

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 7 May 2026 at 11.00 am in Lecture Theatre, Trust Headquarters, Altnagelvin Hospital, Londonderry

PRESENT

Dr T Frawley, CBE, Chair
Mrs K Hargan, Chief Executive

Mr S Hegarty, Non-Executive Director
Mrs R Laird CBE, Non-Executive Director
Rev Canon McGaffin, Non-Executive Director
Dr A McGinley, Non-Executive Director
Prof H McKenna, Non-Executive Director
Mr B Telford, Non-Executive Director

Dr B Lavery, Medical Director
Dr T Cassidy, Executive Director of Social Work/Director of Families and Children
Professor D Keenan, Executive Director of Nursing, Midwifery and Allied Health Professionals
Ms E McCauley, Director of Finance, Contracts and Capital Development

IN ATTENDANCE

Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer & Clinical Services
Mr M Gillespie, Director of Surgery, Paediatrics and Women's Health
Ms K O'Brien, Director of Adult Mental Health and Disability Services
Dr M O'Neill, Director of Community and Older People Services
Mrs R Santiago, Acting Director of Human Resources and Organisation Development
Mrs T Molloy, Director of Performance, Planning and Corporate Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Office Manager
Mr S Breen, Assistant Director (agenda item 6/26/8 only)
Mr C Curran, Senior Communications Manager ((agenda item 6/26/8 only)
Mr S Wade, Head of Health Improvement, Equality and Involvement (agenda item 6/26/8 only)
Mrs G McAleer, Assistant Director of HR (agenda item 6/26/8 only)

Directors who are “In Attendance” are not eligible to vote should that requirement arise.

6/26/1

CONFIDENTIAL ITEMS

6/26/2

APOLOGIES

The Chair advised that apologies had been received from Dr McPeake and Mrs Laird, Non-Executive Directors.

6/26/3

DECLARATION OF INTERESTS

There were no declarations of interests recorded by members.

6/26/4

CHAIR’S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the May Trust Board meeting.

The Chair opened the Public Board meeting by welcoming Mrs Hargan as the Trust’s new Chief Executive, succeeding Mr Guckian, who had held the post for five years following his appointment in 2021. The Chair noted that Mrs Hargan brings a wealth of experience from both the public and private sectors, with a professional background in Human Resource Management, and has led the Trust’s HR function since 2021. The Chair further noted Mrs Hargan’s previous roles in Local Government and the private sector.

On behalf of the Board, the Chair extended his best wishes to Mrs Hargan in her new role, noting that this meeting marked her first formal Board meeting as Chief Executive. He acknowledged that she assumes the position at a time of significant challenge for public services, particularly within Health and Social Care. Notwithstanding these challenges, the Chair expressed his confidence that, under Mrs Hargan’s leadership, the Executive team would continue to respond with commitment, resilience and energy in addressing the many pressures facing the Trust.

- Returning to his own engagements since our last Board meeting, the Chair said he was delighted on 11 March to attend what was the postponed Christmas event for carers in Fermanagh. The Chair said it was a most enjoyable morning

consisting of a concert of music and dance presented by the pupils of Mount Lourdes and a service of readings, prayers and hymns led by the Chaplains who provide spiritual support to patients and their families in the Southern Sector of the Trust.

After attending the event the Chair said he went to the South West Acute Hospital to meet staff.

- On 18 March the Chair reported that the Trust hosted a visit from Bishop McKeown, the Catholic Bishop of Derry, who was accompanied by Fr Canny and Rev Blair, Lead Chaplain for the Trust.

He said it was a very informal and relaxed occasion which again brought home to him how many of our staff, patients and their families value so highly the important contribution made by all our chaplains, from across all denominations, who endeavour to meet the spiritual and human support our patients and their families so clearly value at often some of the most challenging periods of their lives.

The Chair said he wanted to take this opportunity to also acknowledge the important contribution made to our Chaplaincy Service by the Rev Lindsay Blair since his appointment in 2025.

- On 2 April, the Chair advised that he participated in a briefing with the DoH Permanent Secretary Mr Farrar with Mr Guckian which focussed on the critical decisions around finance that would be required going forward.

The Chair said clearly members would be aware from the analysis developed by our Finance staff and shared with members at the Board Workshop also on 19 March of the perilous and uncertain state of the public finances particularly as they will impact Health and Social Care.

The Chair said the repeated message from the Permanent Secretary during the meeting was that the 6% reduction in spending highlighted in the briefing was the minimum required of Trusts and failure to achieve that figure could undermine the basis of the critical agreements DoH had made with the Department of Finance.

- The Chair advised that on 15 April he convened a meeting to discuss with Dr Lavery and Mr McCaul the key messages for the Trust in the SPPG/PHA Annual Learning Report.

The Chair stressed the importance of quality and safety in delivering health and social care and said the time spent with Dr Lavery and Mr McCaul discussing the Annual Learning report was particularly informative. He advised that the overarching purpose of the report is to allow the Board to assess whether we are

embedding learning in how we lead, communicate, govern and innovate in the Trust. The Chair suggested Board members and Senior Managers should consider these questions and reflect on these in their respective roles. By doing so he believed the Trust would be delivering on its commitment to support a culture of continuous improvement by capturing key learning from incidents, audits/ complaints and patient and user feedback. He said through communicating these insights across the Trust we would be promoting a culture of openness, learning and collaboration.

Finally, the Chair said reviewing the report caused him to reflect on the question of whether we are proactively maintaining our focus on transforming our culture: stabilising our workforce, measuring improvement: raising standards and integrating care? He said there were questions he believed we routinely need to reflect on in a structured process individually and collectively.

- On 21 April the Chair said he joined a CiC meeting online with Mrs Hargan and Mrs Molloy, the other two Western Trust representatives, joining the meeting in person at the Law Library in Belfast.

He said the meeting was structured into two parts, the first part took the form of a “Forward Planning” workshop which included input from colleagues from England including Mr Len Richards a former Chief Executive and member of the West Yorkshire Association of Acute Trusts – an English provider collaborative.

The Chair said the key messages conveyed by English colleagues was that collaboration is both more demanding and more productive than the traditional focus on competition that was developed and indeed encouraged by the introduction of the internal market in Health and Social Care. He added that English colleagues emphasised that collaboration relies on leadership through influence, trust and relationships rather than formal control.

The Chair said the meeting endorsed the view that complex system challenges cannot be solved by a single organisation acting alone and that the Committees in Common would add value by providing an agreed process for shared decision making. It also signalled the clear expectations that providers will act as one where this delivers improved outcomes for patients and clients. He said our English colleagues emphasised there was a clear message from those with experience of and expertise working in collaboratives that it was important “to start small, focus on delivery and achieve quick wins.” The Chair added that they also emphasised the need to avoid unnecessary bureaucracy and invest in light but effective programme infrastructure to support joint working.

The Chair said the second section of the workshop focussed on discussion of which areas of health and social care delivery should be included in the future work programme for the Committee in Common.

He said ahead of the meeting Trusts had been asked to consider what would be their service priorities and following a wide ranging discussion, 5 areas were agreed as requiring further examination before priorities would be finally agreed. The Chair said as a Trust we will have the opportunity to examine the suggested areas at a meeting of the Finance and Performance Committee on 2 June.

The Chair said the remainder of the meeting was taken up being briefed on the current status of the existing projects being supported by the CiC.

6/26/5

MINUTES OF PREVIOUS MEETING – 5 MARCH 2026

The Chair referring to the minutes of the Trust Board meeting held on 5 March asked members if they would approve them as a true and accurate record of the discussion at the meeting.

The adoption of the minutes was proposed by Rev Canon McGaffin, seconded by Prof McKenna and they were approved by members as a true and accurate record of discussion at the March Board meeting.

6/26/6

MATTERS ARISING

The Chair then referred to the Matters Arising from the meeting held on 5 March.

- The Chair drew members' attention to a query raised with regard to the sharing of test results on My Care and advised that for tests placed in secondary care, you can see some test results immediately such as Covid-19 tests, INRs, and routine screening tests including routine pregnancy tests. He said for other test results, such as those identified as sensitive or abnormal, the results should only be released after 15 days.

The Chair continued by explaining that some test results will need to be shared by the clinical team so the patient has an opportunity to discuss what the results mean for their care. He said in these cases, the test results would be viewable in My Care after the clinical team has discussed them with the patient. Members were advised that the patient will see their results under the category "Test Results" including important information such as who ordered the test and the date when the test was ordered.

- The Chair advised that the format and detail of the Corporate Risk Register is currently being reviewed by Dr Lavery and Mr McCaul.

- The Chair referred to discussion at the last meeting when it was agreed that he would write to the Permanent Secretary with regard to the revised DoH guidance on the Acceptance of Gifts and Hospitality and the revised DoH Circular HSC(F)19-2025, in particular in relation to the provision of hospitality at retirement functions. The Chair confirmed that he had written to the Permanent Secretary on 27 March outlining his concerns and indicating that a response was received on 16 April. The Chair said further advice is being sought to determine if the Trust does have flexibility in relation to hospitality on the occasion of the retirement of long serving staff and that he would bring a potential solution back to Trust Board in due course.

6/26/7

CHIEF EXECUTIVE'S REPORT

Mrs Hargan shared with the meeting a report of significant issues that had arisen since the last Board meeting.

Mrs Hargan began by saying how delighted and deeply honoured she was to take up the role of Chief Executive of the Western Trust, and to have the opportunity to serve both this organisation and the communities who rely on our services. She said having worked closely with colleagues across the Trust, she had seen first-hand the commitment, professionalism and compassion that underpin everything the Trust does. Mrs Hargan said it was a privilege to lead such a dedicated workforce and that she was grateful for the confidence and support shown in her as she stepped into the role of Chief Executive.

Mrs Hargan highlighted that the Trust is operating in a challenging environment, with increasing demand and significant pressures across health and social care. She said through the Minister's Reset Plan and our continued focus on quality, safety and performance, there is a clear direction of travel to deliver more joined-up, person-centred care, including through the development of integrated neighbourhood teams.

Mrs Hargan said her ambition is that the Trust meets these challenges with honesty, pace and a strong sense of shared purpose - working collaboratively with our staff, partners and communities to deliver safe, effective and compassionate care for all who use our services.

General Pressures

Mrs Hargan advised that site pressures have been more manageable this week with decisions to admit patients awaiting a bed averaging 40-45 in Altnagelvin Hospital and 20-25 patients in SWAH. She said all teams are continuing to work really hard to ensure hospital flow is prioritised.

Release to Rescue

Mrs Hargan advised that patients in the community continue to experience prolonged ambulance waits, often due to delays in ambulance handover at Emergency Departments (EDs). She noted that the DoH introduced a new regional “Release to Rescue” protocol from Monday, 27 April, representing a directed change with a fixed implementation date across all Health and Social Care Trusts

Mrs Hargan said under the protocol, no patient should wait longer than two hours for formal handover from NIAS to ED staff. At the two-hour point, handover will proceed to allow ambulance crews to return to the community. Ms Molloy emphasised the importance of maintaining capacity within EDs to support timely handover.

Mrs Hargan highlighted that this is a system-wide initiative, requiring coordinated action across EDs, inpatient wards, diagnostics, pharmacy, AHPs, discharge planning, transport, and community services. She emphasised that prolonged handover delays present a significant patient safety risk, affecting both patients waiting in ambulances and those awaiting emergency care, as well as those in the community experiencing delayed ambulance response. This reflects wider system pressures and the need for collective action across patient pathways.

Mrs Hargan said the protocol aims to improve overall patient safety and flow by reducing ambulance handover delays and returning crews to the community more quickly. She noted that while the Western Trust is currently the best-performing Trust in Northern Ireland in releasing ambulances, continued focus is required to sustain performance and improve patient flow at Altnagelvin Hospital and the South West Acute Hospital.

Members were advised that compliance with the two-hour handover standard remains strong, with only one breach reported at Altnagelvin, which exceeded the standard by 29 minutes during a period of significant pressure.

Publication of Independent Review into the circumstances of Katie Simpson’s death

Mrs Hargan advised members of the publication of the Independent Review commissioned by the Department of Justice into the death of Katie Simpson, which includes consideration of the role of the Western Health and Social Care Trust.

Mrs Hargan said the Review acknowledges the Trust’s co-operation and transparency but identifies missed safeguarding opportunities particularly in relation to repeated A&E attendances and during Katie Simpson’s final admission to Altnagelvin Hospital in August 2020.

Mrs Hargan said the Review records that hospital staff at Altnagelvin raised concerns on multiple occasions about the nature of Katie Simpson’s injuries and the circumstances of her admission; however, these concerns were not followed through

by appropriate partner agencies, with no safeguarding or forensic action taken at the time, highlighting a breakdown in inter-agency escalation rather than a failure of clinical vigilance.

Mrs Hargan said key learning highlighted the need for stronger pattern recognition of repeat injuries, clearer documentation of safeguarding indicators, empowered escalation where staff have concerns, and more explicit ownership of multi-agency communication.

Mrs Hargan said the Trust recognises the seriousness of these findings and is aligning its safeguarding improvement actions accordingly, including reinforcing staff authority to make safeguarding referrals, strengthening recording and information-sharing practices, and ensuring learning is embedded across emergency and acute services. She said this work would form part of our wider commitment to learning, accountability and continuous improvement in safeguarding practice.

This Is Our Health

Mrs Hargan advised that on 29 April 2026 the Health Minister launched “This Is Our Health”, a new large scale and innovative engagement programme designed to establish a clear, shared, and credible deal between Northern Ireland’s citizens and the health and social care system.

Mrs Hargan said ‘This is our health’ is a key part of the Minister’s overall strategic approach to prevention in the Reset Plan reflecting the important shift of ‘People to Partners.’ She added that the programme will identify what people need most from the health service and the part they can play in making those services work better.

Mrs Hargan said in launching the programme Minister Nesbitt stressed that: ***“Our healthcare resources are limited, demand is rising and care is becoming more complex. Through ‘This is our health’ people will be telling us what things help them stay well for longer, what they want the health service to guarantee, and in turn what they could do to help protect services going forward. So, freeing up capacity and protecting vital services will be important outcomes.”***

Mrs Hargan said ‘This is Our Health’ will be rolled out in every county across Northern Ireland between now and the end of June and will include in-person engagement in a range of public spaces and within community and voluntary groups. She said people will also be able to contribute through digital and social media channels, as well as completing a short questionnaire online.

Mrs Hargan said she was pleased to advise that significant numbers of Western Trust staff have volunteered to work alongside colleagues from the PHA and the DoH in this exercise and that later in the meeting, there would be discussion on how this programme supports the development of the Trust’s vision for services in

Fermanagh and West Tyrone, as members consider a proposal to commence the public engagement phase of the work.

Integrated Neighbourhood Teams

Mrs Hargan advised that she attended a regional development workshop last week, alongside the Trust's Director of Planning and Director of Older People's Services, which focussed on aligning leaders across the system on the practical delivery of the Neighbourhood Model of Health and Wellbeing.

Mrs Hargan said the workshop brought together representatives from Trusts, the Department of Health, the Public Health Agency, Primary Care, service user representatives and the Community and Voluntary Sectors to develop a shared understanding of the model and align partners on its implementation.

Mrs Hargan said the workshop highlighted the urgency and scale of reform required across the HSC to address unsustainable demand, financial pressures and the limitations of current models of care. The Minister and the Permanent Secretary were clear that Northern Ireland faces a structural challenge, with demand exceeding available resources and an over-reliance on hospital-based care.

Mrs Hargan said key messages emphasised the need to improve access to services, strengthen prevention and early intervention, position General Practice as the front door to the health and social care system, and ensure strong clinical leadership. She said there is also a clear emphasis on the importance of developing effective partnerships and strong relationships across Trusts, primary care, the community and voluntary sector and other system partners.

Mrs Hargan continued that central to delivery is the work which is underway to establish 17 Integrated Neighbourhood Teams across Northern Ireland, including two within the Western Trust area. She said these will operate at GP Federation level as provider alliances, bringing together Trust services, primary care, community pharmacy, the community and voluntary sectors and local partners as well as independent sector providers.

Mrs Hargan said Integrated Neighbourhood Teams are intended to lead the delivery of care closer to home, supported by a planned realignment of resources, including an ambition over the next 3 years to redirect 2% of spend from hospital services into neighbourhood-delivered services, enabling the delivery of advanced and specialist care locally. She said the initial priority focus is on older people, particularly those at highest risk, reflecting both the scale of need and the opportunity to reduce avoidable admissions, improve hospital flow and deliver better outcomes and experience for patients.

Mrs Hargan said the Department of Health outlined a supporting development programme, including action learning within partnerships, a casework approach to

better target resources and support people to remain well and avoid hospital admission, with a strong emphasis on service user involvement and engagement. She said evidence presented demonstrated that neighbourhood-based models, when implemented at scale with strong clinical leadership and partnership working, can reduce hospital use and release capacity for reinvestment.

Mrs Hargan said Trusts have been asked to begin active planning with partners over the next 3 years to support the development of Integrated Neighbourhood Teams, pathway redesign and resource realignment and that further development sessions are planned in May and June to engage the operational teams who will form the partnerships.

Mrs Hargan said this was an ambitious programme of work, but one that the Trust is committed to progressing with partners based on our strong commitment to interagency working and history of delivery.

6/26/8

FERMANAGH AND WEST TYRONE FUTURES – UPDATE

The Chair welcomed to the meeting Mr Breen, Mrs McAleer, Mr Ward and Mr Curran for this agenda item and invited Mrs Molloy to open the presentation to members.

Mrs Molloy said she would provide members with a presentation on the Fermanagh and West Tyrone (FWT) Health and Care Futures Project which would include progress to date, engagement design and next steps.

Mrs Molloy reminded members that the Trust Board agreed to stop the consultation process in October 2025 with members formally agreeing an alternative process. She said the process will involve a sequence of steps that will facilitate the design and development of a vision plan, which will also include specific work on the role of SWAH. Mrs Molloy indicated the process which would be people and place based, focusing on the health and care needs in Fermanagh and West Tyrone.

Mrs Molloy advised that the project is progressing through a phased approach, supported by a dedicated Project Management Office established in September 2025 and overseen through established governance arrangements, including Steering Group oversight and regular reporting to the Trust's Improvement through Involvement Committee.

Mrs Molloy advised that the engagement approach was designed to understand the population health needs and future projections, consider primary care and community care interfaces, inform future models of care, and support the development of a sustainable, place-based vision for services, rather than being linked to specific service change proposals at this stage.

Mrs Molloy shared with members a timeline of the work completed to date. She said from October 25 – March 26, there had been a comprehensive series of staff and external stakeholder engagement meetings to update those present on the Trust's position and to listen and gather information which could inform the engagement process moving forward. She said in addition there had been extensive public briefings with MPs, MLAs, District Councils, the media, the Fermanagh Business Leaders Group and on 2 occasions the hospital campaign group Save Our Acute Services.

Mrs Molloy advised that from January – March 2026 the Trust had worked with expert independent support from HSC Leadership Associates in designing an Engagement Programme and testing the tools and potential approaches. The Trust also worked with Partners on delivery informed by the established linkage with the Fermanagh and Omagh District Council Health and Wellbeing Network established Community Planning structures, and local Trust community networks

Mrs Molloy advised that from April to May 2026 the Trust had embarked in a pre-engagement phase with regular senior scrutiny and support of the approach at the FWT H&C Project Steering Group, staff engagement through the Staff Engagement and Advisory Group monthly meetings, engagement meetings with Public Representatives including Fermanagh and Omagh Council Engagement Workshop and Party briefing updates.

Mrs Molloy advised that the Fermanagh and West Tyrone Health and Care Futures Project had now reached a key "gateway" decision point in its development. She informed members that the initial phase of the project had focused on establishing a robust foundation, including early stakeholder engagement, development of the engagement narrative, and preparatory design work to support a structured programme of formal engagement. She said the work undertaken to date was comprehensive and well-developed, providing a solid basis on which to progress to the next phase of the project.

Mrs Molloy said the project had now reached the point of seeking agreement to proceed to Phase 2, which would comprise a formal programme of engagement with staff, stakeholders and the wider community to inform the future vision for health and care services in Fermanagh and West Tyrone.

Mrs Molloy continued by sharing with members examples of engagement work to date along with the related media/PR narrative.

Moving on to the process of engagement, Mrs Molloy noted that the core purpose of the engagement approach is to reach a wide cross-section of the community in order to develop a comprehensive understanding of the public's views. She said this would include actively exploring the needs, preferences and concerns of local people and ensuring that a diverse range of voices are heard through inclusive engagement methods. Mrs Molloy advised that the approach would bring the public directly into

the conversation, supporting transparency and encouraging meaningful participation in shaping future services. She said the process would explore potential future models of care, informed by insight gathered through engagement and underpinned by a commitment to using data more effectively to support planning and decision-making.

Mrs Molloy also noted that the engagement process is designed to support a sustainable approach to change, ensuring that future service planning is evidence-based, place-focused and responsive to population need. She emphasised that, at this stage, the engagement was not linked to specific service change proposals, but rather sought to inform the development of a longer-term vision for health and care services in Fermanagh and West Tyrone.

Mrs Molloy said as the purpose of the engagement process is to support the development of a future vision for health and care services in F/WT, this would require a comprehensive understanding of population health needs and place-based requirements for services across the area. She noted that population needs are evolving, with increasing life expectancy and a corresponding increased age related health complications, alongside changing public expectations driven by advances in technology and wider societal change. She said it was therefore essential that future services are designed to reflect the needs of local communities and individuals.

Members were advised that the engagement approach will provide an opportunity for the public to share their views on what matters most, including what is working well, areas of concern, and priorities for the future. Mrs Molloy said this feedback would inform how health and care services are planned and developed, supporting the creation of a sustainable and responsive vision for the future.

Mrs Molloy said the engagement approach has been designed to ensure that staff and communities feel heard and understood, while building confidence in the future of health and care services. She said the approach sought to attract input from across the full breadth of the community, including those who may not traditionally engage or be engaged. Mrs Molloy further noted that the engagement approach would generate insights to support practical and deliverable service planning, while strengthening political and community confidence in future service development. She added that the approach is intended to establish a strong foundation for ongoing engagement between the Trust and the communities it serves, fostering an open and constructive dialogue and supporting a more collaborative and sustainable approach to change.

Mrs Molloy noted the key messages underpinning the engagement approach, recognising that Trust services sit at the heart of local communities and that people expect and deserve high-quality, reliable care. She said the future design of services would be informed by the needs of those who use them, supporting a sense of genuine local ownership through an approach that is inclusive, authentic and constructive.

Mrs Molloy said it was important to note that the community needs are evolving and that it was therefore essential that services remain fit for purpose both now and into the future. She said the engagement process would utilise innovative tools and approaches to ensure a comprehensive and representative understanding of views across different demographics, including those with varying levels of engagement with health and care services.

Mrs Molloy said the findings of the engagement exercise will provide a robust evidence base to inform the planning, design and transformation of services, supporting both immediate improvement and the longer-term development of health and care provision across Fermanagh and West Tyrone.

Mrs Molloy advised the Trust has engaged with HSC Leadership Centre Associates to support the development of the Vision engagement programme. She said this was the same team supporting the Department of Health's "This is our Health" programme, providing additional assurance in respect of expertise and alignment with regional approaches. Mrs Molloy further noted that the team has undertaken "test" engagements with staff, patients and public to inform the design of the approach. She shared with members a questionnaire and engagement models that have now been developed and approved, enabling further pre-engagement with stakeholders in advance of the formal engagement phase.

Mrs Molloy advised that, subject to formal Trust Board approval, the formal engagement phase will commence between June and September 2026. She proposed that this would involve a structured programme of staff and community engagement, delivered in close partnership with Fermanagh and Omagh District Council to support effective planning and delivery. It was further noted that the engagement will utilise established community planning structures, including the Fermanagh and Omagh District Council Integrated Wellbeing Network and the Community and Voluntary Sub-Group. Mrs Molloy said the engagement delivery plan had been designed to reflect the diversity of the Fermanagh and West Tyrone population, including specific consideration of Section 75 groups, ensuring an inclusive and representative approach.

Mrs Molloy said as the structured stakeholder engagement phase is scheduled to conclude in September 2026 the initial analysis of the insights and actionable findings arising from this engagement being presented to Trust Board in November 2026. Mrs Molloy said informed by the outcomes of this extensive engagement, work on the development of the Vision for health and care services in Fermanagh and West Tyrone will commence informed by this extensive engagement.

Mrs Molloy outlined the next steps for the project, seeking Board approval to proceed with the formal engagement phase of the Fermanagh and West Tyrone Health and Care Futures Project. She said subject to approval, arrangements would be put in place to communicate the outcome of the Board's discussions today with staff and the public, including the continuation of the programme of ongoing media and

communications activity in the months ahead to support awareness of Trust services and engagement activity.

Mrs Molloy said preparatory work for the engagement phase will continue, with a planned launch in early June 2026 and proposed that the Improvement through Involvement Committee will maintain ongoing oversight of the project as it progresses.

The Chair thanked Mrs Molloy for her comprehensive presentation.

Following consideration of the proposed next steps, the way forward as outlined by Mrs Molloy was proposed by Mr Hegarty, seconded by Rev Canon McGaffin and unanimously approved by the Board.

6/26/9

CORPORATE RISK REGISTER

Dr Lavery referred members to the Trust's Corporate Risk Register as approved on 5 March 2026, noting that there are 26 risks on the register.

Dr Lavery shared with members a proposal to add 2 new risks to the Corporate Risk Register. He said it was being proposed that Risk ID1781 should be escalated from the Unscheduled Care, Medicine, Cancer and Clinical Services Directorate Risk Register and that a new risk in respect of Children's Safeguarding Documentation on encompass should be added.

Dr Lavery shared with members a proposal to close Risk ID1254.

Dr Lavery referred to Risk ID 1809 and said it was being proposed that this risk would be updated to incorporate the detail from Directorate Risk ID1811, with the intention that Risk ID1811 would subsequently close and action progressed through the updated corporate risk.

Dr Lavery shared with members a proposal to de-escalate 3 corporate risks Risk ID6, Risk ID 1409 and Risk ID 1653.

Following consideration of these proposals they were unanimously approved by the Board.

6/26/10

INFECTION PREVENTION AND CONTROL REPORT

Prof Keenan referred members to the updated report within their packs. She said the Trust continues to demonstrate strong infection prevention and control (IPC)

performance against DoH targets for *C. difficile* and MRSA, with performance comparing favourably with sister organisations across Northern Ireland. Prof Keenan said ongoing challenges remain in mandatory IPC training compliance and hand hygiene assurance, particularly in relation to non-submission and variation between self-reported and validated audit results.

Prof Keenan noted that the IPC Team continues to support clinical areas through education, audit feedback and governance reporting and said achieving and sustaining improvement requires collective ownership, with clinical areas and Directorates playing a key role in embedding and maintaining safe practice at ward and service level.

Moving to performance against organisms, Prof Keenan advised that in relation to *C. difficile*, in 2025/26 33 cases had been reported, a reduction of 16 cases compared to 2024/25 and below both baseline and the DoH reduction target. She said performance has remained at or below target since September 2025 and, subject to final denominator data, the Trust is expected to have achieved the DoH reduction target. Prof Keenan said regionally, the Trust is reporting the second lowest rate in Northern Ireland, consistently performing at lowest or second lowest across recent quarters. Prof Keenan said in 2026/27, 2 early cases had been reported however she said the incidence rate could not yet be calculated due to denominator lag.

Referring to MRSA Bacteraemia, Prof Keenan advised that in respect of performance in 2025/26, 2 cases had been reported which was well below the DoH target. She said Trust performance remained consistently below target throughout the year and at end February 2026, the Trust incidence rate was 0.401, supporting achievement of the reduction target. Prof Keenan said sustained periods without hospital-associated MRSA continued across sites. Referring to performance in 2026/27, Prof Keenan said no new cases had been reported to date and early performance remained favourable.

Prof Keenan referred to Non-Target Organisms, and said in respect of MSSA Bacteraemia, there had been 52 cases in 2025/26, an unchanged position from the previous year. She said while no reduction target exists, surveillance remains mandatory. Prof Keenan said although quarterly case numbers increased during 2025, the Trust continued to report the lowest MSSA rate in Northern Ireland. Referring to performance in 2026/27, Prof Keenan said 7 cases had been reported early in 2026/27 and she said the short interval since the last HAI MSSA highlighted the need for continued clinical vigilance.

Prof Keenan referred to Gram-Negative Bacteraemia (GNB) and there had been 49 healthcare associated cases in 2025/26, representing an increase compared to the previous year. She said early 2026/27 data remains limited with risk mitigation focusing on device care, sepsis management and antimicrobial stewardship.

Prof Keenan referred to Respiratory Outbreaks and said there were 4 respiratory outbreaks declared between December 2025 and March 2026 (Influenza A and RSV). She said all incidents were appropriately managed and controlled with IPC oversight and no significant escalation issues identified.

Prof Keenan referred to mandatory IPC Training and said the Trust was 70.26% compliance across the two-year cycle (target 100%) and that annual compliance remained below the 50% expected threshold. She said there was a notable variation across staff groups, with medical, social services, and admin/clerical groups lowest. Prof Keenan said a regional refresh of e-learning content is underway with targeted engagement and escalation through governance structures continuing.

Prof Keenan advised members that from April 2026, mandatory IPC training compliance will be reported by Directorate rather than by staff group. She said this would provide clearer accountability at senior management level, improve line-of-sight for Directors, and support targeted action where compliance gaps persist.

Prof Keenan continued by referring to Hand Hygiene Compliance. She said the overall self-reported score appeared low (64%) due to non-submission, with 66 areas failing to report for March 2026. She said however when adjusted, submitted areas demonstrated 100% compliance, however independent validation audits confirm lower actual performance, particularly in emergency and acute settings. Prof Keenan advised that dashboards have been escalated to Directors for action and validation auditing will continue to provide assurance.

Prof Keenan noted that as part of the IPC team validation audit process, clinical areas are required to share audit findings with their teams and implement recommended actions. She said where hand hygiene compliance scores are 79% or below, an action plan must be completed by the relevant Professional Lead, in line with the Hand Hygiene Improvement Protocol. Prof Keenan said this must be submitted as an Exception Report and will be reviewed through the appropriate Assurance and Accountability governance meetings.

Prof Keenan continued by referring to Surgical Site Infection (SSI) and said the Orthopaedic SSI rate for Q4 2025 was 0.65%, slightly below the NI average. She said there were no recurring themes or system issues identified following multidisciplinary review and engagement with PHA.

Concluding her report Prof Keenan said the key assurance messages for the Board is that HCAI IPC targets are being met, with sustained regional comparative strength. She said risks remain behavioural and system-based, particularly around training compliance and reliable audit assurance but assured members that targeted improvement actions are in place through established governance mechanisms.

The Chair thanked Prof Keenan for her report and asked members to raise any questions.

Rev Canon McGaffin raised concerned that some areas had not reported for 2 months in respect of their hand hygiene scores. Prof Keenan said the proposal that reporting arrangements be strengthened by aligning accountability with Directorates, rather than solely staff groups, was in order to improve oversight and performance. She added that current performance figures were based on all staff, including those absent due to maternity leave and sick leave, and that she is amending the reporting methodology to exclude these cohorts to ensure a more accurate reflection of compliance.

Rev Canon McGaffin questioned the achievability of 100% performance in this area and Prof Keenan said the 100% compliance target is set by the Public Health Agency. She however acknowledged the importance of ensuring that reporting remains both realistic and meaningful. Prof Keenan confirmed that reporting by staff group would continue to be available and confirmed that this could be accommodated alongside any revised Directorate based reporting arrangements.

Prof McKenna noted with satisfaction that the Trust's performance demonstrated the lowest number of cases in 2025, and commended staff for this achievement. In relation to hand hygiene, Prof McKenna highlighted that this is a fundamental element of professional practice and expressed concern regarding the level of compliance reported, noting that continued monitoring would be required. Prof Keenan advised that a focused programme of work has been undertaken through the Chief Executive's HCAI Group to address this issue and confirmed that this would be progressed to ensure a strengthened Directorate-level focus.

Rev Canon McGaffin queried whether the underlying reasons for the variation in hand hygiene reporting performance had been sufficiently explored. In response, Prof Keenan said it was noted that there is a need to reinforce key messages and awareness through targeted training, with a request that this be progressed through the appropriate Directorate channels. The Chair reflected the Board's disappointment that current performance does not meet expected standards and stressed the importance of securing sustained improvement.

Prof McKenna said there are artificial intelligence applications available in relation to hand hygiene and said he would share some information on the potential of these applications with Prof Keenan and Mrs Molloy.

6/26/11

GOVERNANCE COMMITTEE

11.1 Minutes of Committee meeting held on 10 December 2025

Mr Telford referred members to the minutes of a meeting of the Governance Committee held on 10 December 2025. He said a verbal update had been previously provided to members.

11.2 Exception Report from meeting held on 25 March 2026

Mr Telford advised that a meeting of the Governance Committee took place on 25 March and he shared with the meeting a summary of the Committee's discussions.

- Opening his update Mr Telford referred to the significant backlog in relation to joint perinatal mortality reviews involving the Belfast Trust due to delays within the Belfast Trust. It was acknowledged that deaths involving children is understandably an emotive issue and the Trust needs to ensure that it is moving these reviews forward for families. Mr Telford said Dr Lavery has done some work in engaging with the Belfast Trust to have a more completed understanding of the challenges being faced by the Trust and that his report will be brought to the next meeting of the Governance Committee.
- Mr Telford reported that 2 whistleblowing complaints which identified governance related issues were discussed and formally noted by the Governance Committee. He said staff were to be commended for the openness and transparency they demonstrated throughout the investigation of these concerns.
- Mr Telford shared with members reports from Directorate Governance Groups which highlighted a number of issues for noting.
- Mr Telford advised that a briefing paper was discussed at the meeting regarding the DoH's proposal that all Trusts establish a Patient Safety & Quality Committee. He said a preliminary scoping exercise had been completed and it was noted that the majority of the responsibilities to be undertaken by the proposed Committee currently sit with the Governance Committee. In light of this it was being proposed that the Patient Safety & Quality Committee should replace the Governance Committee and the current Governance Committee Terms of Reference should be revised to incorporate the terms of reference for the proposed Patient Safety & Quality Committee. Mr Telford said this should include linkage with the other relevant Trust committees ie People and ITI Committees. Mr Telford said it was proposed that the frequency of meetings would be extended from a quarterly to a bi-monthly schedule to facilitate more expeditious reporting and other issues would be scheduled on a rotating agenda basis. Mr Telford said concerns were raised regarding the requirement to have live

dashboards to support escalation alerts to Trust Board for any gaps in assurance and it was noted that this will be difficult to achieve as reports are currently one month behind. This concern has also been highlighted by other Trusts. Mr Telford said meetings are being arranged with the relevant Non-Executive Directors and Directors involved with all the Committees affected to facilitate detailed discussion of this proposal.

The Chair referring to the proposal to establish a Patient Quality and Safety Committee advised that this has been proposed as a result of an examination of a number of regional reviews. He said the Trust's approach to the development of the new Committee was to build on what was working well in our current Committee structure.

Mr Hegarty referred to the relationship between issues identified through governance processes and those subsequently highlighted through audit activity, asked whether those issues identified through governance receive the same level of scrutiny and follow-through as those raised through audit.

Mr Telford responded that audit processes provide a structured and objective assessment, often identifying issues retrospectively and measuring compliance against defined standards. He reflected that the value of audit lay not only in identification but in ensuring appropriate follow-up and action. Mr Telford said that where governance processes are fully effective, the need for audit intervention would be reduced; however, audit remains an important mechanism for highlighting gaps where issues have not been adequately addressed.

Mrs Hargan advised that the audit programme is aligned to the Trust's Corporate Risk Register, noting that this approach ensures a targeted focus on areas of identified risk. Members acknowledged that, within this context, there are inherent human behaviours and system challenges that can impact on governance processes and performance. Mr Telford highlighted that the application of risk ratings and risk appetite supports prioritisation and enables proportionate management of identified risks, providing a structured framework for both governance and audit activity.

Ms O'Brien advised that a number of the current DoH circulars are now very dated and may not fully reflect contemporary practice. Members noted that, in some instances, standards against which performance is measured have not kept pace with service developments. She said this can create challenges where practice has evolved, citing care management as an example where changes have already been required. Members noted the importance of ensuring that standards, guidance and associated measures remain up to date and aligned with current models of care.

Dr McGinley emphasised that health and social care is a human-centred service, noting the importance of understanding outcomes in the context of the wider system. She referred to the Simpson Review and said while the Trust had delivered its elements of care, the overall outcome reflected challenges across the wider system.

The Chair commended Dr McPeake for his leadership in chairing the Trust's Governance Committee, noting the breadth and complexity of its agenda. He acknowledged the quality of the reports presented and the level of insight provided, recognising the effectiveness of the scrutiny being applied through the Committee.

6/26/12

PEOPLE COMMITTEE

12.1 Minutes of Committee meeting on 9 December 2025

Dr McGinley referred members to the minutes of a meeting of the People Committee held on 9 December 2025. She said a verbal update had been previously provided to members.

12.2 Verbal Update from Committee meeting on 31 March 2026

Dr McGinley referred to a meeting of the People Committee held on 31 March and said this had been Mrs Hargan's last Committee meeting as the Trust's Director of Human Resources and Organisation Development.

Dr McGinley said the meeting's Key Theme had been 'New Ways of Working' and the Committee received updates on an Open Just and Learning Culture and Digital Transformation – equip, as well as Organisation Development which has achieved progress across a range of key initiatives.

Dr McGinley advised the meeting that the Committee had received an update on the equip programme which is the new system to replace the current HR, Payroll, Procurement and Finance systems. It was noted the programme is behind schedule, particularly in its HR and Payroll design/build, however its planned go-live dates remain at September 2026 (Finance/Procurement) and November 2026 (HR/Payroll) however these dates were pending regional replanning. She said the delay compresses downstream activities (testing, user acceptance, change readiness), as a consequence increasing the risk to a successful delivery of the project.

Dr McGinley shared with members that the Committee emphasised the criticality of HR/Payroll delivery and the need to de-risk implementation and that a draft Corporate Risk has been prepared. She said key concerns include the Trust may not have sufficient time to train staff properly; HR and Payroll design delays which in turn could impact on the go-live timeline causing staff to struggle with balancing equip tasks with BAU if they did not receive additional support.

Dr McGinley provided members with an update in respect of the Culture Survey results, Workforce Resourcing Update, Absence related to Mental Health reasons

and the Internal Audit report in respect of Management of Raising Concerns (2025/26).

Dr McGinley advised that the Committee identified the following documents to be shared with Trust Board members:-

- Organisation Development Update
- Digital Transformation – equip Update
- Workforce Resourcing Update

Mrs Santiago noted that discussions at the recent People Committee had included consideration of organisational culture, particularly in relation to absence. She said that this was forming part of an increasingly connected discussion, linking culture, workforce wellbeing and organisational performance.

Rev Canon McGaffin referred to the mentoring initiative and sought clarity on how qualitative outcomes from the mentoring circles would be assessed. Mrs Santiago advised that an evaluation approach has been applied to the initial phase and will be further developed and implemented from the second phase onwards. Rev Canon McGaffin noted that the initiative appeared to be having a different impact this time round and that she looked forward to seeing the evaluation of it.

Rev Canon McGaffin referred to the £3m funding allocation for workforce wellbeing initiatives, noting that this funding is due to end in March 2027. She emphasised the importance of early consideration of future arrangements to ensure continuity of support for staff and to sustain progress in workforce wellbeing beyond the current funding period.

Professor McKenna referred to the forthcoming meeting of the Hospital and Community Ethics Committee and said the issues of compassion fatigue and moral injury among staff will be on the agenda for discussion. He said these issues have also been raised through mentoring circles, reflecting that staff are aware of the quality of care they aspire to deliver but may feel unable to do so in the current system context. Prof McKenna said this can result in staff experiencing significant emotional burden, including taking the impact of these pressures home with them. He said that while he appreciated that these issues are being considered by the Corporate Management Team, he welcomed the opportunity for further discussion on the ethical support and guidance for staff to assist in addressing these challenges.

6/26/13

IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE

13.1 Minutes of Committee meeting held on 3 December 2025

Prof McKenna referred members to the minutes of a meeting of the Improvement through Involvement Committee held on 3 December 2025. He led members through the detail of the minutes including service improvements, Care Opinion stories, and MDTs.

13.2 Exception Report from meeting held on 19 March 2026

Prof McKenna referred to a meeting of the ITI Committee held on 19 March and provided members with an update across a range of issues.

Prof McKenna said the Committee received a presentation on the ongoing engagement programme for the Future Health & Social Care Services in Fermanagh & West Tyrone Project, which included an update on progress, stakeholder involvement and the design process.

Prof McKenna said the Committee discussed the need for the Learning for Improvement Forum to focus on extracting and embedding learning from incidents, complaints and feedback in order to drive improvement and assure a positive impact on practice.

Prof McKenna said the Committee reviewed patient experience data including SAIs, Complaints and Care Opinion, noting the need to focus on learning from the key themes highlighted which included communication as this remained a top area for improvement across all feedback channels.

Prof McKenna said the Committee received a presentation from the Head of Service – Recovery & Supported Living and the Team Manager – ASHA Centre (Inpatients Addiction Detox), Tyrone & Fermanagh Hospital. He said the Committee was briefed on the implementation of the SMART Programme within the ASHA Centre, including its evidence-based approach, service user involvement, outcomes and plans for expansion of the service to families and into community settings.

6/26/14

PERFORMANCE REPORT – QUARTER 4

Mrs Molloy shared with members the End Year Report, including an overview of performance across the System Oversight Measures and the impact of the encompass implementation during 2025/26.

Mrs Molloy advised that significant data validation and data quality work has been ongoing since November 2025, following the stabilisation period after encompass go-live in May 2025. While noting that further validation work remains, the Board heard that there has been steady improvement in data quality, with 64% of measures now assessed as having medium or high confidence. Mrs Molloy highlighted that data quality remains an area of focus, particularly within community services where activity has been impacted by incomplete data mapping and system changes, and that validation of 2025/26 data is ongoing, supported by regional workstreams and internal governance arrangements.

In considering performance, Mrs Molloy noted that hospital activity has been maintained or increased compared to the previous year, while community activity showed a reduction, partly reflecting data quality issues. She advised that the information presented is management information and used for comparative purposes only.

Mrs Molloy advised that the Trust continues to perform strongly in a number of areas relative to other Trusts, including emergency department waits, ambulance handover performance, fracture management within 7 days, diagnostic tests and certain cancer targets. Members heard that the Trust remains the best performing in the region in a number of these areas, reflecting positive progress despite sustained system pressures.

However, Mrs Molloy also noted a number of areas of ongoing challenge, including 12-hour waits in emergency departments, delays in treatment pathways, high DNA and cancellation rates, increasing outpatient waiting lists, and performance against access targets. It was acknowledged that these pressures are consistent across the region but remain significant areas of focus for improvement.

Mrs Molloy further noted mixed performance across community services, including unmet need and care package provision, alongside continued progress in reducing unallocated cases. Strong performance was noted in relation to infection prevention and control measures, including MRSA and C. difficile targets. The Board recognised that the implementation of encompass and associated changes to workflows, activity counting and data definitions had a material impact on performance and reporting throughout the year. Members acknowledged the significant effort across teams to stabilise services and recover performance following system implementation.

In summary, Mrs Molloy said the 2025/26 year had not been a typical operational year, reflecting the scale of organisational change associated with encompass. Members commended staff and teams for their continued commitment and effort in maintaining service delivery and improving performance while acknowledging a number of areas requiring continuing attention.

The Chair thanked Mrs Molloy for her report and said the meeting noted both the significant progress that was being made but also the work still to be done.

Mr Telford advised that, in considering performance, it was important not to focus solely on RAG ratings, noting that these do not fully reflect the progress made across services. He said while DNA rates remain an area of concern, these have been previously discussed and continue to be actively addressed. He said recent validation work has identified discrepancies in patient attendance, including reports from some individuals who indicate that they did not receive appointment communications, despite records showing that text notifications had been issued. It was noted that this issue has been highlighted through engagement with patient representatives, and further work is required to validate the accuracy and effectiveness of current communication processes and Mr Telford said he would share further information with Mr Gillespie and Mr Kelly to support further investigation and improvement.

The Chair noted that a number of the access standards remain particularly challenging to achieve and may have a demoralising effect on staff, given the significant effort undertaken daily to deliver improvements. He acknowledged the importance of recognising staff commitment while maintaining focus on sustained performance improvement.

Dr McGinley commended the significant progress made in the transformation of CAMHS and Dementia services waiting lists during the year and noted that this demonstrated how areas of previously challenging performance can be improved through focused effort. She recognised the opportunity to capture and apply learning from these improvements across other services within the Trust.

6/26/15

FINANCE AND PERFORMANCE COMMITTEE – REVISED TERMS OF REFERENCE

Mr Hegarty referred members to the revised Terms of Reference for the Finance and Performance Committee and in particular amendments to section 8.

Following consideration of the revised Terms of Reference they were proposed by Rev Canon McGaffin, seconded by Mr Telford and approved by the Board.

6/26/16

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 MARCH

Ms McCauley referred members to the Trust's financial performance report for the month ending 31 March 2026. She said the Trust is reporting a financial break-even position against its budget for 2025/26 subject to the completion of the external audit.

Ms McCauley said the draft Annual Report and Accounts for the period ended 31 March 2026 were submitted to the Department of Health and Northern Ireland Audit Office (NIAO) on Friday, 1 May 2026 and Deloitte commenced their audit during week commencing 4 May 2026. She said the Audit & Risk Assurance Committee will review the draft accounts at its meeting scheduled for 11 May 2026 and the update from the Committee will be provided to Trust Board at its meeting on 7 June 2026.

Ms McCauley said NIAO will provide their draft Report to Those Charged with Governance by 12 June 2026. The Audit & Risk Assurance Committee is scheduled for 22 June 2026 at which it will consider the draft report from NIAO and also consider the recommendations for approval of the final Accounts to the Trust Board.

Ms McCauley reminded members that an exceptional Trust Board meeting has been scheduled for 25 June 2026 for members to consider the recommendations of the Audit & Risk Assurance Committee in relation to the signing of the accounts. She said the signed accounts must be submitted to NIAO on or before 26 June 2026 with submission to DoH before Wednesday, 1 July 2026. NIAO will provide the final Report to Those Charged with Governance by 31 July 2026.

Ms McCauley said she wanted to acknowledge the critical and instrumental role Trust Directors have played in achieving this year's financial outturn. She said navigating the pressures and complexity of the past year had required significant leadership and resilience and the positive position the Trust has achieved is due to that collective effort.

Ms McCauley said she also wanted to recognise the valuable contribution of our Trust Board, in particular those members of the Finance & Performance Committee whose scrutiny, challenge and insight throughout the year has helped strengthen our confidence in the decisions we have taken.

Ms McCauley then moved to the financial performance report. She referred to the Trust's performance against its Statutory Financial Performance Targets and said the Trust had a green rating across its Revenue Resource Limit, 25/26 savings targets and Capital Resource Limit. Ms McCauley said the Trust achieved an amber rating in respect of the prompt payment target with 91.50% of undisputed invoices paid within 30 days. Ms McCauley said the Trust's performance against this target had been 96% in March.

Ms McCauley advised that the Trust is reporting a favourable variance of £2.6m against control totals at 31 March 2026. She said this was mainly attributable to growth expenditure being lower than planned in the latter months of the year and other income opportunities. Overall, Ms McCauley said this represented a strong year-end position and reflected the continued focus by Directorates on their expenditure run rates. She added that this performance provided a sound financial

platform as the Trust moves into the 2026/27 financial year. Ms McCauley said time will be taken to bring learning forward into 2026/27 in order to further strengthen arrangements for 2026/27.

Ms McCauley referred to month 12 financial performance which indicated a reduction in run rates against the 2024/25 restated figures. She said the bottom-line position for the Trust is a breakeven position.

Moving to savings targets, Ms McCauley said for 2025/26, the Trust had a Phase 1 contingency savings target of £31.5m. She said cumulative recurring savings of £16.5m from 2023/24 and 2024/25 had been achieved and therefore target savings of £15.1m were required for 2025/26. She noted that additional phase 2 savings plans against a target of £7.6m had been implemented effective from 1 November 2025. The total savings target is £22.7m.

Referring to tables 4 and 5 which summarised performance at 31 March 2026 by both Directorate and by work-stream, Ms McCauley said Directorates had performed extremely well against savings targets despite significant pressures this year. Looking ahead to 2026/27, she said it was imperative that the Trust continues to maximise savings opportunities given the scale of the target the Trust is expected to meet. Ms McCauley said Directorates are expected to proceed at pace with the implementation of proposals identified as low or medium impact ensuring that in-year savings are maximised. Ms McCauley said the Delivering Value Management Board will continue to serve as the primary forum through which savings are driven forward providing Trust Board with the assurance that savings delivery remains a key organisational priority

Ms McCauley said whilst the Trust has delivered a strong overall savings position, a number of workstreams have been challenged to deliver against their targets in 2025/26. She said additional focus will be required on these areas in 2026/27 to drive improved delivery and ensure the Trust's overall savings targets are achieved.

Ms McCauley continued by referring to expenditure analysis and said these areas may have a material impact on the delivery of the financial plan and Directorate performance.

Ms McCauley referred to flexible staffing expenditure, and said the total flexible expenditure in 2025/26 to date had been £84.4m and referred members to a summary by Directorate within her report. She said there was a total agency expenditure of £55.6m, which includes £29.4m (52.9%) of medical agency, £20.9m (37.6%) of nursing agency and £5.3m (9.5%) across other professional groups. Ms McCauley said expenditure on bank staff over the same period is £23.7m and said overall, the use of flexible staffing continued to reduce, indicating that "grip and control" is improving utilisation levels.

Referring to medical expenditure, Ms McCauley referred members to table 7 and said this table illustrated that the Trust has experienced an increase in total medical expenditure of £5.8m (4.02%) when compared to the average in 2024/25. She said spend had increased in the current month due to backdated locum and other pay arrears with underlying pressures remaining which were mainly due to the filling of vacancies and cover for absence and unplanned leave. Ms McCauley said the 2025/26 pay award, which was paid in February, had been apportioned across the year and reflected in the prior year comparator for consistency.

Ms McCauley referred to table 8 and said this illustrated that there had been a decrease in average medical agency expenditure of 6.4% when compared to the average in 2024/25. She said in March the Trust continued to see the positive impact of a reduction in agency hours and an opportunity from conversion of doctors from agency to HSC contracts as the Trust transitions off-contract agency staff to contract agency arrangements.

As previously reported, Ms McCauley said there were a number of work-streams in place which are focused on stabilisation of the medical workforce and on medical agency reduction. She said these local work-streams are led by the Medical Director as SRO with nominated leads across Directorates. Ms McCauley said given the complexity of this work and interdependencies of various work-streams both local and regional, the Trust has appointed a programme manager to drive this work forward with monthly accountability arrangements in place to focus attention on the various work-streams which include:

- **International recruitment (IMR):** The Trust has appointed 22 doctors through international recruitment to date in 2025/26. Of these appointments, four were expected to displace existing locum agency, two have been released, one who had been released, was subsequently re-engaged to cover sickness and the other has been retained to support additional pressures and on-call in the area. In the other 18 cases, successful candidates have filled vacancies, which is a contributory factor to the increased expenditure in 2025/26. There are a further 2 going through pre-employment checks.
- **Removal of the highest cost agency doctors:** of the top 10 highest cost doctors across each tier, 4 have now exited at consultant tier and 5 at resident doctor tier. Directorates are continuing to risk assess and action removal of agency doctors where it has been assessed as safe to do so.
- **Resident doctors banding reduction:** there are currently 11 non-compliant rotas in the Trust with approximately 40% of doctors in receipt of Band 3 - 100% additional allowances. Additional HR resource has been secured to support the actions required to resolve this. It must be noted that as trainees are provided by and contracted to NIMDTA (NI Medical and Dental Training Agency), the Trust has strongly challenged NIMDTA with regards to its role to address doctors' non-

compliance with rota monitoring. The Trust had a positive meeting with NIMDTA in February where discussions included ways to engage doctors in the monitoring exercises and increase the number of responses.

- **Strengthening the control environment around locum engagement:** the objective of this project is to enhance and strengthen controls in the engagement of locums to align with Trust standard recruitment processes. An internal Financial Governance Review has been completed and an action plan is addressing core issues. Core principles for all relevant stakeholders to further strengthen the control environment is under development and the SRO has implemented ongoing accountability arrangements with service Directorates to strengthen controls around medical workforce engagement and retention.
- **Temporary staffing requests:** the Trust is implementing a new system to manage requests for temporary staffing. This will strengthen controls around the approval of additional staffing and will support the DVMB medical programmes of work. Full implementation is expected by 30 June 26.
- **Progress on the implementation of the new Regional medical framework** continues with Directorates currently completing a risk matrix to assess the impact to service of potential non-compliant locums. The framework went live on 2nd March 2026. Risk assessed transitional planning continues to progress. It is expected that certain vulnerable specialties may require a transition period of up to 4 months.

Moving to table 9, Ms McCauley said this table illustrated that there has been an increase of £4.7m (1.9%) in total nursing expenditure when compared to average expenditure in 2024/25. She said the nursing workforce continues to be challenged with significant increases in escalation beds and rising absence and that while nurse agency savings are currently below the year-to-date target, figures indicate that operational controls implemented earlier in the year have had a positive impact on nurse agency volume from July 2025. However, Ms McCauley said pressures remain in Adult Mental Health and Disability services for additional nursing support. She said the 2025/26 pay award, which was paid in February, has been apportioned across the year and reflected in the prior year comparator for consistency.

Ms McCauley referred to Table 10 and said this indicated that nursing agency expenditure levels have been reducing steadily since July and average levels remain below the prior year average, indicating a continued positive trajectory. While this is encouraging further reductions will be required to deliver planned savings at pace, particularly moving into the 2026-27 financial year.

Ms McCauley said as previously reported, there are a number of work streams that are focused on stabilisation of the nursing workforce and nursing agency reduction.

She said these work streams are led by the Executive Director of Nursing as SRO with nominated leads across Directorates. Work streams include:

Nurse Governance Framework: The Executive Director of Nursing holds regular accountability sessions across service Directorates focusing on agency reduction, roster management and appropriate staffing. This exercise requires extensive reach and change management through nursing structures. Signs of change have materialised, while not at the pace preferred for savings achievement, at a pace which it is hoped will embed improved sustainable control.

Roster planning and management: the objective in 2025/26 is to fully utilise the capabilities of available technologies to embed best practice at operational level including enhanced controls in relation to roster approval and compliance with Trust policy.

Targeted training: the ongoing focus on e-Roster training provides increased assurance around the effective management of nursing resources and alignment of staffing to patient need. Bespoke finance training has been delivered to nurse managers.

Nurse staffing reviews: an active programme of nurse staffing reviews continues to assess appropriate nurse staffing levels taking account of patient acuity, increased escalation beds, patient safety and alignment with current funding levels. There are a number of complex issues currently under consideration as part of the overall solution. Wards have not been commissioned to the appropriate staffing levels, taking account of the volume of escalation beds which have been in place in recent years and also the acuity of patients which is considered to be much more complex than ever before. This is an important commissioning issue which will have to be addressed in the fullness of time with DoH/SPPG but for now we are endeavouring to stabilise the workforce through the conversion of temporary / flexible arrangements to permanent posts which should result in a significant reduction in reliance on flexible staffing arrangements including agency, bank, overtime and shift premium. Putting this arrangement in place will support the framework of control which is needed to balance the appropriate staffing models with cost containment objectives now and into the future.

Control Measure: A number of KPIs are being used to control nurse staffing to appropriate levels including shift fill targets, lead time for roster planning, skill mix variances and funded establishment variance. These are some of the measures implemented to deliver a further step change in savings opportunities from these budgets and will continue to support the financial recovery agenda.

Ms McCauley referred to table 11 Capital Expenditure. She said the Trust capital allocation (Capital Resource Limit) for 2025/26 is £54.1m and the table detailed expenditure by project to 31 March 2026.

Ms McCauley concluded her report by recapping on the key messages within her report:-

- The Trust is reporting a breakeven position at 31 March 2026, subject to audit.
- Directors have achieved £22m (97%) of their savings target for 2025/26, representing a strong year-end performance.
- The Trust is reporting a favourable variance of £2.6m against control totals at 31 March 2026. This is mainly due to the profile of additional funding applied against pressures and lower than planned growth across AMHD and COPS.
- 91.50% of undisputed invoices were paid within 30 working days of receipt against the target of 95%.

The Chair thanked Ms McCauley for the overview of capital investment and noted the strength of the Trust's existing capital base. He recognised the significant investment required to support key strategic priorities, particularly the development of the Emergency Department and paediatric unit at Altnagelvin Hospital. The Chair highlighted that capital overspends in other Trusts have implications at a system level, impacting the availability of resources that could otherwise support priority developments within the Western Trust. In particular, he noted the potential adverse effect on progressing much-needed investment in the Emergency Department at Altnagelvin.

Mrs Hargan expressed support for the Chair's remarks regarding the Emergency Department at Altnagelvin Hospital and emphasised that, while the Board considers a wide range of significant and strategic issues, the condition and capacity of the Emergency Department must remain a priority for the Trust.

Mrs Hargan said current concerns relate primarily to the infrastructure within which staff are required to deliver care, rather than the quality of care provided. She said patient feedback and complaints consistently highlight environmental and capacity constraints, which are becoming increasingly unsustainable. Mrs Hargan emphasised the importance of prioritising investment in the Emergency Department at Altnagelvin to ensure that facilities are fit for purpose and support the delivery of safe, high-quality care.

Ms McKay advised that she had met with Estates colleagues and noted that constructive discussions had taken place regarding potential measures to improve the Emergency Department environment in providing essential capital investment. She said proposals were being explored to expand the resuscitation area and to reconfigure existing space to improve patient flow.

The Chair acknowledged the need to balance immediate mitigation measures with the longer-term capital plan for the Emergency Department at Altnagelvin Hospital. He emphasised the importance of ensuring that interim actions are not perceived as meaningfully addressing the underlying infrastructure challenges in full. He stressed the importance of continued engagement with political representatives, recognising that while there is strong support across a range of issues, the case for investment in the Emergency Department at Altnagelvin requires urgent attention to ensure it is appropriately reflected in wider advocacy and prioritisation discussions.

6/26/17

USE OF TRUST SEAL 2025/26

The Chair advised that as part of the Trust's governance arrangements he is required to advise members on the occasions that the Trust's Seal was used during 2025/26.

In this regard the Chair referred members to a briefing within their papers which confirmed that during 2025/26, the Trust's seal had been used on 29 occasions.

6/26/18

BANK MANDATE – UPDATE

Ms McCauley sought approval to changes to the Trust bank mandate in respect of removing Mr Guckian, former Chief Executive (retirement date 30 April 2026) and updating the mandate given the appointment of Mrs Hargan, to the Chief Executive post (commenced 1 May 2026).

Ms McCauley said the Bank would be advised of these revisions, once approved.

Ms McCauley advised that the Bank of Ireland has advised that the full Bank mandate must be resubmitted given Mr Guckian's retirement and Mrs Hargan's appointment. She said as before to comply with this request, the Trust is required to complete and resubmit the Bank of Ireland "Unincorporated Organisation's Business Account" form (ie the bank mandate). She said the Bank of Ireland has also requested two forms of verified ID from the Chief Executive and that Section 4b is also completed for all the authorised signatories in the administration of the Trust bank accounts.

Ms McCauley said the Chief Executive continues to have approval for the submission of this information and that a letter is required to accompany the information from the Chief Executive and Executive Director of Finance of the Trust which will detail their full names, addresses and dates of birth.

Ms McCauley said Trust Board members are therefore asked to ensure they complete the information required and sign the document after Trust Board today.

Following consideration of the proposed changes to the Bank Mandate, they were proposed by Dr McGinley, seconded by Mr Telford and were unanimously approved by the Board.

6/26/19

ANY OTHER BUSINESS

There were no further items of business.

6/26/20

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 4 June 2026, at 11 am in the Lecture Theatre, Trust Headquarters

**Dr Tom Frawley CBE
Chair
4 June 2026**