BHSCT PEOPLE REPORT - March 26

Statutory & Mandatory Training

↑ Upward trend 79.7 % Compliance for All Staff
94.7% Compliance for New Starts
SDR Compliance
2946 Completed SDRS
Total Trust Compliance 9.3%

Workforce information & Recruitment

↑ Upward trend – Recruitment activity has increased from Q3, with requisitions rising to 4,723 for April 2025–March 2026.

ER Activity

ER cases volume has reduced by 9% (from 271 at end of Q3 to 246 at end of Q4)

Occupational Health

90% of management referrals offered an appointment within 28days

Sickness Absence

Sickness absence remains consistently high from Q3 to Q4, rates slightly increasing from 9.30% to 9.35%.

Corporate Welcome Event

502 Staff Attended across
4 Events Jan -Mar 26

Whistleblowing Activity

↑ Upward trend –there was an increase in WB cases received.

During Q4 there were 21 new WBs received and 7 WBs cases closed. As at end Mar 26 there were 88 open cases

Equality, (IWL) & Innl Recruit.

Female ↓ 78% to 76%; male ↑ 22% to 24%
BME ↓ 4.0% to 3.1%; ethnicity unknown ↓ 46.0% to 45.5%
Flexible working ↑ 234 to 445 in Q4

Staff experience (May 2025)

4728 - Survey responses
3.8/5 - Engagement score

Nursing

Fitness to Practice (FtP)

FtP cases (total); 96% supervision; 2,303 revalidated; 396 Band 5 inducted.

MDO

4 doctors in MHPS process 1
9 active/open cases
6 with practice restrictions
"Satisfactory finding re job planning"

Social Work

Registration compliance 99% in Q4. 21 staff removed from register.

AHP Assurance

Minimal disciplinary/capability activity and low HCPC referrals, confirming robust governance and safe practice.

Workforce information & Recruitment

Board Insight (Workforce & Recruitment)

As at 31 March 2026, the Trust employed 22,810 staff (21,785 permanent, 1,025 temporary), with stable workforce growth, reduced labour turnover (6.13%) and a predominantly under-50 profile, providing assurance on workforce sustainability. Recruitment activity remains strong, with 4,723 requisitions approved (12.43% year-on-year increase); however, a 4% decline in managers' performance against the regional KPI in the last quarter indicates emerging pressure on timely recruitment.

Workforce Composition

As of 31 March 2026, there were 22,810 staff in post: 21,785 permanent and 1025 temporary. **The figures do not include bank workers.**

Each image is a clickable link which will bring you to our Workforce Information Dashboard for a deeper look at the data presented

Home

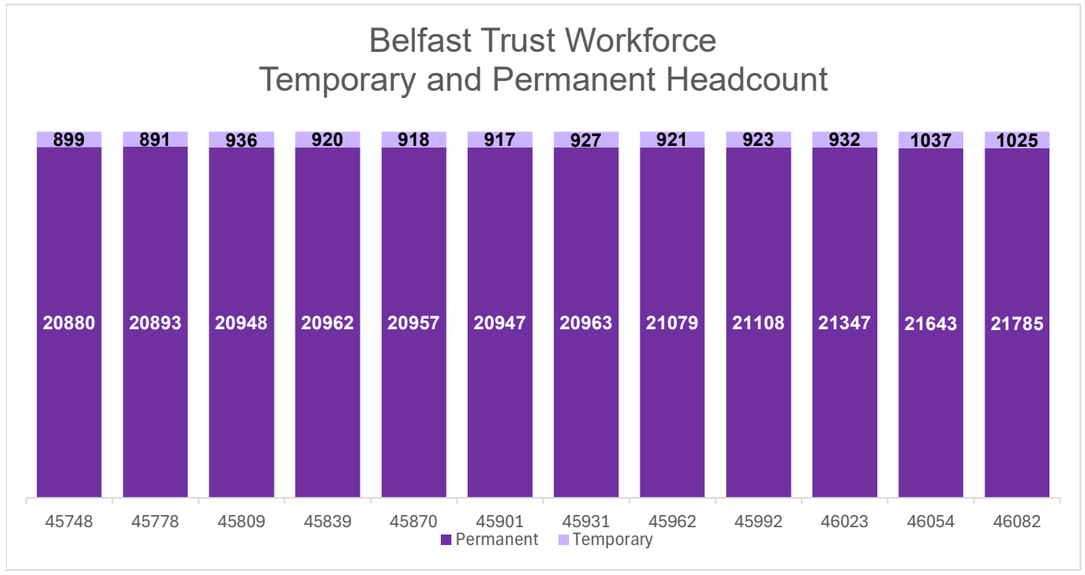


Figure 1: Workforce composition 01 April 2025 – 31 December 2025

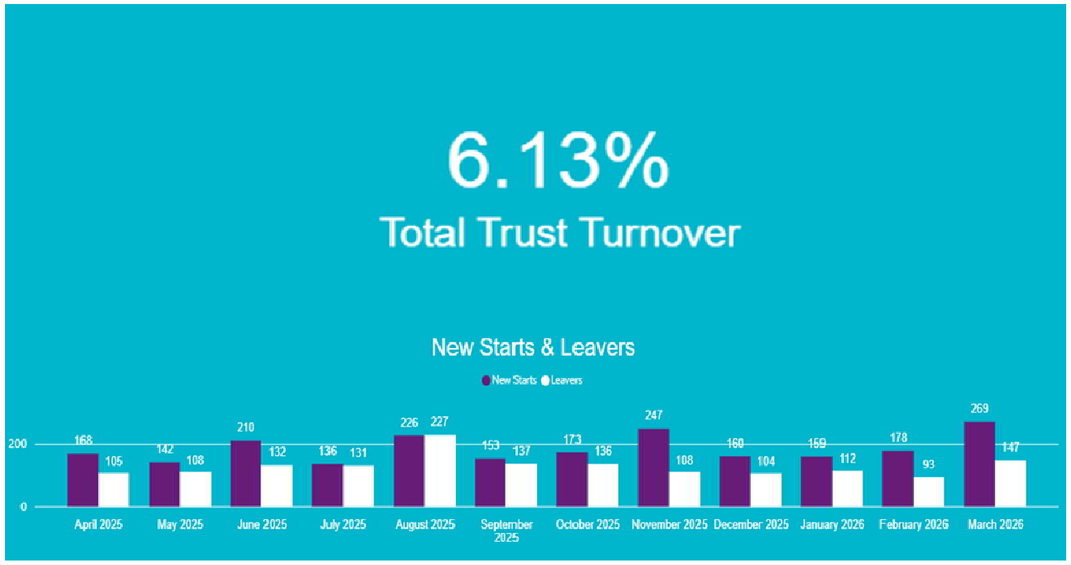


Figure 2: Trust Cumulative Turnover, and New Starts and Leavers for period 01 April 2025 - 31 March 2026

The cumulative labour turnover of permanent staff in BHSCT for the period 01 April 25- 31 March 2026 was 6.13%. This compares to 7.26% for the previous year.

68% of our workforce are aged 49 and under. 23% are aged 50-59 and a further 10% are aged 65 and over.

Of the 1540 leavers from 01 April 2025 to 31 March 20265, 22.6% retired and 61% resigned. Of those who left, (1016) 66% were in bands 2-5 and (419) 27% were in bands 6 up to Director level. (105) 7% were Medical and Dental leavers.

Figure 3: Staff in post at 31 March 2026 by age group, shown as H/C and WTE.

Trust Recruitment

During the period April 2025 – March 2026, 4723 requisitions were approved for recruitment. This is an 12.43% 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 - March 2026.

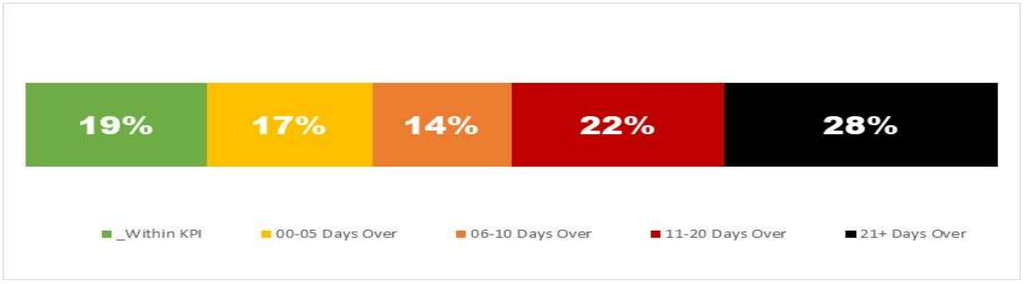


Figure 12: Percentage of Requisitions falling within the 10-day KPI

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

Compared to April to December 2025, this is a 4% decrease in activity meeting the KPI.

There is no obvious correlation across any Job Family or Directorate.

Equality, Improving Working Lives (IWL) & International Recruitment.

Equality (Section 75 / EDI)

Home

The following section provides a breakdown of our workforce equality profile (Section 75 categories)

Gender	%
Female	78%
Male	22%
Total %	100%

Ethnicity

Ethnicity	%
Black & Minority Ethnic	4%
White	50%
Not Known	46%
Total %	100%

Community Background

Community Background	%
Protestant	26%
Roman Catholic	34%
Neither/Not Known	40%
Total %	100%

This reflects a gender pattern across HSC, NHS and the public sector generally.

The percentage of BME staff closely reflects the local population, of which 3.45% are BME (NI Census 2021).

The underrepresentation of Protestant males is noted as a continuing concern however has improved in certain areas as evidenced in the last Article 55.

We continue to be concerned that staff do not complete their employment equality data information.

Whilst the completion of equality monitoring is best practice and not mandatory, we continue to encourage existing staff and new applicants to complete this.

Summary insight

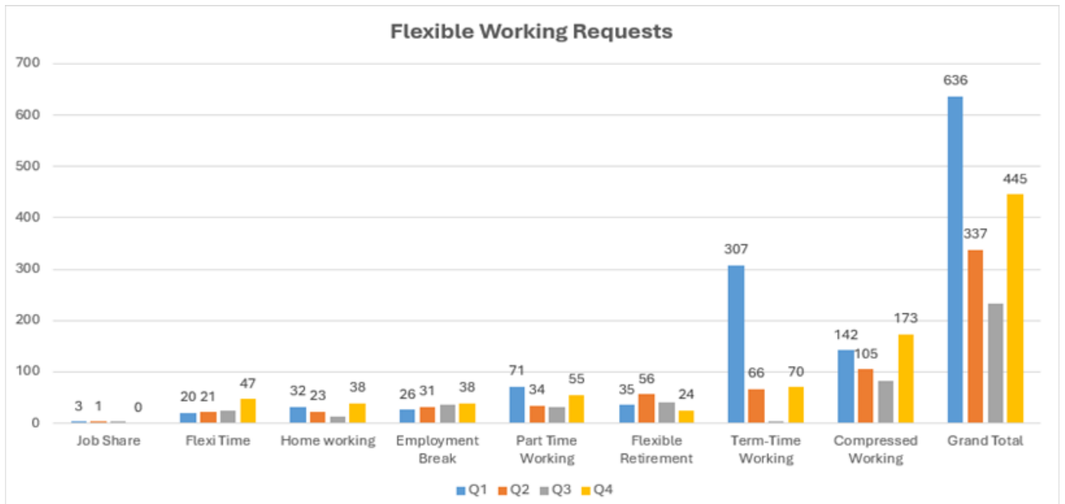
The workforce profile remains predominantly female (78%), with Black & Minority Ethnic representation at 4% and a high 'Not Known' ethnicity rate (46%), highlighting an ongoing data-quality gap. Flexible working demand remains strong, with 445 applications between 1 January 2026 and 31 March 2026; 77% were approved, 9% remain in progress and 14% were rejected. International staffing continues to rise, with 1,523 visa-monitored staff in Q4 (Jan–March 2026), up from 1,315 in Q1.

Improving Working Lives

The following provides a summary breakdown of flexible working requests across the 4 Quarters

Between 1 January 2026 & 31 March 2026 – 445 flexible working applications were made by employees.
77% approved
9% in progress
14% rejected

Type of Flexible Working Request	Q1	Q2	Q3	Q4
Job Share	3	1	3	0
Flexi Time	20	21	24	47
Home working	32	23	12	38
Employment Break	26	31	37	38
Part Time Working	71	34	32	55
Flexible Retirement	35	56	40	24
Term-Time Working	307	66	3	70
Compressed Working	142	105	83	173
Grand Total	**636**	**337**	**234**	**445**



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.

Belfast Trust Summer Scheme

Executive Team confirmed support for Belfast Trust Summer Scheme 2026 - we currently are the only TRust delivery this for staff

International Staff

The HR department plays a vital role in supporting international recruitment by managing the end-to-end process for overseas candidates.

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.
Q1 - April - June 25	1,315
Q2 - July - Sept 25	1,409
Q3 - Oct - Dec 25	1,419
Q4 - Jan - March 26	1,523

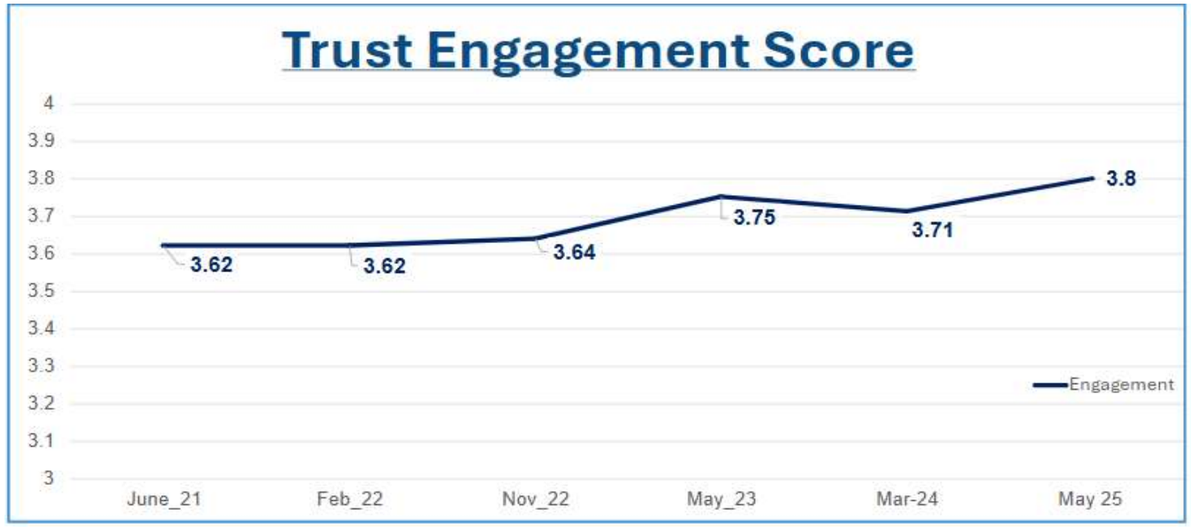
STAFF EXPERIENCE

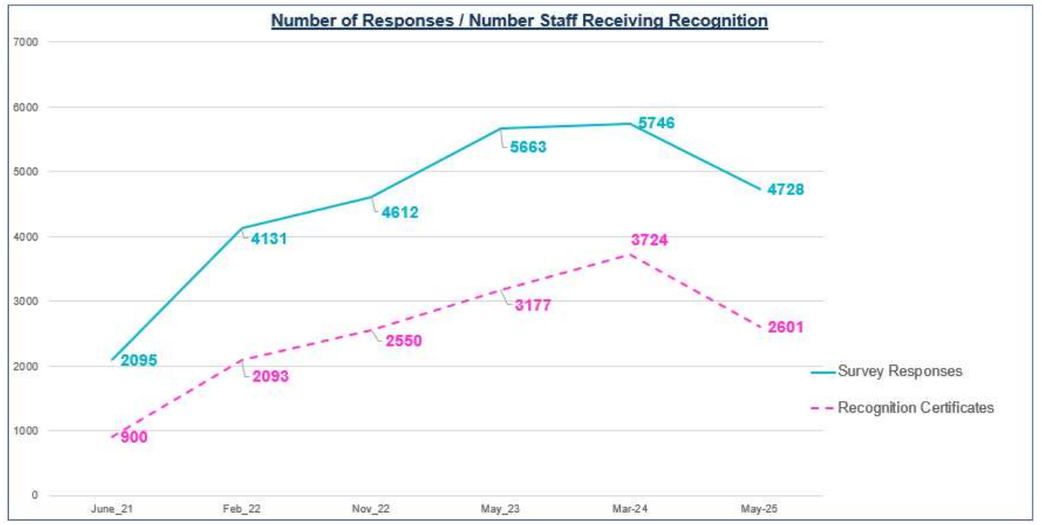
Engagement and psychological safety continue to show sustained improvement.

Home

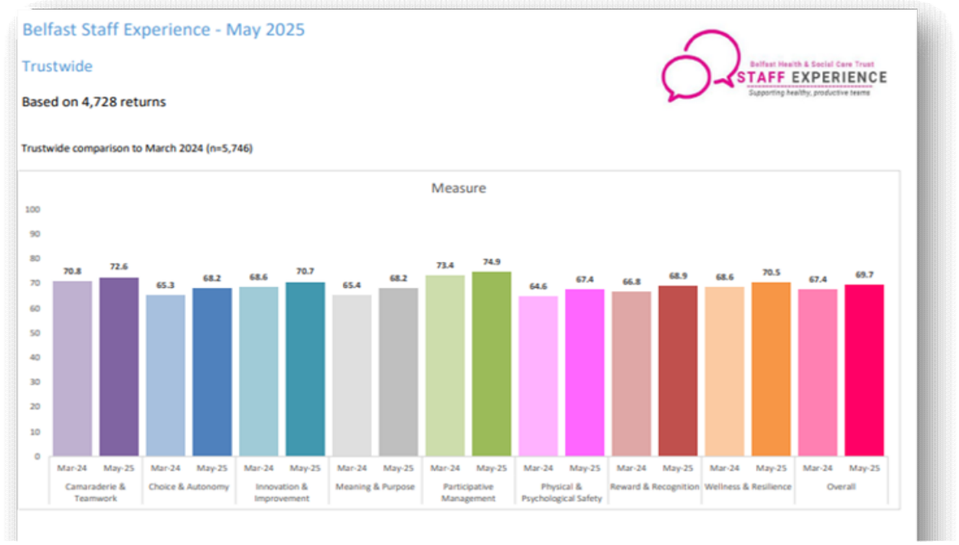
4,728 responses

Overall engagement score: 3.8 (highest to date)
40 of 43 questions improved, 29 statistically significant
Psychological safety has improved since 2021, with greater confidence in raising concerns; new survey questions highlight higher-than-average exposure to unwanted sexual behaviour (13.37% public, 4.71% colleagues).
Work is underway to prepare for the May 2026 survey. To boost participation, we are inviting each Directorate to nominate local survey champions who can help promote and encourage engagement with the survey.





Staff Experience – Board Insight
Staff experience continues to strengthen, with overall engagement at its highest level to date (3.8 from 4,728 responses), 40 of 43 survey questions improving and sustained gains in psychological safety, providing clear assurance on progress in employee voice, engagement and culture ahead of the May 2026 survey.



Belfast Staff Experience - May 2025

Trustwide

Belfast Health & Social Care Trust
STAFF EXPERIENCE
Supporting healthy, productive teams

	Trustwide Mar 2024 (n=5,746)	Trustwide May 2025 (n=4,728)	Difference (+/-)	
We have a 'we are in it together' attitude	67.1	70.2	3.1	*+
Working in my team gives me a sense of belonging	68.5	70.7	2.2	*+
People I work with treat me with kindness	74.5	75.4	0.9	
People I work with treat me with respect	73.1	74.1	1.0	
Camaraderie & Teamwork	70.8	72.6	1.8	*+
I am able to take sufficient breaks	63.9	67.5	3.6	*+
There are frequent opportunities for me to show initiative in my role	68.7	71.2	2.5	*+
I have choice and flexibility over how to do my work	63.4	66.0	2.6	*+
Choice & Autonomy	65.3	68.2	2.9	*+
My team seek opportunities to learn from when mistakes happen	73.3	75.0	1.7	*+
My team regularly meets to review team objectives to improve ways of working	64.4	66.8	2.4	*+
I am able to make suggestions to improve the work of my team/department	69.4	71.3	1.9	*+
I am able to make improvements happen in my area of work	64.0	66.9	2.9	*+
I usually have the opportunity to use my skills within my team	71.9	73.6	1.7	
My manager listens to the complaints of the team and is willing to do something about it	68.8	70.5	1.7	
Innovation & Improvement	68.6	70.7	2.1	*+
I have the energy I need to get me through the day at work	61.4	64.3	2.9	*+
My work enables me to act in accordance with my values	69.6	72.3	2.7	*+
The Belfast Health and Social Care Trust communicates in a clear and effective way with employees	60.2	63.2	3.0	*+
I have a good understanding of the Trust's vision and strategy	65.4	67.9	2.5	*+

+ score (score is significantly better) OR- score (score is significantly worse) - Trustwide vs Directorate

Belfast Staff Experience - May 2025

Trustwide

Trustwide
1-5 Likert scale

	Trustwide Mar 2024 (n=5,746)	Trustwide May 2025 (n=4,728)	Difference (+/-)
I look forward to going to work	3.50	3.56	0.06
I am enthusiastic about my job	3.85	3.92	0.07
Time passes quickly when I am working	4.04	4.04	0.00
There are frequent opportunities for me to show initiative in my role	3.75	3.85	0.10
I am able to make suggestions to improve the work of my team/department	3.78	3.85	0.07
I am able to make improvements happen in my area of work	3.56	3.67	0.11
Care of patients/service users is my organisation's top priority	3.82	3.92	0.10
I would recommend my organisation as a place to work	3.54	3.67	0.13
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	3.58	3.71	0.13
Employee Engagement Domain	3.71	3.80	0.09

Top 5 Questions

	MRS
1. I know how to challenge and raise concerns about a work issue if I need to	77.2
2. My manager is aware of the areas we need to improve upon	76.6
3. My manager is genuinely warm and empathetic	76.0
4. Time passes quickly when I am working	75.9
5. My team willingly provides support for each other	75.7

Bottom 5 Questions

	MRS
1. There are enough staff in my work area / team / department for me to do my job properly	52.1
2. I am confident that the organisation acts on concerns that are raised	58.2
3. The Trust supports my health and wellbeing	62.4
4. The Belfast Health and Social Care Trust communicates in a clear and effective way with employees	63.2
5. I look forward to going to work	64.1

Mean Rating Score out of 100 | Higher Score = Better

Reports & Actions

Benchmarking shows BHSCT performing above NHS England averages in many engagement measures; survey insights are driving local People and Culture Plans, with Trust-wide action focused on respect, sexual safety, leadership and wellbeing.

Survey insights have been cascaded Trust-wide and at Directorate, Service and Team level, with managers supported to develop local People and Culture Plans. Trust-wide action is focused on strengthening respect, civility, sexual safety, leadership and wellbeing, overseen through the People and Culture Steering Group.

I have a good understanding of the Trust's vision and strategy	65.4	67.9	2.5	*+
I am proud to work for the Belfast Health and Social Care Trust	68.2	70.6	2.4	*+
Care of patients/ service users is my organisation's top priority	70.4	73.1	2.7	*+
I would recommend my organisation as a place to work	63.4	66.8	3.4	*+
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	64.5	67.7	3.2	*+
Meaning & Purpose	65.4	68.2	2.8	*+
My manager is genuinely warm and empathetic	74.8	76.0	1.2	
My manager is aware of the areas we need to improve upon	75.4	76.6	1.2	
My manager inspires me to do my best	70.1	71.9	1.8	*+
Participative Management	73.4	74.9	1.5	
My team shares information well	69.6	71.7	2.1	*+
There are enough staff in my work area / team / department for me to do my job properly	45.2	52.1	6.9	*+
I know how to challenge and raise concerns about a work issue if I need to	75.6	77.2	1.6	
I am able to raise concerns in this team without fear of negative consequences	63.7	66.2	2.5	*+
I have the tools and equipment I need to do my job to the best of my ability	65.5	69.0	3.5	*+
My manager is someone I can trust	72.6	74.2	1.6	
I am confident that the organisation acts on concerns that are raised	55.8	58.2	2.4	*+
I have experienced physical violence, harassment, bullying or abuse at work in the last 12 months	68.7	70.5	1.8	*+
Physical & Psychological Safety	64.6	67.4	2.8	*+
I feel valued and recognised for my contribution in the team	62.5	64.3	1.8	
My manager encourages me to develop my talent and skills	71.1	73.5	2.4	*+
Reward & Recognition	66.8	68.9	2.1	*+
My team willingly provides support for each other	74.1	75.7	1.6	
I am able to handle the challenges of my job effectively	72.2	74.3	2.1	*+
I generally feel happy at work	64.9	68.0	3.1	*+
The Trust supports my health and wellbeing	59.5	62.4	2.9	*+
I look forward to going to work	62.4	64.1	1.7	
I am enthusiastic about my job	71.2	73.0	1.8	*+
Time passes quickly when I am working	76.1	75.9	-0.2	
Wellness & Resilience	68.6	70.5	1.9	*+

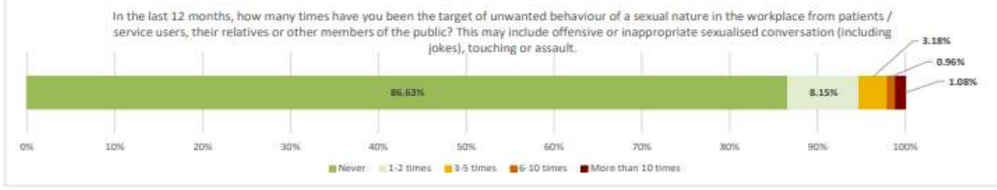
Mean Rating Score out of 100 | Higher Score = Better

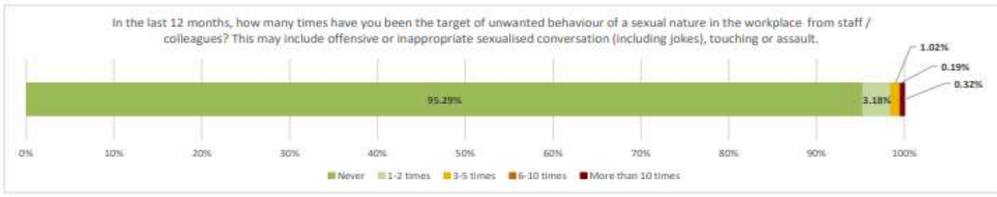
+ score (score is significantly better) OR- score (score is significantly worse) - Trustwide vs Directorate

Belfast Staff Experience - May 2025

Trustwide

Additional Survey Questions



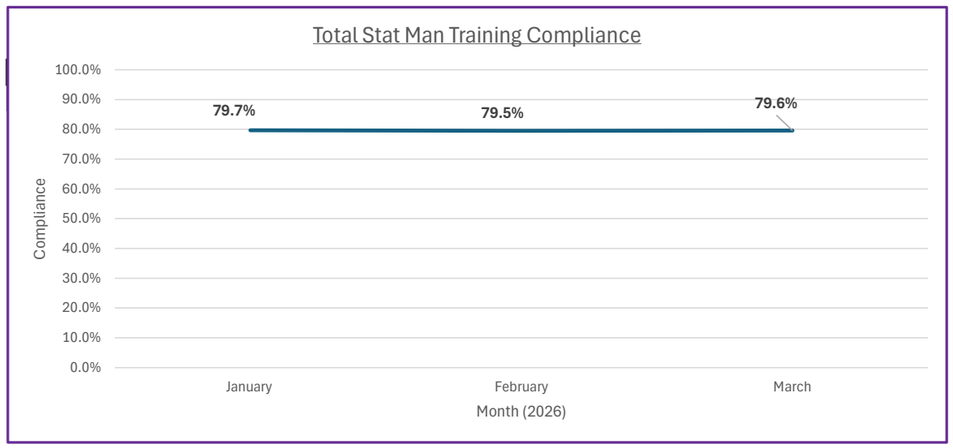


STATUTORY AND MANDATORY TRAINING

For All Staff

Board Insight:
Training compliance continues to improve,remaining consistently high from 79.7% (Jan 26)- to 79.6% (Mar 26). Enhanced data transparency—via the Compliance Dashboard and "My Team" in Learn HSCNI—is enabling managers to quickly identify gaps and take targeted action, strengthening real-time assurance. Directorates are progressing local improvement plans with HR&OD support on data and good practice. The Statutory Mandatory Training Steering Group will reconvene in March 2026 to review progress and agree a Trust-wide strategy for further improvement.

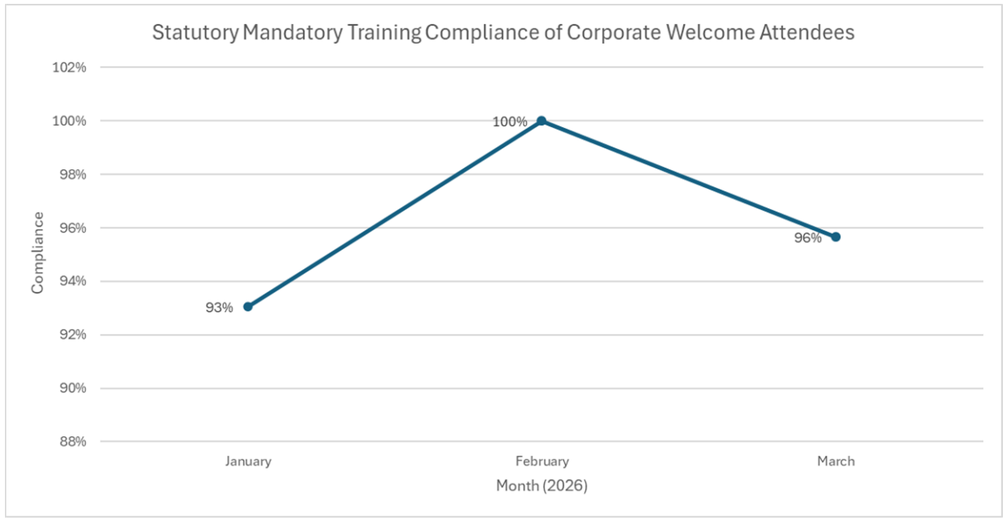
Module	January	February	March
Safeguarding Level 1 – Induction/Awareness	68.7%	68.4%	67.7%
Quality 2020: Level 1	78.2%	77.7%	78.0%
Manual Handling Awareness	94.1%	93.9%	94.0%
Information Governance Awareness	70.1%	70.7%	71.4%
Infection Prevention Control Awareness – All Staff	94.2%	90.6%	90.8%
Health & Safety Awareness	90.7%	62.8%	61.9%
Fire Safety Awareness	64.3%	69.3%	70.0%
Equality, Good Relations & Human Rights: Making a Difference	68.8%	94.1%	94.2%
Adverse Incident Reporting Curriculum	88.5%	88.4%	88.6%
OVERALL – Total Core Training % Certified	**79.7%**	**79.5%**	**79.6%**



Home

New Starts

An enhanced onboarding approach continues to strengthen early statutory compliance. **502 new starters** attended Corporate Welcome events between January and March 2026, achieving an excellent **96%** statutory training completion rate. Embedding mandatory training within induction ensures governance requirements are met from day one while establishing a strong foundation for employee engagement and inclusion.



The below dashboard is updated monthly—Please click the link to view the current live Statutory & Mandatory Training position for the Trust, with drill-down options available for further detail.

https://app.powerbi.com/groups/me/reports/e161ef9d-d379-4530-9cc0-8821a2278ce3/f7c577b59c0732b90eed?ctid=9c9a30de-d8d7-4aa4-9600-4be7625ff6c5&openReportSource=ReportInvitation&experience=power-bi

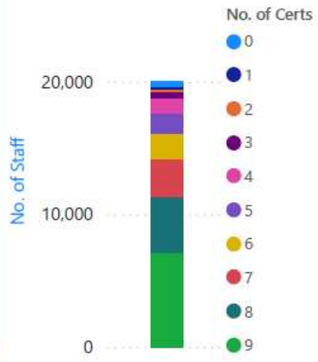
Core Statutory and Mandatory Training Report

Clear all slicers (CTRL + click)

Directorate: All | Division: All | Personnel area: All | Job grade: All | Cost centre code: All | Org. unit: All

No. of Staff Total	No. of Staff with >=1 Certificate	% of Staff with >=1 Certificate	No. of Staff with all 9 Certificates	% of Staff with all 9 Certificates	No. of Certificates Required	No. of Certificates Awarded	Total Core Training % Certified
20,055	19,650	98.0%	7,106	35.4%	180,495	143,448	79.5%

No. of Certificates Awarded by no. of staff



Staff Compliance % Certified

Staff Compliance

Certificate	RAG	No. of Staff Certified	No. of Staff Not Certified	% Certified	% Not Certified
Safeguarding	✓	18,159	1,896	90.5%	9.5%
Q2020	✓	17,683	2,372	88.2%	11.8%
Manual Handling	!	13,736	6,319	68.5%	31.5%
Information Governance	!	15,633	4,422	78.0%	22.0%
Infection Prevention	!	13,904	6,151	69.3%	30.7%
Health & Safety	✓	18,834	1,221	93.9%	6.1%
Fire Safety	!	13,011	7,044	64.9%	35.1%
Equality & Human Rights	!	13,630	6,425	68.0%	32.0%
Adverse Incident	✓	18,858	1,197	94.0%	6.0%

No. of Certificates

	0	1	2	3	4	5	6	7	8	9	Total
No. of Staff	405	185	220	515	1,122	1,493	1,904	2,893	4,212	7,106	**20,055**
% of Staff	2.02%	0.92%	1.10%	2.57%	5.59%	7.44%	9.49%	14.43%	21.00%	35.43%	**100.00%**

Notes

Report extract date: 01/12/2025

RAG Values: Red (>= 0% <50%), Amber (>= 50% <85%), Green (>= 85%)

Includes: *Contract type = permanent or temporary* ***Excludes:*** *Directorate = agency, Work contract = employment break or Employing Organisation = NIMDTA-SLE*

BUSINESS INTELLIGENCE TEAM BELFAST HSC TRUST

SDR COMPLIANCE

This section provides an overview of Staff Development Review (SDR) completion across the organisation. SDR compliance reporting is being strengthened through streamlined recording and improved oversight, ensuring frontline activity is captured accurately.

Row Labels	Count of Status
–	5
ACCTSS & SURGERY DIRECTORATE	372
ADULT COMMUNITY, OLDER PEOPLE, AHP'S	886
AGENCY	14
CANCER & SPECIALIST SERVICE DIRECTORATE	478
CH&NISTAR / MDGS DIRECTORATE	272
CHILDRENS COMMUNITY SERVICES DIRECTORATE	211
DEPUTY CHIEF EXECUTIVE DIRECTORATE	2
EXECUTIVE DIRECTORATE OF SOCIAL WORK	2

Directorate	Headcount (Min	Completed	% Completed
ACCTSS & SUR(	2,379	372	15.64%
ADULT COMMU	3,459	886	25.61%
CANCER & SPE(	2,378	478	20.10%
CH&NISTAR / M	1,734	272	15.69%
CHILDRENS CC	1,524	211	13.85%
DEPUTY CHIEF	16	2	12.50%
FINANCE DIRE(	150	21	14.00%
HUMAN RESOU	257	37	14.40%
MEDICAL DIRE(	289	115	39.79%

FINANCE DIRECTORATE	21
HUMAN RESOURCES DIRECTORATE	37
MEDICAL DIRECTORATE	115
MH & INTELLECTUAL DISABILITY DIRECTORATE	568
NURSING & USER EXPERIENCE DIRECTORATE	84
PERFORMANCE, PLAN & INFO DIRECTORATE	131
STRATEGIC DEVELOPMENT DIRECTORATE	34
TOR & IMO DIRECTORATE	320
UNSCHEDULED CARE DIRECTORATE	255
(blank)	3
Grand Total	**3810**

MH & INTELLEC	2,220	568	25.59%
NURSING & USI	12,446	84	0.67%
PERFORMANCE	685	131	19.12%
STRATEGIC DE\	319	34	10.66%
TOR & IMO DIRE	1,652	320	19.37%
UNSCHEDULEI	2,139	255	11.92%
Total			11.96%

CORPORATE WELCOME

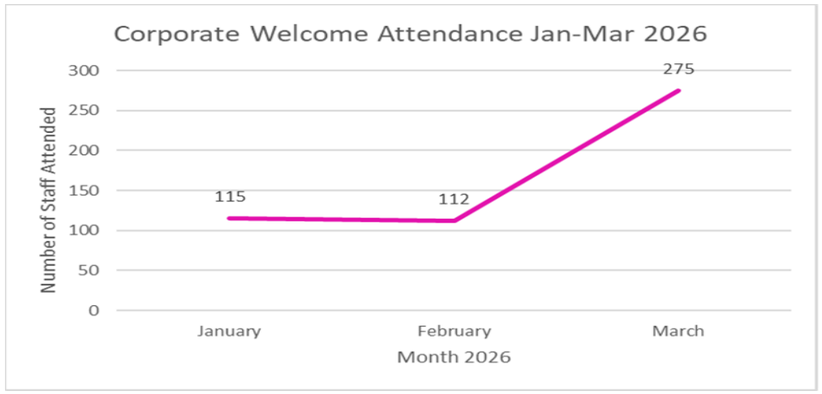
The Corporate Welcome Event has been redesigned as a values-based induction, giving new employees an early connection to Trust values and expectations. The programme sets a positive cultural tone from day one through a plenary welcome and value-aligned breakout sessions. Feedback is consistently positive, with staff reporting a strong sense of belonging, early alignment to Trust values, and a positive start to their employee experience. This approach strengthens both early statutory compliance and longer-term cultural alignment.

Engagement remains high, with an average NPS of 65 (Jan-Mar 2026)—rated Excellent and indicating strong employee advocacy and satisfaction.

Net Promoter Score (NPS) is a single headline measure of how likely attendees are to recommend the event

A total of **196 staff completed the evaluation form** during the three-month feedback period.

A total of 502 staff have attended the Corproate Welcome Event from Jan - March 2026. *(Figures shown below)*



Month	Attended	Notes
January	115	
February	112	
March	275*	* 2 Welcome events were held in March 2026 due to demand.

Corporate Welcome – Board Insight

The redesigned Corporate Welcome continues to deliver strong early impact, with 502 new starters attending between January and March 2026 and an excellent average NPS of 65, providing clear assurance that values-based onboarding is strengthening early engagement, belonging and statutory compliance from day one.

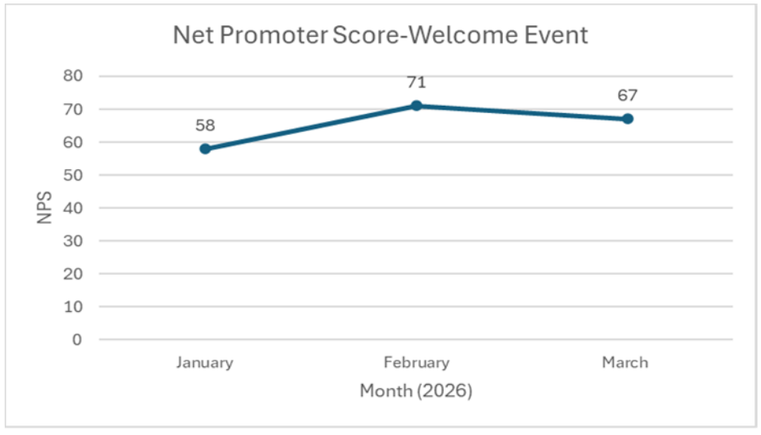
The Average Net Promotor score for the period of January - March 2026 was 65. An average NPS of 65 over the three-month reference period is considered an excellent result for employee engagement.

•0 to 20 = Needs improvement

•21 to 40 = Good

•41 and above = Excellent

A score of 65 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.



Evaluation form completions broken down by professional group

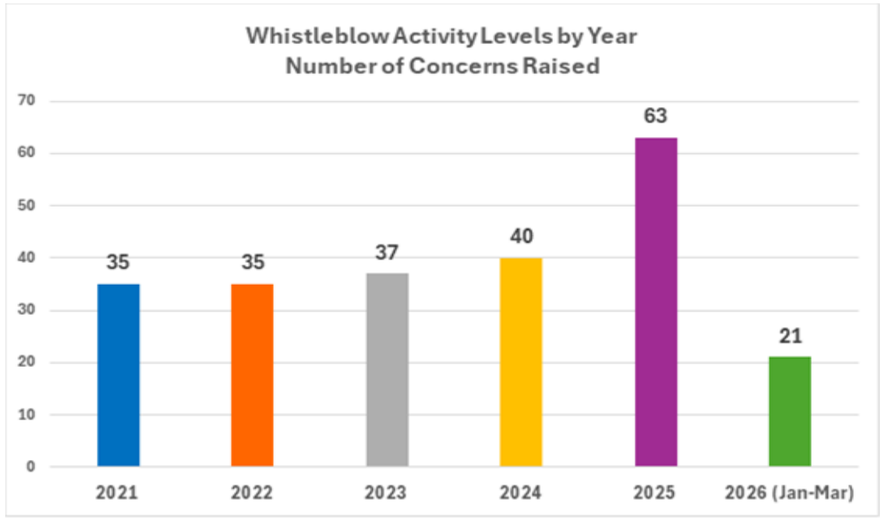
Professional Group	Number of Staff
Nursing/ Midwifery	226
Social Work / Social Care	136
Allied Healthcare Professional	126
Support Services / User Experien	95
Admin & Clerical	56
Medical/ Dental	55
Professional / Technical	38
Estates	8
Digital / IT	2
Grand Total	**742**

WHISTLEBLOWING ACTIVITY

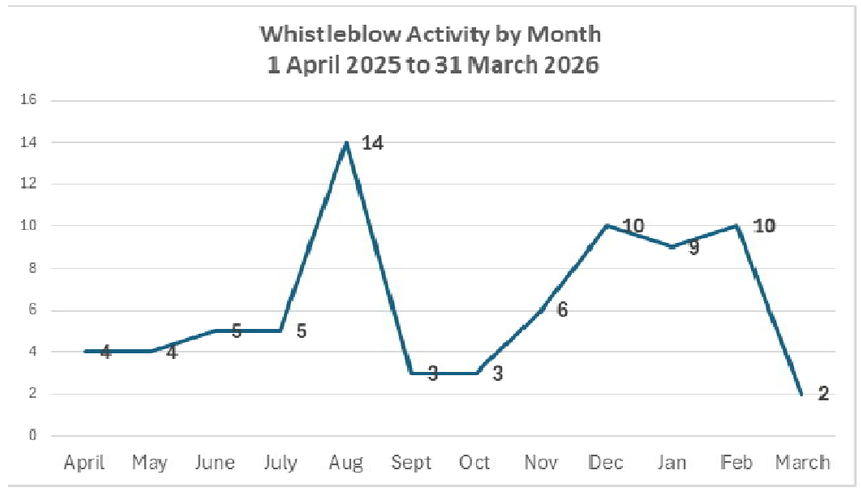
Whistleblowing - Executive insight

While the number of whistleblows received have increased, closure rates have not kept pace, resulting in a rising volume of ongoing cases and a backlog within the team.
Approval has been received recently to permanently appoint an additional Band 4 and this is currently in progress. In addition, approval has been received to permanently recruit a Band 7 which will create greater stability within the team going forward.

The graph below provides an overview of whistleblowing activity across the calendar years 2021 to 2026 Jan - March.



Activity remained stable in 2021–22 (35 cases), increased gradually in 2023–24 (37–40), and rose sharply in 2025 (63, highest level).
2026 year-to-date shows 21 concerns (Jan–Mar), indicating continued reporting activity (partial year)
The upward trajectory suggests growing staff confidence and awareness in raising concerns.



Whistleblowing activity across 2025–2026 YTD shows a fluctuating monthly pattern, with relatively steady reporting between April and July (4–5 cases per month), followed by a notable peak in August (14 cases). Activity then reduced in September and October (3 cases per month), before increasing again from November through February (6–10 cases), and tapering in March (2 cases).
The spike observed in August aligns with the timing of the Hill/McBride work, suggesting a direct impact.

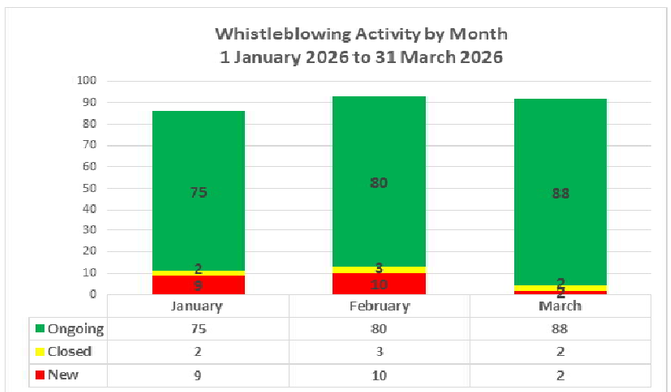
Ongoing efforts by the whistleblowing team to raise awareness through mandatory training, induction sessions, and manager engagement, alongside Trust-wide communications, are continuing.

Additional temporary resource for the whistleblowing service has supported progress in addressing the backlog of cases, strengthening responsiveness and overall service delivery. (There has been an increase in the cases closed during May 2026 and June 2026 and this will be reported on in the next people report)

Progress has also continued on the review of the whistleblowing policy and procedure. Staff focus groups held between October and December provided valuable feedback and acted as an effective awareness-raising mechanism. Further development will continue following Dean Royle's review, in partnership with Trade Union colleagues.

Engagement with the Trust's Whistleblowing Advocates has continued, with training sessions being delivered during the reporting period. Additional Advocates are currently being identified at present to enable us to increase tteh availability of this resource for staff.

A full review and update of the Whistleblowing Advocate list has been completed, and the revised list is now available on the Trust intranet site (The Loop).



There has been an increase in new cases (9 in January, 10 in February to 2 in March); however, closure rates have remained low (2–3 per month), with ongoing cases increasing from 75 to 88.
This indicates that case throughput is not yet keeping pace with demand, reflecting continued pressure on the system and the impact of existing backlogs.
it should be noted that following this reporting period there has been an increae in closure rates per month and further detail of this will be provided in the next people report.

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The table below shows a comparison of the Trust whistleblowing activity with other regional HSC organisations as at the 31st December 2025 & and 31 March 2026.

WB cases	BHSCT	ORG B	ORG C	ORG D	ORG E	ORG F	ORG G
31.12.2025	0.28%	0.06%	0.09%	0.03%	0.13%	0.05%	0.06%
31.03.2026	0.39%	0.09%	0.11%	0.05%	0.13%	0.08%	0.06%

The table above highlights there were more whistblows within BHSCT than the other HSC organisations.

EMPLOYEE RELATIONS

Employee Relations – Board Insight

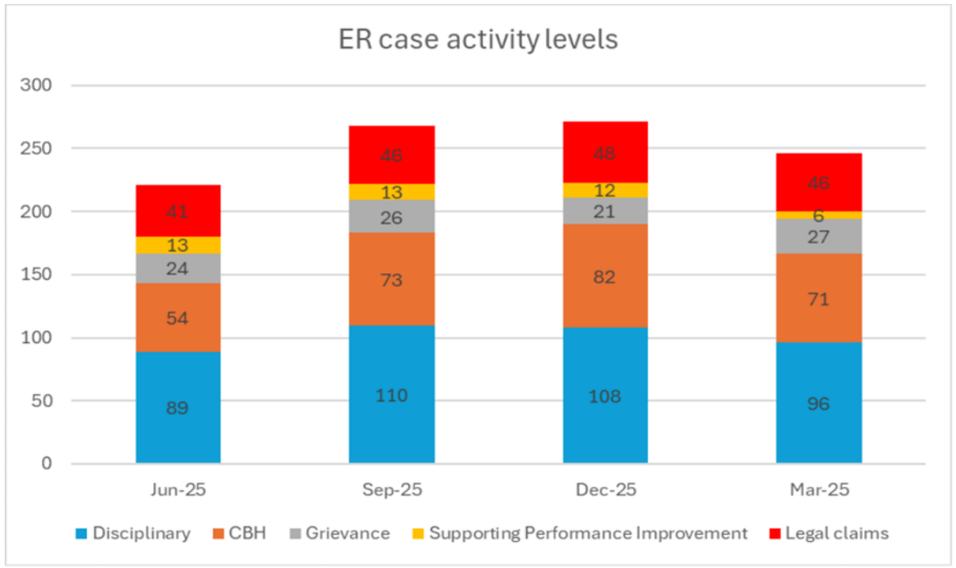
Employee Relations activity remains stable, with disciplinary cases continuing to represent the largest category. A sustained focus on informal resolution, aligned to an open, just and learning culture, alongside strengthened mediation capacity, is supporting timely case management and reducing impact on staff and services.

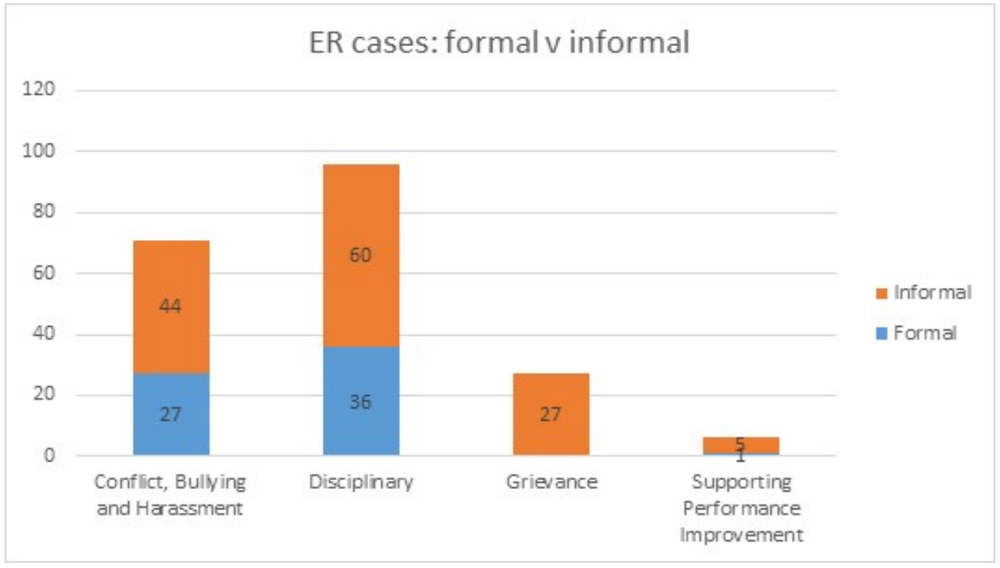
Employee Relations (excluding Muckamore Investigation)

Activity Levels

Employee Relations case volumes have reduced slightly over the last quarter, reflecting increased team capacity and improved case throughput. Disciplinary cases remain the largest category of activity.

Home

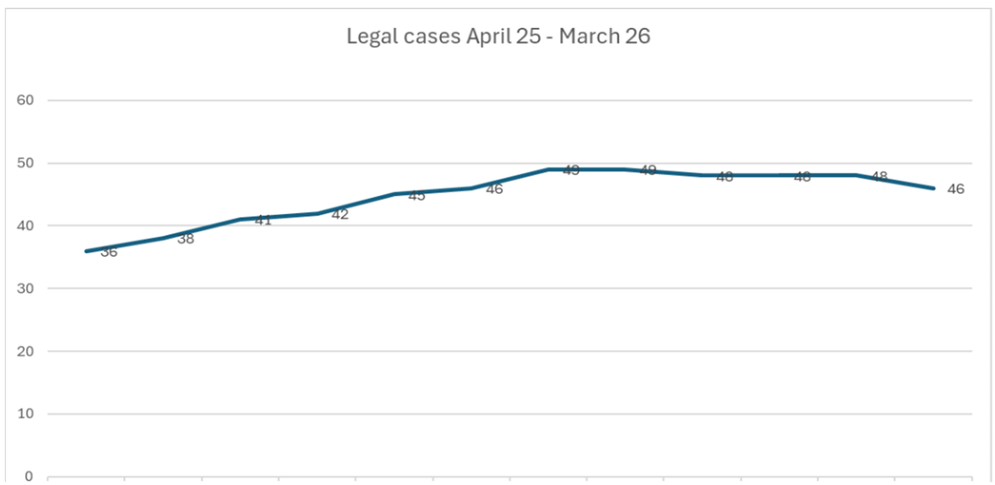




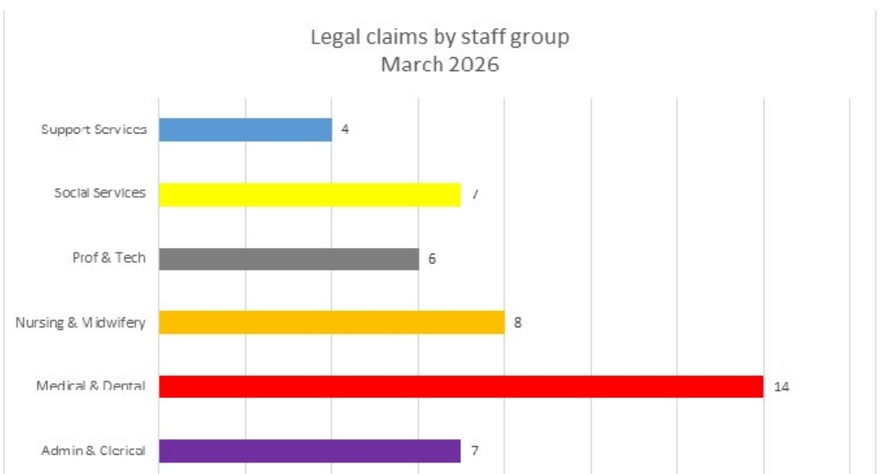
There is a continued focus on resolving cases informally where appropriate, supporting timely resolution and reducing impact on staff and services. The majority of cases are managed through informal processes, reflecting a sustained commitment to an open, just and learning culture. While grievance cases continue to be recorded at formal stage, a number are expected to progress to hearings as the next appropriate step.

Legal Cases

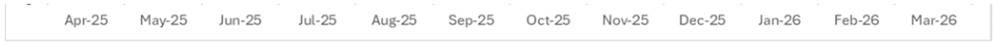
Over the first two quarters of the financial year there was an upward trajectory in the volume of legal cases, during the third quarter there appears to have been a slight levelling off.



Following an upward trajectory in legal cases across Q1–Q2, activity has stabilised in Q3 with a slight reduction in Q4



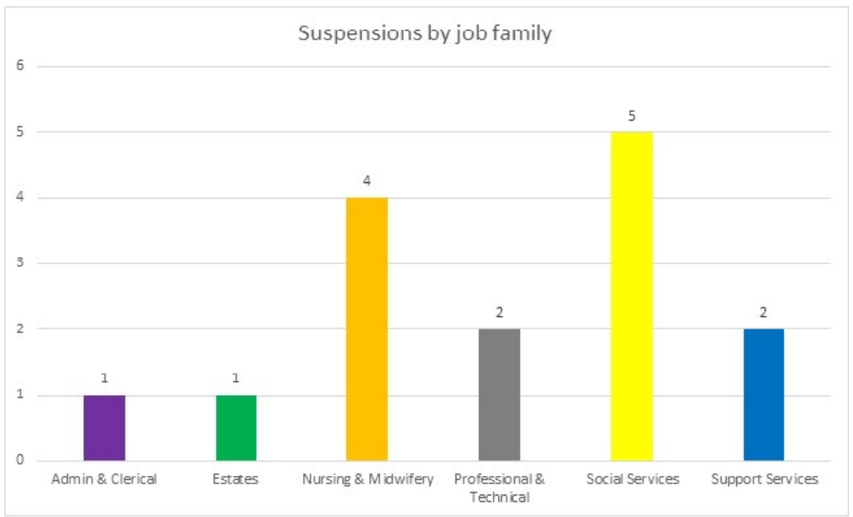
As at 31 March 2026, legal claims remain proportionately highest within Medical & Dental and Nursing & Midwifery staff groups



Directorate-level analysis has been undertaken (reported as percentages) to strengthen oversight while maintaining confidentiality.

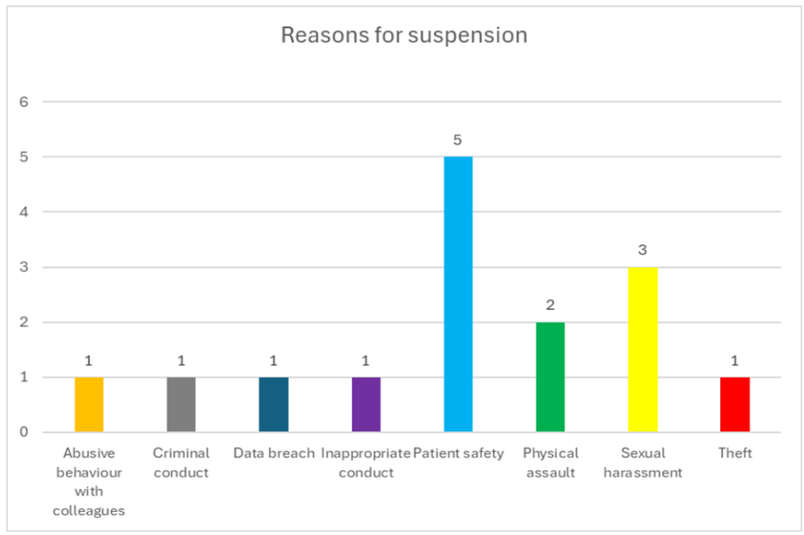
Staff on Suspension

The number of staff on suspension increased from 11 in September 2025 to 15 by December and has remained stable at 15 at the end of March 2026.



As at the end of March, the number of suspensions remains constant at 15.

Of the staff suspended as of March 2026, the predominant staff grouping from which they were drawn was Social Services (5 staff) as illustrated below.



As at 31 March 2026, suspensions are primarily linked to patient safety concerns. A number of cases remain ongoing alongside parallel processes, including safeguarding and PSNI investigations.

All suspensions are subject to active review to ensure appropriate oversight, timely progression and minimised impact on staff and services.

Regional Comparison (as a % of headcount)

	BHSCT	Org A	Org B	Org C	Org D	Org E
Disciplinary	0.17%	0.39%	0.20%	0.10%	0.16%	0.40%
Grievance	0.09%	0.22%	0.02%	0.07%	0.05%	0.47%
CBH	0.12%	0.09%	0.02%	0.02%	0.00%	0.00%
Legal cases	0.17%	0.15%	0.05%	0.20%	0.54%	0.38%
High Court	0.01%	0.02%	0.03%	0.02%	0.16%	0.01%

Please note that due to reporting arrangements in other organisations, only formal cases are reflected in this comparison.

- Legal cases: Higher rate of cases in Org C, D and E than BHSCT
- High Court: BHSCT has joint lowest rate of High Court cases regionally
- Disciplinary: Higher rate of cases in Org A, B and E than BHSCT
- Grievance: Higher rate of cases in Org A, and E than BHSCT
- CBH: BHSCT has highest rate of CBH cases

Trust Overview

The Trust includes overview of both formal and informal cases (as a % of headcount).

Directorate	Overall cases	Disciplinary	Grievance	SPI	CBH	Legal
Mental Health, Intellectual Disability and Psych Services	2.70%	1.13%	0.41%	0.23%	0.95%	0.18%
Strategic Development	**2.15%**	0.31%	0.31%	0.00%	1.23%	0.00%
Nursing & User Experience	**1.49%**	1.16%	0.04%	0.00%	0.29%	0.17%
Children's Community Services	**1.37%**	0.38%	0.08%	0.00%	0.23%	0.08%
TOR & IMO	**0.99%**	0.55%	0.06%	0.17%	0.22%	0.11%
ACOPS & AHPS	**0.84%**	0.21%	0.06%	0.03%	0.48%	0.15%

ACCTSS & Surgery	0.81%	0.37%	0.11%	0.04%	0.48%	0.18%
Medical Directorate	0.73%	0.36%	0.00%	0.00%	0.00%	0.00%
Finance	0.70%	0.70%	0.00%	0.00%	0.00%	0.00%
Unscheduled Directorate	0.61%	0.35%	0.09%	0.00%	0.17%	0.22%
Cancer & Specialist Services	0.59%	0.28%	0.00%	0.00%	0.32%	0.12%
Child Health, NISTAR, Maternity, Dental, Gynae and Sexual Health	0.57%	0.47%	0.00%	0.05%	0.05%	0.21%
Human Resources	0.50%	0.50%	0.00%	0.00%	0.00%	1.49%
PPI	0.46%	0.61%	0.00%	0.00%	0.15%	0.00%
Corporate Comms	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Trust total	1.06%	0.53%	0.09%	0.06%	0.37%	0.17%

It should be noted that there are a number of IT's that are regional and have been listed under HR for admin purposes as they do not relate to only one directorate. In addition, where individuals may be identifiable the Directorate has been removed.

SICKNESS ABSENCE

Sickness absence continues to present a significant operational and financial challenge for the Trust. At the end of Quarter 4 (March 2026), cumulative absence was at 9.35%, remaining above target, with in-month absence at 8.74%. Long-term absence, driven largely by mental health-related conditions, remains the primary contributor, while the cost of absence has risen to £77.3m year-to-date. Targeted interventions are in place, but sustained focus is required to stabilise performance and reduce impact.

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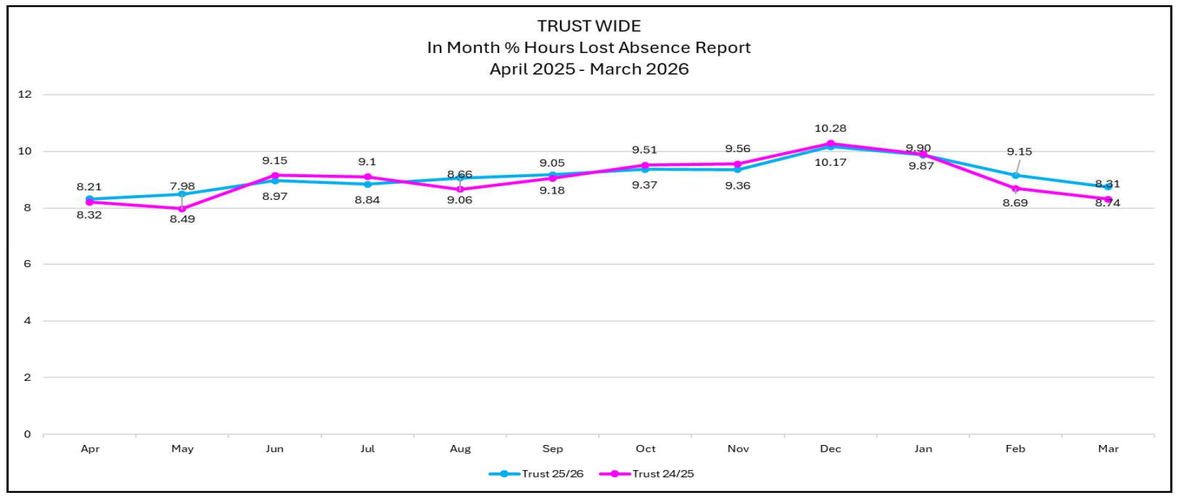
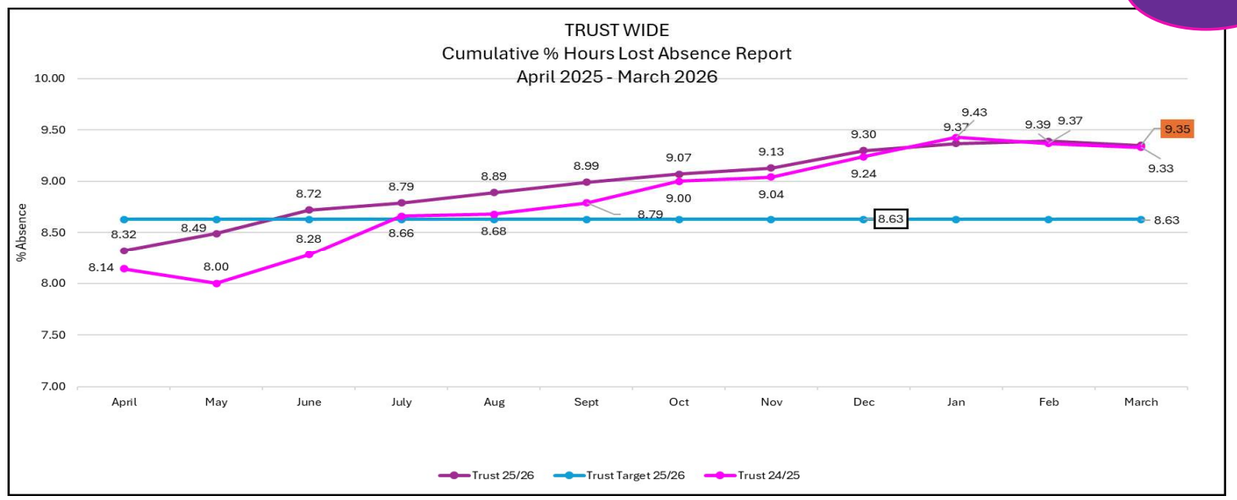
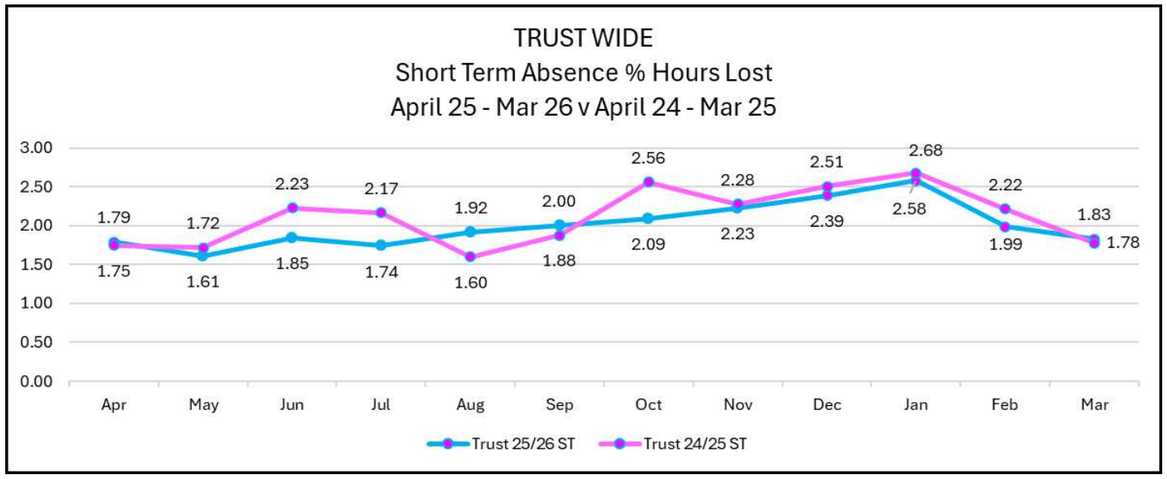
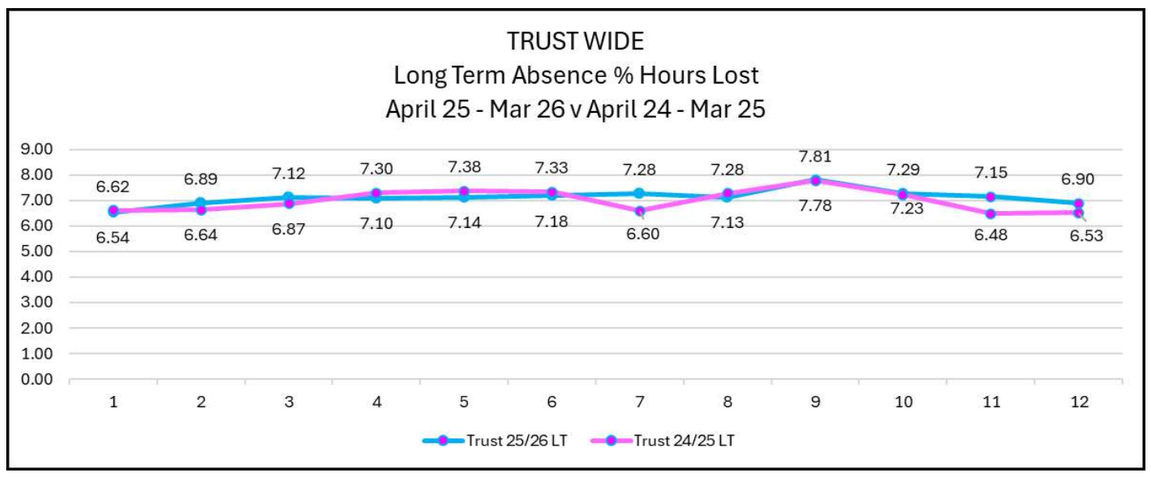
SICKNESS ABSENCE IN-MONTH & CUMULATIVE DATA APRIL TO MARCH 25/26



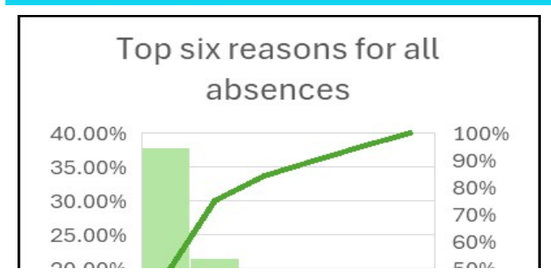


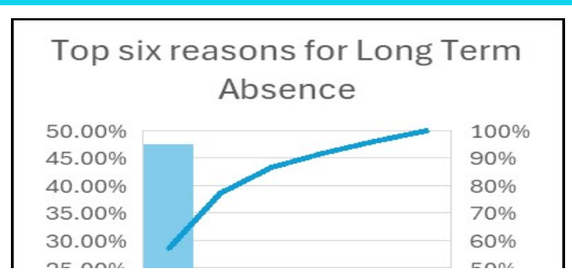
SICKNESS ABSENCE LONG TERM AND SHORT TERM DATA

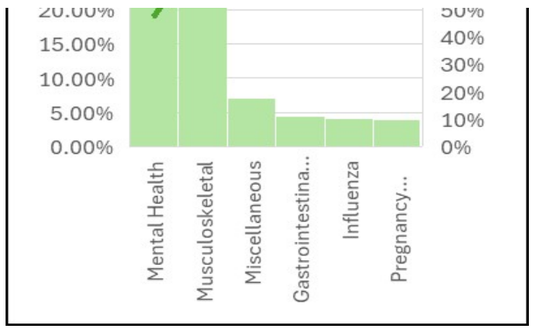


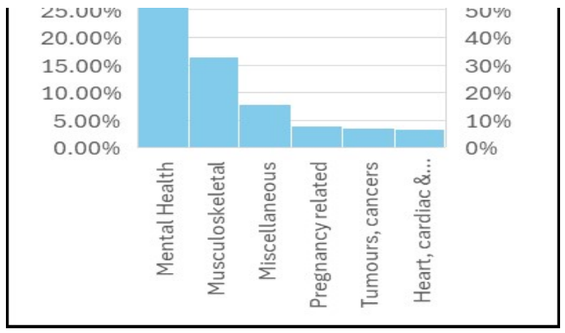


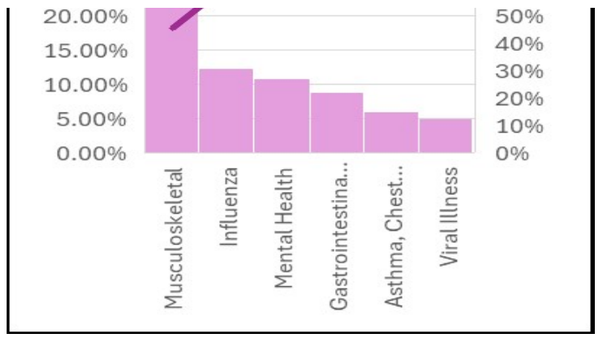
Reasons for absence



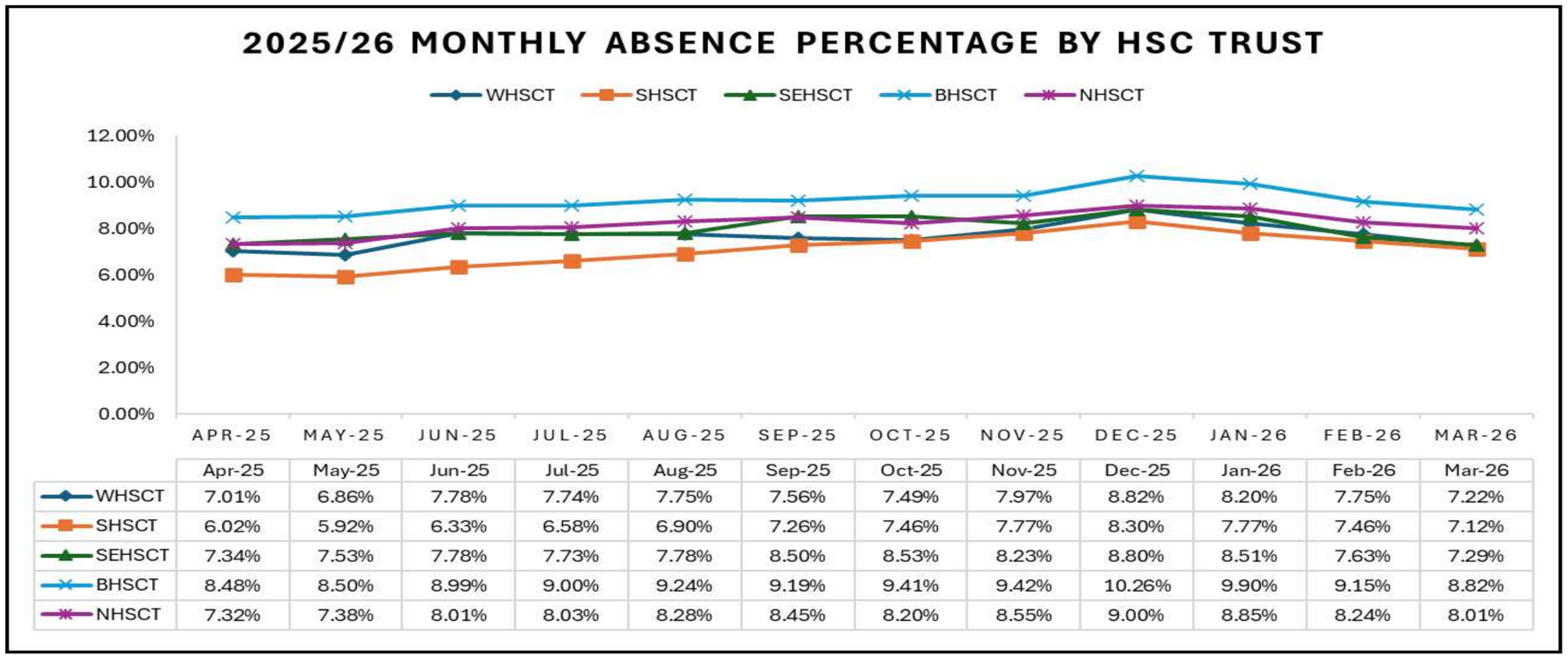








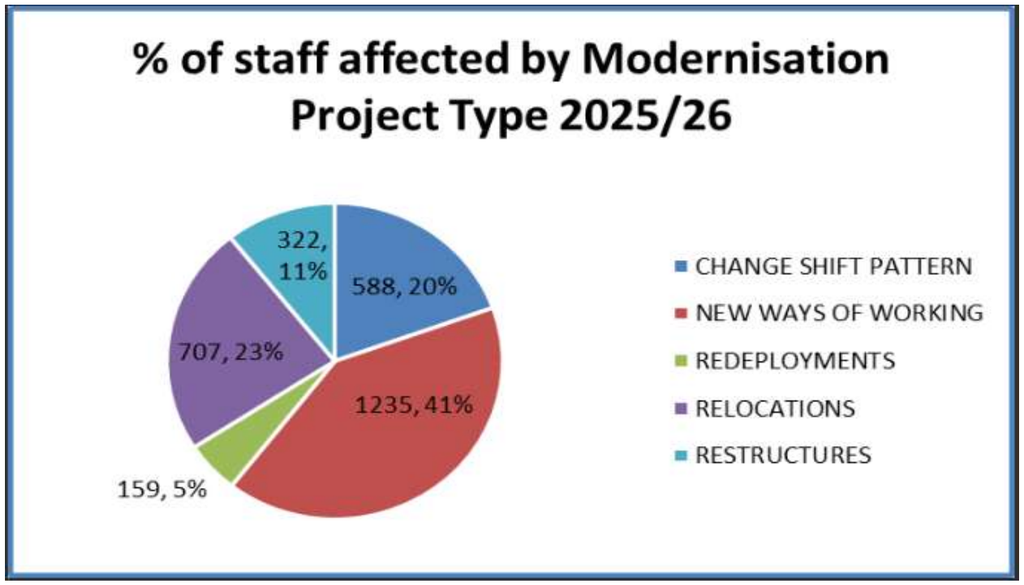
Regional comparison sickness absence data April to March



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
WHSCT	7.01%	6.86%	7.78%	7.74%	7.75%	7.56%	7.49%	7.97%	8.82%	8.20%	7.75%	7.22%
SHSCT	6.02%	5.92%	6.33%	6.58%	6.90%	7.26%	7.46%	7.77%	8.30%	7.77%	7.46%	7.12%
SEHSCT	7.34%	7.53%	7.78%	7.73%	7.78%	8.50%	8.53%	8.23%	8.80%	8.51%	7.63%	7.29%
BHSCT	8.48%	8.50%	8.99%	9.00%	9.24%	9.19%	9.41%	9.42%	10.26%	9.90%	9.15%	8.82%
NHSCT	7.32%	7.38%	8.01%	8.03%	8.28%	8.45%	8.20%	8.55%	9.00%	8.85%	8.24%	8.01%

During the course of the year the Modernisation Team supported 60 projects affecting 3011 staff. The Framework on the Management of Staff affected by organisational change and associated Redeployment Protocol was reviewed and updated.

Modernisation Organisational Change Data April 2025 to March 2026



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Caveats to the data set:

- Non trust activity that has been captured in our return includes all our HSC SLA's (NIAS/ BSO/NIBTS/ NIMDTA), but excludes our non HSC SLA's (ie: QUB)
- % management referrals requiring an appt offered one withing 28 days – our metrics are different from the rest of the province, our KPI's are significantly tighter and vary by specialism and by SLA. We have therefore used our average monthly wait time metric in this field – which is based off BHSCT activity solely for the months indicated.
- %DNA rate (New and Rev data is used in the calculation of this).
% referral reports issued within 4 days – we do not currently capture this metric however our process is: reports typed same day, approved same day by clinician and then sent onwards unless client first is requested.
- % peha requests cleared or offered appt to enable clearance within 10 working days from date of receipt of health questionnaire – our KPI is 5 working days. Our metric that we capture is the wait time which is calculated from the date of receipt of all required paperwork from the prospective employee, to the date of the appt booking. We don't go by clearance as at some of the appointments clearance maybe withheld and the peha sent onto another specialist for further assessment.

Occupational Health – Board Insight

Occupational Health continues to provide strong operational support, with 90% of management referrals offered an appointment within 28 days and sustained activity across referrals, reviews and pre-employment assessments, providing assurance on timely access, workforce support and contribution to attendance management.

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OCCUPATIONAL HEALTH

TRUST POSITION													
SERVICE AREA	METRIC	TARGET	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
OCCUPATIONAL HEALTH & WELLBEING (NB these figures also include non-Trust activity ie NIMDTA)	No of Management Referrals attended	N/A	505	500	508	529	422	566	557	521	519	588	590	548
	No of Management Reviews attended	N/A	357	303	300	279	285	313	371	285	250	298	324	348
	% DNA rate of Management Referrals	N/A	10.0%	12.0%	11.0%	12%	10.00%	11.00%	12.00%	10.00%	8.0%	10.0%	11.00%	8.00%
	% cancellation rate of Management Referrals	N/A	9.00%	10.00%	10.00%	8.00%	8.00%	9.00%	14.00%	9.0%	9.0%	10.0%	9.00%	9.00%
	% cancellation rate by Manager	N/A	0.50%	1.00%	0.10%	1.00%	0.20%	0.50%	0.50%	0.50%	1.50%	0.20%	0.50%	0.30%
	% cancellation rate by Client	N/A	5.00%	6.00%	7.00%	5.00%	6.00%	6.00%	7.00%	6.00%	6.00%	7.00%	6.00%	4.00%
	% Management Referrals which require an appointment are offered one within 28 days	90%												
	Medical Wait Time		22	16	13	13	12	19	22	23	19	23	22	19
	Nursing Wait Time		20	18	16	21	20	28	26	14	10	12	13	18
	OT Wait Time		37	39	29	22	46	31	25	33	32	31	43	40
	Physio Wait Time		13	15	15	16	19	13	12	17	14	12	14	18
	Psychology Wait Time		41	44	40	40	47	48	52	54	45	53	51	43
	Psychology Stress Wait Time		48	39	34	37	30	49	38	45	45	49	35	48
	% Management Referral reports issued within 4 days(not inc those requesting prior sight)	90%												
	No of PEHA assessments attended	N/A	339	321	390	406	456	461	385	385	339	328	279	372
	% PEHA candidates cleared or offered an appt to enable clearance within 10 working days from receipt of their health questionnaire	90%												
	PPHA Wait Time		7	8	6	7	8	8	8	10	7	7	6	7

NURSING

Fitness to practice (FtP):

The Trust employ **6076 registered nurses and midwives.** The vast majority of nurses and midwives act in accordance with the NMC code of conduct and consistently meet the high standards expected by the public, our patients, service users and carers.
Referrals into the internal FtP process and any onward referrals to the regulator involve one or more of the following categories:-

- Lack of competence
- Health related concerns
- Criminal convictions or cautions (note guidance change)
- Misconduct
- Language proficiency

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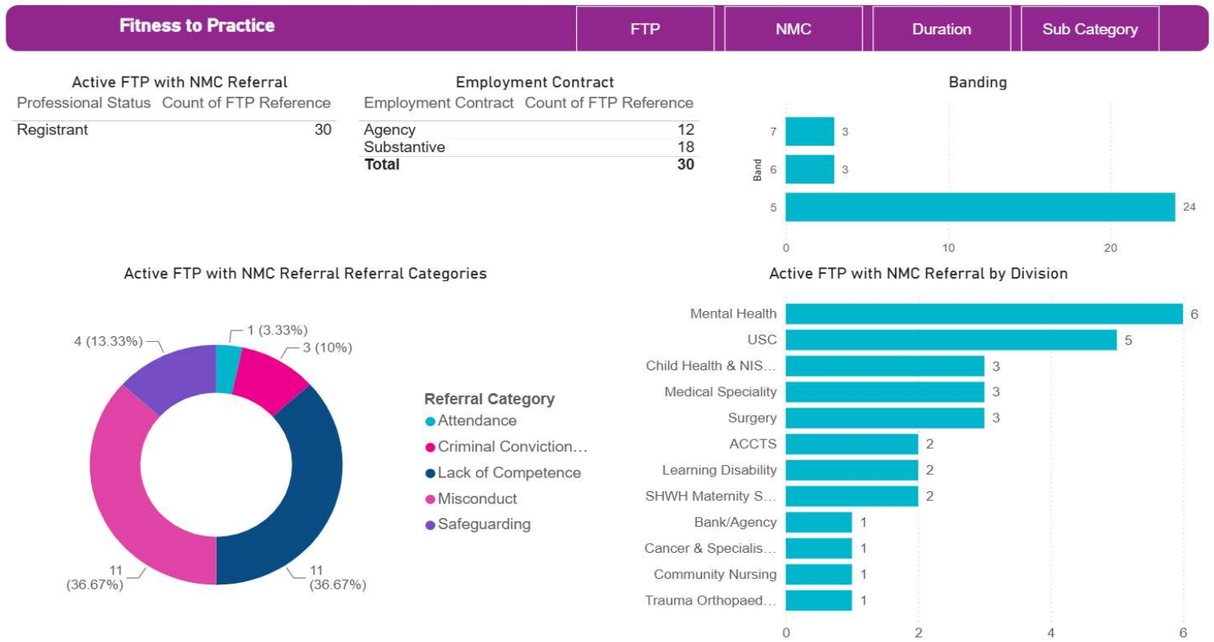
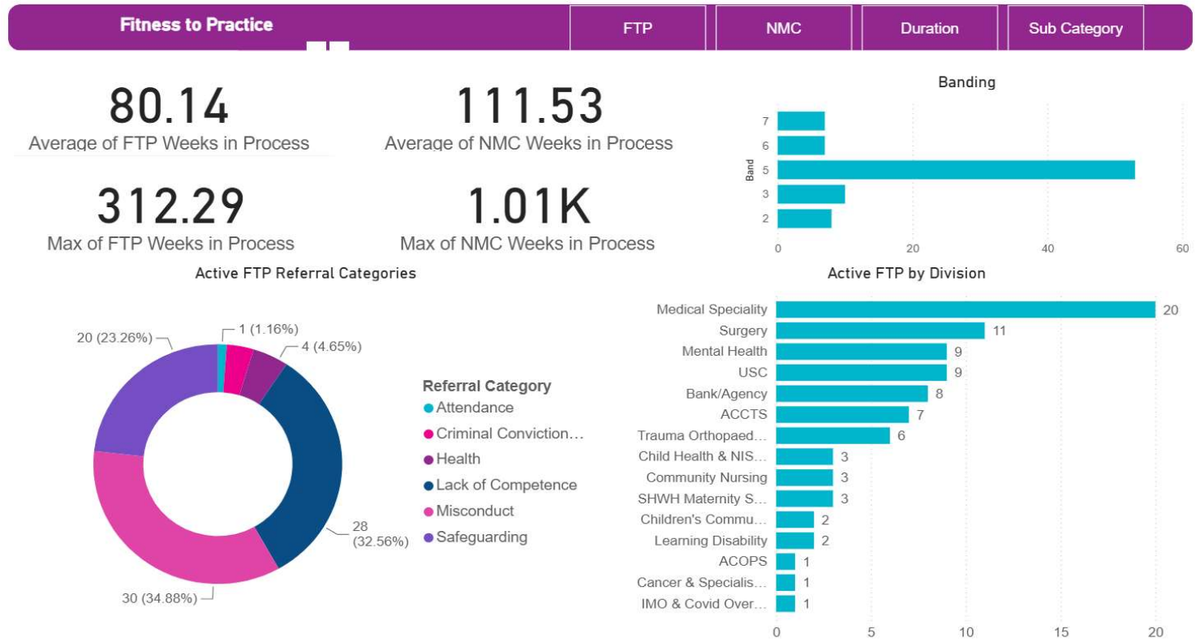
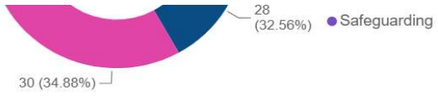






Fitness to Practice | FTP | NMC | Duration | Sub Category

Active FTP

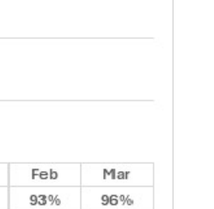
Professional Status	Count of FTP Reference
Non-Registrant	17
Registrant	69
Total	**86**

Employment Contract

Employment Contract	Count of FTP Reference
Agency	30
Bank	1
Substantive	55
Total	**86**

Banding

Referral by Sub Categories



NMC regulatory requirements: Professional standards

All figures run from April 25 – March 26 inclusive .

Supervision:
A Framework to Support Nursing and Midwifery Practice standard of two Supervision sessions per annum DoH (2022).

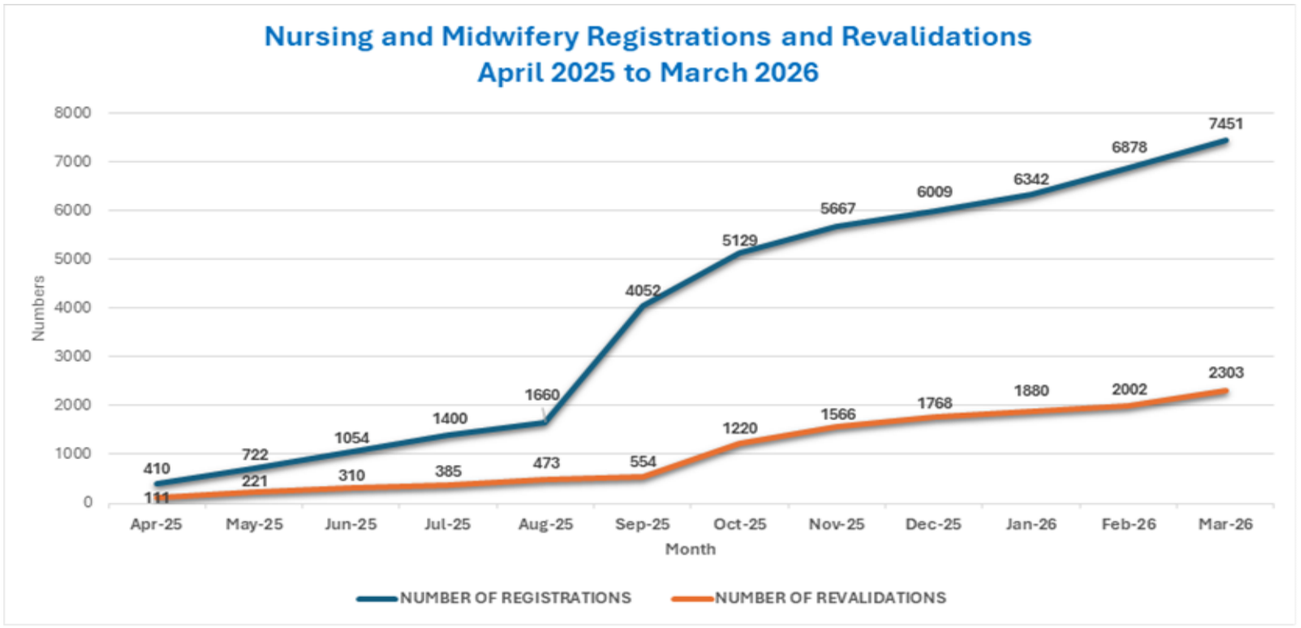
- 96% registrants completed 1st supervision
- 87% registrants completed 2nd supervision

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1st Supervision	12%	27%	44%	60%	66%	78%	84%	87%	90%	92%	93%	96%
2nd Supervision	1%	5%	7%	13%	16%	23%	32%	40%	45%	58%	66%	87%

Revalidation:

We have supported **2303 registrants** to revalidate in line with **NMC standards with 7451** renewing their registration.

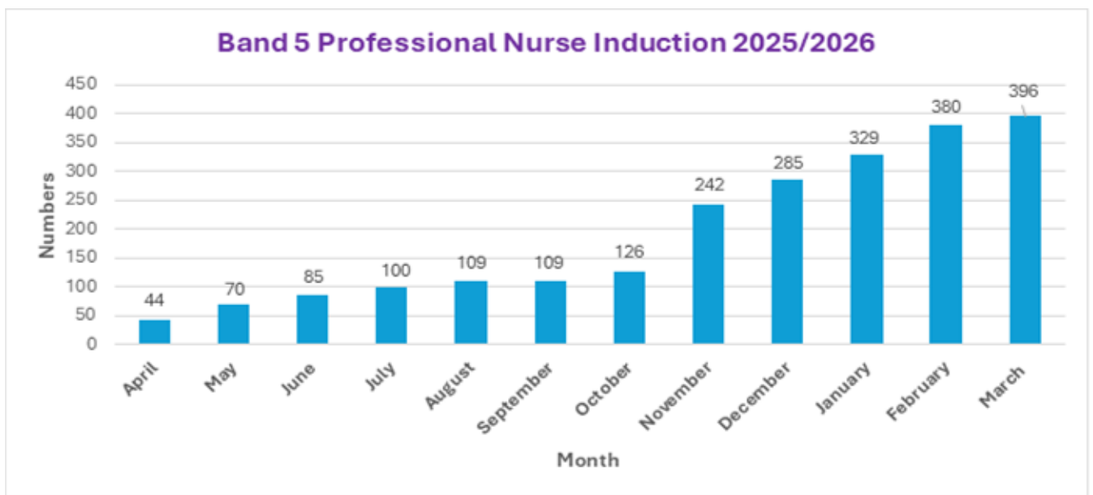
Established dashboard set up in 2025 which contains divisional level data and is reviewed monthly by Divisional Nurses/Midwife.



Induction

Review of Band 5 Professional Induction to coincide with single start date.

-396 Band 5 new nursing recruits have completed Professional Induction



MEDICAL

Medical Director's Office
Professional Assurance for Inclusion in People Report
March 2026

Home

Mr Chris Hagan – Medical Director, BHSCT

This Report aims to provide an overview of medical professional assurance activities within the Belfast Health and Social Care Trust, reflecting our ongoing commitment to clinical excellence and patient safety. It outlines key governance measures, workforce initiatives, and strategic priorities aimed at supporting medical leadership and ensuring high standards of care across all services. The content is informed by centrally held information by the Medical Director's office in Belfast Trust supported by GMC and Regional Appraisal System,

1. Maintaining High Professional Standards (MHPS) Update

Maintaining High Professional Standards (MHPS) provides a structured framework for managing concerns about the health, 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 and dental professionals currently in an MHPS process or with concerns being reviewed or restrictions in place.

Category	Number of Doctors
Formal Cases being managed under MHPS process	4
Informal Cases being managed under MHPS process	2
Cases with MHPS restrictions in place	4
Cases with full exclusion from work	0

1.2 Medical Appraisal

Belfast Health and Social Care Trust Appraisal Compliance 2022 – 2024*

2024	Total Doctors	Appraisal Complete	% Complete
Anaesthetics, Critical Care, Theatre and Sterile Services	155	151	97
Cancer & Specialist Medicine	125	115	92
Child Health & NiSTAR	111	104	94
GPOOH, Emergency Medicine, Ambulatory Care, General Medicine	87	84	96

2023 Appraisal Compliance	**99%**
2022 Appraisal Compliance	**99%**

Hepatology, Gastro, ID, Respiratory, Adult Cardiology, Stroke Services, Neurology	112	110	98
Imaging, Medical Physics & Outpatients	100	100	100
Learning Disability	7	7	100
Maternity, Dental and Sexual Health Services	104	102	98
Mental Health & CAMHS	69	65	94
Older People Services / ACOPS	37	35	95
Laboratories & Pharmacy	65	62	95
Surgery (inc. ENT)	127	114	90
Trauma, Orthopaedics & Rehabilitation	72	69	96
TOTAL	**1171**	**1118**	**96%**

Commentary

Service improvement continues to focus on standardising datasets to monitor and review appraisal compliance through a whole system approach involving the Workforce Teams, Chairs of Divisions and Directorate senior management teams.

A new escalation process for 2024 appraisals has targeted doctors who are not appraisal compliant. There is also now a clear pathway in place to a GMC referral for non-compliant doctors publicised in the Appraisal Guidance PYE25 that is both on The Loop (BHSCT information intranet) and sent to individual medical practitioners via email.

*Appraisal is a retrospective process, and doctors have until the end of June 2026 to complete their 2025 appraisal. As of the end of March 2026, 7% had completed their 2025 appraisal. 2025 appraisals are expected to be completed by the end of June 2026.

1.3 Job Planning (31 March 2026)

DIVISION	NUMBER OF DOCTORS	DOCTORS WITH CURRENT JOB PLAN AT MARCH 2026		DOCTORS WITH NO RECORDED JOB PLAN	
		NUMBER	%	NUMBER	%
Hepatology, Gastro, ID, Respiratory, Adult Cardiology, Neurology & Stroke Services	110	106	96%	1	1%
GPOOH, Emergency Medicine, Ambulatory Care & General Medicine	82	80	98%	1	1%
Anaesthetics, Critical Care, Theatre and Sterile Services	144	126	88%	3	2%
Surgery (*inc. ENT*)	140	90	64%	6	4%
Laboratories & Pharmacy	55	41	75%	1	2%
Cancer & Specialist Medicine	127	117	92%	0	0%
Imaging, Medical Physics & Outpatients	67	41	61%	1	1%
Trauma, Orthopaedics & Rehabilitation	68	45	66%	2	3%
Older People Services / ACOPS	28	28	100%	0	0%
Mental Health & CAMHS	83	74	89%	0	0%
Intellectual Disability	7	0	0%	2	29%
Child Health & NiSTAR	96	57	59%	3	3%
Maternity, Dental and Sexual Health Services	85	72	85%	1	1%
TOTAL	**1092**	**877**	**80%**	**21**	**2%**

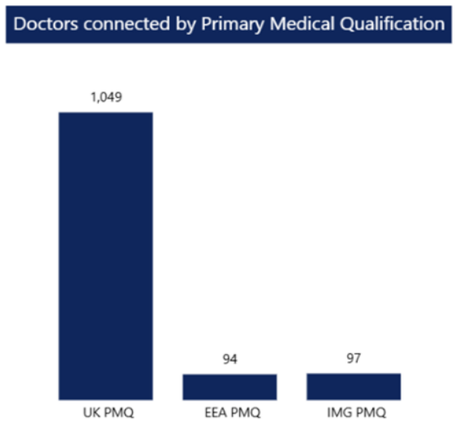
Job planning rates within the Belfast Health and Social Care Trust are presently reviewed on a quarterly basis by the Medical Director's Assurance Group. Directorates encountering specific challenges receive focused assistance from the Medical Director's Office to promote improved compliance and engagement. As part of ongoing efforts to enhance service quality, an electronic job planning system was piloted in the Gastroenterology service in October 2025 and in General Surgery in January 2026, ahead of a planned Trust-wide implementation scheduled for 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 carried out an inspection of the job planning process in December 2025 and satisfactory assurance was provided in a report by Internal audit in March 2026.

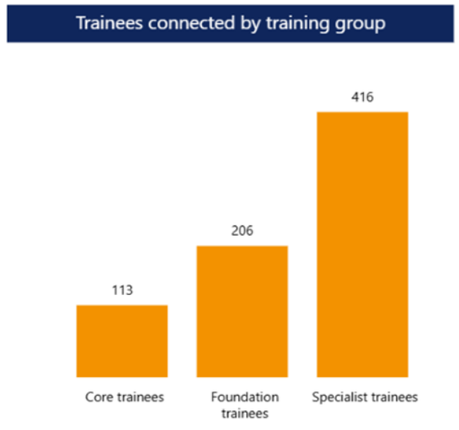
1.4 GMC Dashboard

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.

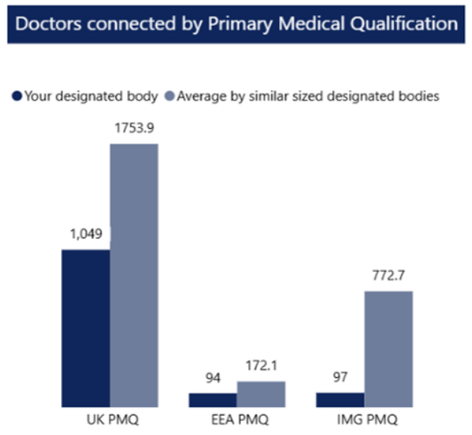
GMC Dashboard – Belfast Health and Social Care Trust

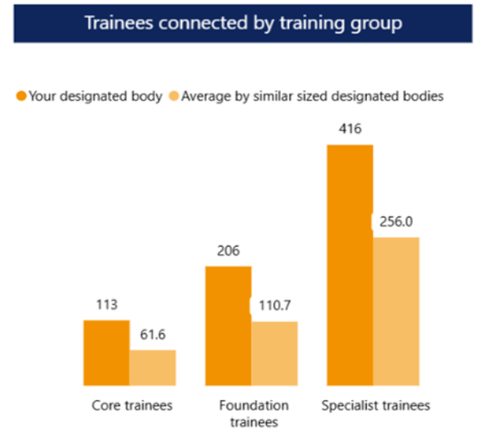
Summary





Average by Similar Sized Designated Body





1.5 Revalidation

Recommendation date

01/01/2026 31/03/2026

Number of Recommendations for Revalidation	**17**
Number of Deferrals	**0**
Reasons for Deferral	**N/A**
Number of Late Recommendations	**0**

1.6 Revalidation by Year

Number of doctors by Revalidation submission month/year

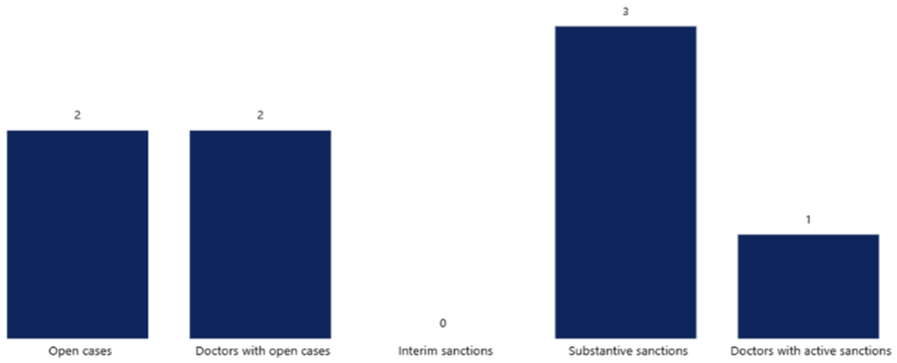
Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2026					2	20	23	28	19	26	35	20	**173**
2027	17	18	21	25	21	26	21	29	20	20	20	12	**250**
2028	9	19	10	21	12	14	50	27	25	26	36	8	**257**
2029	19	11	21	17	31	33	17	69	30	23	24	16	**311**
2030	32	10	26	4	5	18	10	15	8	7	22	1	**158**
2031	8	8	5	16	19								**56**
Total	**85**	**66**	**83**	**83**	**90**	**111**	**121**	**168**	**102**	**102**	**137**	**57**	**1205**

Commentary

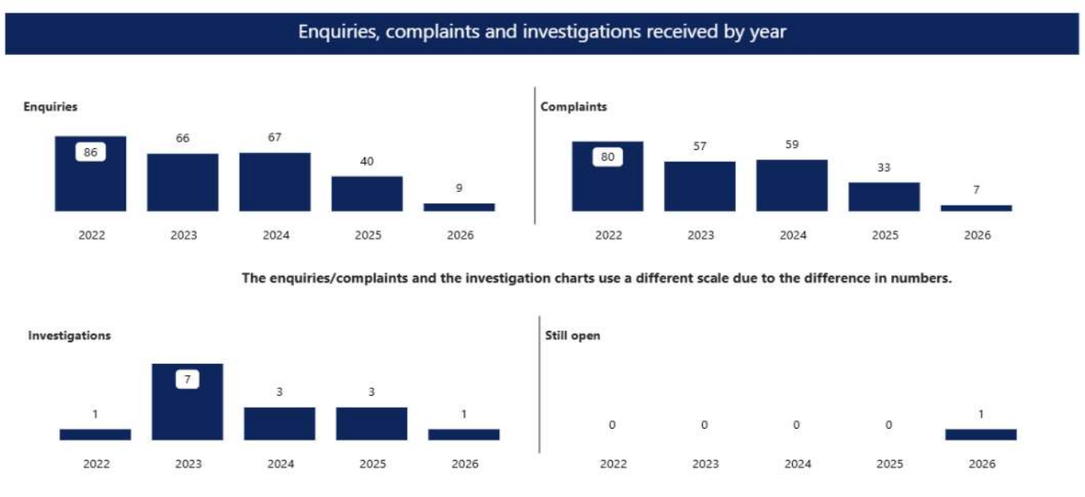
Belfast Trust revalidation data compares favourably to similar sized Designated Bodies in the UK.
The data above shows doctors due for revalidation over the next 5 years. Monthly revalidation numbers are predictable, and earlier planning is aimed at making sure doctors have the necessary suite of evidence created to inform a revalidation decision to the GMC

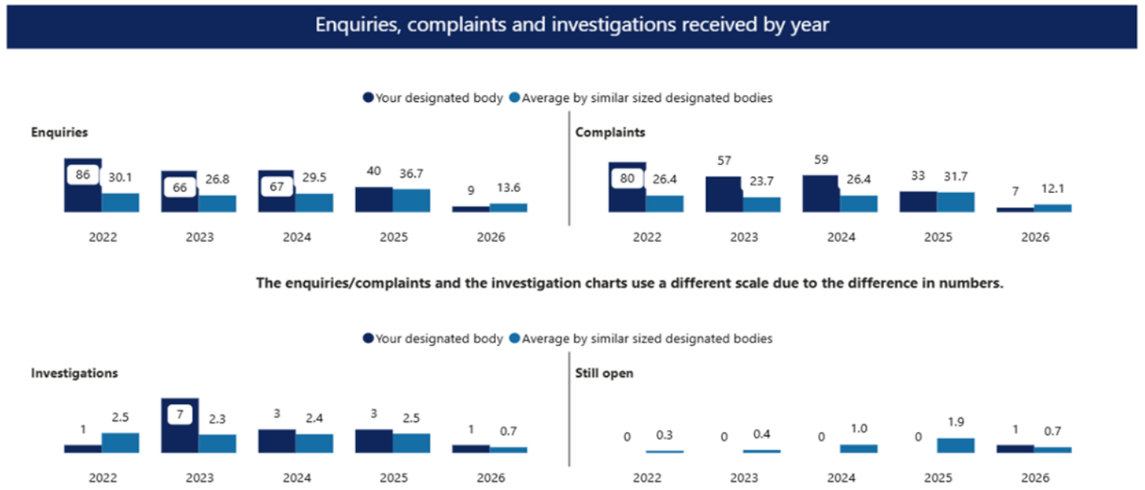
(Source GMC)

1.7 Fitness to Practice

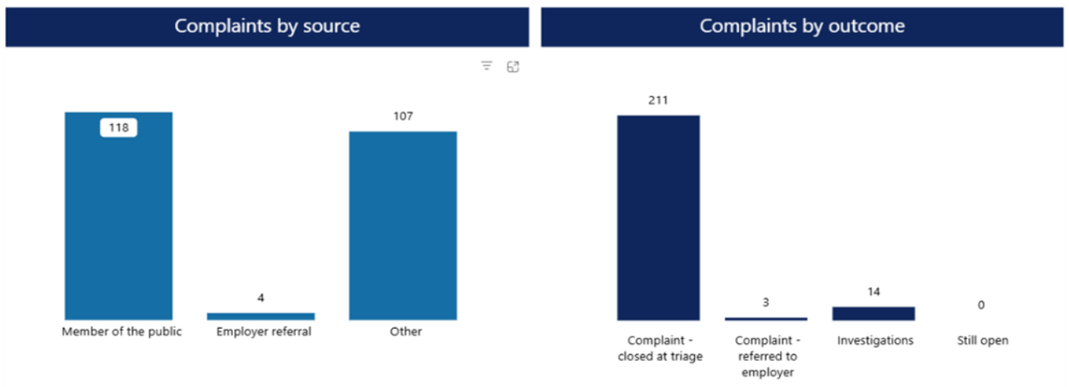


1.8 Complaints





Complaints Details (2022 – 2025)



Investigation Details by Allegation (2022-2025)

Allegation	# of allegations
Clinical Care	0
Communication, part, teamwork	0
Compliance	0
Health	0
Maintaining GMP	0
Probity	0
Teaching/Supervision	0
Working with colleagues	0
Knowledge, skills & Performance	2
Safety & Quality	2
Maintaining trust	6
Total	**10**

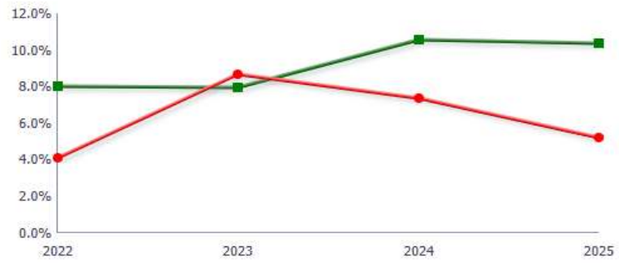
When set against the average for similar sized Designated Body (Organisations with more than 1000 doctors), Belfast Trust compares favourably. Enquiries have reduced year on year as have complaints. Investigations are also broadly in line with similar sized designated bodies with the Belfast Trust investigation closure rate performing slightly better.

Of the 229 Complaints received in the 4 year period between 2022 and 2025, 211 (92%) were closed at the triage stage with only 14 (6%) progressing to a GMC Investigation. Concerns relating to maintaining trust (60%) was the most theme for investigations.

1.10 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

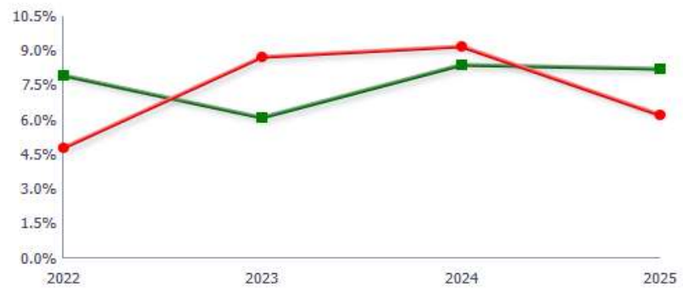
By Trust



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



Refresh - Print - Export

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.

AHP

AHP Assurance Professional Staff Update Report

Profession	Monitoring report for period 1st October 2025 – 31st March 2026				
	Number of Staff subject to Disciplinary process	Number of Staff subject to Informal Capability process	Number of Staff subject to Formal Capability process	Number of Staff reported to HCPC	Number of Staff with ongoing involvement with HCPC
Physiotherapy	0	1	0	2	0
Occupational Therapy	0	0	0	0	0
Diagnostic Radiography	1	0	0	1	1
Speech & Language Therapy	0	0	0	1	1
Dietetics	0	0	0	0	0
Therapeutic Radiography	0	0	0	0	0
Podiatry	0	1	0	0	0
Orthoptics	0	0	0	0	0
Paramedics	N/A	N/A	N/A	N/A	N/A
Music / Art / Drama Therapy	N/A	N/A	N/A	N/A	N/A
Prosthetists & Orthotists	N/A	N/A	N/A	N/A	N/A

Completed by: Deirdre Winters

Date: 30th April 2026

AHP – Board Insight

AHP assurance remains strong, with very low levels of disciplinary and capability activity and limited referrals to the HCPC across professions, providing assurance on professional standards, effective governance and safe practice during the reporting period.

Home

Data presented reflects the confirmed position up to 31 March 2026, in line with the most recent biannual AHP Professional Assurance reporting cycle.

SOCIAL WORK

Professional Registration, Supervision & Fitness to Practice Assurance

Reporting period: Jan – March 2026

Home

Registration & Professional Compliance

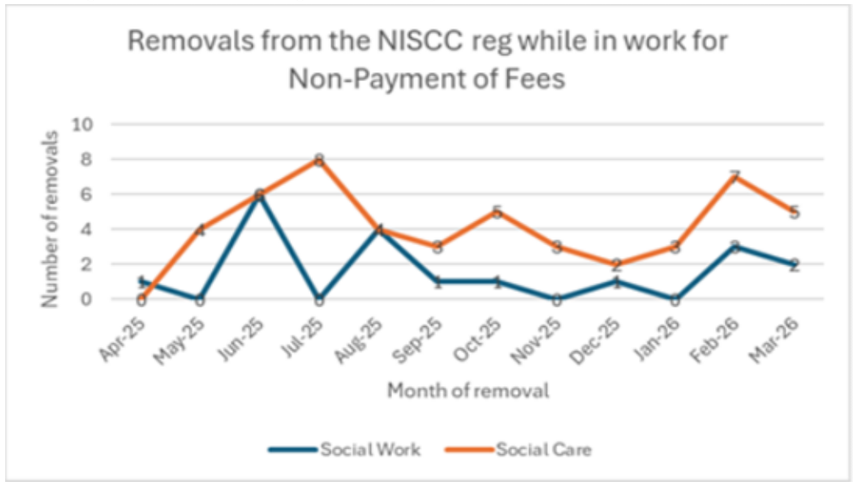
The EDSW office monitors compliance with professional registration requirements.
Current Position: Number of staff in each regulated group within BHSCT

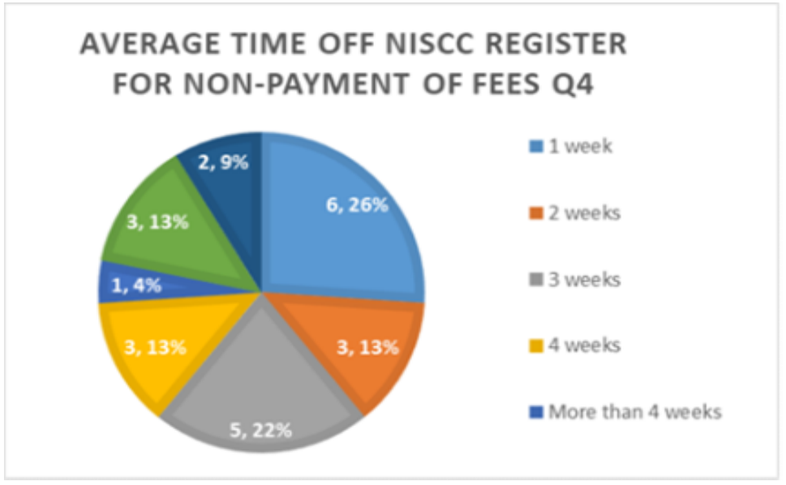
•Social Care Workers 1793

•Social Workers 1309

In this reporting period compliance with maintaining registration was 99.47% across social work and 99.22 % for social care. A small number of staff were removed from the NISCC register while they were in work for non-payment of fees. This equated to 7 social workers and 14 social care workers in Quarter 4, impacting on service delivery.

Chart 1. Registrants removed from register for non-payment of fees while in work .

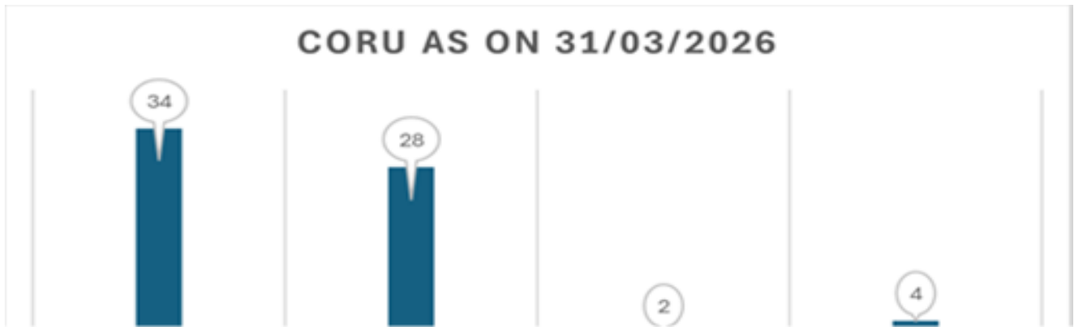




As the chart illustrates a significant proportion of staff registration fees are due in June. The Deputy Executive Director of Social Work has issued a communication to remind all staff and managers to renew promptly and ensure fees are paid on time to reduce the risk of noncompliance this year. minimising the risk of disruption to service delivery.

Registration to Practise Outside Northern Ireland (CORU)

To ensure the Trust remains compliant with statutory requirements and regulatory standards when social workers undertake statutory tasks in another jurisdiction, the relevant professional registration requirements must be confirmed in advance. The Trust fund registration costs, and the Office of the Deputy Executive Director of Social Work (EDSW) will support staff and managers to complete the registration process. Where the jurisdiction requires registration with its regulatory body, it is unlawful to undertake the statutory social work role without being registered. The Deputy Executive Director of Social Work continues to work with the DOH, HSE ROI NISCC and CORU in regulators in ROI regarding legislative change that would remove need for registration.

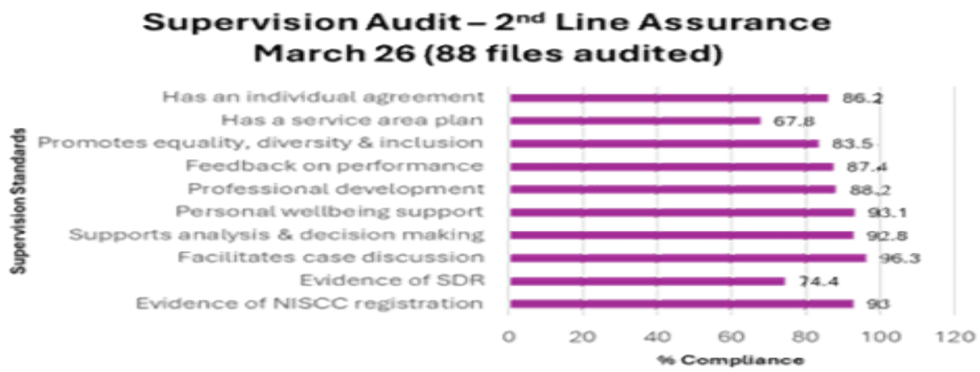


Supervision Compliance

The EDSW office monitors compliance with the DOH Supervision Policy through a quarterly Supervision Oversight meeting to ensure all social workers receive appropriate levels of supervision and support. In Q4 overall compliance with supervision was high.

Chart 4. Supervision Compliance Heat map

Service area	Q1	Q2	Q3	Q4	Annual %	Prof SW Annual %
Learning Disability	87.1%	89%	91.5%	83%	86.7%	97%
Mental Health	95.6%	94.5%	85.5%	92.5%	92%	93.8%
ACOPS MDT/PSD	77%	82%	84%	83%	81.5%	89%
ACOPS CSW/HSW	92%	90%	92%	94%	92%	91.5%
WLD & RGI (incl MAH ASG)	94%	97%	96%	79.5%	91.6%	100%
CCS	81%	83%	88.5%	90%	86.6%	NOT applicable



An annual supervision audit by the EDSW office was completed in March 2026 and reflects high levels of assurance that the DOH standards for supervision being met.

Supervision – Board Insight

Supervision compliance remains high overall at 88.5%, with some divisional variation. An annual audit identified gaps in recording rather than practice delivery; targeted improvement actions are underway to strengthen assurance and consistency.

Mandatory Registration & Post-Qualifying Requirements (PiP)

Under the NISCC Registration Rules (2023) and the Professional in Practice (PiP) Post Qualifying Framework(2023) newly qualified social workers must complete two requirements from the Consolidation Award within the first three years of registration.

There is a risk to service continuity if staff do not meet their registration requirements. Alerts are issued when the 3 year period is coming to an end. The tracker is reviewed on a quarterly basis at the Social Work Senior Leaders Assurance Group (see Heat Map below). All staff in the final year have a plan in place to complete. The number of staff with just one year left to complete requirements has improved in this quarter from 14 to 4. However, the number requiring extension has also increased from 3 to 8 and most of these staff work in Children's Community Services which is largely reflective of workforce pressures in these services.

Chart 5. Mandatory registration requirements PIP Heat Map

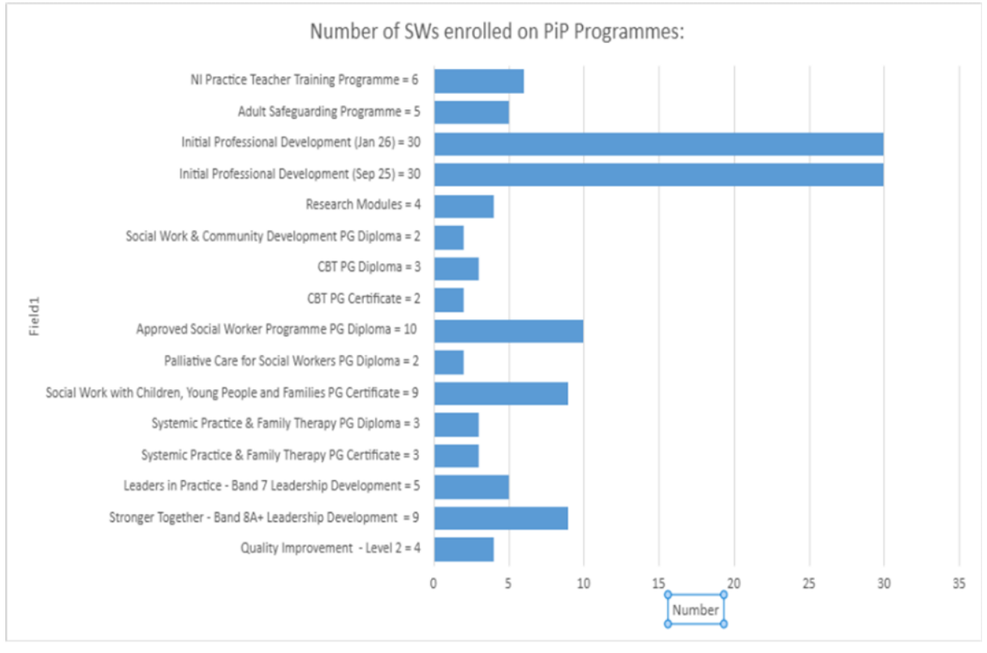
	Total Number:	ACOPS	ACOPS Social Care	CCS	LD	MH
Number of staff within 12 months of needing Mandatory 2x PiP Requirements	4	1	0	2	0	1

Number of staff within 24 months of needing Mandatory 2x PiP Requirements	29	7	1	18	1	2
Number of staff within 36 months of needing Mandatory 2x PiP Requirements	49	9	2	33	1	4
Number of staff granted an extension/making application for extension to complete Mandatory 2 PiP Requirements	8	0	1	6	0	1

Post-Qualifying Learning & Development

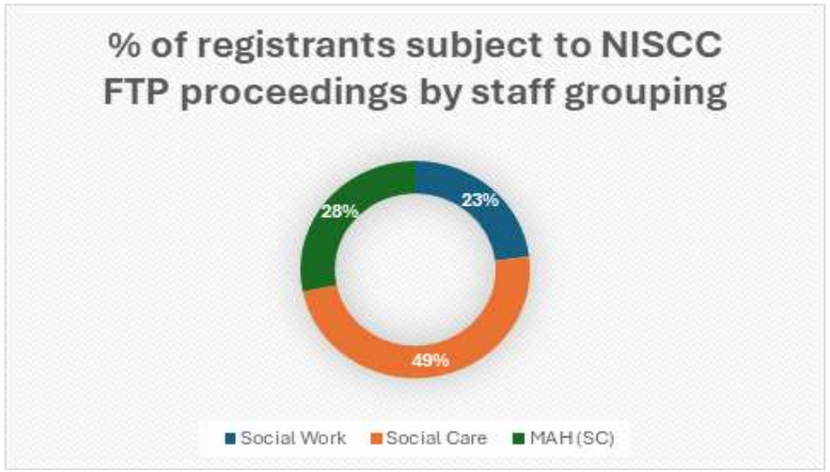
All other registered social workers and social care workers are required to complete a minimum of 90 hours of continuous learning and development within each 3 year registration period. The WLD provide a range of programmes and support to enable staff to meet the PRTL requirements. The graph below shows the range of programmes across which 127 social workers are engaged (7.08%) representing a slight increase this quarter.

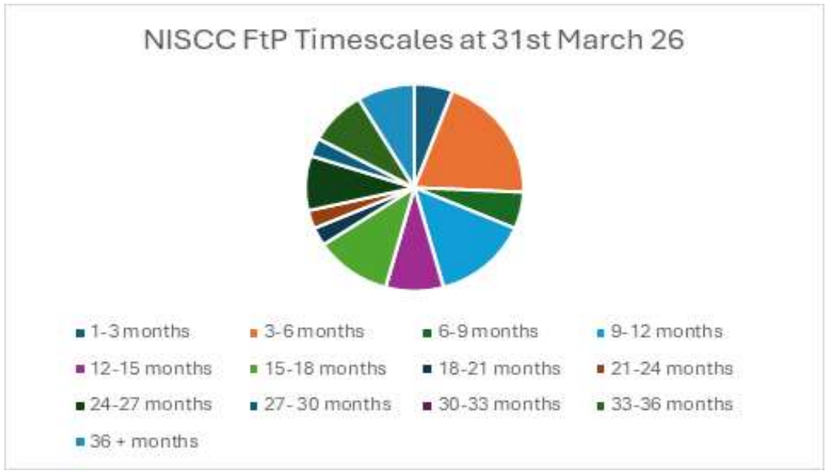
Chart 7. SW enrolled on Post Qualifying Programmes



Fitness to Practise (FtP)

The EDSW Office has oversight over all social work and social care Fitness to Practice (FTP) referrals to the NISCC Social care Regulator and keep the NISCC informed of progress with investigations.
Currently 9 social workers and 30 social care workers (11 of whom are associated with the Muckamore Abbey Hospital Inquiry) are subject to Fitness to Practice Processes
In this reporting period 2 new FtP referrals were processed; 1 for Social Work and 1 for Social Care. The referral themes were categorised professional standards (1) and adult safeguarding (1). There were no closures in this time frame.





Referrals & Outcomes

During the reporting period:

- 6 new FtP referrals were made (50% Social Work, 50% Social Care)
- 6 FtP cases were closed, maintaining a broadly stable overall case volume
- 3 staff were removed from the professional register following disciplinary dismissal
- Staff subject to suspension or interim suspension orders were also managed under Trust disciplinary processes

Reasons for Referral
Referral reasons during the period were evenly split between Social Work and Social Care and related to:

- Criminal activity / PSNI involvement
- Professional standards or capability
- Safeguarding incidents

Chart 9. Referral reasons by staff grouping

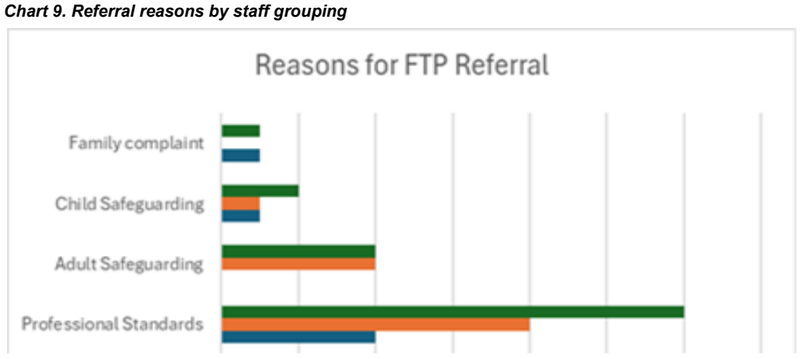
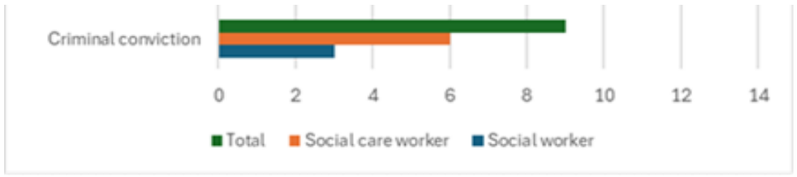


Chart 10. FTP Orders by Type



FtP Timescales & Risk Management

Areas for Continuing Improvement

The EDSW Office will continue to focus on:

Identifying and addressing barriers to maintaining professional registration
Learning from other regulators to explore opportunities to improve FtP investigation timescales
Strengthening monitoring and assurance arrangements for newly qualified Social Workers and mandatory post-qualifying requirements