Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 4 June 2026 at 11.00 am in Lecture Theatre, Trust Headquarters

PRESENT

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

Mr S Hegarty, 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 McPeake, 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
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
Ms C McLaughlin, Assistant Director Learning Disability Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Office Manager

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

7/26/1
CONFIDENTIAL ITEMS

7/26/2
APOLOGIES

The Chair advised that apologies had been received from Mrs Laird, Non-Executive Director and Ms O'Brien, Director of Adult Mental Health and Disability Services who was being represented at today's meeting by Mrs McLaughlin, Assistant Director Learning Disability.

7/26/3
DECLARATION OF INTERESTS

There were no declarations of interests recorded by members.

7/26/4
CHAIR'S WELCOME AND INTRODUCTION

The Chair began by welcoming everyone to the June Trust Board meeting.

The Chair said he wanted to open the meeting by sharing with members the detail of a discussion he had with Prof McKenna in relation to Artificial Intelligence. He said he had sought the meeting following being sighted into correspondence between Prof McKenna and Dr McGinley. The Chair said in Prof McKenna's email to Dr McGinley, Prof McKenna had likened AI to the advent of electricity which initially created great excitement but it soon became apparent that it was quite useless on its own. AI, Prof McKenna indicated was quite useless on its own, it is its applications that make it useful.

The Chair said importantly Prof McKenna then pointed out that AI is not deterministic, meaning it does not know right from wrong or good from bad. AI can therefore be used for both unethical negative purposes as well as positive purposes. The Chair said another concern is that many AI tools cannot explain why they produce a particular answer and said this lack of transparency undermines trust and makes it impossible to make it accountable for its recommendations. The Chair said we therefore need to remind ourselves in considering potential AI applications it does not have the capacity to replicate the health professional's ability to perform sensory and motor activities that are central to care - empathetic listening, therapeutic touching, emotional feeling and determining the best fit with patient preferences and values which are the foundations of high-quality care.

The Chair said that discussion that morning was hugely helpful to him in developing his thinking on how we as a Trust can build a framework that would inform how we can develop a decision making framework that will address how we manage the introduction of AI into the Trust and said Prof McKenna intends to take the discussion forward at the Trust's Community and Hospital Ethics Committee which he believed was a good place to start and said he looked forward to receiving a report on how we might proceed in an ethical way.

- On 19 May the Chair advised that the Trust had a meeting of its Organ Donation Committee chaired by Mr Gillespie. He said on 21 May he attended a meeting of the Regional Organ Donation Steering Group where the meeting was briefed that Northern Ireland continues to be one of the best performing Regions in the UK across all the critical performance indicators for Organ Donation.

  The Chair added that the Northern Ireland lead in promoting Organ Donation has highlighted the importance of messaging in our publicity campaigns. He said it was also highlighted that many donor families are reluctant to support the donation of eyes as part of their donor agreement and it was agreed that this should be the focus of further research in how this might be addressed.

  The Chair said continuing concern was also recorded in relation to the absence of finance to support vital publicity campaigns. What was reassuring however he said was the increase in the number of visitors to the Organ Donor Website. He added that the link with Translink during Organ Donation week had also been successful resulting in significant media pick up of key messages. This in turn enabled those responsible to initiate preparations for the public information programme which will be undertaken in the Autumn.

  The Chair noted discussions on the challenges arising from the new Organ Donation legislation, particularly where families are unaware of their loved one's wishes. He said the Group agreed that additional publicity funding is required to encourage family conversations and improve awareness of individual preferences/choices.

  The Chair said it was also reported there was also an excellent outreach event in Altnagelvin Hospital supported by the Western Trust's Specialist Nurses with colleagues from Ulster University and more recently the Organ Donor stand at the Balmoral Show had also been a great success.

  The final part of the meeting focused on the emerging importance of 'Living Donors'.

  The Chair said the Group was advised that recently there were 100 people involved in one donation pathway. It was again emphasised that while Northern

Ireland has a small population it is a major player in that while in 2025 there had been a dip in donors, in 2026 there had been a significant recovery. It was highlighted that the presence of SNODs in all our hospitals was acknowledged as being a real strength. The Chair said of the 43 families approached 30 said "yes" to donation and 13 did not wish to proceed. He said the key message from the perspectives who said "yes" was that it was due to human engagement not legislation.

The Chair concluded by noting that those leading the Donor Programme reported a positive cultural shift in Northern Ireland towards organ donation. It was highlighted that 42% of individuals expressed a willingness to support eye donation, reflecting an encouraging and continuing improvement.

- On Tuesday, 2 June the Chair said in the company of Rev Lindsay Blair, Lead Chaplain, he travelled to the South West Acute Hospital where they spent the day visiting wards and speaking to staff. He said the visit was facilitated by Mrs Reid, Assistant Director of Nursing, and Mr Henderson, Medical Directorate.

  The Chair said it was a most informative visit starting at the Stroke Unit where they met the Ward Sister who shared with us the significant focus the Ward Team has on the "Walls" Initiative whose care objective is to reduce the risk of falls for frail elderly patients. He said this initiative has been very successful and currently senior management are examining the implications of rolling it out across the Trust. The Chair said a particularly striking feature of the ward environment was the use of symbols such as 'Catch a Falling Star' and 'Forget me Nots' for patients diagnosed with Dementia, they were also briefed on the distribution of Palliative Care Boxes for patients who are terminally ill.

  From the Stroke Unit, the Chair said they moved to the Elective Care Ward, Ward 9. In Ward 9 the Sister provided a first-hand account of the Elective Rebuild at SWAH explaining that patients are being referred into the Unit from across Northern Ireland. The Ward Sister emphasised that while the ward's central focus is surgery, in periods of intense pressure the ward also accepts medical patients in escalation beds to ease the pressure elsewhere in the hospital.

  Following this ward the Chair said they visited the Critical Care Unit where the Sister described the critical role of Chaplains in supporting families whose relatives have been admitted to the Unit.

  The Chair said the pressures being experienced by Chaplains was also discussed particularly the very limited time available to fulfil their roles which he said he wanted to acknowledge and commend them for their commitment to their chaplaincy roles.

The Chair said before ending their visit to the hospital, Rev Blair and he spent time in the Maternity Unit and concluded their visit in the Paediatric Unit.

The Chair said what was particularly striking for him across all the areas visited was the positivity of all the staff they met. He said staff conveyed a sense of pride at what was being achieved each day despite the relentless pressure they were under.

The Chair advised that before departing the hospital, he joined Rev Blair and Rev Beacom who is the Chaplain engaged in looking after the spiritual needs of the Methodist Community in the Southern Sector. He said in this role Rev Beacom also has responsibility for looking after persons of other faiths beyond the major Christian denominations and those of faiths who are not Christian.

The Chair said the reason Rev Beacom was present was that two members of the Muslim Community had asked to meet Rev Blair to discuss how the Chaplaincy Team might facilitate discussion and thus greater awareness and insight of the needs of the members of the Muslim faith when they are in the care of the Western Health and Social Care Trust. The Chair added that they also raised issues around the Trust's support and engagement of those from the Muslim community who are employed by the Trust. The Chair said the 2 members from the Muslim Community who attended the meeting were Iman Yunus and his wife Fatima and said there had been a very constructive discussion ranging across a number of issues.

At the end of the meeting, the Chair said it was agreed that they should develop a note capturing the important issues they wished to have further discussion on and forward it to him for discussion with the Chief Executive.

In closing these remarks, the Chair said he wished to thank Mrs Reid and Mr Henderson for giving up their time to walk him and Rev Blair through a very full and informative visit. He also thanked Mrs Love, Rev Blair and Rev Beacom for their contribution to the discussion with the members of the Muslim Community in Enniskillen.

- The Chair said later today, after the Board meeting, Mrs Hargan, Mrs Keenan and he would be travelling to Belfast for the RCN Nurse of the Year Awards. The Chair said he was proud to advise that the Trust has 7 finalists across the range of categories and on behalf of members he wished them all the very best of luck.

Rev Canon McGaffin highlighted the need for a significant piece of work to address cultural and faith considerations in care. She said it was noted that, as society becomes increasingly multicultural, there were important differences across faiths and cultures in relation to illness, death, and care which require careful

understanding. Rev Canon McGaffin emphasised the importance of proactively addressing these issues to ensure that all patients receive high-quality, culturally sensitive care.

The Chair acknowledged the importance of cultural and faith considerations in care, noting feedback from the local Muslim community, including sensitivities such as those around Ramadan. He referred to the distinction between chaplaincy provision and broader care needs, and highlighted examples where a lack of cultural awareness had led to criticism in other healthcare settings.

The Chair recognised that, while positive progress has been made in engaging with diverse communities, further work is required to strengthen understanding and responsiveness, particularly in high-pressure areas such as Emergency Departments. The Chair confirmed that further engagement would be undertaken to support this important area of work.

7/26/5
MINUTES OF PREVIOUS MEETING – 7 MAY 2026

The Chair referring to the minutes of the Trust Board meeting held on 7 May 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 May Board meeting.

7/26/6
MATTERS ARISING

The Chair noted that there were no matters arising.

7/26/7
CHIEF EXECUTIVE'S REPORT

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

General Pressures

Mrs Hargan advised that sustained and significant pressure continued across unscheduled care. She said Altnagelvin Hospital was currently managing between 65–70 patients awaiting admission each day, with South West Acute Hospital managing 20–25 patients waiting admission. Mrs Hargan said as of Wednesday, the number of patients medically fit for discharge but delayed was 105 at Altnagelvin Hospital and 74 at SWAH. Mrs Hargan said bed occupancy remained effectively at 100%, with over 40 escalation beds in place on both sites. She said there had also been an increase in the number of patients waiting over 12 hours in Emergency Departments. Mrs Hargan assured members that site co-ordination continued on a daily basis, with Directors and Assistant Director-led control meetings, supported by the Regional Control Centre.

Mrs Hargan said she wanted to acknowledge and sincerely apologise to the many patients and families who were experiencing extended waits across their care pathway.

Mrs Hargan advised that a focused and urgent review is underway in respect of "Better Care for Older People", with the first meeting of Executive and other Directors, chaired by Mrs McKay, having taken place to agree the objectives and organisational arrangements to support this work.

Accounting Officer Status

Mrs Hargan said as members would be aware, on taking up post as Chief Executive on 1 May 2026 she was formally designated as "Accounting Officer" for the Western Health and Social Care Trust. In this capacity, Mrs Hargan said she received a formal letter from the Permanent Secretary setting out the responsibilities and expectations associated with the role, including its relationship with the Permanent Secretary as Principal Accounting Officer within the Department of Health and the framework within which these responsibilities are discharged.

Mrs Hargan said the letter emphasised her personal accountability for safeguarding public funds, ensuring their proper use, and securing efficient, economical and effective administration in line with *Managing Public Money Northern Ireland*. She said it highlights the need to maintain a sound understanding of governance, propriety and accountability, and to apply in their decisions the core principles of regularity, value for money, affordability, effective risk management and robust financial control. Mrs Hargan said it also confirmed her accountability to the Assembly for the Trust's use of resources, her advisory role to the Board on financial governance and propriety, and the potential for scrutiny by the Public Accounts Committee.

Mrs Hargan said the correspondence further confirmed that the Department of Health's oversight role and the importance of effective partnership working and ongoing engagement. Following receipt of the letter, Mrs Hargan said she met with the Permanent Secretary on 13 May to discuss her responsibilities as Accounting Offers and to ensure clarity on the governance and accountability framework within which she would exercise these responsibilities.

On 3 June, Mrs Hargan said she attended a Public Accountability and Governance training session for Accounting Officers at the Northern Ireland Audit Office in Belfast. Mrs Hargan said the session had been delivered by the Chief Executives Forum, with input from the Department of Finance and the Northern Ireland Audit Office and provided further insight into governance frameworks, accountability requirements and best practice drawing on practical case studies of both governance failure and good practice to support reflective learning.

Visits to Services and Teams

Mrs Hargan said as she settled into her new role as Chief Executive, she asked each member of the Corporate Management Team to identify three facilities across the Trust that they would recommend she visit over the coming months, in order to support early engagement and a broader understanding of services across the organisation.

In this regard during the month Mrs Hagan said she visited a number of facilities and meet many staff including the 16 plus Team at Robin Hill to see the Life Skills Hub, the Trust Diabetic Team at the South West Acute Hospital and a group of Allied Health Professionals from SWAH, Omagh Hospital and the Primary Care Complex who provided a series of short presentations highlighting the proactive work underway to improve care for patients and clients across the Trust, reducing length of stay and supporting faster recovery and greater independence within the community

Mrs Hargan said these visits provided valuable opportunities to engage directly with frontline staff, allowing her to hear both key achievements and the current challenges being experienced, as well as facilitating open and constructive discussion.

Mrs Hargan said she very much looked forward to continuing this programme of familiarisation over the next few months.

Regional AIPB Community Planning Workshop 27 May

On Wednesday 27 May, Mrs Hargan advised that she attended a half-day regional workshop with the Permanent Secretary and representatives from the Department, SPPG, other Trusts, local government, community and voluntary sector and service

user representatives. She said the workshop focused on how best to align the work of Area Integrated Partnership Boards with Community Planning Partnerships, in the context of the emerging neighbourhood model and the development of Integrated Neighbourhood Teams.

Mrs Hargan said a number of potential approaches were considered, with a clear preference for integrating the role of AIPBs within Community Planning Partnerships. She said it is expected that this will support a stronger, single place-based approach to strategic planning and help reduce duplication across the system.

Mrs Hargan said a key outcome was agreement on the need to streamline current arrangements, while enabling Integrated Neighbourhood Teams to focus on delivery and operate as localised collaborative partnerships bringing together GPs, district nurses, social workers, community pharmacists and community and voluntary sector organisations to deliver more coordinated, proactive health and care closer to patients' homes.

The Chair thanked Mrs Hargan for her informative report and asked if members had any questions.

Dr McGinley said she welcomed the Community Planning workshop, noting the importance of joint working between the Department, the Trust, and local partners to better embed and streamline systems. She said the work being progressed with local Councils, including community planning initiatives in Fermanagh, was a positive example of this collaborative approach.

7/26/8
CORPORATE RISK REGISTER

Dr Lavery referred members to the Trust's Corporate Risk Register as approved on 7 May 2026, noting that there are 24 risks on the register.

Dr Lavery shared with members a proposal to add a new risk to the Corporate Risk Register in relation to equip go live dates. He noted the risks to delivery of the equip go-live timeline due to programme readiness issues, particularly impacting HR and Finance functions, slipped timelines with an anticipated delay of approximately 12 weeks following failure to complete an earlier programme stage on time. Dr Lavery said a revised approach involving compressed timelines for training and data migration introduced additional risk and that ongoing concerns were also raised regarding limited progress in payroll and HR design, and the potential that end users may not receive sufficient training ahead of go-live.

Mr Hegarty reflected on the delivery of the programme in comparison to encompass, noting that the current approach did not appear aligned in terms of prioritisation or resourcing, despite the work being critical. He observed that the challenges being experienced were foreseeable, and members queried whether sufficient priority had been afforded to the programme at an earlier stage.

Ms McCauley referred to the delivery of the equip programme alongside encompass, noting that while the workstreams had run in parallel, there were concerns that system capacity and resourcing had not been sufficient to support both effectively. She highlighted that, although additional resources had been secured through the business case and change funding, the programme had not been afforded the same profile or prioritisation as encompass. Ms McCauley noted that the regional approach to implementation, with all Trusts progressing simultaneously, had introduced additional complexity, with programme management resources spread across the system rather than focused on individual Trust delivery.

Mrs Hargan advised that Karen Bailey, Senior Responsible Owner, is taking steps to raise the programme's profile regionally, including bringing it to Senior Leaders' Forum on a regular basis to ensure greater oversight and attention. She said it was also highlighted that the implementation approach differed significantly from that used for encompass, with separate consultancy teams supporting design and delivery. This, combined with the regional implementation model, was noted as adding further complexity to the programme.

Ms McCauley expressed concern regarding the effectiveness of communications to date, noting that this was a key issue identified through recent go live readiness assessments. She highlighted that changes to programme timelines, including a revised proposed go-live in November (subject to final confirmation), had contributed to uncertainty. Ms McCauley emphasised the need to strengthen communications to engage staff effectively, particularly those beyond Finance and HR, and to ensure a clear understanding of the wider organisational impact. She cautioned that insufficient awareness and preparedness could lead to significant operational risks at go-live.

Mr Hegarty asked if the Board should raise this as an issue with the DoH.

The Chair acknowledged Mr Hegarty's concerns regarding the programme's profile, noting that, whilst it represents a fundamental system impacting pay, workforce and recruitment, it has not been afforded the same visibility or organisational focus as encompass and he agreed that greater regional ownership and visibility are required to ensure appropriate prioritisation. The Chair indicated willingness to escalate these concerns formally to the Department, on behalf of the Board, to highlight the risks associated with the current position and the need to ensure readiness for delivery of

this critical system. The Chair asked Mrs Hargan and Ms McCauley to draft a letter for his consideration.

Mr Telford noted that the Trust's ability to mitigate the risks locally remained limited until the regional position is resolved. He highlighted that, from an assurance perspective, a clearer regional response was required, particularly where local teams have identified limited control over key risks. Mr Telford queried whether a formal "go/no-go" decision point would be built into the programme to provide assurance on readiness prior to implementation.

Ms McCauley referred to the programme "stage gates", noting that the programme had progressed beyond an initial gate and was moving from design and build into user acceptance testing. She highlighted that testing was occurring in parallel with change management activities, which remained dependent on completion of earlier stages. Ms McCauley expressed concern regarding the concurrent delivery approach and the associated programme management risks.

Mrs Hargan supported the proposal that the Trust formally raise its concerns with the DoH. She assured members however that the Trust is fully engaged in the programme at a regional level, with senior representatives, including herself, Ms McCauley and Mrs Santiago, actively participating in programme governance structures. She said whilst acknowledging this involvement, she agreed that it was appropriate to formally raise concerns, particularly given the risks captured on the Trust's risk register. Mrs Hargan emphasised that any escalation should be accompanied by a clear and considered "ask" of the Department, setting out the specific actions or assurances required to address the identified risks.

The Chair emphasised the importance of raising concerns in a constructive and balanced manner, recognising the Trust's active involvement in the programme. He noted that, while the system represented a critical "back-office" function underpinning workforce and payroll, it had not achieved the same visibility or organisational focus as other programmes. The Chair raised concern that the scale and complexity of the programme may be underestimated, with a risk that insufficient awareness and prioritisation could lead to wider system impacts. He agreed that escalation should be framed positively, acknowledging shared ownership of the programme and focusing on how communications, awareness and delivery can be strengthened to support successful implementation.

Prof McKenna referred to the update on cyber risk and noted a reported increase in supply chain cyber incidents and the resulting impact on the capacity of the Trust's small cyber security team. He expressed concern in the context of the growing importance of cyber security, particularly with the increasing use of emerging technologies. Prof McKenna noted the heightened risk environment and the need to ensure that adequate resource and resilience are in place to respond effectively.

Mrs Molloy advised that supply chain cyber incidents now represent the predominant cyber risk across HSC, with multiple Trusts often affected due to shared suppliers. She said assurance is provided in that robust regional incident management arrangements are in place, supported by coordinated decision-making through BSO and senior leadership structures to protect networks while maintaining services. Mrs Molloy acknowledged that the number of incidents has increased, placing pressure on the Trust's small specialist team, although she said these have been managed effectively to date. Mrs Molloy noted, however, that assurance from individual suppliers remains a key area for development, with further work required in this regard. She emphasised the importance of strong business continuity arrangements, with assurance provided that these are regularly reviewed and tested, particularly in response to supplier disruption.

Following consideration of the proposed new risk in respect of equip go live, members unanimously approved its inclusion on the Corporate Risk Register.

7/26/9

ENVIRONMENTAL CLEANLINESS REPORT – JANUARY – MARCH 2026

Prof Keenan thanked Non-Executive Directors for meeting with the Professional Nursing Team following the previous Board meeting. It was noted that future reports will present data with a continued focus on key themes, learning, and good practice to support improvement and action planning.

Prof Keenan referred to the quarterly Environmental Cleanliness Report for the period January – March 2026. Commencing with the compliance rate for bi-monthly audits (39 areas), Prof Kennan advised that completion as per schedule for January - March 2026 was 95%, which was an increase from the previous reporting period.

Prof Keenan said compliance with the quarterly audit schedule (102 areas) fell from 92% to 88% in the audit period with 97% of the audits achieving the required standard (green / ≥ 91%). She said there will be a focus on adherence to the audit schedule by all services.

Prof Keenan advised that there was an increase in the number of Six-Monthly audits completed as per the schedule to 94%, with 95% of the audits achieving the required standard (Green / ≥ 91%).

Referring to managerial audits, Prof Keenan said adherence to the schedule during quarter 4 reduced compared to last year however there was an increase from 46% achieving the standard in quarter 4 to 77% this year.

Prof Kennan advised that 100% of the bi-monthly audits achieved the required standard (green/≥ 91%). She said the performance for the quarterly audits was 97% achieving green and 3% were in the amber range (≥75-90%) whilst 95% of the Six-monthly audits achieved green and 5% achieving amber. Prof Keenan advised that a number of issues had been identified within the audits requiring attention in either one or two of the parameters of cleaning, professional or estates and she said these ranged from general maintenance and replacement of flooring to issues with clutter and cleaning.

Moving to the performance of managerial audits completed in quarter 4, Prof Keenan advised that 77% of audit had achieved the acceptable standard (scoring Green ≥ 91) and 23% amber. She noted that 91% of the managerial audits had been completed during 2025/2026 with 23 audits having not been completed and these would be scheduled for audit early in the 2026/27 programme. Prof Keenan added that the areas scoring amber did not achieve the required standard due to a number of issues such as clutter, areas not cleaned and general wear and tear of the environment.

Prof Keenan advised that exception reports had been submitted and action plans are in place to address highlighted issues and those areas that have not submitted exception reports have been followed up with the Lead Nurse/Midwife/Head of Service. Prof Keenan said the areas not achieving the required standard are highlighted and will be discussed at either the Accountability and Assurance Committee meetings (for nursing and midwifery areas) or the Environmental Cleanliness Accountability meeting for all areas not managed by nursing/midwifery ie. day centres, laboratories and the areas where Allied Health Professionals are based.

Prof Keenan outlined the proposed plan for 2026/27, including the introduction of a new managerial audit process to track completion status and support timely rescheduling, a focus on stock management and decluttering, and enhanced support for new managers through education sessions on Environmental Cleanliness audits using Page Tiger. She also noted that issues will continue to be highlighted through Environmental Cleanliness Accountability and Nursing Accountability and Assurance meetings, with ongoing liaison with Lead Nurses, Midwives, and Heads of Service.

Prof McKenna congratulated the team on the positive performance, acknowledging the hard work undertaken, and noted that, whilst some issues remain, there was clearly confidence these are being actively progressed. Prof Keenan thanked Prof McKenna for his positive remarks and emphasised the importance of managerial audits in facilitating peer review.

The Chair referred to the focus on strengthening ownership at ward level and queried whether this had led to a positive impact. Prof Keenan confirmed that it had,

noting that sharing detailed information and explaining action plans had improved awareness and understanding of issues at ward level.

7/26/10
QUALITY IMPROVEMENT MONITORING – VTE

Dr Lavery referred members to the quarterly report in respect of the quality improvement plan in respect of Venous Thromboembolism (VTE).

Dr Lavery advised that venous thromboembolism (VTE) is a significant cause of mortality in hospital patients, with non-fatal cases and associated long-term complications also generating considerable cost for the health service. He noted that NICE guidance, endorsed by the Department of Health, has been implemented in Northern Ireland, with assessment of VTE and bleeding risk identified as a key priority in delivering this guidance.

Dr Lavery noted that, prior to the introduction of encompass in May 2025, compliance with monthly audits of VTE risk assessments within 24 hours of admission had been reported to the PHA. He said this had been paused regionally pending the development of a reporting function within encompass. Dr Lavery said the Chair of the Trust's VTE Group is engaged in the Regional Encompass Benefits Group and provides quarterly updates locally and noted that all Trusts are experiencing similar challenges, and that information available within EPIC may not align fully with the previous audit tool.

Dr Lavery advised that the Trust VTE Group is considering the development of a Trust standard operating procedure in order to resume as an interim measure and to ensure consistency. He said some inpatient wards continue to manually audit 10 patient charts each month to provide assurance until a reporting function with official statistics is available on encompass. He added that a "hard stop2 has been built into EPIC to prompt staff to complete the VTE Risk Assessment and that if a staff member proceeds without completing the risk assessment, EPIC will record the identity of the staff member.

Dr Lavery highlighted that there is no "hard stop" built in to the risk assessment on the system to ensure that all risk factor questions are completed by medical staff. He said it was being suggested that 3 hard stops could be added to the build on EPIC related to lower limb injuries and that this has been shared with the encompass team for regional discussion and agreement.

Concluding his report, Dr Lavery advised that the Trust VTE Group continues to monitor any cases of hospital acquired thrombosis as a standing agenda item at

quarterly meetings. He said any cases deemed to be managed inappropriately are reviewed to identify any action required.

Rev Canon McGaffin referred to VTE audits across some inpatient wards and asked were these wards self-selected. Dr Lavery assured members that a targeted, risk-based approach to VTE audit is currently in place, with selected wards undertaking manual auditing due to limitations in the previous reporting mechanisms. He said assurance was provided that all confirmed VTE incidents are subject to review, enabling identification of key learning. Dr Lavery highlighted that system controls, including mandatory completion within Epic, support compliance. Members acknowledged that extending full audit requirements across all wards would increase operational burden, and that a balanced approach is being adopted pending development of more comprehensive reporting functionality.

Rev Canon McGaffin queried the variability in current audit arrangements, noting a lack of clarity regarding why some inpatient wards continue to undertake manual audits where this is no longer mandatory. Dr Lavery explained that, prior to system changes, all wards undertook routine audits; however, this was no longer feasible. In response, he said a targeted approach had been adopted to maintain a level of assurance, alongside the review of all VTE incidents to support learning. Members noted that this approach represented a balance between maintaining oversight and avoiding additional burden on clinical areas.

The Chair raised concerns following recent media coverage regarding delays in correspondence associated with encompass, seeking assurance regarding any potential vulnerabilities within medical services. He sought assurance that the position was being actively monitored within the Trust and that any risks associated with correspondence or system functionality were being identified and managed appropriately.

Mrs Molloy in response clarified that the issue related to rejected referral correspondence issued to GPs, rather than patient letters. She said these arise where referrals are deemed clinically inappropriate or lack sufficient information for triage. Mrs Molloy advised that a recent system change impacted this process, likely linked to workflow changes at the time of the Prisons programme go-live, and that a full root cause analysis is underway. Mrs Molloy provided members with assurance that all urgent and red-flag correspondence had been issued by the end of May, with the remaining backlog expected to be fully cleared imminently. Dr Lavery also advised that a regional meeting is taking place tomorrow to further consider this issue.

The Chair thanked Mrs Molloy for this update and welcomed the assurance she had provided.

7/26/11

MEDED WEST ACADEMIC REPORT 2024/25

Dr Lavery referred to the MedEd West Academic Report for the period August 2024 – July 2025 and said the report outlined a significant period of growth and transformation in Medical and Dental Education within the Trust. He said the expansion of medical student numbers and the successful introduction of the Ulster University Graduate Entry Medical School, with its first cohort graduating in June 2025, represented key milestones.

Dr Lavery advised there has been continued development of simulation-based education, now fully embedded across undergraduate and foundation programmes, alongside investment in new training technologies and facilities. He added that teaching provision had expanded considerably, supported by an increasing faculty, including teaching fellows and GP educators

Dr Lavery said undergraduate and postgraduate education continues to demonstrate strong quality outcomes, with high levels of student satisfaction and positive feedback on teaching, placements, and support. He added that training programmes have adapted to increased demand, with improved systems, expanded placements, and ongoing curriculum development.

Dr Lavery said the report also highlighted growing pressures associated with expansion, including increased operational workload, infrastructure constraints, and the need for additional resources and staff. He noted that future priorities focus on sustaining quality, strengthening capacity, enhancing communication, and supporting continued workforce development.

Dr Lavery commended the report to members.

Dr McGinley referred to the increase in trainee numbers and queried the extent to which the local medical school supported the retention of doctors locally. Dr Lavery advised that he did not know the exact numbers but was aware that from the cohort the Trust had employed some of the doctors in both Altnagelvin and South West Acute Hospital.

The Chair noted the challenges in retaining locally trained doctors, highlighting that some trainees funded by the Republic of Ireland are contractually required to return to the Republic of Ireland following completion of their training, which impacts workforce sustainability. He further noted opportunities to strengthen the visibility of Ulster University's contribution to medical and nursing education within the Trust and indicated that, similar to Queen's University, appropriate recognition at hospital entrances should be considered.

Prof McKenna advised that initial feedback from the Dean of Medicine at Ulster University suggested strong local retention, with many graduates choosing to work in Northern Ireland, including within the Western Trust, supported by their training experience in the area. He said the Dean also reported a trend towards general practice, reflecting the emphasis within the medical curriculum. Prof McKenna said the Dean agreed that further detailed data will be provided to give a more complete understanding of retention outcomes.

Rev Canon McGaffin referred to statistics presented on burnout among doctors and trainers, emphasising the importance of the Trust not overlooking this issue. Dr Lavery acknowledged that this was reflective of a wider challenge across all healthcare staff.

Rev Canon McGaffin queried responsibility for addressing rota gaps. Dr Lavery advised that medical staffing levels are determined in partnership with NIMDTA, with the Trust utilising locum staff to address any shortfalls. He noted that allocations have improved this year compared to previous years.

Dr Lavery further advised that, from August 2026, the Trust expects an increase in medical staffing, particularly for the South West Acute Hospital, reflecting ongoing work led by Mrs McKay, Prof Monaghan and Dr Thiraviaraj. Members welcomed the year-on-year improvement in allocations. Mrs McKay confirmed that rota gaps and medical staffing levels are closely monitored.

7/26/12

PERFORMANCE REPORT – EXCEPTION REPORT

Mrs Molloy advised that this was an exception report and confirmed that there were no items requiring escalation to the Trust Board, with all matters currently in hand through regular reporting to the Corporate Management Team.

Mrs Molloy advised that planning is underway for formal reporting arrangements for 2026/27 and confirmed that Quarter 1 reporting will remain consistent with the 2025/26 format, with potential changes to follow thereafter.

7/26/13

FINANCE AND PERFORMANCE COMMITTEE

Minutes from a Formal Committee meeting held on 3 February 2026

Mr Hegarty referred members to the minutes of a formal meeting of the Finance and Performance Committee held on 3 February 2026 for information. He said a verbal update had been provided previously to Trust Board.

Report from the Formal Committee meeting held on 2 June 2026

Mr Hegarty referred to a Committee meeting held on 2 June 2026. He said the Committee noted the Quarter 4 Trust Performance Report for 25/26 and the Financial Performance Report for Month 12 – 31 March 2026 as both reports were provided to the May Trust Board meeting.

Mr Hegarty advised that Mrs McKay, Director of Unscheduled Care, Cancer, Medicine & Clinical Services attended the Committee meeting to brief Committee on the 'Release to Rescue' Protocol and the Trust's performance against the new protocol.

Mr Hegarty advised that the Committee received a briefing on the Dementia Improvement Work led by Dr O'Neill and Mr J P McGinley, Assistant Director, which included the reflections and learning from the improvement work. Mr Hegarty said the project in the Southern Sector is worthy of careful consideration.

Mr Hegarty said members were provided with a finance update from the Trust's Delivering Value Programme in relation to the Trust's Financial Recovery Plan 2025/26 "Close Out" Report. He said the Committee were given the opportunity to ask questions and seek further clarification on any aspect of the briefings provided to members.

Mr Hegarty said the Committee noted the draft programme of focus areas for each of the Finance & Performance Committee meetings in 2026/27 and moving into 2027/28.

Dr McGinley commended the examples of good practice presented to the Committee and suggested that these be considered for inclusion in the Trust's Staff Recognition Awards.

7/26/14

ENCOMPASS UPDATE

Mrs Molloy advised that, one year on from go-live, encompass has significantly transformed the delivery of care across the Trust, improving patient safety, supporting more efficient clinical workflows, and strengthening integration across services and Trust boundaries. She referred to her briefing within members' papers and said this presented an update on progress and achievements since go-live in May 2025, outlining benefits realised to date, current challenges, and priorities for the next phase of digital maturity and optimisation.

Mrs Molly said the establishment of a single digital health record had meant improved information accessibility and continuity of care to patients and clients across hospital and community services, and between Northern Ireland HSC Trusts. She said for clinical, professional and operational teams, encompass had improved the availability of timely information to support decision-making, service coordination and more consistent care delivery. She said this had enhanced the experience of patients, service users and staff, while also creating a stronger foundation for future service transformation and digital maturity.

Mrs Molloy said the move to encompass was one of the most complex and significant digital transformation programmes ever undertaken in Northern Ireland and was successfully delivered with the final phase of implementation being the concurrent go-live for the Western Trust and the Southern Trust. She said the go-live was the culmination of years of design, testing and collaboration across teams and disciplines.

Mrs Molloy said implementing encompass had required significant organisation-wide preparation and coordination, enabling teams to continue to support safe, effective digital working across services for patients, service users and staff. She added that the implementation of encompass had permanently increased the scale, complexity and criticality of Digital Services with around 29,000 devices and peripherals being deployed as part of the readiness activities for go-live representing an increase of approximately 60% in assets that the Trust's Digital Services department are required to maintain and support. Mrs Molloy said this expansion also included new device types such as Workstation on Wheels, All-in-One bespoke devices and a significant increase in printers. In addition, she said "Bring Your Own Device" and remote access devices have also increased, adding complexity to security and connectivity support.

Mrs Molloy said as a highly complex digital platform, encompass requires continual oversight, configuration and optimisation. She said this includes two scheduled upgrades each year and a monthly planned downtime programme of work, all of

which require careful preparation and coordination between Professional Leads, Digital Services and operational teams.

Mrs Molloy said at the same time the implementation of encompass has created opportunities to reduce system legacy costs. Systems such as PAS, Patient Centre, Flow Bed Management and Savience Check-In have already been replaced and further work is ongoing to identify additional exit plans and opportunities for savings.

Mrs Molloy continued to provide members with an update across a range of subjects. In relation to performance, she said overall performance for 2025/26 showed a positive position in hospital activity, with activity levels maintained or increased compared to 2024/25. She added that community activity was lower than the previous year, partly due to data quality and system issues affecting some services, including Allied Health Professionals and the Community Dental Service. Mrs Molloy said data validation remained ongoing, with figures subject to change as regional workstreams continue to improve data quality, definitions, and reporting arrangements following the introduction of Encompass. Mrs Molloy said since go-live, the focus had been on stabilising the system, embedding new workflows, and improving data accuracy, with strong staff engagement supporting progress.

Referring to digital champions, Mrs Molloy said the Trust recognised the important contribution super users made during and after go-live. To build on this capability, she said the Trust had established a Digital Champion network to sustain digital leadership and cross-service collaboration. Mrs Molloy said digital champions play a key role in supporting ongoing optimisation and continuous improvement across services.

Mrs Molloy referred to innovation and said the Western Trust had played a leading role in aspects of the encompass rollout, including being the first Trust in HSCNI to implement Barcode Medicines Administration (BCMA) in Emergency Departments, improving medication safety and staff confidence. She highlighted that learning from this implementation was informing rollout across the region and the Trust also continues to contribute to regional development through Pathway Councils, ensuring that system changes are informed by local experience and support safe, standardised care.

Mrs Molloy advised that benefits from Encompass were already being realised through improved information access, safer care, and better integration across services. She said key improvements included enhanced data visibility, stronger communication between hospital and community services, more efficient ward rounds, and operational efficiencies in areas such as housekeeping, portering, and remote working. She also noted formal tracking of benefits, including reduced reliance on legacy systems, decreased paper use, and organisational efficiencies, alongside the introduction of new roles to support the evolving model.

Mrs Molloy said My Care continues to support digital transformation by improving patient access, convenience, and involvement in care, although uptake in the Western Trust (13.1%) remained below the regional average. She said targeted engagement and service integration are ongoing to increase usage, supported by regional and local teams. Mrs Molloy said new functionality, including MSK Physio self-referral and appointment self-scheduling, was improving access, flexibility, and efficiency, with potential to reduce waiting times as uptake increases.

Mrs Molloy concluded her report by referring to the programme's strategic priorities for 2026-2027. She said in relation to the delivery of the remaining programme elements she said there were aspects of the encompass functionality which are planned to go live in the coming period, which emphasised the need to maintain core project and professional resources within Trusts to support such "go lives". Mrs Molloy said these included:

- Mortality and Morbidity Pathway with a planned to go live 8 June 2026;
- Child Health system, with a planned to go live in August 2026; and
- Blood Transfusion Order Comms (Phase 2), with a planned go live date to be confirmed.

Mrs Molloy noted that delivery of the Children's Social Work functionality has been significantly delayed, with further development requiring a new business case and revised timeline. She said a regional roadmap is nearing approval, setting out priority actions to optimise encompass, although delivery will be constrained by available resources. Mrs Molloy said ongoing pressures on regional and local resourcing were highlighted, with further investment likely required to progress key areas.

Mrs Molloy also noted that benefits realisation was being used to offset new roles arising from implementation, while data quality and reporting remain a work in progress, with steady improvements and ongoing review of performance and information structures.

The Chair welcomed the My Care App, noting its positive impact on access to information and patient experience. He said the potential for digital exclusion was important, and noted the ability of proxy access. The Chair emphasised the importance of encouraging a wider uptake to maximise benefits.

The Chair commended Mrs Molloy for her leadership in the implementation of the programme and for her continued commitment and support.

Dr McPeake advised that feedback from leadership walkrounds continues to be positive, with staff highlighting the value of encompass in supporting service delivery.

He said this was noted as providing reassurance regarding adoption and the benefits being realised across the Trust.

Dr McPeake highlighted the importance of ongoing data validation and sought further assurance on the scale and nature of current reporting gaps following implementation of encompass. It was noted that, while progress is being made, reporting is not yet at the desired level and greater clarity would be helpful in understanding where assurance gaps remain. Dr McPeake suggested that a more detailed update be brought to the Governance Committee in September, setting out the current position, areas requiring further validation, and the actions being taken to strengthen reporting and assurance.

Mrs Molloy confirmed that she would take an action to bring a further update to the Governance Committee. She advised that the information is already provided to the Finance and Performance Committee setting out areas of high, medium and low confidence in the data, and that this was also being considered regionally across all Trusts.

Mrs Molloy noted with concern the pause in the delivery of the Children's Social Work functionality within the encompass programme, recognising this as an important and unfinished element of the rollout. She said this position was disappointing for the Trust, particularly given the significant contribution of local teams to its development. Mrs Hargan said progression will require a new business case, and said this area should remain a focus of ongoing attention to ensure the gap is addressed.

Dr Cassidy acknowledged the risks arising from the partial implementation of encompass within multi-agency and multidisciplinary services, noting the potential for gaps where some partners are using the system and others are not. He noted that this presented a risk of incomplete information sharing and that the position required careful management. Members were advised that a regional risk summit is planned, which Mrs Hargan will attend, and it has been agreed that this issue should continue to be closely monitored.

The Chair thanked Mrs Molloy for her comprehensive update and requested that she draft a letter, on his behalf, to formally acknowledge and thank staff involved in the implementation of Encompass.

7/26/15

STANDING FINANCIAL INSTRUCTIONS

Ms McCauley advised that the Trust's Standing Financial Instructions had been updated and presented a schedule outlining the material changes, along with minor

amendments to wording and committee titles. She confirmed that the revised SFIs had been reviewed by the Audit and Risk Assurance Committee at its meeting on 11 May and were being recommended to the Trust Board for approval.

Following consideration, the amended SFIs were proposed by Mr Telford, seconded by Prof McKenna, and unanimously approved by members.

7/26/16

AUDIT AND RISK ASSURANCE COMMITTEE

Minutes of meeting held on 9 February 2026

Mr Telford referred members to the minutes of an Audit and Risk Assurance Committee meeting held on 9 February. He confirmed that a verbal update of the Committee meeting had previously been provided to members.

Verbal update from meeting held on 11 May 2026

Mr Telford provided members with an update on the Audit and Risk Assurance Committee meeting held on 11 May 2026.

Mr Telford advised that the Committee was provided with an update on the Corporate Risk Register and on the review of the Orange Book and the actions being taken forward by the Trust.

Mr Telford advised that Mr Shivashankar joined the Committee and provided an update on the progress of the implementation of the recommendations from the Mortality & Morbidity Internal Audit Report.

Mr Telford advised that the Head of Internal Audit presented 7 Internal Audit reports completed since the last Committee meeting. He said the outcome for the audits were 1 had satisfactory assurance, 4 had limited assurance and 2 had split satisfactory/limited assurance. Mr Telford said the Committee was briefed on each report and discussions on each had taken place.

The Committee were advised that Mrs Molloy would be attending the June Committee meeting on the IT Audit and discussions on this report were carried forward to the next meeting.

Mr Telford said the Committee were provided with an update on the Shared Services audits conducted during 2025/26.

Mr Telford advised that the Committee was briefed on the year-end Internal Audit follow up report which outlined that 82% of the outstanding recommendations examined were fully implemented and 18% were partially implemented. He said the Head of Internal Audit advised that they had engaged with both Trust and SPPG Management to obtain an assessment on the current status of the 1 open recommendation and it had not been implemented. The Head of Internal Audit advised the Committee to seek a timeline for conclusion of service planning and also procurement in these material spend areas of social care contracting. Further discussion took place and Mr Telford advised that he would raise the issue at the Department of Health's Audit & Risk Assurance Committee.

Mr Telford advised that the Head of Internal Audit briefed the Committee on her annual report for 25/26, which provided the Trust with a satisfactory assurance on the adequacy and effectiveness of the Trust's framework of governance, risk management and control. He said satisfactory assurance or mainly satisfactory assurance has been provided in the majority (two thirds) of the audits conducted in 2025/26, including in core areas such as Board Effectiveness, Payments to Staff, Personal and Public Involvement and Management of the Escalation of Beds. Mr Telford said the Head of Internal Audit also acknowledged the good performance of the Trust in implementing previous audit recommendations.

Mr Telford said although overall Satisfactory assurance was provided the Head of Internal Audit highlighted that limited assurance had been provided in a number of areas.

Mr Telford advised that the Director of Finance took the Committee through the Trust's draft annual report and accounts for both the public funds and Trust funds and highlighted the main elements and movements. He said Ms McCauley took the Committee through the Trust's Governance Statement and discussed the significant internal control divergences (ICDs) and shared the DoH Letter to NIAO on Cellular Pathology which is one of the ICDs. The Committee was also taken through the Schedule of Losses and Special Payments.

Mr Telford said the Committee was also briefed on the year-end follow up of priority 3 recommendations which outlined that 69% of the outstanding 32 recommendations were fully implemented, 28% were partially implemented and 3% were not implemented.

Mr Telford advised that the Committee approved the Audit and Risk Assurance Committee Effectiveness Tool for 2025/26 subject to some narrative being included for 3 areas which were previously identified as "room for improvement".

Concluding his report Mr Telford said the Committee was taken through the Counter Fraud Services Case Update Report 2025/26 and the Case Summary report.

The Chair thanked Mr Telford for his comprehensive update. He raised a concern separate to the previous discussion, noting recent public commentary by the Comptroller and Auditor General which had been highly critical of the health service, particularly in relation to the use of agency nursing. He reflected that the commentary appeared to suggest that expenditure at this scale could be avoided, without fully acknowledging the workforce constraints and limited alternatives available to Trusts in maintaining safe staffing levels.

The Chair felt that in the absence of a visible response from the HSC there was a risk that such commentary may lead the public to conclude that this expenditure was discretionary or within the direct control of Trusts. He said that could reinforce a perception that the health service is inefficient in its use of resources, rather than operating within significant workforce and system pressures. The Chair also expressed concern that continued silence may allow this narrative to go unchallenged and suggested that there may be merit in considering a more proactive and balanced articulation of the underlying dynamics, to support public understanding of the issue.

In response, Mrs Hargan acknowledged that the recent commentary had been challenging to hear, particularly given the scale of work undertaken across the system to reduce reliance on agency staffing. She said limited elements of the Trust's position had been reflected in the accompanying press coverage, and that the narrative presented did not fully capture the broader context. In particular, Mrs Hargan said she was concerned with the baseline year selected, which pre-dated both the establishment of the Regional Agency Reduction work (ARIG) and the significant market disruption arising from the COVID-19 pandemic.

Mrs Hargan said workforce supply challenges had already been impacting the agency market prior to these interventions, and that substantial effort has since been undertaken at both regional and Trust level. She added that this included operational work led by Directors of Nursing and service teams, in addition to regional programmes such as Encompass/EPIC-related initiatives.

Mrs Hargan advised that work is underway, in collaboration with colleagues, to develop a more comprehensive response which sets out the starting position, the actions taken, and the progress achieved. She said it was intended that this will be shared with other Chief Executives to support a consistent and balanced narrative across Trust Boards and Corporate Management Teams.

Mrs Hargan said the Comptroller and Auditor General was at her Accounting Officer training and she will be pursuing a meeting with her to ensure she has a fuller understanding of the work undertaken and the constraints within which Trusts are operating.

The Chair commented on broader issues relating to the public narrative and perception, observing that media coverage of certain matters had been presented in a one-sided manner. He said it was noted that, at times, the approach taken can appear overly passive, with an expectation that issues will pass without challenge; however, this may have unintended adverse consequences. In particular, the Chair said reference to the emerging commentary regarding summer schemes for special schools, there was a risk that the narrative may shift unfairly towards an expectation that Health and Social Care services should assume full responsibility for provision. Members noted that such a position could place disproportionate pressure on health services and did not reflect the principles of partnership working, shared responsibility, and the effective use of public resources.

The Chair highlighted the importance of maintaining a balanced public narrative and expressed the view that there may be a need, in appropriate circumstances, to take a clearer position to ensure that the broader context is effectively communicated and understood.

7/26/17

ENDOWMENT AND GIFTS COMMITTEE

Minutes of meeting held on 9 February 2026

Rev Canon McGaffin referred members to the minutes of an Endowment and Gifts Committee meeting held on 9 February. She confirmed that a verbal update of the Committee meeting had previously been provided to members.

Verbal Update from meeting held on 11 May 2026

Rev Canon McGaffin referred to a Committee meeting on 11 May and provided members with a verbal update of the issues discussed.

Rev Cannon McGaffin continued to express concerns on what will happen the projects funded from the Staff Support Fund when the funding comes to an end. She said a paper was being prepared for discussion at CMT in June.

Update on Charities Registration & Superfunds

Rev Canon McGaffin advised that governance arrangements for the superfunds had been completed and approved by the Committee, subject to agreement of the terms of reference for the Community Services Fund group at the next meeting. She advised that an order has been placed for donor leaflets, with distribution and communications planning to follow, including a website update. The Committee also received an update on information gathering for existing Charitable Trust Funds to

support the legal process and remapping to superfunds. Ms Catherine Logue (DLS) outlined project timelines and regional progress, noting that the process is lengthy, with South Eastern Trust progressing to Counsel, followed by Southern Trust and Western Trust potentially in the Autumn.

Rev Canon McGaffin advised that the Committee were taken through the draft Annual Report and Accounts 2025/26 and feedback from members on the Annual Report was welcomed.

Rev Canon McGaffin advised that that Committee approved a revised terms of reference which will be shared with Trust Board today for approval. She said the Committee membership has changed with the Director of Community & Older Peoples Services replacing the Director of Adult Mental Health & Disability Services.

Rev Canon McGaffin advised that the Committee was advised that Directorate targets to develop spending plans for 2026/27 will be issued with an update being provided to the Committee in September.

Rev Canon McGaffin advised that the Committee was aware of the revised circular on the acceptance and provision of gifts and hospitality and were advised that the use of E&G Funds for hospitality was repercussive and any requests would need Committee approval.

Rev Canon McGaffin advised that the Committee was provided with an update on the ongoing work of the Endowment & Gifts Sub Committee. Mrs Santiago advised that the proposed OD staffing reductions would reduce capacity by approximately 40%, significantly impacting the delivery of current leadership programmes. She said however work was underway to identify a minimum viable level of provision; although no funding plans are currently in place and a sustainable funding source will need to be identified.

Revised Terms of Reference

Rev Canon McGaffin referred members to revised Terms of Refence.

Following further consideration, the Revised Terms of Reference were proposed by Dr McGinley, seconded by Dr McPeake, and approved unanimously by the Trust Board.

7/26/18

ANY OTHER BUSINESS

There were no further items of business.

7/26/19

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust will take place on Thursday, 2 July 2026 in the Lecture Theatre Trust Headquarters.

Dr McGinley queried the interval between the Trust Board meetings scheduled for 2 July and 24 September, noting that this appeared to be a significant gap in the context of ongoing business and decision-making requirements. The Chair acknowledged the point raised by Dr McGinley and confirmed that this would be reviewed.

_____

Dr John McPeake
Acting Chair
2 July 2026