Committee in Common
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Committee in Common Meeting 21st April 2026
Venue: The Law Society of Northern Ireland

Enhanced Care Provider Collaborative

Suzanne Pullins

CiC Quarterly Update: Enhanced Care Provider Collaborative

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Suzanne Pullins I Provider Collaborative Lead: Wendy Magowan
Participating Trusts: All Provider Trusts

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

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Executive Summary

- The purpose of the Dementia Provider Collaborative Programme is to stimulate the ISP market in matching demand and capacity across DE placements by creating an agreed Trust stratified rate for block booked beds and ad-hoc placements.
- The programme aims to reduce enduring waiting for those who require dementia placements and improve patient outcomes.
- Programme delivery confidence is assessed as 3. Progress has been made in the establishment of a ceiling of affordability across Provider Trusts and engagement sessions have been held with ISPs however matching capacity and demand has not yet been achieved.

Background and Case for Change

- There are consistently 200+ patients delayed in acute hospital settings awaiting care home placement (~ 50% of which are dementia)
- The Provider Collaborative completed several snapshot audits which showed Dementia related delays were resulting in significant bed days post medically or intermediate care fit
- The snapshot audit on 9 September 2025 showed:
- 146 Patients were awaiting discharge from Acute Hospital beds with an average length of spell of 73 days
- 75 patients in Intermediate Care Beds were assessed as requiring a DE placement, with an average length of spell of 124 days

Strategic Alignment

- SPPG / DoH Social Care Collaborative
- Systems Financial Management Group

Leadership and Governance

- ✓ Lead CEx SRO and Trust Leads
- ✓ Terms of Reference approved
- ✓ Rural needs and Equality screen
- ✓ Engagement events with stakeholders
- ❖ Service user involvement to be arranged

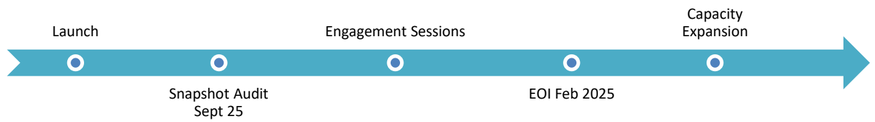
Key Deliverables

- Assessment and recommendation for a regional Trust DE rate for entry level and additional support across DE residential and nursing placements
- Joint approach of securing block booking through a rolling programme of Expressions of Interest and applying to ad-hoc placements.

Programme Objectives

- To make a recommendation with regards to a regional DE Trust rate
- To stimulate growth in the ISP market
- To match demand and capacity across DE placements
- To reduce long waits for those who require dementia placements
- To support ISPs in a proactive manner, creating stability and enabling permanent recruitment
- To reduce competition across Trusts.

Timeline (key dates / milestones to be added)



Progress since last CiC update

- Engagement Sessions across ISP and Trust Staff completed Jan 2026
- Expression of Interest complete and returns assessed
- Weekly Finance, Contracts and Operations monitoring group established
- Overview and support mechanism in place for ISP negotiation across Trusts, including RQIA

Outcomes Achieved to Date

- Several snapshot audits have confirmed the need
- Recommendation for regional DE placement rates made
- Guidance for Operational Staff developed
- Regional ceiling of affordability agreed by all Provider Trusts.
- All Trusts applying ceiling of affordability across all PoCs

CiC Quarterly Update: Enhanced Care Provider Collaborative

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Suzanne Pullins I Provider Collaborative Lead: Wendy Magowan
Participating Trusts: All Provider Trusts

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

EOI Results

- 246 Beds offered as part of a Regional EOI to all Independent Sector Care Home providers:
  - ❖ 210 Nursing Beds (110 Entry and 100 Additional Support)
  - ❖ 36 Residential Beds (11 Entry and 24 Additional Support)

- 186 Beds are from existing capacity (i.e. already Dementia or Frail Elderly)
- 89 Beds are for new capacity however require capital works

- 128 Beds have been rejected due to new capital build or need to wait to current service user leaves the bed
- 118 Beds are currently in discussion between HSC Trusts and providers ie timelines and staffing
- SHSCT and WHSCT received the largest number of offers whilst NHSCT received no offers – there are no beds confirmed as part of the EOI process

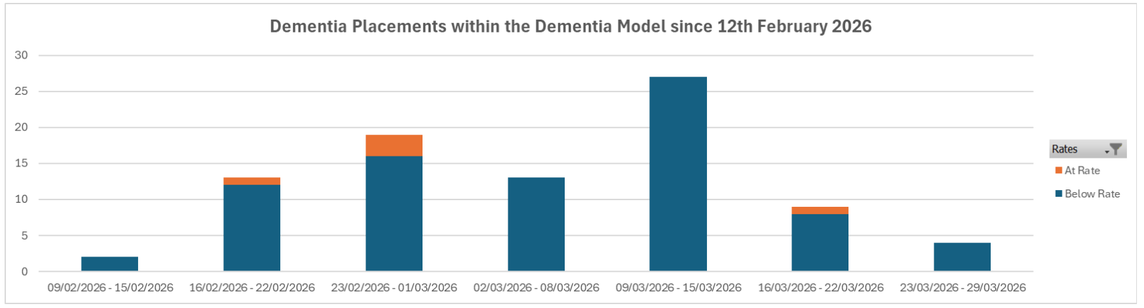
Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
Potential impacts on available beds across POCs where an ISP reregisters	All EOIs will be scrutinised for impacts on bed stock before they are progressed
Risk of ISPs not engaging with the process	Continued engagement with ISP Sector
Risk of beds becoming inaccessible due to ISP disengagement	Continued engagement with ISP Sector
Formal concerns raised by ISP Sector	Engagement with ISPs, DoH and DLS if appropriate.
Financial impacts may vary across Trusts	Financial impacts will be monitored through the Finance, Contracts and Operations monitoring group

BAU / Spot Purchases Results

Trusts have been able to place 89 individuals since 12th February 2026 in appropriate places to match the rates

- 88 Entry Level service users
- 1 Additional Support Level
- BHSCT and NHSCT have the largest number of placements in beds through BAU / Spot Purchase (as of 31st March 2026)



Next Quarter Priorities

- Maintain governance and delivery oversight
- Discuss alignment and flows to the Social Care Collaborative and SPPG / DoH.
- Continued engagement with Senior Managers in ISPs

Recommendations to CiC

- Continued support across Trusts for the agreed rate
- Discuss increased structural alignment with SPPG / DoH / Trusts

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Committee in Common Meeting 21st April 2026
Venue: The Law Society of Northern Ireland

Elective - Gynaecology Provider Collaborative

Roisin Coulter

CiC Quarterly Update: Elective - Gynaecology Provider Collaborative

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Roisin Coulter I Provider Collaborative Lead: Helen Moore
Participating Trusts: South Eastern, Northern, Belfast, Southern and Western Trusts

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

HSC TRUSTS Committee in Common WORKING AS ONE

Executive Summary

- The Gynae Provider Collaborative continues to take forward work across two main strands: (i) clinical standardisation, and (ii) capacity and demand (including tackling 3-year waiters)
- In relation to clinical standardisation, good progress has been made in securing agreement across Trusts to a standardised approach to red flag (RF) triage, which should significantly reduce the number of RF patients requiring clinic assessment. Some challenges with finalising funding with SPPG. In relation to long waiters, there have been near-80% reductions in the number of three-year outpatient waiters and three-year inpatient/ day case waiters compared to September 2025. This has been achieved through a combination of robust validation, maximisation of in-house capacity, WLI and IS additionality, and support from primary care. Urgent consideration being given to maintaining momentum into 2026/27 in context of significant funding constraints. Work progressing in parallel re demand and capacity.

Background and Case for Change

- Significant elective waiting list challenge
- Elective care is a key Ministerial priority
- Absence of regional network for Gynaecology

Strategic Alignment

- Elective Care Framework- Restart, Recovery and Redesign, June 2021
- Health and Social Care Reset Plan, July 2025
- SPPG Planning Guidance 2026/27

Leadership and Governance

- ✓ Lead CEx SRO and Trust Leads
- ✓ Terms of Reference approved
- ✓ Provider Collaborative Steering Group and sub-groups x2

Key Deliverables

- Agreed RF triage model – designed and implemented
- Agreement to standardise practice in other critical areas e.g. PIFU
- Significant reductions in patient waiting times
- Consistent regional/ Trust demand capacity model

Programme Objectives

- Agreement to areas of standardised practice, beginning with RF triage
- Ensure majority of patients are waiting < 3 years for op assessment and ip / dc treatment by March 2026.
- Build sustainable delivery model, including effective relationships with Primary care.
- Identify learnings for collaboration in other elective specialities.

Timeline

Progress since last CiC update

- RF Triage model finalised, ongoing discussions with SPPG re funding. Some challenges also with tracking progress on encompass.
- Substantial further reductions in 3 year waits for op and ip / dc

Outcomes Achieved to Date

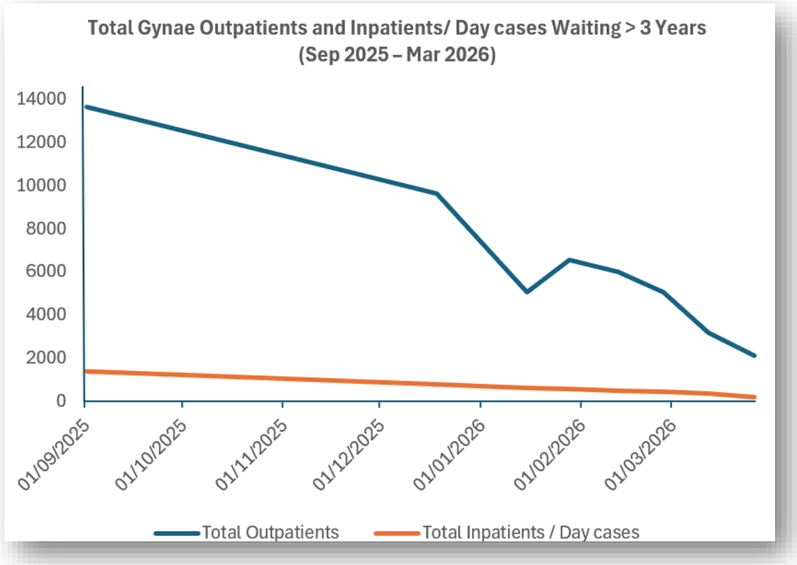
- Outpatient waits reduced by **85% (13,650 to 2,103)**
- Inpatient / Day case waits reduced by **86% (1,379 to 195)**

CiC Quarterly Update: Elective - Gynaecology Provider Collaborative

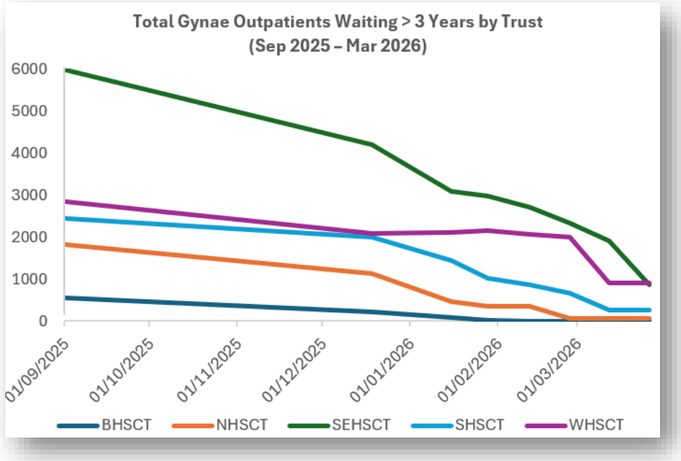
Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Roisin Coulter I Provider Collaborative Lead: Helen Moore
Participating Trusts: South Eastern, Northern, Belfast, Southern and Western Trusts

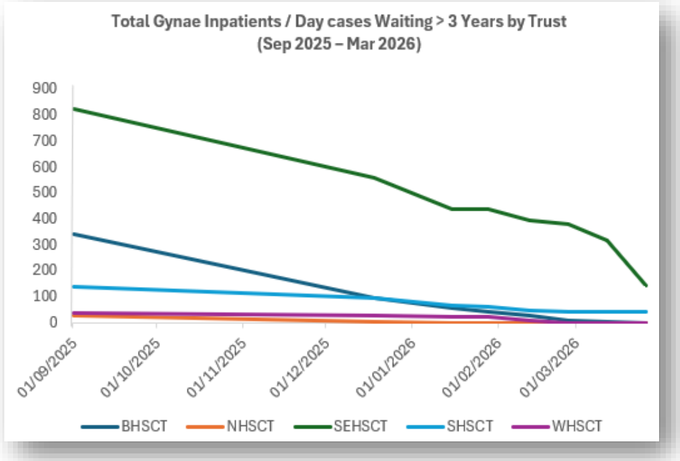
Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

KPI Dashboard Snapshot



Patients waiting Gynae appointments > 3 years	Outpatients		Inpatients / Day cases	
	Sep-25	Mar-26	Sep-25	Mar-26
BHSCT	555	0	345	1
NHSCT	1828	60	29	0
SEHSCT	5976	856	824	147
SHSCT	2441	270	142	46
WHSCT	2850	917	39	1
Total	13650	2103	1379	195





Benefits Realisation

The reduction in long waits and standardisation in practice should deliver measurable patient, workforce and system benefits.

- Improved patient access
- Reduced clinical risk
- Improved workforce utilisation
- Improved system productivity
- Programme remains within planned financial envelop and delivering expected financial and operational value

Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
Inability to maintain momentum in waiting list reduction without appropriate funding	Urgent discussions in train with SRO and thereafter SPPG

Next Quarter Priorities

- Secure funding for further waiting list reductions in 2026/27.
- Embed learning from 2025/26 e.g. telephone validation, telephone clinics.
- Finalise RF Triage model/ funding and fully implement across Trusts.
- Identify and agree other priorities for clinical standardisation.
- Continue to progress demand and capacity planning.

Recommendations to CiC

- Note progress made to date
- Note the risk to funding in 2026/27 and potential impact on maintaining or securing further improvements in maximum waiting times.

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Committee in Common Meeting 21st April 2026
Venue: The Law Society of Northern Ireland

Candidate Passport and Time to Fill Improvement Programme

Karen Hargan

CiC Quarterly Update: HSC Candidate Pre-Employment Checks (PECs): Candidate Passport and Time to Fill Improvement Programme

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Neil Guckian I Provider Collaborative Lead: Karen Hargan; Director of HR &OD, WHSCT Participating Trusts: All

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

Executive Summary

1. A full assessment of the feasibility of introducing a Candidate passport for PECs for cross-organisational movers has been completed, including benchmarking with other jurisdictions. It is recommended that HSC does not implement a formal cross-HSC PEC passport at this time, as such an approach could leave Organisations open to legal challenge and potentially patient safety issues.
2. Work continues to improve Time to Fill, particularly in the PECs section of the journey, with a number of QI projects underway or implemented to help reduce this further.

Background and Case for Change

30–40% of PECs (400–500 candidates per month) relate to individuals moving between HSC organisations. Candidates are required to repeat PECs despite already being employed within HSC, contributing to delay and frustration.

Strategic Alignment

- Reducing time to hire;
- Enhancing candidate experience; and
- Maintain compliance with employment law, safeguarding legislation, GDPR, and regulatory expectations (including RQIA).

Key Deliverables

- A formal recommendation not to implement a Candidate Passport, supported by legal and regulatory evidence, ensuring patient safety, safeguarding and organisational assurance are not compromised.
- Completion of benchmarking with NHS England, Wales and Scotland to inform decision-making.
- A number of operational improvement projects are implemented or underway.

Programme Objectives

- Reduce time to hire through process efficiency, not removal of statutory checks;
- Improve candidate experience, particularly for internal HSC movers;
- Target known bottlenecks (PEC escalations and OH processes);
- Maintain full compliance with legal, regulatory and safeguarding requirements; and
- Deliver continuous, measurable improvement in recruitment performance across HSC.

Progress since last CiC update

Capacity release delivered from the proposed Occupational Health improvements

- Development of Occupational Health KPIs will help support the effective performance management of timeframes for completion of PPHAs. A monthly report is planned to be introduced in Q2 of 2026/27. The KPIs will be the start of an ongoing process to improve these timelines. Any capacity released will be offset by increasing volumes of recruitment and also the higher sickness absence levels seen regionally.
- *Development of OH eform* will improve the efficiency of collecting information from candidates and will remove a number of administrative steps, currently undertaken by OH admin staff however it will not reduce any clinical input as the number of candidates requiring to be triaged and subsequently need appointments will be unlikely to reduce . The build of this form by BSO(ITS) is ongoing and it is hoped this will go live in Q2 of 2026/27.

Outcomes Achieved to Date

- Sustained regional improvement in Time to Fill:
  - Revised escalation criteria implemented to reduce unnecessary escalations.
  - SOPs agreed and KPI framework developed to improve transparency, consistency and performance management.

CiC Quarterly Update: HSC Candidate Pre-Employment Checks (PECs): Candidate Passport and Time to Fill Improvement Programme

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Neil Guckian I Provider Collaborative Lead: Karen Hargan; Director of HR &OD, WHSCT Participating Trusts: All

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

Progress since last CiC update: Further Information requested

Financial savings from recruitment improvements to date

- Cost savings from the improvement work on recruitment are difficult to accurately ascertain as recruitment costs are multifactorial in organisations the size of HSC Trusts. Factors include the range of bandings and salaries for the vacancies being recruited into, making it difficult to produce an accurate cost of a vacancy. This is complicated further by shift premiums and the fact that not all vacancies are covered by higher cost agency staff for their duration
- Any savings must be offset against increased recruitment costings across the region, with additional staffing being placed into RSSC and Trust Teams to reflect new baseline recruitment volumes regionally and also the introduction of the Amiqus system regionally.

Recruitment Attrition Rates

- It is not possible to report on candidate drop outs through HRPTS and this information has to be extracted from the system manually, with someone looking through specific files and seeing the number of candidates progressed to each stage.
- It is therefore not possible to identify overall HSC averages, however there are a number of examples of recruitment campaigns which have been worked through previously, which show the drop off rates at each stage and are shown below.

Please note: The reason for the drop out is also not known, as this is not recorded on the system.

1.NHSCT, Health Care Assistants, Band 3; Spring 2025

Candidate Funnel	No of candidates	No of candidates lost	Percentage remaining of total no of applications
Applications	100	0	100%
Shortlisted	72	28	72%
Self-booked an interview slot	43	39	43%
Attended interview	33	10	33%
Successful at interview	30	3	30%
Completed PECs and commenced	29	1	29 %

2. SEHSCT Support Services Service Assistants, Band 2; Autumn 2024

Candidate Funnel	No of candidates	No of candidates lost	Percentage remaining of total no of applications
Applications	179	0	100%
Shortlisted	178	1	99%
Self-booked an interview slot	178	1	99%
Attended interview	92	86	51%
Successful at interview	59	33	33%
Completed PECs and commenced	35	20	27%

CiC Quarterly Update: HSC Candidate Pre-Employment Checks (PECs): Candidate Passport and Time to Fill Improvement Programme

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Neil Guckian I Provider Collaborative Lead: Karen Hargan; Director of HR &OD, WHSCT Participating Trusts: All

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
1. Legal and regulatory risk if PEC rigour is reduced.	Each org has legal responsibilities to carry out certain checks with their employees- failing to do so is illegal.
2. Patient safety and reputational risk should issues arise post-appointment.	Ensuring all staff are fully checked at the point of appointment to ensure they are suitable and fully qualified ensures a high standard of patient safety is maintained.
3. GDPR risk, particularly around data sharing and consent.	Relying on data collected from previous employers, even with the candidates consent, increases the risk of data being out of date, breaching GDPR regulations and leaving organisations open to legal challenge.
4. Continued regulatory scrutiny, including Access NI and RQIA expectations.	Organisations are expected to be able to display suitable information regarding employees at the request of the regulator during inspections, failure would be a statutory breach in some cases and may also result in enforcement notices being receives. Maintaining regular contact and communication with the regulator to fully understand expectations will help mitigate this risk.

Next Quarter Priorities

The programme's focus for the next quarter is on embedding delivered improvements and progressing scoped actions that offer the greatest opportunity to reduce time to hire without increasing organisational risk.

Key priorities are:

- Embed revised PEC escalation criteria
- Implement Occupational Health process improvements
- Progress OH Health Protection data-sharing scoping
- Continue regional PEC review

Recommendations to CiC

1. Note the outcome of the Candidate Passport assessment and the recommendation not to implement a formal cross-HSC PEC passport at this time.
2. Endorse the continued focus on legally robust, system-based improvements to reduce time to hire and improve candidate experience.
3. Support the next-quarter priorities, particularly:
    - Embedding revised PEC escalation processes.
    - Implementing Occupational Health process and performance improvements.
4. Agree that progress updates and emerging benefits continue to be reported through the appropriate governance route as part of the wider Recruitment Review Programme.

Committee in Common
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Venue: The Law Society of Northern Ireland

Medical & Dental Locum Reduction

Karen Hargan

CiC Quarterly Update: Medical & Dental Locum Reduction

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Neil Guckian I Provider Collaborative Lead: Karen Hargan
Participating Trusts: Regional Programme

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

Executive Summary

The Medical & Dental Locum Reduction Programme is a regionally coordinated programme to address sustained reliance on high-cost locums by strengthening governance, controlling agency costs and tackling the underlying causes of workforce instability across HSC.

- A regionally governed M&D Locum Reduction Programme is in place, with clear Trust accountability and coordinated delivery.
- A new price-capped M&D Locum Framework went live in March 2026, with transition arrangements to eliminate off-framework use.
- Enabling actions are well advanced, including revised E-Locum rates, workforce planning and targeted support for vulnerable specialties.
- The focus now is on implementation and embedding to stabilise the workforce and secure sustainable cost control.

Background and Case for Change

- High agency spend historically
- Reliance on off-contract agencies
- Workforce shortages impacting services
- Need for regional collaboration

Strategic Alignment

- HSC Workforce Strategy 2026
- Workforce stabilisation
- Financial recovery
- Regional collaboration
- Procurement Act alignment

Leadership and Governance

- Lead Cex SRO Neil Guckian
- Operational SROs appointed in each Trust
- ToR approved
- HSC Trusts, BSO, DoH.
- Regional oversight

Key Deliverables

- Compliant M&D framework with price caps live March 2026
- Elimination of off-framework locum staff
- Targeted workforce stabilisation workstreams
- Revised elocum rates to strengthen internal supply and reduce agency reliance

Programme Objectives

- Reduce agency reliance
- Eliminate off-framework usage
- Improve workforce stability
- Deliver financial sustainability

Timeline (key dates / milestones to be added)

- M&D Framework Go-Live 2nd March 2026
- Transition period running until 30th June 2026
- Elocum rates to be progressed Q1 2026/27

Progress since last CiC update

- New M&D Framework has officially went Live
- Trusts are progressing through the transition period
- Services are working through risks and implementing mitigation plans

Outcomes Achieved to Date

- Clear regional governance and accountability established
- Foundations laid for cost control
- Improved system grip on locum usage and risk
- Critical enablers progressed, including revised E-Locum rate proposals and strengthened medical workforce planning to support longer-term stabilisation.
- Stronger collaboration

CiC Quarterly Update: Elective – Medical & Dental (M&D) Locum Reduction Plan

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Neil Guckian I Provider Collaborative Lead: Karen Hargan
Participating Trusts: Regional Programme

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

KPI Dashboard Snapshot

Medical & Dental

- Spend increased 23.5% (2022/23–2024/25)
- Now stabilising (£137m–£142m projected 2025/26)
- Framework usage 66–71%
- New framework (March 2026) expected to reduce off-framework spend

Benefits Realisation

The reduction of locum reliance and longer term stabilisation of the medical & dental workforce.

- Reduced costs
- Improved care continuity
- Better productivity
- Stronger governance

Delivery Confidence: Amber
Benefits Confidence: Green
Financial Confidence: Green

Key Risks for Notification and Proposals to Mitigate E.g. Organisational, Financial, Human Resources

Risks	Mitigation
Organisational	Risk to service stability during implementation period

Next Quarter Priorities

- Implement M&D framework and eliminate off contract locum doctors across Trusts, identifying and logging exceptions
- Secure regional agreement to revised E-Locum rates and develop implementation plan
- Progress vulnerable specialties workstream for interim report
- Support establishment of Workforce Planning workstream

Recommendations to CiC

- Support full implementation of Medical & Dental Framework
- Endorse actions to reduce locum reliance
- Champion workforce stabilisation
- Support regional collaborative delivery model

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Committee in Common Meeting 21st April 2026
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Agency Reduction Implementation Group (ARIG) programme

Karen Hargan

CiC Quarterly Update: ARIG: Nursing/Midwifery, Social Work and Non Medical/Non Nursing Agency Reduction and Nurse/Midwifery Bank Reform

Reporting Period: Q2 2026 I Delivery Confidence: 3 I Lead CEx SRO: Neil Guckian I Provider Collaborative Lead: Karen Hargan
Participating Trusts: Regional Programme

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

Executive Summary

The Agency Reduction Implementation Group (ARIG) programme, is responsible for ensuring the rollout of agency frameworks across the HSCNI to ensure consistency in application.
The Programme also includes the review and reform of the Nurse/Midwifery Bank

- A regionally governed Programme is in place, with clear Trust accountability and coordinated delivery.
- The focus now is on implementation and embedding to stabilise the workforce and secure sustainable cost control.

Background and Case for Change

- High agency spend historically
- Reliance on off-contract agencies
- Workforce shortages impacting services
- Need for regional collaboration

Strategic Alignment

- HSC Workforce Strategy 2026
- Workforce stabilisation
- Financial recovery
- Regional collaboration
- Procurement Act alignment

Leadership and Governance

- Lead Cex SRO Neil Guckian
- ToR approved
- Project governance structure
- HSC Trusts, BSO, DoH
- Regional oversight
- Project leads for framework and bank reform elements of the Programme

Key Deliverables

- Compliant frameworks in place
- Elimination of off-framework staff
- Targeted workforce stabilisation workstreams

Programme Objectives

- Reduce agency reliance
- Eliminate off-framework usage
- Improve workforce stability
- Deliver financial sustainability
- Reform and modernisation of HSC Nurse Bank to improve governance and supply

Timeline (key dates / milestones to be added)

- 2 current frameworks in operation- Nursing and Healthcare Support Workers from May 2023 and Non Medical/Non Nursing from June 2025

Progress since last CiC update

- Preparatory work underway for new nursing and healthcare support workers framework due in May 2027 including pricing strategy review
- Monitoring and review of risks (off-framework usage) for non medical/non nursing framework
- Workshop reviewing Trust plans for nurse and healthcare support agency reduction in 2026/27
- Preparation of 2026/27 action plans for Nurse Bank Reform

Outcomes Achieved to Date

- Stronger collaboration
- Rollout out of non medical/non nursing framework (June 2025) and identification of risks (exceptions)
- Elimination of all social work agency use
- Elimination of nurse agency off-framework (with 2 exceptions notified to Permanent Secretary)
- Foundations laid for cost control
- Reduced nurse agency dependency

CiC Quarterly Update: ARIG: Nursing/Midwifery, Social Work and Non Medical/Non Nursing Agency Reduction and Nurse/Midwifery Bank Reform

Reporting Period: Q2 2026 I Delivery Confidence: 3 I Lead CEx SRO: Neil Guckian I Provider Collaborative Lead: Karen Hargan
Participating Trusts: Regional Programme

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

KPI Dashboard Snapshot

Nursing and Healthcare Support Staff Agency Framework

- Base year 2022/23 expenditure £186m (£52m Framework; £134m Off-framework)
- Projected 2025/26 out-turn expenditure £152m (£142m Framework; £10m Off-framework)

Non Medical/Non Nursing Agency Framework

- Base year 2024/25 expenditure £79m (£67m Framework; £12m Off-framework)
- Projected 2025/26 out-turn expenditure £79m (£66m Framework; £13m Off-framework)

Social Work Agency

- Base year 2022/23 expenditure £13m (£5m Framework; £8m Off-framework)
- Projected 2025/26 out-turn expenditure £Nil

Benefits Realisation

- The reduction of agency reliance and longer term workforce stabilisation
- Reduced costs
- Improved care continuity
- Better productivity
- Stronger governance

Key Risks for Notification and Proposals to Mitigate E.g. Organisational, Financial, Human Resources

Risks	Mitigation
Organisational	• Delay in advancing new agency tender for nursing and healthcare support workers • Capacity issues for workstream members

Confidence in Delivery of Programme:
Delivery Confidence: Green or 4
Benefits Confidence: Amber or 3
Financial Confidence: Amber or 3

Next Quarter Priorities

- Implement Trust plans to reduce nurse agency usage (Registrants)
- Continue to monitor any remaining off-framework expenditure especially for non medical/non nursing agency use
- Introduction of Branding for HSC Bank
- Progress development of Cloudstaff for Bank workers
- Implementation of single process to bring students onto HSC Bank
- Rostering Policy template for implementation in April 2026
- Review recommendations from NIAO Use of Temporary Nurses Report (final version due April 2026)

Recommendations to CiC

- Support continued application of the agency frameworks
- Endorse actions to reduce nursing agency expenditure
- Champion workforce stabilisation and bank reform
- Support regional collaborative delivery model

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Committee in Common Meeting 21st April 2026
Venue: The Law Society of Northern Ireland

Regional Co-ordination Centre

Maxine Patterson

Paper 9.5

Committee in Common
WORKING AS ONE

Committee in Common Meeting 21st April 2026
Venue: The Law Society of Northern Ireland

Regional Co-ordination Centre

Click on Report to open

Regional Coordination Centre: Enabling System Coordination and Improvement

Purpose of this Paper

This paper provides the Committee in Common (CiC) with an update on the establishment, operation, and emerging system impact of the Regional Coordination Centre (RCC). It sets out the RCC's role as a core enabler of regional operational grip across unscheduled care and its contribution to stabilising system performance and supporting delivery of key priorities, including ambulance handover improvement and patient flow.

1. Background and Context

The Regional Coordination Centre (RCC) was established in December 2023 by the six HSC Trust Chief Executives to address a long-recognised gap in regional operational oversight of unscheduled care. It was conceived as Northern Ireland's first formal provider collaborative – a direct response to the absence of any shared mechanism for managing system-wide pressures in real time.

Prior to the RCC, the system operated without a consistent mechanism for collective situational awareness or coordinated response. This resulted in fragmented escalation, duplication of effort, and variability in decision-making, with risk managed locally rather than regionally across the system.

Governance and Resources

The RCC is hosted by NIAS and jointly funded by all six Trusts with an annual operating expenditure of some £850k per annum, recharged proportionally. The RCC currently operates with five core professional staff (both full-time and part-time), a small administrative team, and dedicated business intelligence support.

The RCC reports to the NIAS CX (as the sponsoring Trust), and the RCC Steering Group which includes director-level representation from all six Trusts.

The RCC – as a provider collaborative – ultimately reports to the CiC. The RCC directly supports the CiC's purpose as defined in the Committee's draft Terms of Reference, namely: to enable collaboration across organisational boundaries; to promote shared leadership; and to drive system improvement. It is perhaps the most developed operational expression of those principles currently in place across the HSC provider system.

2. What the RCC Does

The RCC delivers three interdependent functions which together provide system-level grip, coordination, and improvement capability:

- Operational oversight across the region
- Leadership and facilitation of regional service improvement initiatives, including the development of information resources
- Support to individual Trusts through the affiliate role.

Committee in Common
WORKING AS ONE

Committee in Common Meeting 21st April 2026
Venue: The Law Society of Northern Ireland

Virtual Wards Provider Collaborative

Jennifer Welsh

CiC Quarterly Update: Virtual Wards Provider Collaborative

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Jennifer Welsh I Provider Collaborative Lead: Alastair Campbell
Participating Trusts: All Trusts

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

Committee in Common
WORKING AS ONE

Executive Summary

- Regional Virtual Wards oversight group agreed – 1st meeting to be confirmed for May
- Regional encompass build group stood up – 1st meeting to take place 16th April
- Regional operational group to be set up
- Belfast Trust pilot planning underway for Sept 2026, other Trust pilot timelines to be confirmed

Background and Case for Change

- Significant pressure on inpatient capacity
- Strategic priority for recovery
- Collaborative delivery model established

Strategic Alignment

- Health & Social Care Reset Plan, July 2026
- Neighbourhood Model

Leadership and Governance

✓ Lead CEx SRO and Trust Leads
❖ Terms of Reference to be agreed
❖ Rural needs and Equality screen
❖ Service user involvement to be confirmed

Key Deliverables

Phase 1 By Sept 2026

- Virtual ward functionality integrated into the encompass platform
- Operational pilot of a virtual ward service in Belfast Trust including evaluation
- Feasibility study and, if viable, pilot in a rural trust
- All Trusts developing their own virtual ward operational models in preparation for regional implementation

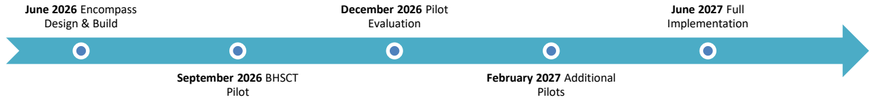
Phase 2 Early 2027

- Final report including evaluation, lessons learned, and recommendations for scale-up
- Comprehensive operational framework for regional implementation
- Business case

Programme Objectives

- Functional regional encompass build
- Pilot virtual wards in Belfast Trust
- Scale and spread of pilot across all Trusts
- Regional operational Framework for Virtual Wards

Timeline



Progress since last CiC update

- Initial report

Outcomes Achieved to Date

- Initial report

CiC Quarterly Update Virtual Wards Provider Collaborative

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead CEx SRO: Jennifer Welsh I Provider Collaborative Lead: Alastair Campbell
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KPI Dashboard Snapshot

KPI Name	Baseline	Previous Quarter	Current Quarter	Target	RAG
DASHBOARD TO BE INCLUDED WHEN METRICS AGREED					

Benefits Realisation – to be evidenced as pilots commence

- Reduced length of stay / earlier discharge
- Improved patient experience
- Improved system productivity / flow

Key Risks for Notification and Proposals to Mitigate E.g. Organisational, Financial, Human Resources

Risks	Mitigation

Next Quarter Priorities

- Agree and deliver regional encompass build
- Operational delivery model established in pilot Trusts
- Go Live with pilots Sept 2026
- Maintain governance and delivery oversight

Recommendations to CiC

- Access to Phlebotomy / Imaging across Trusts

Committee in Common
WORKING AS ONE

Committee in Common Meeting 21st April 2026
Venue: The Law Society of Northern Ireland

Development of a Northern Ireland Core Statutory and Mandatory Training

CiC Quarterly Update: Development of a Northern Ireland Core Statutory and Mandatory Training Framework

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead: Jacqui Reid; Director of HR,OD and Corp Comms NHSCT Participating Trusts: All Confidence in Delivery of Programme Objectives: 3 (1 = Low Confidence, 5 = Extremely Confident)

Executive Summary

- A Regional Mandatory Training Steering Group has been established to develop of a Northern Ireland Core Statutory and Mandatory Training Framework, aimed at addressing duplication, variation and inefficiency across the Health and Social Care (HSC) training landscape while maintaining patient and staff safety.
- A baseline analysis of statutory and mandatory training across HSC Trusts has been completed, identifying areas of duplication, inconsistency and opportunity for regional alignment.
- LearnHSCNI has been configured to support training passporting, subject to Trusts and HSC organisations adopting: the same certificates, and the same duration of validity for agreed training areas.

Background and Case for Change

400–500 people per month move between HSC organisations. Candidates are required to repeat mandatory training despite already being employed within HSC, contributing to unnecessary duplication and variation.

Key Deliverables

- Reduced training burden on our staff
- Cost efficiency
- Improved staff experience
- Enhanced portability of workforce across trusts
- System-wide consistency across health and social care
- Resource optimisation

Strategic Alignment - **System pressure:** Reducing unnecessary duplication releasing staff time and capacity back into frontline services. **Workforce mobility:** A passported approach enabling staff to move across HSC organisations. **Care capacity:** Faster onboarding and reduced training repetition helping sustain service delivery.

Programme Objectives

- Develop a Northern Ireland Core Statutory and Mandatory Training Framework
- Keep people safe and build a workforce that has essential competences;
- Free up capacity to deliver more care for patients, enable staff to move more easily from one HSC employer to another without unnecessary repetition of training; and
- improve the learning experience of staff.

Progress since last CiC update

A **baseline review of statutory and mandatory training themes across all HSC Trusts** has been completed to establish current practice and variation. **Strong alignment already exists** in a number of training areas indicating early opportunities for regional standardisation.

Cyber Security, Equality – Making a Difference, Information Governance and Manual Handling awareness. Agreed that:

- Cyber Security (BHSCT) is separated from IG training (in line with other Trusts)
- Equality training frequency moves to 5 years (HRDs are in agreement)
- Manual Handling training moves to 3 years
- Correspondence has been sent to:
  - Lead Directors re: **Fire Safety** training and;
  - Executive Directors of Social Work re: Safeguarding Induction and Awareness (Level 1)

Outcomes Achieved to Date

- A Regional Steering Group established
- A baseline analysis of statutory and mandatory training across Trusts completed
- LearnHSCNI configured to support training passporting
- Seven areas of ‘Core’ training agreed to date.

CiC Quarterly Update: Development of a Northern Ireland Core Statutory and Mandatory Training Framework

Reporting Period: Q1 2026 I Delivery Confidence: 3 I Lead: Jacqui Reid; Director of HR,OD and Corp Comms NHSCT Participating Trusts: All Confidence in Delivery of Programme Objectives: 3 (1 = Low Confidence, 5 = Extremely Confident)

Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
Training passporting decisions rely on accurate and complete data from previous HSC employers	• Agreement of standardised evidence requirements for passported training. • Use of LearnHSCNI as the single system of record for recognised training. • Clear accountability for data accuracy retained by Trusts
Data protection and consent arrangements do not sufficiently support cross-organisational training passporting	• Development and approval of a regional staff movement and training passporting Memorandum of Understanding (MoU) Alignment with existing HSC information governance frameworks and consent arrangements

Next Quarter Priorities

The programme focus for the next quarter is on progressing the reduction in duplication, increase standardisation and improve staff experience:

Key priorities are:

- Progress training areas within scope i.e. Fire and Safeguarding
- Agreed as 'core' **An Introduction to Complaints Handling Procedure and Resolution Stage 1**'
- Development a regional staff movement and training passporting **Memorandum of Understanding (MoU**)
- Communicate the agreed '7' core areas as the core mandatory training framework

Recommendations to CiC

1. Note the development of a Northern Ireland Core Statutory and Mandatory Training Framework
2. Endorse the continued focus on standardisation and portability and improving staff experience.
3. Support the next-quarter priorities
4. Agree that progress updates and emerging benefits continue to be reported through the appropriate governance route.