managed and addressed at local level by line managers and have required limited HR support or intervention. This is as a result of training and resources for managers and Team information clinics on flexible working that are delivered by the Improving Working Lives Team. The Escalation process has been a helpful support for staff and managers and reduces the number of formal appeals.

3.3 2025 Summer Scheme

BHSC Summer Scheme remains a popular Improving Working Lives initiative offering our workforce affordable childcare (£25 per child per full day & £17 per ½ day). A total of 450 children attended the scheme across four sites from 3 July – 8 August 2025 providing childcare to staff at all levels.

Some of the feedback received from parents and their children included:

“The location and facilities are brilliant. This is such a brilliant scheme for staff. In fact, when looking to move jobs I have narrowed my search to BHSC only specifically because of this. I don't know what I would do without it during summer holidays”.

“Our daughter absolutely loved her time there, and it made working throughout the summer a lot easier for us. The organisation and care shown was exceptional and deserves to be recognised by the Trust”.

4. Trust Recruitment

During the period April 2025 – September 2025, 2549 requisitions were approved for recruitment. This is a 29% increase compared to the same period last year.

One of four HSC Key Performance Indicators for Recruitment is ‘Manager Performance’. It measures the time from when an advert closes to the time when interview invites are issued and therefore reflects the time taken for managers to advise of panel details, complete shortlisting activities and organise interview arrangements.

The figure below shows Belfast Trust managers' performance against this KPI for requisitions closed in the period April 2025 to September 2025.

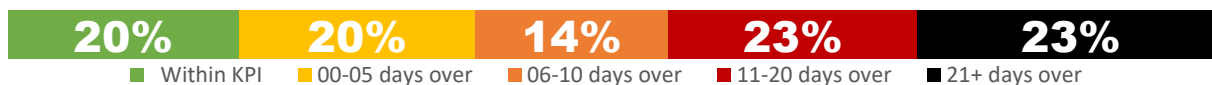


Figure 6: Percentage of Requisitions falling within the 10-day KPI

Please note that Consultant appointments are not included as timescales are in the main determined by the Appointments Advisory Committee (AAC) Regulations.

Compared to the previous report, quarter April to June 2025, this is a 14% reduction in performance against the KPI with managers taking longer to complete selection activities from when the post closes.

There is no obvious correlation across any job family or directorate.

The recruitment team have developed action plans to support managers in improving the time to hire. The action plan focuses on improved communication and visibility of support available. For example, working alongside our regional colleagues, we have launched a new recruitment toolkit which will be promoted and is available on the 'Loop', as well as running manager support clinics.

In addition, 'KPIs by Directorate' report is now to be sent to the Executive Team with a regular schedule in place, to assist oversight of progress within this area.

5. International Staff

The HR department plays a vital role in supporting international recruitment by managing the end-to-end process for overseas candidates. This includes coordinating visa and immigration requirements, ensuring compliance with employment legislation, and facilitating onboarding to help new staff integrate smoothly into the organisation. The team also provides guidance and practical assistance to managers, fostering a positive experience for international recruits and enabling the Trust to attract and retain skilled professionals from across the globe.

Current activity:

Once a job applicant is recruited, the Trust must monitor visa compliance in line with UK Visas & Immigration (UKVI) regulations throughout their period of employment. The Trust is currently managing the following staff levels:

Period	Total staff recruited who require a Visa to work in the UK.
April – June 2025	1,315
July – Sept 2025	1,409

6. Statutory and Mandatory Training

Statutory and Mandatory training compliance continues to show improvement across the Trust. Overall compliance has increased since August 2025 from 71.3% to 78.6% in November 2025.

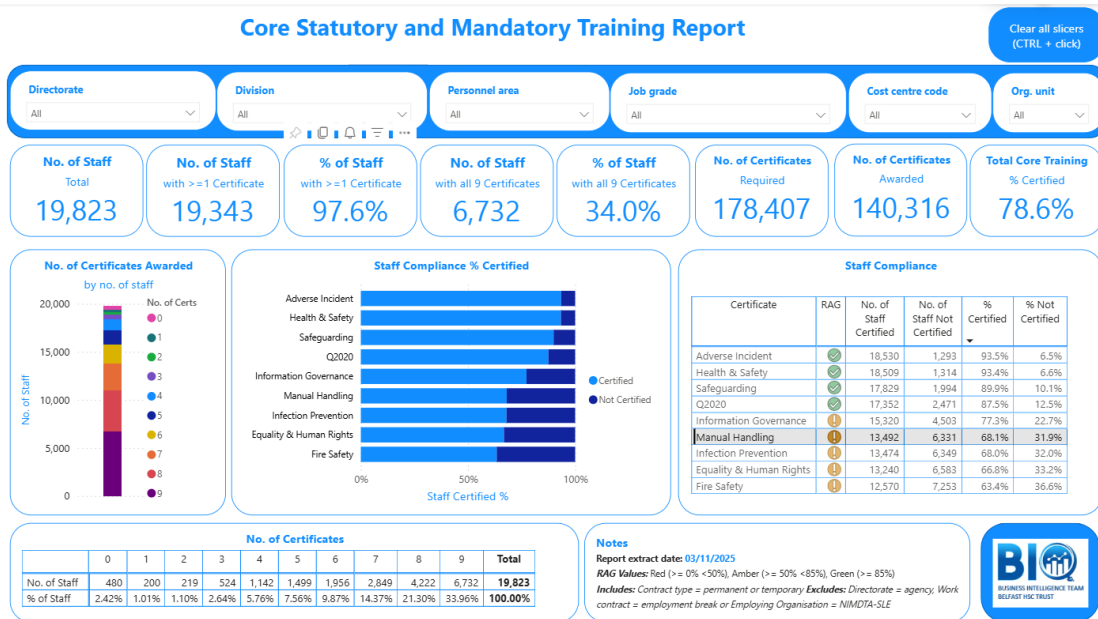


Figure 7: Statutory and mandatory training dashboard

A key enabler of improvement has been enhanced data transparency. The Statutory Mandatory Training Compliance Dashboard is now widely available across the Trust, allowing managers to drill down to Directorate, Division and Cost Centre level to gain full visibility of compliance within their area of responsibility. When used alongside the “My Team” functionality in the Learning Management System (Learn HSCNI), managers can clearly identify which staff require updates across the 10 statutory training pieces and take timely and targeted action to address gaps. This combination strengthens managerial ownership, improves real-time assurance, and supports proactive compliance management.

Directorates continue to develop and implement local improvement plans to address statutory training compliance within their services. The HR&OD Team remains actively engaged in supporting directorates with data analysis and interpretation, advising on improvement approaches and sharing good practice across the organisation.

The Statutory Mandatory Training Steering Group will reconvene early in 2026 and will focus on, reviewing sustained improvement trends and agreeing a strategic, Trust-wide approach to further improve statutory and mandatory training compliance, ensuring alignment with workforce, quality and risk priorities.

7. Onboarding and Statutory Mandatory Training Compliance

We also continue to deliver an enhanced onboarding experience for new starters, which reinforces the importance of statutory training from the outset of employment.

Between April and September 2025, a total of 732 new Trust employees attended the Trust’s Corporate Welcome events. The completion rate for statutory mandatory training among these new starters is 88.2%. This demonstrates the effectiveness of our approach in embedding compliance early in the onboarding process. By integrating mandatory training into the induction experience, the Trust not only ensures governance requirements are met but also establishes a positive foundation for employee engagement and inclusion from day one.

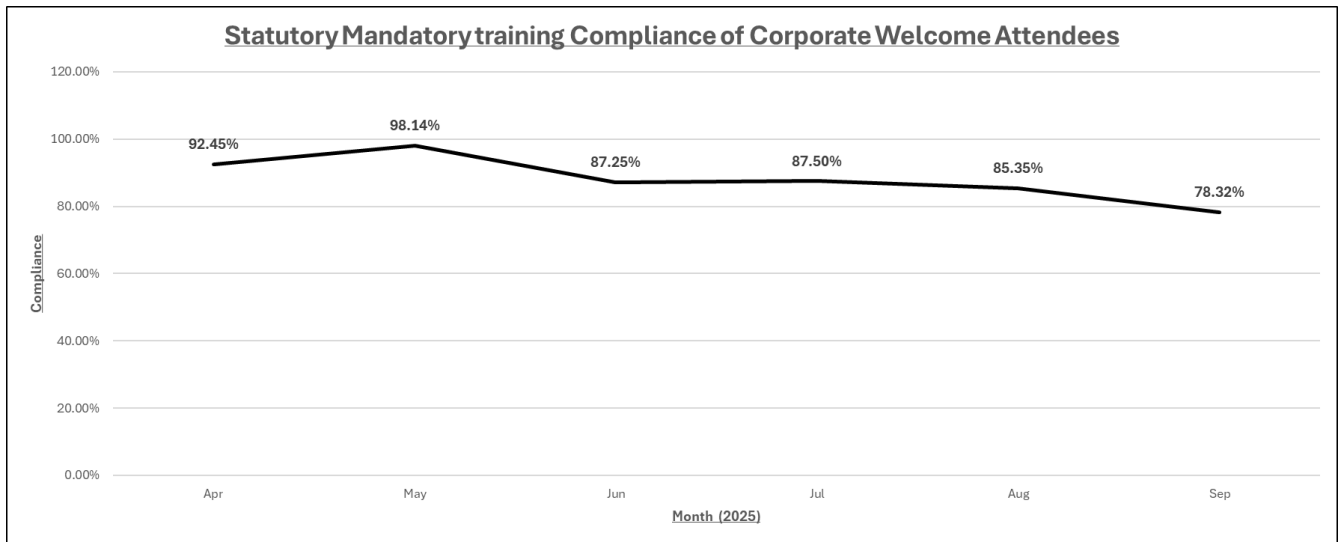


Figure 8: Training compliance for those who attended corporate welcome events

8. Leadership and Culture People and Culture Strategy

The development of a comprehensive People & Culture Strategy is a key priority for the Trust to strengthen organisational culture and support staff engagement. To ensure inclusive and meaningful engagement a multi-pronged approach that captures diverse perspectives and encourages local ownership is in train. This to date has focused on has facilitated discussions with staff to gather their views on what should be included in the strategy and the type of culture they want to see in the organisation. Co-led in partnership with TU.

In January the following is planned:

- **Service Manager-Led Focus Groups**
Managers will receive Train-the-Trainer support from the OD team, enabling them to lead local conversations about the People & Culture Strategy and encourage meaningful engagement within their teams through existing meetings.
- **Town Halls with Chief Executive & Senior Leadership**
An open and high-visibility event to reinforce leadership commitment to the People & Culture Strategy, provide transparency, and create space for staff to share views.
- **Short Staff Survey**
A quick, accessible way for staff to share views and priorities, ensuring broad representation.

Feedback Mechanism:

All input from surveys, workshops, and town halls will be gathered and collated centrally by HR and used to inform the strategy.

Respect and Civility Workshops

Following an independent review of the Cardiac Surgery Service, the HROD Team designed and delivered a programme of bespoke Respect and Civility workshops during Autumn 2025. These sessions were designed to create a safe, structured space for reflection, dialogue and shared learning, supporting a respectful, open and supportive working culture.

To date **18** workshops have been delivered, with **394** staff participating across the Cardiac Surgery service and other areas of the Trust including Executive Team and Trust Board.

The workshops focused on, encouraging open and honest dialogue, exploring the impact of behaviours on individuals, teams and patient care and supporting shared ownership for promoting respectful and civil behaviour.

Feedback from participants has been consistently positive, with strong engagement observed across all sessions. Discussions were open, respectful and constructive, with staff demonstrating:

- Insight into the systemic pressures affecting behaviours and culture
- A clear appetite to promote positive behaviours within their teams
- Willingness to reflect on individual and collective responsibility

Key themes, insights and recommendations emerging from the workshops have been systematically captured and have been fed back to the culture and Civility Steering Group to inform ongoing organisational learning and action planning.

The Open, Just and Learning Steering Group is overseeing the development and launch of two important resources.

A Respect and Civility Framework

A resource that describes the organisations commitment to reducing bullying and harassment and create a culture of civility and respect. It will describe the required efforts at an organisational, team and individual level to effectively promote respect and civility as well as the responses required at each level when poor behaviour occurs. It will contain a new behavioural framework that describes the behaviours we refuse to accept as well as those that we insist upon. The resource will also include information on how staff can become active bystanders.

Openness Matrix Working Group Update

The Being Open Framework (DOH) has informed the development of a Being Open Matrix, designed to help embed openness across BHSCT. A dedicated Task and Finish group Working Group has been established to lead this work. Its focus includes:

- Developing an action plan to guide implementation.
- Mapping processes to embed the matrix organisation-wide.
- Identifying learning and development supports for staff.
- Agreeing outcome measures to track impact and effectiveness.
- Creating a communication strategy to support engagement.

The group has developed a draft matrix and is now ready to start engaging with staff to gather feedback. This collaborative approach will ensure the matrix is practical, meaningful, and supports our shared goal of creating an environment where openness is embedded in everyday practice.

Sexual Safety

Following the addition of two questions on Unwanted Sexual Behaviour in the workplace, a Sexual Safety Working Group (SSWG) has been established within BHSCT. The group will lead and coordinate efforts to embed a culture of sexual safety, ensuring staff, patients, and visitors experience a safe and respectful environment. Its remit includes guiding strategic and operational initiatives to prevent unwanted sexual behaviour, support those affected, and strengthen reporting mechanisms.

The Terms of Reference have been signed off, and a framework to progress this work is in place. As part of this work, a *Sexual Safety Survey Data Support Guide* for Managers was developed and shared with SLG. The guide is intended to help managers:

- Understand the context and sensitivity of the new sexual safety questions.
- Interpret and use survey data responsibly to reflect on team culture.
- Communicate results with empathy and professionalism.
- Signpost staff to appropriate support and reporting pathways.

Further updates will follow as the group progresses work across the agreed priority areas.

Corporate Welcome Event

The Trust's Corporate Welcome Event has been repositioned as a values-based cultural induction, providing new employees with an early and consistent introduction to what it means to work within our services. Rather than focusing solely on compliance or organisational processes, the event is deliberately designed to set the cultural tone for employment from day one. Participants rotate through a plenary session, which provides a warm, collective welcome and reinforce a shared sense of purpose and belonging as well as facilitated breakout sessions aligned to each of the four HSCNI core values, enabling meaningful discussion and reflection.

This structure creates a unique and valuable opportunity to articulate the values that underpin how we work and behave across the Trust, clearly describing the behaviours and expectations expected of all employees and setting out what staff can expect from the Trust in terms of support, inclusion and community throughout their employment journey.

Feedback from participants has been consistently positive, highlighting:

- A strong sense of belonging from day one
- Early connection to Trust values and the wider staff community
- The event setting a positive tone for the overall employee experience

This values-driven approach to onboarding supports both early statutory compliance as described in section 5 above, and longer-term cultural alignment, reinforcing the Trust's commitment to openness, compassion, collaboration and excellence from the point of entry into the organisation.

To assess engagement and the success of the Corporate Welcome event, we use the Net Promoter Score (NPS) as part of our feedback process. NPS provides a clear measure of participant satisfaction and their likelihood to recommend the event to others.

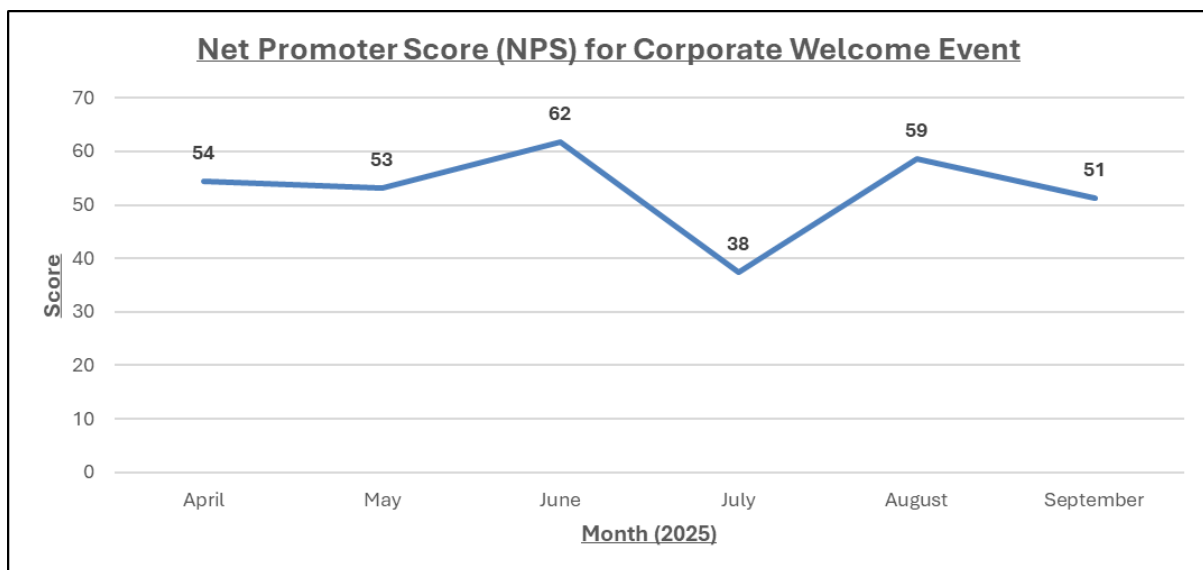


Figure 9: NPS data

The Average Net Promotor score for the period of April – September 2025 was **53**. An average NPS of 53 over the three-month reference period is considered an excellent result for employee engagement.

NPS benchmarks for employee engagement:

- 0 to 20 = Needs improvement
- 21 to 40 = Good
- 41 and above = Excellent

A score of 53 indicates that the majority of respondents are considered **Promoters**, meaning they are highly engaged and likely to recommend the Trust as a great place to work. This reflects strong employee advocacy and satisfaction, suggesting that onboarding and engagement initiatives such as the Corporate Welcome are having a positive impact.

Enhancing Leadership

The Being Belfast Leadership Academy has been in development for approximately one year, representing a strategic investment in building leadership capacity aligned to organisational values. Development has focused on establishing the Academy's infrastructure, targeting approach, co-design methodology, programmes and curriculums, ensuring it is credible, accessible and scalable.

The Academy model was first tested in May 2025 with Social Work colleagues, who acted as early adopters through the launch of their own Social Work Academy. **746** social work staff have engaged with the content to date. Their participation provided invaluable feedback and direction, shaping the Academy as it progressed towards formal launch in November. Activity up to the end of September has focused on the co-design and development of the first core curriculum, Foundations of Leadership.

Foundations of Leadership

The Foundations of Leadership curriculum is designed to support staff moving into leadership roles, providing essential leadership skills and organisational understanding grounded in the Trust's four core values. The curriculum equips leaders to lead with excellence, compassion and openness, and to foster effective collaboration within teams to deliver high-quality, compassionate patient care.

The programme consists of four modules (detailed figure 10), each containing four lessons, and is delivered through a self-paced, blended e-learning model. This design enables leaders, particularly those in busy frontline roles, to engage with the content flexibly alongside operational demands.

Learning is delivered through a mix of:

- Video and e-learning content
- Practical leadership toolkits
- Opportunities to practise and test key skills
- Insights from both subject matter experts and experienced leaders across the organisation

Future People Reports will provide further assurance on engagement, participant feedback and emerging impact, enabling ongoing evaluation and refinement of the Academy.



FOUNDATIONS OF LEADERSHIP

Compassion Module



1 - Understanding Compassionate Leadership

Interactive e-learning lesson focusing on people, systems, skills and the evidence base to help managers lead in ways that improve care, build trust and enhance wellbeing.



2 - Why Compassion Matters

This session builds on leader's understanding of compassionate leadership by exploring why it matters not just emotionally, but scientifically, organisationally, and system-wide.



3 - Creating respectful and compassionate teams

When leaders foster psychological safety by encouraging open dialogue, valuing diverse views, and modelling respectful behaviours. These leadership behaviours are essential—not optional—as they directly impact patient safety, staff wellbeing, and overall organisational performance.



4 - Self-Compassion and Compassionate Mind Training

Video exploring the power of self-compassion and how Compassionate Mind Training (CMT) can support us in managing stress, preventing burnout, and fostering emotional resilience in healthcare settings.



5 - Downloadable Resource Pack

Downloadable toolkit including a reflective journal that allows participants to record thoughts and learning as they progress through the lessons and are prompted in the course to reflect on case studies, scenarios and their own practise.

Figure 10a: Module 1 of Foundations of leadership programme.



FOUNDATIONS OF LEADERSHIP

Working Together Module



1 - Foundations of Teamwork

Explores the importance of effective teamwork and collaboration in delivering high-quality care and services. The lesson aims to build awareness of shared values, mutual respect, and practical strategies for fostering a culture of cooperation across the Trust.



2 Emotional Intelligence

Explores how strong versus poor EI impacts team trust, communication and performance. Practical strategies and examples are provided to help leaders build and strengthen EI, along with a simple self-assessment to support ongoing growth.



3 - Recognition in Leadership

Explores how recognition is a powerful tool for leaders to build trust, motivate teams and inspire engagement. Learners will examine why recognition matters, the different types, and best practices for delivering it effectively, supported by practical scenarios to apply these strategies within their teams.



4 - Handling Conflict in the Workplace

Designed to support leaders in understanding and effectively handling conflict as it arises in the workplace. It provides foundational knowledge, practical tools and reflective exercises to build confidence and competence in navigating challenging interpersonal dynamics.



5 - Downloadable Resource Pack

Downloadable toolkit including a reflective journal that allows participants to record thoughts and learning as they progress through the lessons and are prompted in the course to reflect on case studies, scenarios and their own practise.

Figure 10b: Module 2 of Foundations of leadership programme.



FOUNDATIONS OF LEADERSHIP

Excellence Module



1 - Excellence Masterclass

What excellence means for leaders in the Belfast Trust. How collaboration, accountability, data use and strategic prioritisation contributes to improved outcomes. Real organisational examples and practical frameworks, emphasising compassionate, evidence-based, and improvement-focused leadership.



2 - Quality Improvement in the Belfast Trust

Introduces the core principles and practical tools used in Quality Improvement. What Quality Improvement means in healthcare, the Institute for Healthcare Improvement (IHI) model, how small, structured changes can achieve better outcomes, systems thinking, how processes, people, and environments interact to shape results.



3 - Leadership and the Science of Improvement

How measurement and analysis help identify priorities and track progress against goals. Strategies for implementing change and how to test, learn, scale and sustain improvement using PDSA cycles. Leadership needed for sustainable change.



4 - Planning for Improvement

Essential principles, tools and practices of project management in healthcare. Learners will understand the project life cycle, key roles and responsibilities, how to manage resources, and how to communicate and engage stakeholders to achieve sustainable impact.



5 - Downloadable Resource Pack

Downloadable toolkit including a reflective journal that allows participants to record thoughts and learning as they progress through the lessons and are prompted in the course to reflect on case studies, scenarios and their own practise.

Figure 10c: Module 3 of Foundations of leadership programme.



FOUNDATIONS OF LEADERSHIP

Openness & Honesty Module



1 - Leading with Openness & Honesty

This lesson highlights the impact when openness is missing and shares practical examples to help leaders strengthen team culture.



2 - Creating the Conditions for Psychological Safety

This lesson supports leaders to reflect on their own practice, develop practical strategies to build safer team environments and to understand the link between psychological safety and patient outcomes,



3 - Being Open, Human Factors & Systems Thinking

Introduces the Being Open framework and the three levels of openness, alongside key human factors that shape how teams work. This lesson explores how systems thinking supports safer cultures and highlights leadership behaviours that strengthen openness, accountability and learning



4 - The Belfast Trust Openness Infrastructure

Provides an overview of the Trust's existing systems, policies and training that enables openness, safety and speaking up. The lesson also highlights the leader's role in navigating and reinforcing these processes to support a safer culture.



5 - Downloadable Resource Pack

Downloadable toolkit including a reflective journal that allows participants to record thoughts and learning as they progress through the lessons and are prompted in the course to reflect on case studies, scenarios and their own practise.

Figure 10ad: Module 4 of Foundations of leadership programme.

9. Employee Relations Activity Levels (excludes Muckamore Investigation)

9.1 Whistleblowing Activity

Figure 11 illustrates the Whistleblow activity over the calendar years 2021 – 2024 and over the calendar year 2025 to date (1st January to 30th September 2025).

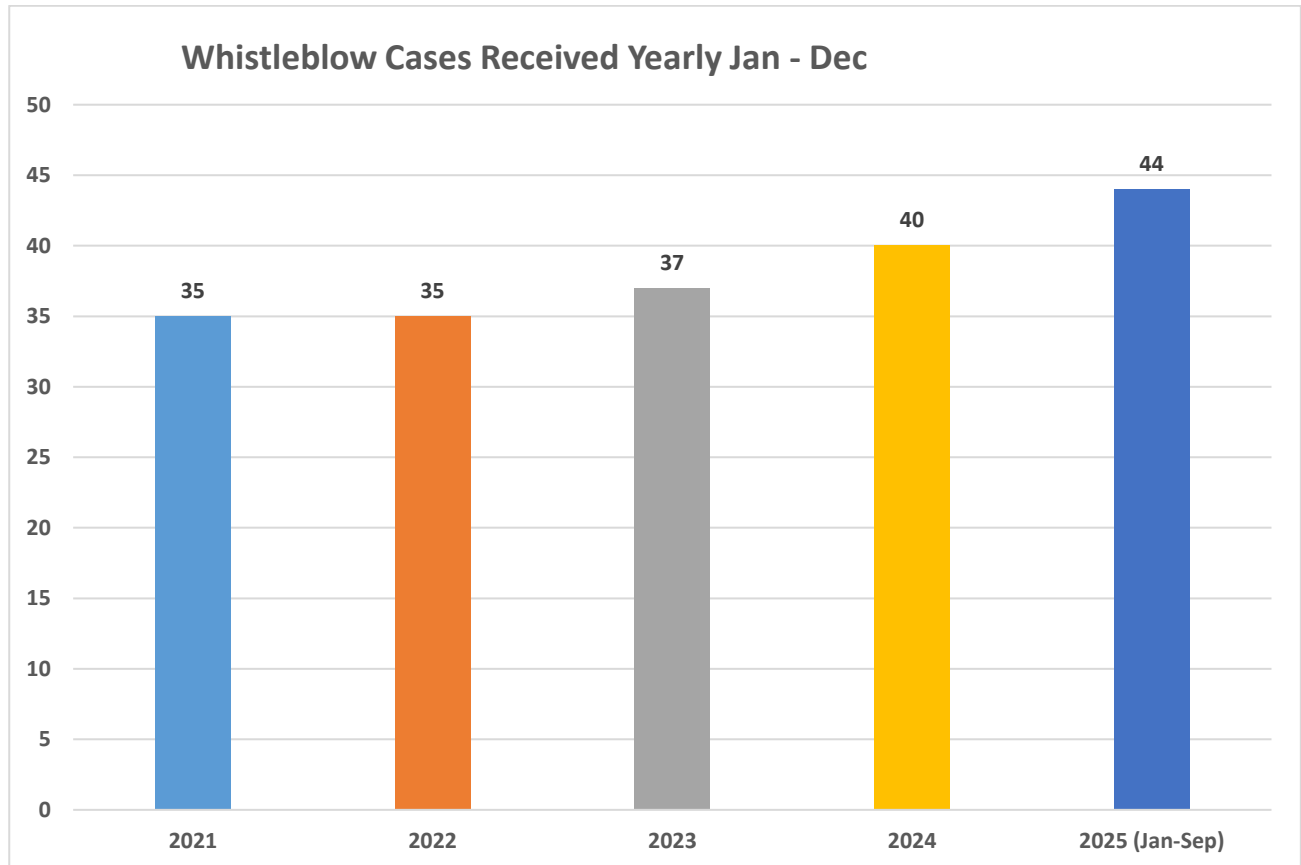


Figure 11: Whistleblow cases per calendar year

It is worth noting that the volume of concerns received in the nine-month period of the current calendar year, is already in excess of the total concerns received for 2024. Additionally, when comparing concerns received for the calendar year to date (44), with 2021 (35), there has been a significant increase (9), which equates to 26%, with three months of the current year remaining.

Additionally, the Whistleblowing section of last People Report reflected that over the six-month period 1 January 2025 to 30 June 2025 there were 18 concerns received. In comparison for the year to 30 September 2025, the number of concerns has jumped to 44, an increase of 22 concerns since the last report. The recent increase in Whistleblowing concerns may be partially attributable to the DCO Partners Review of Cardiac Surgery Report and the subsequent actions taken. As at 30th September 2025 there were 52 open whistleblowing cases.

Figure 12 contrasts BHSCT whistleblowing ongoing concerns with other regional HSC organisations as at 30th September 2025. This is reflected across each case type as a percentage of the overall organisational headcount. The volume of cases within BHSCT are double those of the next highest Trust (Org C).

	BHSCT	Org A	Org B	Org C	Org D	Org E
WB Cases	0.27 %	0.03 %	0.10%	0.13 %	0.07%	0.03 %

Figure 12: Whistleblowing concerns as a percentage of headcount across the region

9.2 Legal Cases

Details redacted and provided under confidential section.

9.3 Settlements

Over the period 1st April to 30th September 2025, the total amount paid in settlement of legal cases is £47,500.

This is the total amount paid over the period above, as set out in settlement agreements only. This will exclude any agreed payments of salary, for example pay in lieu of a notice period. This will also exclude other associated costs, for example costs relating to financial reports, medical reports, legal counsel etc.

9.4 Employee Relations Activity Levels (excludes Muckamore Investigation)

Figure 13 highlights an increase in the number of employee relations cases over the last quarter, comparing information as of 30th June 2025 (221 cases) to 30th September 2025 (268). This represents a 21% increase, with a notable rise in Disciplinary and Conflict, Bullying and Harassment cases in particular.

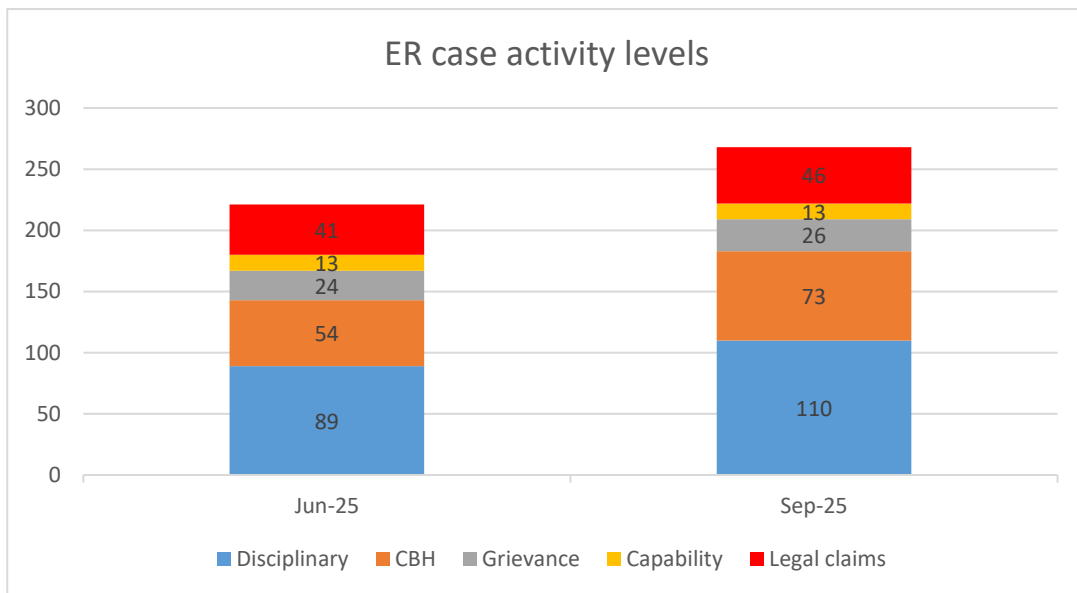


Figure 13: ER case activity

There is a continued focus on informal resolution for cases relating to Conflict, Bullying and Harassment, to include formal mediation. During the reference period, it is notable that of the additional disciplinary cases opened in September, 10 of these relate to abusive language/behaviour or assault/threatening behaviour (towards both staff and service users).

9.5 Comparison with regional organisations

Figure 14 is a comparison of Trust employee relations activity with other regional HSC organisations as at 30th September 2025. This is reflected across each case type as a percentage of the overall organisational headcount.

	BHSCT	Org A	Org B	Org C	Org D	Org E
Formal Disciplinary Cases	0.24%	0.45%	0.37%	0.17%	0.31%	0.49%
Formal Grievance Cases	0.04%	0.15%	0.07%	0.05%	0.04%	0.11%
Formal CBH Cases	0.11%	0.13%	0.02%	0.00%	0.01%	0.03%
Industrial Tribunal	0.23%	0.15%	0.25%	0.13%	0.03%	0.27%
High Court	0.02%	0.02%	0.03%	0.00%	0.00%	0.05%

Figure 14: ER activity comparison

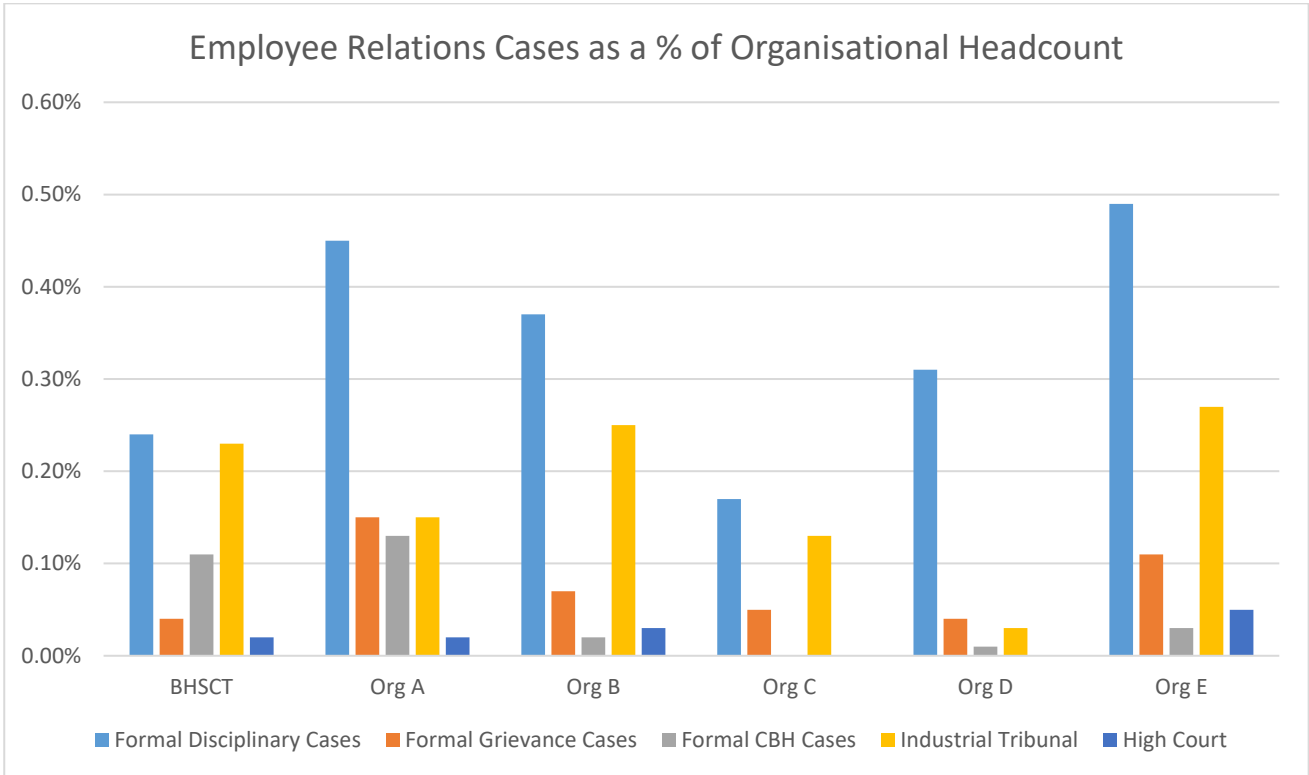


Figure 15: Barchart of ER cases

This data demonstrates that the Trust compares favourably with similar organisations across each case type. It should be noted that only formal ER cases are included in these figures as not all regional organisations record informal cases.

9.6 Staff on Suspension (excludes Muckamore Investigation)

As at the end of September 2025, 11 staff were on suspension which compares to 9 as at 30th June 2025.

Of the staff suspended as of 30th September 2025, the predominant staff grouping from which they were drawn was Social Services.

Following the last People Report a post case review learning exercise has been undertaken relating to an individual who was suspended for a protracted period. As a result of this learning, suspension guidance will be reviewed. This will support both Service Managers and the Employee Relations team to engage with the PSNI at an early stage to enable the timely commencement of our internal processes when possible and also to support their conclusion.

Whilst this represents an increased compared to the previous report, there is continued focus on reviewing suspensions to ensure minimal length of time is spent on suspension.

10.0 Nursing and Midwifery Fitness to Practice (1 April 2025 – 30 November 2025)

The overarching objective of the Belfast HSC Trust Nursing and Midwifery Fitness to Practice (FTP) is the protection of patients and service users. As a trust we are required to ensure we protect the public's health, safety and wellbeing, maintain public confidence in the Trust and ensure our Nurses and Midwives uphold their professional standards and conduct.

Within the Trusts principles of an Open Just and Learning Culture the FTP process must ensure continued contextual understanding of system factors that may affect Nurses and Midwives practice with the promotion of learning and candour over blame, taking proportionate action when issues need addressed.

FTP Process Maintains core principles: -

- **Person-centred**
Put people receiving care at the heart of processes. Understanding the effect of FTP on all involved.
- **Non-punitive, learning-focused**
Promote openness so risks surface early and improvement is possible. Openness about mistakes allows valuable lessons to be learnt so errors are prevented in the future
- **Transparency & timeliness**
Provide regular updates on process to key stakeholders. Communicate decisions promptly and clearly; ensure processes are efficient, consistent and joined up.
- **Trust-led risk management**
As the employer, the Trust is best placed to identify/manage risk quickly and specifically.
- **Context matters**
Understand why failings occurred and how / if the system contributed rather than who was responsible.
- **Proportionality when issues are addressed.**
The ability and confidence to ensure risks are fully mitigated and practice remediated.

Current FTP Active Figures

- **Active FTP Referral Categories**

Total Fitness to Practice Assurance Figures	Staff Numbers
Total number of all active FTP/NMC Cases	115
Total number of all active FTP cases Registered	88
Total number of all active FTP cases Unregistered	27
Total number of Active NMC Referrals	29

Further details are provided under the confidential session.

Issues Risks and Mitigations

1. Recent changes in NMC referral guidance to include referrals where there is a police investigation as opposed to a recommendation for prosecution.

Risk

Potential increase in Trust referrals to the regulator and could be viewed by staff and unions as punitive.

Outcome

Early identification of issues has led to an increased ability to provide support and guidance for staff involved in processes. Early referral to the NMC with open lines of communication has enabled safe proportionate, reasonable and agreed interim protection measures.

2. The recent publication of the independent cultural review into the NMC, implications of confidence in the process, delays in processing/screening of referrals.

Risk

Staff confidence in the FtP process, potential harm caused by delays in the NMC investigation process, despite Trust internal processes completed, e.g. adherence and completion of Trust processes under the Regional Disciplinary Policy and Procedures.

Outcome

Regular Case Review meetings now in place between the Trust and the Northern Ireland NMC Regulation Adviser. Fitness to Practice Process awareness sessions included in all Trust Band 6/7 Leadership Training.

New Issues Identified

1. Potential delays in staff affected by Adult Safeguarding concerns requiring Adult Protection Investigations through Adult Protection Gateway Team (APGT).

Risk

Negative impact on staff involved in adult safeguarding investigations who require restrictions in their practice as an interim measure, psychological and financial.

Outcome

Ongoing improvement in communication channels between FTP and APTG, Weekly new case review meetings with Service Manager for APTG. Potential future Trust direction to Level Three Screening.

11. Social Work

Current Position: Number of staff in each regulated group within BHSCT

- Social Care Workers 1793 Social Workers 1309

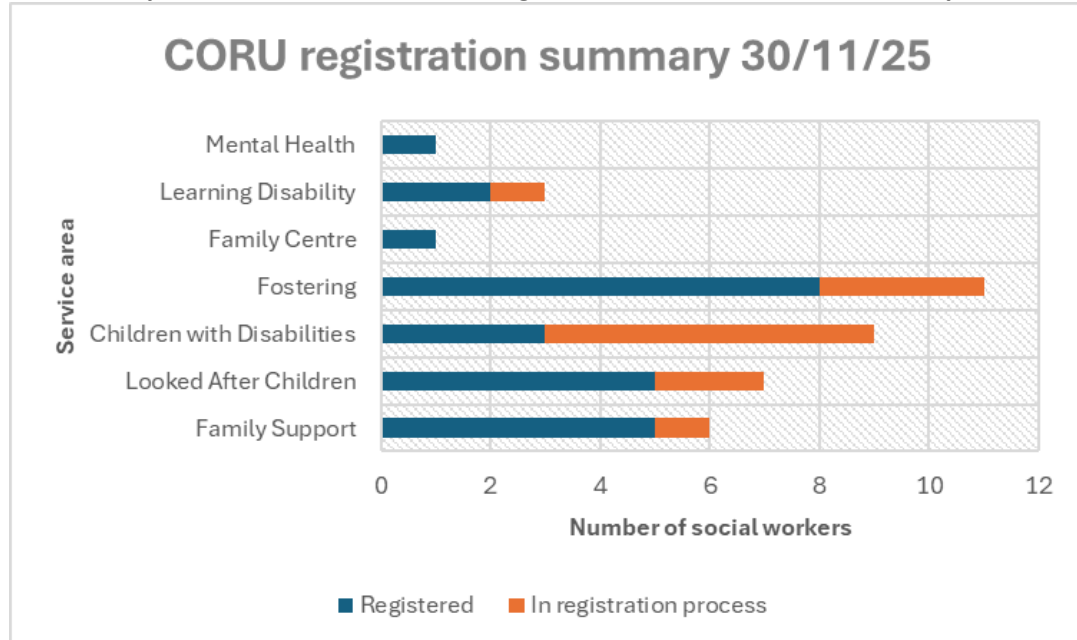
In the 2nd quarter of this reporting period compliance with maintaining registration was 98.9% across social work and social care. This is an improvement of 0.3% from the previous reporting period. This includes staff who are on long term absence where registration should be maintained in line with the Trust Registration and Verification Policy (0.3%). This is an improvement of 0.2%. The NISCC registration office has clear processes in place to ensure that staff who have been removed from the register are not undertaking regulated activity.

From July- September 2025 0.1% of social work and social care staff were subject to Fitness to Practice proceedings following referral to NISCC. This equates to 10 social workers and 19 social care workers. While these numbers remain static from the first quarter of the reporting year, they include 2 new referrals and 2 closures.

Where social workers are required to undertake statutory tasks in another jurisdiction, they must also check the professional registration requirements of the relevant regulatory body. The Trust will fund registration costs, and the Office of the Deputy Executive Director of Social Work supports with completing registration. Where registration with the regulatory body is required by the jurisdiction it is unlawful to undertake the statutory social work role without first being registered.

Currently BHSCT have only been required to support social workers to register with CORU in ROI and the services with the most demand for this are within the Children's Directorate (see below). The EDSW track compliance with CORU registration on the EDSW Dashboard and review quarterly at the Senior Leaders Assurance Group. Within this reporting period an additional 6 social workers have completed the process to join the CORU register (from 19 to 25) and 30th November 16 are still in application process (reduction of 3).

Current position for BHSCT registered with CORU to practice in ROI



Regulatory Requirements

Under the NISCC Registration Rules (2023) and the PiP (Professional in Practice) framework (2023) newly qualified social workers must complete two requirements from the Consolidation Award within the first three years of registration. A tracker has been developed to monitor staff progress and alerts will be issued when their 3 year period is coming to an end.

Currently within BHSCT:-

- 47 social workers have 2-3 years to complete the mandatory PiP requirements (this number will increase as further staff complete the AYE).
- 36 social workers have 2 years to complete mandatory PiP requirements
- 24 social workers have one year left to complete mandatory PiP requirements.
- Less than 5 social workers have extensions agreed with NISCC.

All other registered social workers and social care workers are required to complete a minimum of 90 hours of continuous learning and development within each registration period. A range of programmes and support are provided to enable staff to meet the post registration training and learning requirements.

CURRENT PIP ENROLMENTS

NI Practice Teacher Training Programme	6
Adult Safeguarding Programme	7
Initial Professional Development	32
Research Module	5
Social Work & Community Development	Less than 5
CBT	5
Approved Social Worker Programme	10
Palliative Care for Social Workers	Less than 5

Social Work with Children, Young People and Families	9
Systemic Practice & Family Therapy	7
Leaders in Practice	6
Stronger Together	9
Quality Improvement	6

• Supervision Compliance

The EDSW office monitors social work supervision compliance through a quarterly Supervision Oversight meeting. From June- September 25 overall compliance with supervision is recorded as 84%. Compliance rates between Divisions can vary with lowest recorded as 78% and highest as 97%.

An annual supervision audit by the EDSW office reported an overall rate of 60% compliance with supervision frequency and work is underway to ensure records of all supervision activity is recorded in files.

Social Care Supervision Policy

The social care supervision policy was launched in September 2025 and has introduced a clear framework of support for social care practitioners across the Trust.

• Statutory and Mandatory Training Compliance

The overall compliance rate for the Workforce Learning Development and Regulation Governance Improvement service is 98.21% at point of reporting.

• Risks and Issues

Workforce pressures can make it challenging for staff to be released for PRTL activity. All registrants have professional responsibility to raise concerns and managers must also keep this under review in supervision as part of the professional development function.

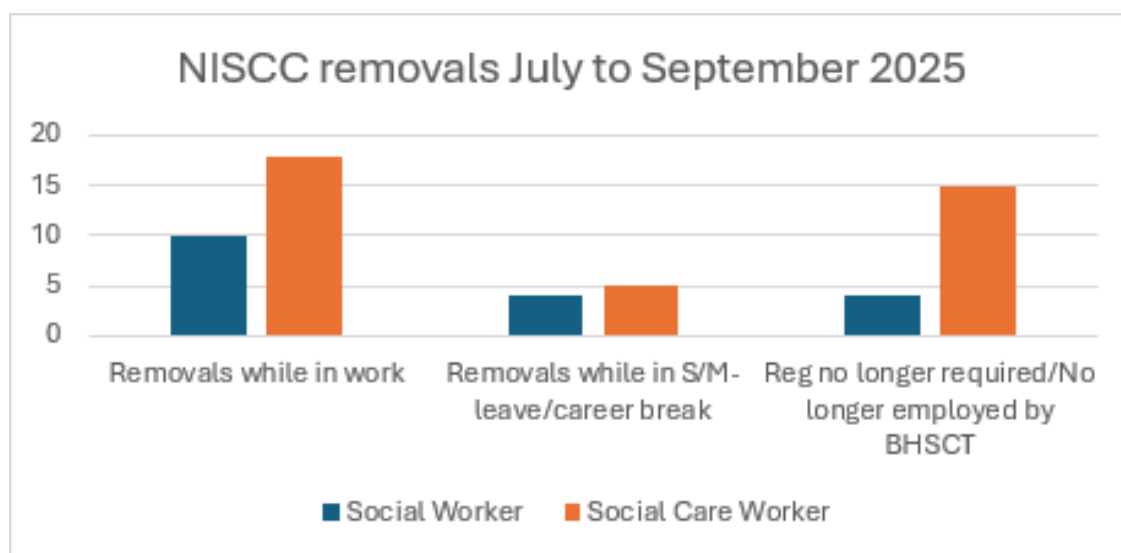
Time taken to get back on register Jul-Sept 25		
1 week	6	22%
2 weeks	4	15%
3 weeks	1	4%
4 weeks	3	11%
More than 4 weeks	9	33%
Application under process	3	11%
Application not started	1	4%

- **Registration lapses and overdue renewals**

The number of removals of registrants includes staff no longer in a post that requires registration. All removals are reviewed to ensure there are no social work or social care staff working in a regulated post whilst not registered. In this quarter 19 staff were reviewed and did not require re-registration (new post/retirement/ left Trust for other reasons).

Staff with lapsed registration in the 2nd quarter of this year

MONTH	Total Removal	Removal from register while in work	RE-REGISTERED	Removal from register while on S/M leave	Don't require registration
Jul-25	24	13	12	1	8
Aug-25	27	11	11	7	7
Sep-25	9	4	1	1	4



**** Not all staff are re-registered within the calendar month so this table is not reflective of in-month removal data.**

In this reporting period the EDSW Office has developed a % breakdown of the timescales for staff returning to the NISCC register, where registration was required for them to be in work (including staff on long term leave). This provides a clearer understanding of the cost to the Trust when staff are removed from the register and cannot work. It highlights the impact on workforce capacity, service user provision and the financial and emotional well-being of staff who are unable to work.

Reasons for delay in re-registration include delays in the application process; delays with endorsement of application by the Trust; application stalled as restoration fee has not been paid and the NISCC undertaking additional registration checks.

The EDSW office works in partnership with NISCC to navigate timely re-registration and the number of days staff are off the register has reduced since the Trust Registration Officer was appointed to focus on reducing barriers to re-registration. Lapses are generally more common for social care workers and a number of resources including video explainers have been provided to increase staff understanding.

- **Ongoing fitness-to-practise cases**

The EDSW Office has oversight of all social work and social care Fitness to Practice (FTP) referrals to the NISCC and keep the NISCC informed of progress with investigations. It is acknowledged that some FTP investigations can be delayed when there is a PSNI investigation as part of the process. Currently 11 social workers and 18 social care workers are subject to Fitness to Practice proceedings.

Fitness to Practice activity 1st July-30th September 2025

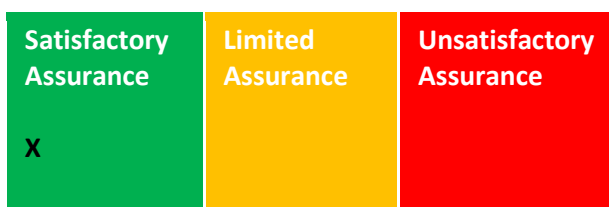
	1 st July – 30 th September 2025
No FTP referrals	Less than 5
No FTP Closed	Less than 5
No Staff removed from register by NISCC for FTP	0

There were no staff removed from the register via NISCC fitness to practice proceedings July- September 2025. Since the end of Sept 25 less than 5 social care staff were removed from the register via FTP proceedings. They were subject to investigation and following disciplinary procedures are no longer employed in the Trust.

- **Improvements in monitoring systems**

The establishment of a new information system to manage NISCC registration and support service areas with 2nd line assurance, as well as the integration of a WTE NISCC registration officer post has increased EDSW Office assurance in relation to the legislative requirements.

- **Assurance Statement**



The EDSW Office reports a high level of 2nd line assurance for NISCC registration in the Trust. This assessment is based on: -

- % of compliance with registration responsibilities across social work and social care at 98.9%. An increase of 0.3% from the previous reporting period.
- Established systems in place to ensure that the EDSW Office communicates with registrants and their supervisors re timescales for renewal of registration and payment of fees.
- Systems in place for monitoring and assurance of the NISCC registration requirements.

- Escalation process to ensure timely communication when staff have been removed from the register, including advice and support for registrants and their managers.
- Increased awareness of the NISCC registration officer role and partnership working across all service areas to ensure compliance with legislative requirements.
- Effective use of mitigations when migrating to the new information system that ensured there was no increase in removals for non-payment of fees or failure to renew registration.
- Ongoing partnership working with the NISCC to ensure that removals are managed in a timely way and any systems issues are identified and resolved quickly.

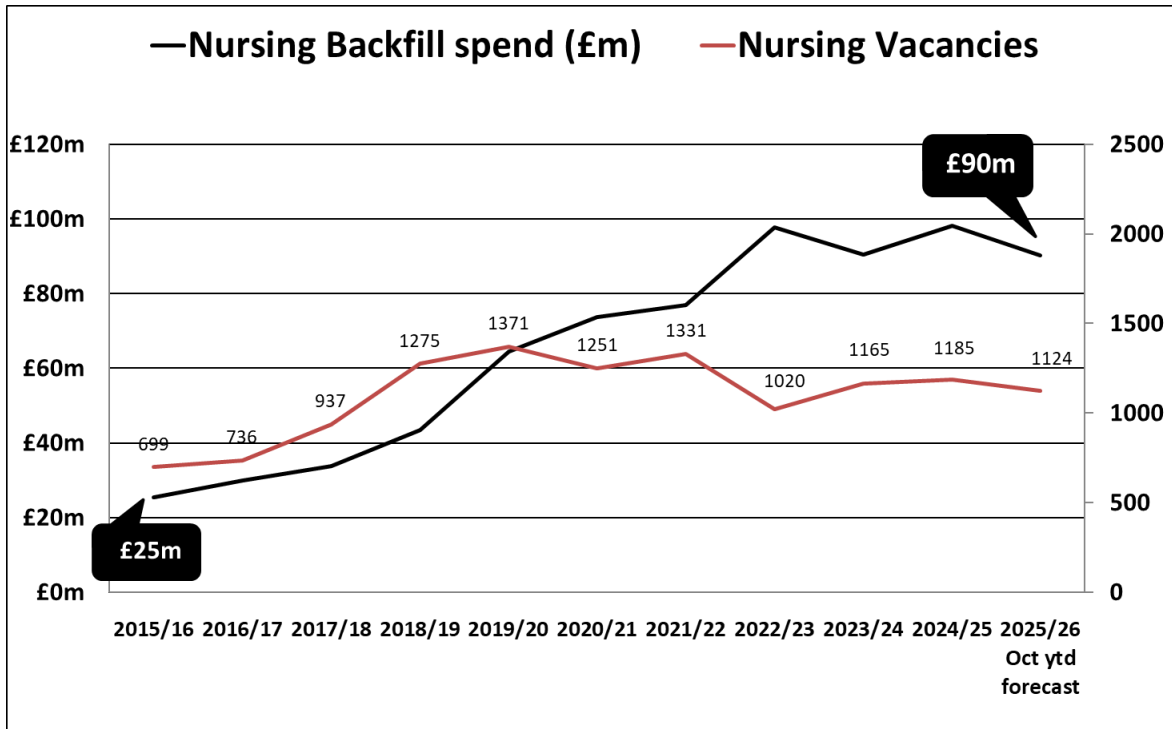
Areas for continuing improvement

The EDSW Office plans for continuing improvement include:

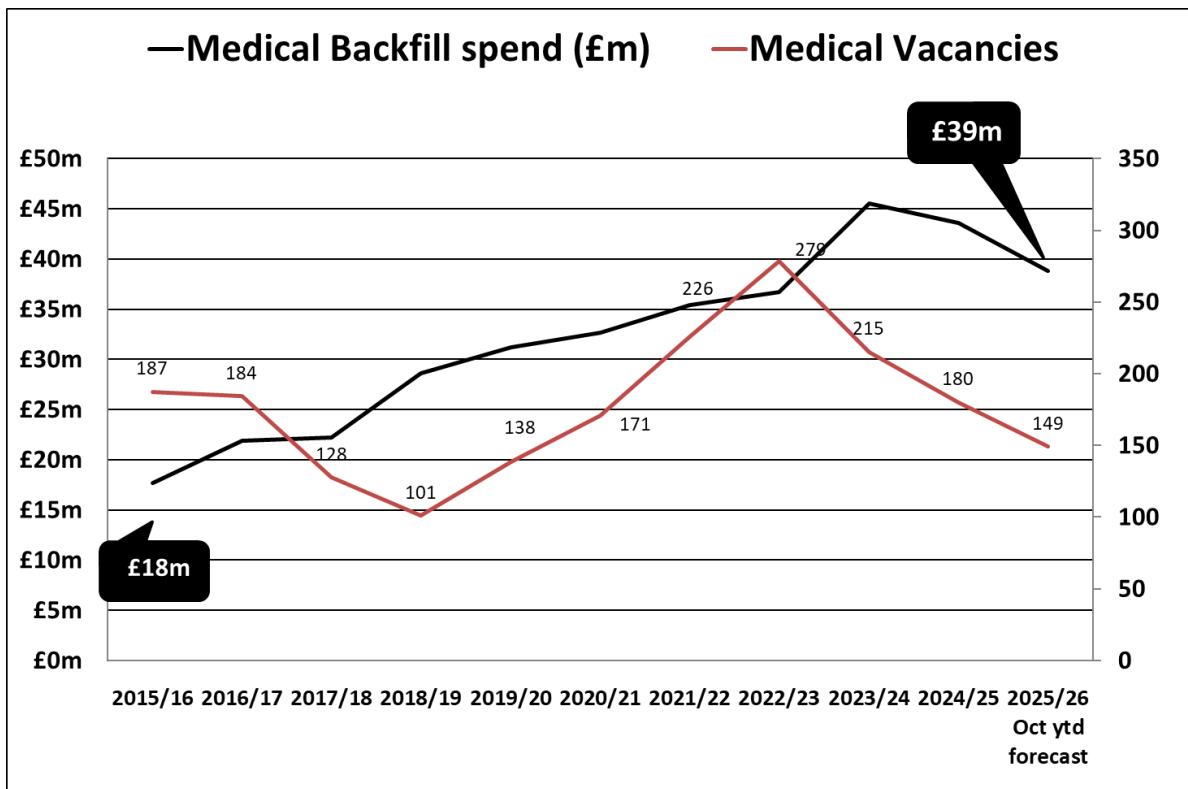
1. Work is ongoing to scope barriers to maintaining registration.
2. Learning from other regulators will be scoped to explore FTP timescales.
3. Enhanced monitoring of mandatory post registration training and learning for newly qualified social workers.

12. Finance

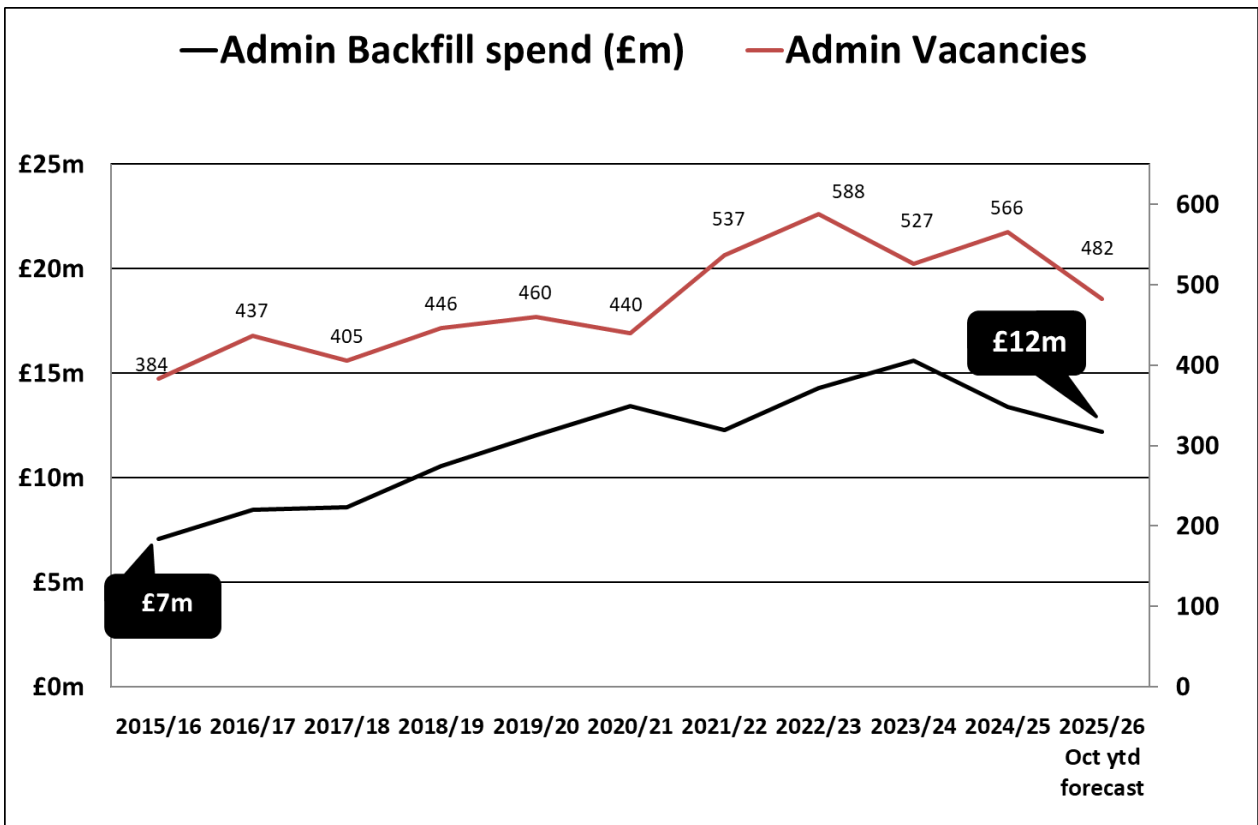
12.1 Nursing



12.2 Medical



12.3 Admin



13. Medical Directors Office (MDO)

13.1 Maintaining High Professional Standards (MHPS) Update

Maintaining High Professional Standards (MHPS) provides a structured framework for managing concerns about the conduct or performance of medical and dental staff within Health and Social Care (HSC) organisations in Northern Ireland. It ensures that issues are addressed fairly, consistently, and promptly, while safeguarding patient safety and supporting professional accountability. The MHPS process includes clear stages for initial assessment, formal investigation, and resolution, with emphasis on transparency, confidentiality, and proportionality. In Belfast Health and Social Care Trust, MHPS is integrated with local governance and HR procedures, and aligns with regional complaints guidance and safeguarding protocols. The approach promotes learning, supports remediation where appropriate, and ensures that concerns are managed in a way that maintains public trust in clinical services.

The below figures outline the current number of Medical Professionals currently in an MHPS Process or with concerns being reviewed or restrictions in place.

- Numbers in MHPS – less than 5
- Numbers with concerns being reviewed / open cases - 14
- Numbers with restrictions – 7

Category	Number of Doctors
Under MHPS Process	Less than 5
Concerns Being Reviewed / Open Cases	14
With Practice Restrictions	7

13.2 Medical Appraisal: position as of 7 December 2025

	Total Doctors	Appraisal Complete	%
Anaesthetics, Critical Care, Theatre and Sterile Services (ACCTS)	155	128	82
Cancer & Specialist Medicine	125	103	82
Child Health & NiSTAR	111	83	73
GPOOH, Emergency Medicine, Ambulatory Care & General Medicine	87	73	85
Hepatology, Gastro, ID, Respiratory, Adult Cardiology & Stroke Services	98	87	88
Imaging, Medical Physics & Outpatients	100	94	94
Learning Disability	7	7	100
Maternity, Dental and Sexual Health Services	104	91	81
Mental Health & CAMHS	69	59	87
Neurology	4	1	25
Older People Services / ACOPS	37	32	89
Laboratories & Pharmacy	65	52	76
Surgery (inc. ENT)	127	91	73
Trauma, Orthopaedics & Rehabilitation	72	67	93
	1161	972	84%
2023 Appraisal Compliance	97%		
2022 Appraisal Compliance	98%		

Efforts to enhance service continue by standardising datasets, enabling effective monitoring and review of appraisal compliance using a comprehensive system that engages Workforce Teams, Division Chairs, and directorate senior management. This integrated strategy has led to an 11% increase in appraisal completion rates compared to the same period last year (December 2024).

Additionally, the Belfast Health and Social Care Trust is reviewing its Appraisal and Revalidation Governance and Assurance Framework alongside the Regional Appraisal Governance Framework. The updated framework is set to take effect from 2026.

13.3 Job Planning

DIVISION	NUMBER OF DOCTORS	DOCTORS WITH CURRENT JOB PLAN AT NOV 2025		DOCTORS WITH NO RECORDED JOB PLAN**	
		NUMBER	%	NUMBER	%
Hepatology, Gastro, ID, Respiratory, Adult Cardiology & Stroke Services	95	87	92%	0	0%
GPOOH, Emergency Medicine, Ambulatory Care & General Medicine	72	69	96%	0	0%
Neurology	14	13	93%	1	7%
Anaesthetics, Critical Care, Theatre and Sterile Services	140	116	83%	0	0%
Surgery (inc. ENT)	140	74	53%	7	5%
Laboratories & Pharmacy	55	40	73%	1	2%
Cancer & Specialist Medicine	124	98	79%	1	1%
Imaging, Medical Physics & Outpatients	67	37	55%	1	1%
Trauma, Orthopaedics & Rehabilitation	72	9	13%	3	4%
Older People Services / ACOPS	32	32	100%	0	0%
Mental Health & CAMHS	79	62	78%	2	3%
Learning Disability	7	0	0%	2	29%
Child Health & NISTAR	104	52	50%	4	4%
Maternity, Dental and Sexual Health Services	67	50	75%	1	1%
	1068	739	69.2%	23	2.2%

(November 2025)

Job planning rates within the Belfast Health and Social Care Trust are presently reviewed on a quarterly basis by the Medical Director's Assurance Group. Directorates encountering specific challenges receive focused assistance from the Medical Director's Office to promote improved compliance and engagement. As part of ongoing efforts to enhance service quality, an electronic job planning system will be piloted in the Gastroenterology service in October 2025 and in General Surgery in January 2026, ahead of a Trust-wide implementation scheduled for spring/summer 2026. This initiative is designed to optimise the job planning process, minimise delays in connecting job plans to financial workflows, and support adherence to internal audit recommendations. Internal audit are commencing a re-inspection of the job planning process in December 2025.

13.4 GMC Dashboard

The GMC dashboard report provides Responsible Officers and designated bodies, including NHS Trusts, with a secure, data driven overview of key metrics related to medical professionals' revalidation, fitness to practise, and registration status. Accessible via GMC Connect, the dashboard enables Trusts to monitor appraisal compliance, identify trends in referrals and investigations, and benchmark performance against national standards. Its purpose is to support governance, assurance, and early intervention by offering timely insights that help organisations uphold professional standards and ensure patient safety.

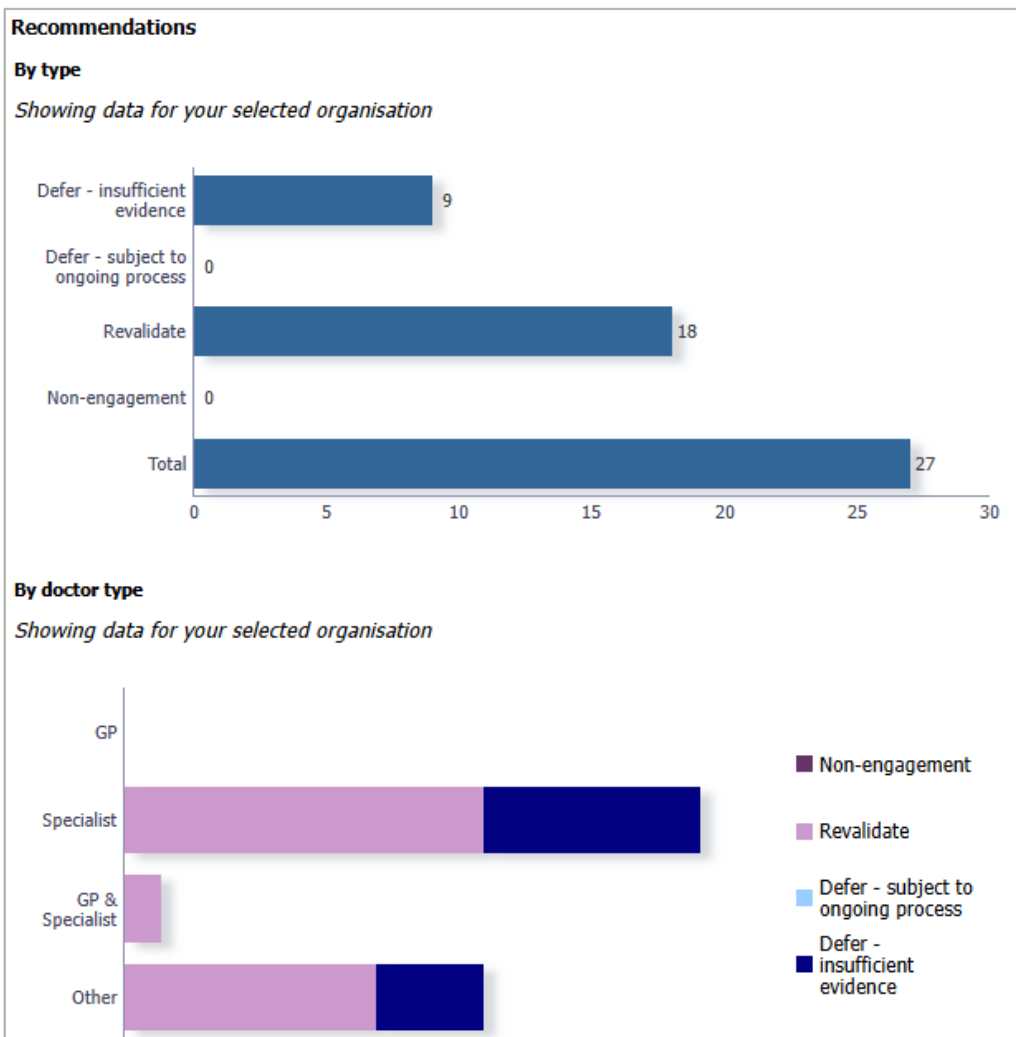
Further details are redacted and included in confidential section

13.5 Revalidation

Select the time period you wish to view data for:

Between and

What would you like to view? My selected organisation Average for my organisation type



Late recommendations

Showing data for your selected organisation

	Number
Defer - insufficient evidence	4
Defer - subject to ongoing process	0
Revalidate	7
Non-engagement	0
Total	11

Deferral periods (ongoing or ending in last 12 months only)

Showing data for your selected organisation

	number
Average Deferral Period (days)	364
# Doctors with chain deferrals	0

13.6 Deferrals

Select the time period you wish to view data for:

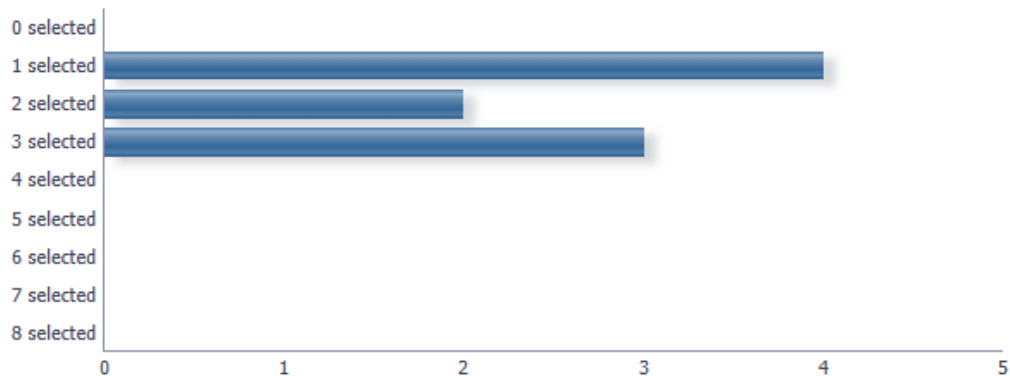
Between and

What would you like to view? My selected organisation
 Average for my organisation type

This section gives more information about deferrals due to insufficient evidence.

Number of additional reasons selected

This shows the number of additional reasons selected for each deferral.



Additional reasons selected

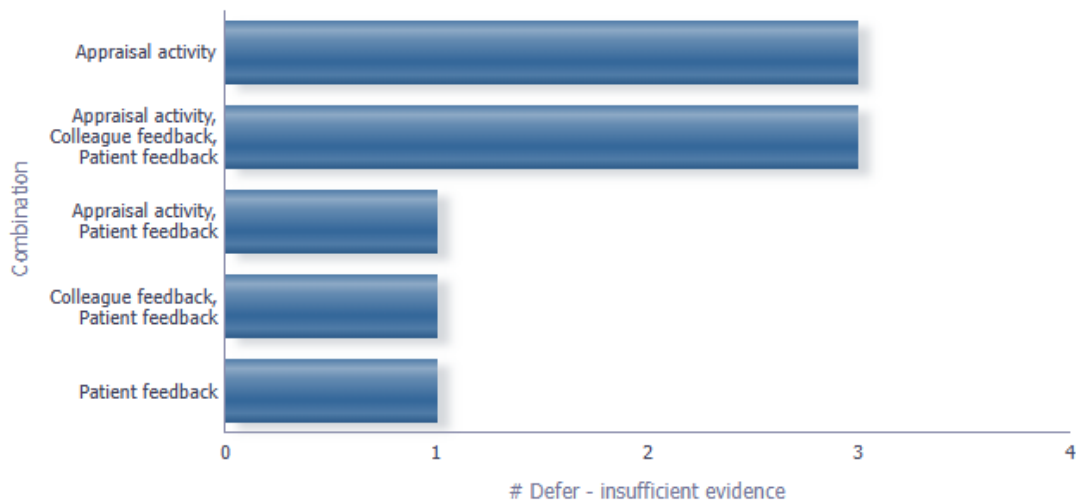
This shows how many times each additional reason has been selected.

Appraisal Activity	CPD	Colleague Feedback	Compliments & Complaints	Interruption To Practice	Patient Feedback	QIA	Significant Events
7	0	4	0	0	6	0	0

Appraisal Activity	CPD	Colleague Feedback	Compliments & Complaints	Interruption To Practice	Patient Feedback	QIA	Significant Events
78%	0%	44%	0%	0%	67%	0%	0%

Additional reason combinations

This shows how many times each combination of additional reasons has been selected.



13.6 Overall deferral/revalidation rates (last 3 years)

2023-2025 Comparison - Revalidation								
	2023	%		2024	%		2025	%
Revalidated	210	76%		245	76%		136	79%
Defer Insufficient Evidence	57	21%		66	21%		32	19%
Defer Ongoing Process	9	3%		11	3%		3	2%
Total	276	100%		322	100%		171	100%

Revalidation by Division 2nd Quarter (1 July – 30 September 2025)

Division	Revalidation Due	Revalidation Complete	Revalidation Deferred
Anaesthetics, Critical Care, Theatre and Sterile Services	0		
Cancer & Specialist Medicine	4	4	
Child Health & NiSTAR	4	2	2
GPOOH, Emergency Medicine, Ambulatory Care & General Medicine	4	3	1
Hepatology, Gastro, ID, Respiratory, Adult Cardiology & Stroke Services	1	1	
Imaging, Medical Physics & Outpatients	0		
Learning Disability	1		1
Maternity, Dental and Sexual Health Services	1	1	
Mental Health & CAMHS	1	1	
Neurology	0		
Older People Services / ACOPS	0		
Laboratories & Pharmacy	2	2	
Surgery (inc. ENT)	7	3	4
Trauma, Orthopaedics & Rehabilitation	2	1	1
Total	27	18 (67%)	9 (33%)

The 2025 revalidation figures to date for doctors that were due their 5-year revalidation in this year are slightly improved on the previous 2 years with a 3% decrease in deferrals due to insufficient evidence or an ongoing process.

An analysis of this data has clear correlations between incomplete appraisal and revalidation deferral. A comprehensive dashboard of revalidation relevant data is now in place for all doctors due to be revalidated in 2026.

This is used by the Senior Medical Management Oversight Group to additionally highlight any gaps in appraisals or other revalidation information which may impact on the ability to recommend the revalidation of that doctor.

13.8 Fitness to Practice

Redacted and included in Confidential section.

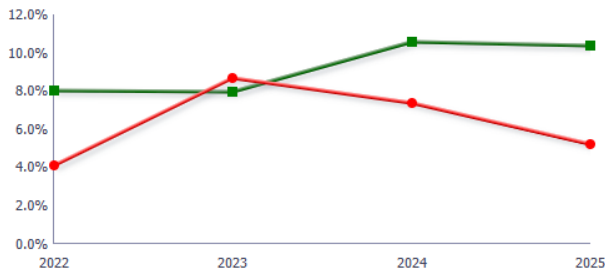
13.9 Complaints

Redacted and included in Confidential section.

13.10 Education

This report shows the proportion of national training survey results that were red or green outliers for the selected training location, for the last four years

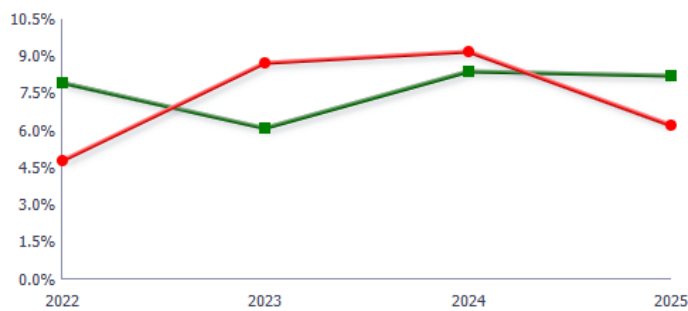
By Trust



The table below covers data for the last four National Training Surveys

		Trust Red	Trust Green	Trust All
Belfast Health and Social Care Trust	Adequate Experience	7	8	148
	Clinical Supervision	1	20	147
	Clinical Supervision out of hours	1	27	138
	Educational Supervision	2	0	148
	Educational governance	6	17	132
	Facilities	43	1	131
	Feedback	2	5	141
	Handover (new)	5	12	122
	Induction	12	12	147
	Local Teaching	6	13	138
	Overall Satisfaction	10	19	148
	Reporting systems	3	16	127
	Rota Design	14	12	136
	Supportive environment	9	17	146
	Teamwork	5	18	142
	Work Load	12	7	107
	Workload	4	4	39

By Site



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The tables below cover data for the last four National Training Surveys

		Site Red	Site Green	Site All
Muckamore Abbey Hospital	1-5XJDNP	0	9	37
Knockbracken Mental Health Services	1-5XJDKG	7	1	60
Royal Maternity Hospital	1-5XJDKH	5	7	141
Musgrave Park Hospital	1-5XJDKK	6	39	151
Royal Belfast Hospital for Sick Children	1-5XJDNN	11	12	196
Mater Infirmorum Hospital	1-5XJDKJ	20	5	238
Belfast City Hospital	1-5XJDKE	41	73	789
Royal Victoria Hospital	1-1RVJ-33188	122	77	1295
Grand Total		212	223	2907

The number of domain areas that are below the confidence interval of the National Reference group are highlighted in red and those that are above the confidence level of the National Reference group are highlighted in green. Red domain areas continue a downward trend from 8.7% in 2023 to 5.2% in 2025. Green domain areas maintain an overall upward trend from 7.9% in 2023 to 10.4% in 2025.

ATTENDANCE SCORECARD

COST OF ABSENCE (BHSCT)

(EXCLUDING COST OF COVER EG. OVERTIME, BANK, AGENCY, ADDITIONAL HOURS)

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total Cost
£4,655,240	£4,835,384	£5,278,049	£5,601,503	£5,552,687	£5,331,221	£5,821,670	£5,986,126	£6,618,948	£6,551,524	£5,690,468	£5,904,602	£67,827,422

Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total Cost
£5,764,780	£6,039,913	£6,259,897	£6,306,161	£6,215,758	£6,102,157							£36,688,667

DIRECTORATE PERFORMANCE AGAINST ABSENCE TARGET

ABOVE TARGET
BELOW TARGET

Directorate	% hours lost	Targets for 24/25	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost	% Hours Lost
	April 24 - March 25	(Reduction of 7.5% Based on March 25)	Apr-25	Apr - May 25	Apr - June 25	Apr - July 25	Apr - Aug 25	Apr - Sept 25	Apr - Oct 25	Apr - Nov 25	Apr - Dec 25	Apr - Jan 26	Apr - Feb 26	Apr - Mar 26
BHSCT Overall	9.33	8.63	8.32	8.45	8.72	8.79	8.89	8.99						
ACCTSS & Surgery Directorate	8.46	7.76	7.48	7.68	7.52	7.53	7.61	7.68						
Adult Community, Older People, AHP'S	11.15	10.31	10.23	10.10	10.49	10.56	10.52	10.52						
Cancer & Specialist Services Directorate	7.47	6.91	6.58	6.59	7.05	7.02	7.14	7.24						
CH, NISTAR & MDGS Directorate	8.75	8.09	8.00	8.04	7.90	7.88	7.94	8.72						
Children's Community Directorate	8.91	8.54	8.67	7.31	8.04	8.51	8.62	8.72						
Corporate Communications	15.93	15.66	26.93	22.22	21.64	21.02	19.74	18.52						
Deputy Chief Executive Directorate	5.79	5.35	11.48	12.41	13.25	12.82	11.79	9.63						
Executive Directorate of Social Work	6.29	5.82	3.49	3.72	4.79	6.22	6.66	7.17						
Finance Directorate	3.35	3.10	2.36	2.66	2.71	2.90	2.92	2.98						
Human Resources Directorate	7.94	7.37	6.10	5.19	5.76	4.90	4.89	4.96						
Medical Directorate	7.82	7.73	6.12	6.30	6.62	6.69	6.55	6.94						
MH & Intellectual Disability Directorate	9.33	8.67	8.60	9.24	3.30	5.31	5.51	5.57						
Nursing & User Experience Directorate	14.05	12.99	12.54	12.82	13.01	13.34	13.65	13.84						
Performance, Plan & Info Directorate	10.07	9.31	8.84	9.22	9.70	9.92	9.96	10.09						
Strategic Development Directorate	7.67	7.10	5.23	6.08	6.69	7.64	8.67	9.09						
TOR & IMO Directorate	8.05	7.45	7.44	7.83	7.93	7.71	7.74	7.75						
Unscheduled Care Directorate	8.06	7.45	7.25	7.43	7.58	7.72	7.75	7.82						

REGIONAL MONTHLY ABSENCE %

SEPT:	WH SCT	SH SCT	SEHSCT	BHSCT	NHSCT
TOTAL	7.56%	6.90%	7.26%	9.19%	8.28%



ATTENDANCE SCORECARD

ABSENCE PROFILING

Directorate	< 3 Mths		3-6 Mths		6-9 Mths		9-12 Mths		1-2 Yrs		2 Yrs+	
	Avg	Sept	Avg	Sept	Avg	Sept	Avg	Sept	Avg	Sept	Avg	Sept
ACCTSS & Surgery Directorate	411	459	46	59	12	11	6	7	9	9	4	5
Adult Community, Older People, AHP's	459	466	85	102	37	35	24	25	35	40	19	18
Cancer & Specialist Services	343	374	41	58	11	14	7	6	12	12	5	7
CH, NISTAR & MDGS Directorate	242	270	43	61	13	16	11	8	7	9	5	3
Children's Community Services	141	160	31	40	7	11	5	5	6	10	2	2
Corporate Communications	3	1	1		1	2	0		0		0	0
Deputy Chief Executive Directorate	1		1		0		0		0		0	0
Executive Director of Social Work	5	3	2	4	0		0		0		0	0
Finance Directorate	8	10	1		1		0	1	0		0	0
Human Resources	16	20	3	4	0		0		0		0	0
Medical Directorate	26	37	7	6	2	2	1	3	0		0	0
MH & Intellectual Disability Directorate	314	334	47	53	15	20	11	10	15	15	7	8
Nursing & User Experience	361	373	91	112	39	43	19	20	15	24	0	0
Performance, Planning & Informatics	95	105	22	26	7	3	4	7	2	3	1	0
Strategic Development Directorate	35	38	7	16	2	3	1		0	1	2	1
TOR & IMO Directorate	251	265	33	27	9	14	4	7	6	5	2	4
Unscheduled Care	330	322	42	57	11	12	8	7	12	12	4	3
Grand Total	3042	3237	501	625	167	186	102	106	120	140	51	51

NUMBER OF RTWI PER DIRECTORATE

	Number of staff RTW April to September 25	Number of RTWI Recorded April to September 25	Variance	% of staff with RTWI Recorded April to September 25
BHSCT Overall		12822	6236	53%
ACCESS & SURGERY	1688	718	970	43%
ADULT COMMUNITY OLDER PEOPLE & AHP'S	2156	1296	860	60%
CANCER & SPECIALIST SERVICES	1756	1032	724	59%
CH & NISTAR & MDGS	1003	388	635	37%
CHILDREN'S COMMUNITY SERVICES	960	199	361	36%
CORPORATE COMMUNICATIONS	12	6	6	50%
DEPUTY CHIEF EXECUTIVE DIRECTORATE	5	4	2	80%
EXECUTIVE DIRECTORATE OF SOCIAL WORK	26	17	8	65%
FINANCE DIRECTORATE	37	29	8	78%
HUMAN RESOURCES & OD DIRECTORATE	65	32	45	49%
MEDICAL DIRECTORATE	107	71	78	66%
MH & INTELLECTUAL DISABILITY DIRECTORATE	1278	665	604	52%
NURSING & USER EXPERIENCE DIRECTORATE	1205	628	536	52%
PERFORMANCE, PLAN & INFO DIRECTORATE	365	289	77	79%
STRATEGIC DEVELOPMENT DIRECTORATE	121	74	46	61%
TOR & IMO DIRECTORATE	1060	758	302	72%
UNSCHEDULED CARE DIRECTORATE	1378	400	1001	29%



MORE INFORMATION

- **Targets:** The absence Targets have been updated to reflect the directive from the DOH "To reduce overall HSC sickness absence rates by 7.5% in 25/26 against 24/25 outturn figure."
- **Cumulative Absence:** The cumulative absence rate for the Trust increased in September 25 to 8.99%, which compares to 8.79% for the same period last year and remains above the target of 8.63%.
- **Cost of Absence:** The cost of absence continues to increase, £36,688,667 at the end of September 25 an increase of £5,434,583 when compared to the same period last year.
- **High Absence:** Thirteen Directorate areas have reported sickness absences above their targets with Corporate Communications continuing to have the highest % absence at 18.52%, however this is again a decrease from the previous month, 18.52%. It should be noted that this is a small Directorate area which, in turn, may have an impact upon the high figures reported. The next highest Directorate is Nursing & User Experience with a percentage absence rate of 13.84%
- **Low Absence:** Four Directorates have reported sickness absences below their targets.
- **Return to Work Interviews (RTWI):** 51% of staff who have returned to work have had their return to work interview date recorded on HRPTS.
- **Absence Trends/Profile:** The Trust continues to report high number of absences (3237) for periods less than three months. ACOPS & AHP continues to have the highest number at 466, (482 in August), followed by ACCTSS and Surgery with 459 (426 in August).
- **Absences 1 Year plus:** 191 staff remain absent for over 1 year, an increase of 40 from last month. The Attendance Management Team continue efforts to support managers and ensure each case is on a managed pathway.
- **Regional Monthly Absence Percentage:** The Trust in month absence rate of 9.19% continues to be the highest across the Region with the Southern Trust continuing to report the lowest (6.90%).