

**DEPARTMENT OF HEALTH
DEPARTMENTAL BOARD**

**Minutes of the meeting held on Thursday 23 April 2026 at 10.00hrs
DoH 5th Floor Conference Room, Castle Buildings**

Present: Mike Farrar (Chair)
David Keenan
Dr Michael McBride
Tracey McCaig (By MS Teams)
Jim McCooe (NED)
Maria McIlgorm
Andrew Magowan (NED)
Dr Paul Rice
Peter Toogood

In attendance: Gillian Reith (Item 4)
Nikki Kean (Item 4)
Irene Culleton (Items 8 and 9)
Tara McBride (Items 10 and 11)
Robbie Davies (deputising for Jim Wilkinson)
Mark Ovens (SPAD)
Stephen Bratty (Secretariat)

1.0 Opening Remarks, Apologies and Declarations of Interest

1.1 Introductions were made and the Chair noted that apologies had been received from Chris Matthews, Aine Morrison and Jim Wilkinson. There were no new conflicts of interest to declare.

2.0 Minutes of Board Meeting 19 February 2025

2.1 The minutes were accepted as an accurate record and approved for publication.

Note: Mark Ovens joined the meeting at 10.05am

3.0 Matters Arising and Strategic Leadership

- 3.1 The Chair referred members to the actions arising from the February 2026 Board meeting. It was noted that eight actions had been completed and were agreed for closure. Two actions remain open including the ongoing work relating to culture within the Department with further proposals to be brought back to the Board.
- 3.2 The Chair provided an update on work to understand staff experience and culture, including ongoing discussions on staff wellbeing and how best to support them. He highlighted the importance of staff feeling valued, understanding their objectives, and being clear on how their roles contribute to the work of the Department, particularly in the context of hybrid working.
- 3.3 He outlined the challenges facing the Department including increased public scrutiny. He stressed the importance of maintaining public confidence through openness and transparency and ongoing learning to improve the quality of care, patient safety, and the management of patient safety incidents.
- 3.4 He described the financial position as challenging, with no agreed budget and a funding gap. While work is underway to deliver 6% savings, the position remains challenging, with potential implications for pay awards.
- 3.5 He emphasised the need to remain focused on key priorities, including patient safety, waiting times, and access to GP services, while recognising that progress in other areas may be limited due to current financial constraints.
- 3.6 Members discussed workplace culture, including the need to improve communication to ensure messages reach staff at all levels and to strengthen engagement.

Note: Gillian Reith and Nikki Kean joined the meeting at 10.30 am.

4.0 NICS HR Update

4.1 Gillian Reith spoke to the NICS HR update paper, noting that staff numbers had increased in recent years. Members discussed the need to better understand the reasons for this increase and to ensure staff are focused on priority work given current financial pressures. It was recognised that some of the increase may be due to earlier pressures, such as the pandemic, and that this may require review.

4.2 Members also discussed the need to consider staff numbers alongside absence levels, workload and staff engagement to identify any pressures or issues across the Department. The future shape and size of the Department were discussed along with the skills required to meet future challenges.

5.0 Finance Update

5.1 David Keenan referred members to his paper and provided an overview of the 2025–26 budget position, advising that the Department is currently forecasting a breakeven position for 2025-26.

5.2 David outlined the outlook for future years, noting that there is currently no agreed budget for 2026-27 and highlighting the implications of this uncertainty for the Northern Ireland Block. David noted that in light of the ongoing financial uncertainty and continued cost pressures he emphasised the need for careful management of available funding.

6.0 Clinical Negligence Paper

6.1 David Keenan provided an overview of his paper which set out the budgetary impact of clinical negligence cases on the Department. He noted the current position on the management of medical negligence cases, including the latest expenditure position for 2025–26. He highlighted the increasing costs of clinical negligence cases, including the key reasons for this increase, and the impact of high-value cases and settlement costs. He also noted the ongoing challenges of managing these pressures within the wider financial context.

- 6.2 Members noted the paper and discussed the rising costs associated with clinical negligence cases, highlighting the need to consider how costs could be reduced.

Action: A meeting will be arranged led by the Chair and Michael McBride to agree a plan to reduce clinical negligence costs.

7.0 Support and Intervention Framework Update

- 7.1 Tracey McCaig provided an update on the application of the HSC Support and Intervention Framework (SIF), outlining the current position and changes since the previous report. A number of areas had been de-escalated, while others remained under review.

- 7.2 The position in Belfast Trust cardiac surgery services was outlined, noting that the level of escalation had reduced and the position had stabilised, with ongoing monitoring in place.

- 7.3 Common concerns across Trusts were highlighted, particularly in relation to unscheduled care, hospital flow and ambulance handovers, with two Trusts at significant risk of further escalation.

- 7.4 The Chair noted the importance of the framework and its role in supporting performance and oversight.

8.0 Departmental Business Plan 2025-26 – Quarter 4 Update

- 8.1 Irene Culleton provided an update on the Quarter 4 position of the Departmental Reset Business Plan 2025–26. She advised members that most commitments have been completed, with a small number to be carried forward due to funding constraints. She referred to the HSC Three-Year Plan, launched in December 2024, which provided a broader strategic framework for transformation activity. She explained that the outstanding commitments from the Three-Year Plan would be incorporated into the Departmental Reset Business Plan for 2026-27 where appropriate. Members noted the need to review all commitments to ensure ongoing relevance.

Note: Michael McBride left the meeting.

9.0 Draft Departmental Business Plan 2026- 27

9.1 Irene Culleton provided a verbal update on the development of the draft Departmental Reset Business Plan 2026-27 and noted that it will be more focused plan based on key milestones, with a clear link to the Reset agenda. Outstanding commitments from the HSC Three-Year Plan and the Departmental Reset Business Plan 2025/26 will be carried forward where appropriate, with a focus on what can be delivered within current funding. She advised that further work is ongoing to finalise the plan, which will be brought back to the Board for consideration

10.0 Departmental Risk Register 2025-26 – Quarter 4 Update; Proposed Departmental Risk Register 2026-27; and Overarching Risk Appetite Statement

10.1 Tara McBride provided an update on the Departmental Risk Register for 2025-26, including the Quarter 4 position, the proposed approach for 2026-27 and the overarching risk appetite statement.

10.2 Tara commented that the overall risk position for Quarter 4 had improved slightly since the previous quarter, with two risks de-escalated from Red to Amber RAG status. She highlighted that the key recurring themes continued to be a lack of funding and budget constraint and pressures relating to staffing capacity. Members discussed how to better capture risk in terms of the timeframe they refer to and the need to consider how risks are presented to ensure short, medium and long term risks are clear and understood.

10.3 The proposed approach to carry forward the current eight risks into 2026–27 was outlined, alongside a revised risk register template to support a clearer approach to risk appetite and improved consistency.

10.4 Reference was also made to the risk appetite statement, with a focus on ensuring clarity and consistency in terminology and it was agreed that the term “eager” should be used in the overarching risk appetite statement.

10.5 The Board noted the update and confirmed that it was content with the proposed next steps.

11.0 Annual Departmental Complaints Report

11.1 Tara McBride referred to the Annual Departmental Complaints Report for 2025–26 which outlined overall complaints activity during the year. She noted that the majority of correspondence received was outside the Department’s complaints remit and was redirected appropriately. She advised that a small number of complaints were accepted under the Departmental Complaints Policy, with all cases concluded during the year. She also outlined performance against response targets and complaint-handling processes.

11.2 Tara noted that learning identified from complaints has led to some improvements in correspondence handling and complaint processes. She highlighted that complaint numbers have decreased slightly compared to the previous year and remain below earlier peak levels, and that no Top Management Complaints were recorded during the year.

12.0 SPPG Restructuring Update (including update on SPPG Ambition People Strategy Action Plan/input from DHCNI)

12.1 Tracey McCaig provided an update on SPPG restructuring and the Ambition People Strategy, including the action plan and input from Digital Health and Care NI.

12.2 It was noted that changes have been made to the SPPG structure to support delivery of savings targets, with a focus on neighbourhood services and closer working across services. Staffing, culture and engagement were also highlighted, alongside ongoing work to support staff and manage savings. A short video was played to support the presentation.

Note: Mark Ovens left the meeting at 12 15pm.

13.0 Papers to Note / Written Procedure Papers

13.1 The Chair referred members to the following papers which they duly noted.

- Programme for Government Update
- Draft minutes of the Departmental Audit and Risk Assurance Committee Meeting held on 10 March 2026
- Integr8 Programme Update

13.2 There was some discussion around the plans for implementation of Integr8 and it was agreed that a report on the implications would be brought to a future SLT meeting.

13.3 The Chair confirmed that no **written procedure papers** had been issued to Board members since the previous Board meeting.

Action: A report on the implications of Integr8 to be brought to a future SLT meeting.

14.0 AOB

14.1 There was no other business.

The next meeting is scheduled for Thursday 18 June 2026 at 2pm in D2 Conference Room, Castle Buildings.