Minutes of the meeting of the Western Health & Social Care Trust Board held on Thursday, 2 July 2026 at 11 am in Lecture Theatre, Trust Headquarters

PRESENT

Dr J McPeake, Acting 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
Mrs R Laird, Non-Executive Director

Dr B Lavery, Medical Director
Dr T Cassidy, Executive Director of Social Work/Director of Families and Children
Ms E McCauley, Director of Finance, Contracts and Capital Development

IN ATTENDANCE

Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer & Clinical Services
Dr M O'Neill, Director of Community and Older People Services
Mrs R Santiago, Acting Director of Human Resources and Organisation Development
Ms K O'Brien, Director of Adult Mental Health and Disability Services
Mr J McGarvey, Assistant Director
Mr P Doherty, Assistant Director
Mr S McLaughlin, Assistant Director
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.

9/26/1

CONFIDENTIAL ITEMS

Dr McPeake welcomed everyone to the July Trust Board meeting. He said before the formal meeting commenced, Mrs Hargan wished to share a tribute to the Trust's late Chair, Dr Tom Frawley.

Tribute to Dr Tom Frawley CBE

Mrs Hargan said before members began today's business, she wanted to take a moment to acknowledge the recent and sudden passing of the Trust's Chairman, Dr Tom Frawley CBE.

Mrs Hargan said Tom's sudden death had brought real sadness right across the organisation and beyond. She said the loss had been felt by many who worked with him, learned from him, or met him over the years – but most especially by his family. Mrs Hargan said our thoughts were with the Frawley family at this time, and said members extended their deepest condolences to them on behalf of the Trust.

Mrs Hargan said Tom was widely recognised as a committed and principled leader, someone who brought clarity, fairness and a deep sense of public service to every role he undertook. Throughout a distinguished career spanning more than five decades, Tom made an exceptional contribution to public life in Northern Ireland. She said Tom's service extended across health and social care, public administration, public accountability, professional regulation and policing oversight, including his roles as Chief Executive of the former Western Health and Social Services Board, Northern Ireland Ombudsman and Commissioner for Complaints, Vice Chair of the Northern Ireland Policing Board, member of the Professional Standards Authority, and most recently as Chair of the Western Health and Social Care Trust.

Mrs Hargan said at every stage of his career, Tom demonstrated an unwavering commitment to improving public services and ensuring they remained focused on the people and communities they existed to serve. She said his expertise and judgement were sought on many of the most important issues facing public services in Northern Ireland. Through his leadership of major reviews and his contribution to public administration reform, including chairing the panel of experts advising the Review of Public Administration, Tom had helped shape the development of public services for generations to come.

Mrs Hargan advised that here in the Western Trust, Tom worked with purpose for our people and communities, and he led with integrity, respect and compassion. She said he cared deeply about our patients, clients and staff, and was a passionate advocate for health and social care across the West.

Mrs Hargan acknowledged with deep gratitude the contribution he made to the Western Trust, the wisdom he brought to complex discussions, the challenge and encouragement he offered to colleagues, and the warmth, humour and humanity that characterised his leadership.

As we remember Tom today, Mrs Hargan said we honoured not only his service to this Trust, but his extraordinary contribution to public life and the enduring legacy he left across health, government and public service in Northern Ireland. She said Tom

was, without doubt, one of the most influential public servants of his generation in Northern Ireland and he would be remembered with great respect, deep gratitude and considerable affection.

Mrs Hargan asked members to take a moment of reflective silence in his memory.

Dr McPeake thanked Mrs Hargan for her fitting tribute of Tom.

9/26/2
APOLOGIES

Dr McPeake advised that apologies had been received from Prof Keena, Executive Director of Nursing, Midwifery and AHPs and Mr Gillespie, Director of Surgery, Paediatrics and Women's Health. He said they were being represented at today's meeting by Mr McGarvey, Assistant Director and Mr Doherty, Assistant Director.

9/26/3
DECLARATION OF INTERESTS

There were no declarations of interests recorded by members.

9/26/4
CHAIR'S WELCOME AND INTRODUCTION

Dr McPeake said he too wanted to take a moment to acknowledge that the Chair's report members were about to hear. He said this was Tom's work and in sharing it today, the Board was honouring his dedication and the contribution he made to the Trust right up to the end.

- Dr McPeake began by acknowledging that today's meeting was Dr Cassidy's last Board meeting before he retires on 3 July. He said on behalf of the Board he wished Dr Cassidy a long, happy and healthy retirement and many journeys to watch his beloved Derry City!

  Dr McPeak welcomed Mr McLaughlin who was present also who would be acting Executive Director of Social Work/Director of Children and Families for the first 3 months following Dr Cassidy's retirement.

- On Thursday, 4 June after the Trust Board meeting, accompanied by Mrs Hargan, the Chair travelled to Belfast for the Nurse of the Year Awards.

The Trust celebrated major success at the Awards 2026, with 3 winners and multiple runners-up recognised for excellence in patient care, leadership and innovation.

Dr McPeake said the Award Winners were:-

- Carolann McLaughlin (Breast Care Nurse) who won the Patient Choice Award for her compassionate, continuous support to a pregnant cancer patient, providing both clinical expertise and emotional care.
- Micky Glenn (Healthcare Assistant) received the Healthcare Support Worker Award for his dedication to patient dignity, comfort and teamwork.
- Marie Donnelly (Advanced Nurse Practitioner, Palliative Care) who won the Palliative Care Award for creating the 'Just in Case Service', improving timely access to medication and helping patients remain at home at end of life.

Runners-up Highlights were:-

- Claire Kerr – who was recognised for strengthening mental health services and leading development of a crisis assessment unit.
- Laura McLaughlin – who was acknowledged for leadership in integrating mental health liaison services and advancing digital innovation.
- Charlene Miller – who was praised for compassionate patient care in ophthalmology.
- Roisin Curry & Victoria Page – who was recognised for a nurse-led service supporting people seeking international protection and addressing health inequalities.

Dr McPeake said the awards highlighted the Trust's exceptional staff and demonstrated their dedication, innovation, and commitment to high-quality patient care. He said leadership praised all recipients as examples of the outstanding work taking place across services.

Dr McPeake said the Chair and Chief Executive had wanted to invite the winners and highly commended to a future Trust Board meeting and he asked Mrs Hargan to make the necessary arrangements in Tom's memory to do this.

- Dr McPeake advised that on 9 and 10 June Tom attended 2 carers events in Enniskillen and in Derry.

Dr McPeake said Tom always felt privileged to attend these events as Chair of the Trust and always took the time to acknowledge the work of carers who he said "showed up every day with patience, compassion and love to provide care and support to others, who without their care and support would struggle to get the help and support that added significantly to the quality of their lives."

Dr McPeake said Tom described carers as “the ones who through their intervention, hold families together. You give your time, your energy and sometimes even your own health and wellbeing to make sure the person you are caring for is safe, supported and well”.

- Dr McPeake said on Tom’s final day at work, Tuesday, 23 June, he had 2 formal meetings – one was with the Committee in Common and the second was with his regional Chair colleagues, a group he held in high regard and with whom he shared very positive relationships.

  Dr McPeake said that concluded Tom’s report. He said in sharing it today, we honour his work and the legacy he leaves behind.

9/26/5
MINUTES OF PREVIOUS MEETING – 4 JUNE 2026

The Chair referring to the minutes of the Trust Board meeting held on 4 June and 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 Dr McGinley, seconded by Prof McKenna and they were approved by members as a true and accurate record of discussion at the June Board meeting.

9/26/6
MATTERS ARISING

Dr McPeake referred to the Matters Arising from the previous meeting.

- Dr McPeake advised that a letter to the DoH highlighting the risks associated with equip and the need to ensure visibility and readiness for delivery of this critical system is being drafted.

- Dr McPeake advised that Dr Lavery was taking forward the issue of appropriate recognition at hospital entrances by Ulster University.

- Dr McPeake advised that an assurance on the scale and nature of the current reporting performance gaps, setting out the current position, areas requiring further validation, and the actions being taken to strengthen reporting and assurance has been listed for Governance Committee in September.

- Dr McPeake advised that a letter was completed and was added to the next edition of NOW to all staff involved in the successful implementation of encompass.

9/26/7
CHIEF EXECUTIVE'S REPORT

Quality & Safety Summit

Mrs Hargan began her report with an update on the Minister's Quality and Safety Summit held on 30 June which she attended with Mr Telford and Dr McPeake. She said the Summit brought together senior leaders from across the HSC system following the publication of the Muckamore Abbey Hospital and Urology Inquiry reports, and was an important opportunity to reflect on the learning and the actions required.

Mrs Hargan said the Minister's message was clear. She said Minister said the Inquiry reports represented a defining moment for the health and social care system and highlighted serious failings in the Inquiries and emphasised the need for a step change in leadership, culture and governance.

Mrs Hargan said a number of key themes emerged:-

- The importance of strong leadership and clear Board-level accountability for safety and quality;
- The need to further strengthen an open, learning culture, including listening carefully to patients, families and staff;
- The continued development of robust governance and assurance arrangements, including Patient Safety & Quality Committees; and
- The importance of working collectively across the system to deliver improvement

Mrs Hargan said importantly, there was a strong emphasis on moving beyond reflection to visible and demonstrable action. She said for our Trust, this reinforced the importance of maintaining a strong focus on safety, governance and culture, and ensured that we continue to demonstrate tangible progress in improving services for our patients and service users.

In summary, Mrs Hargan said the Summit was both a moment of reflection and a clear call to action, and said she would continue to update the Board as this work progresses.

Emergency Department Operational Pressures Update

Mrs Hargan advised that both Altnagelvin Hospital and South West Acute Hospital continue to experience significant and sustained operational pressures. She said as

of Wednesday 1 July, Altnagelvin Emergency Department was in severe escalation with 59 patients designated for admission (DTA) with 39 escalated beds, while SWAH was in moderate escalation with 22 DTA patients and 29 escalated beds in place. Mrs Hargan said these figures reflected the continued challenge of managing patient flow through the acute system and the ongoing reliance on additional bed capacity to maintain patient safety.

Mrs Hargan said despite these pressures, the Trust had also navigated the impact of the recent doctors' strike at the end of last week and the beginning of this week. She said through exceptional commitment and collaborative working across clinical, nursing, operational and support teams, services were maintained, no significant service gaps were realised, and patient discharges continued wherever possible without unnecessary delay. Mrs Hargan said this collective effort ensured that patient care remained the priority despite the considerable and sustained pressures facing both hospital sites.

Minister of Finance Visit – Altnagelvin Teaching Space Development

Mrs Hargan said she was pleased to welcome Mr John O'Dowd, Minister of Finance to Trust Headquarters on 1 July to hear about the Altnagelvin Teaching Space project. She said the Minister's visit was part of a wider visit to learn about projects that the City Deal is funding across the Derry City and Strabane Council Area.

Mrs Hargan said the Minister showed a strong interest in these developments and was very complimentary about the pace at which the Trust is progressing the project.

Mrs Hargan advised that the Altnagelvin Teaching Space project will provide modern, purpose-built education and training facilities, including lecture theatres, simulation and clinical skills space, supporting the training and development of medical, nursing and allied health professional staff. She said this will play an important role in strengthening workforce capacity, supporting the development of the North West as a centre for excellence in education and training, and contributing to staff attraction and retention.

During the visit, Mrs Hargan said Trust staff highlighted the importance of partnership working in delivering this initiative, particularly the Trust's close collaboration with Derry City and Strabane District Council and Ulster University, and the strength of the relationships supporting the programme.

Mrs Hargan said the Trust also took the opportunity to update the Minister on the C-TRIC project at the Altnagelvin site, highlighting its role in advancing research, innovation and personalised medicine within the Trust.

Mrs Hargan said in addition, an update was provided on the Strabane Health Hub, outlining the transformational impact this development is expected to have for the

local community as part of the wider regeneration of Strabane. The Minister welcomed the ambition and transformational nature of this programme.

Meeting with MLAs/MP

Mrs Hargan advised that on 5 June, she met with representatives from the Alliance Party and Ulster Unionist Party. She said was her first engagement with political parties as Chief Executive.

Mrs Hargan said these meetings she acknowledged the important role elected representatives play in advocating for their communities and raising issues on behalf of patients and service users. She said she emphasised her commitment to building positive and constructive relationships based on openness, mutual respect, and a shared focus on delivering the best possible care.

Mrs Hargan said she outlined the challenging environment in which the Trust is operating, including increasing demand, more complex patient needs, and ongoing financial and workforce pressures. Despite this, she said she highlighted the continued professionalism and commitment of our staff.

Mrs Hargan said she also made it clear that her priority is to be open about these challenges and to work in partnership with elected representatives, ensuring they feel able to engage with the Trust directly and raise issues early so that the Trust can address concerns constructively.

Oral Health Foundation's National Smile Month

Mrs Hargan said on 8 June, to coincide with the 50th anniversary of the Oral Health Foundation's National Smile Month, she was pleased to join Ms Helena Lindsay, Oral Health Co-ordinator, and Ms Maureen Coyle, Dental Hygienist from the Community Dental Service, at an information stand in Altnagelvin Hospital to promote the key messages for good oral health. She said dental disease is largely preventable, and simple steps to look after our oral health can make a positive difference to overall health and wellbeing.

Mrs Hargan said at a time when colleagues and communities have faced recent challenges, it was a valuable opportunity to focus on wellbeing and to support one another in small but meaningful ways.

10 June – NHS Confed Conference – Manchester

On 10 June Mrs Hargan said she attended the NHS Confederation which provided a valuable opportunity to engage with colleagues across the UK on shared challenges, including financial sustainability, workforce pressures and service reform.

Mrs Hargan said there was a strong focus on the development of neighbourhood-based models of care and the continued prioritisation of mental health services, both of which align closely with our own strategic direction and regional priorities.

Mrs Hargan said discussions reinforced the scale and commonality of the pressures facing health systems, alongside a focus on innovation, collaboration and new models of care. She said there were clear opportunities to draw on learning from across the NHS as we continue to progress our own reform agenda and transformation programmes within the Trust.

Future North/South Co-operation

Mrs Hargan advised that on 11 June 2026, officials from the Departments of Health in Ireland and Northern Ireland met to consider the future direction of North–South health co-operation, including reviewing progress, identifying new opportunities, and agreeing next steps.

Mrs Hargan said this partnership continued to deliver tangible benefits for patients across the island, particularly in specialist services such as cancer care through the North West Cancer Centre, as well as in areas like congenital heart disease and cross-border ambulance services. Mrs Hargan said CAWT remains an important partner in enabling this collaboration and supporting a range of cross-border initiatives.

Mrs Hargan said at a policy level, collaboration remained strong across shared priorities including tobacco control, suicide prevention, cardiology, genomics, and wider population health initiatives.

Mrs Hargan said looking ahead, the refreshed North–South Ministerial Council Work Programme provides a clear framework for progress, focusing on:

- strengthening acute and specialist services;
- tackling health inequalities; and
- building a future-ready system through digital innovation, data sharing, and workforce planning.

Mrs Hargan said the Trust was also seeing strong momentum through major funding programmes. She said PEACEPLUS was supporting a wide range of community-based projects, particularly in mental health, early intervention, and inclusion. In parallel, she said Shared Island funding was enabling targeted investment in areas such as cancer services, paediatric metabolic care, and pathology services, helping to build sustainable all-island capacity.

Mrs Hargan said there were also opportunities to work more closely together in areas such as children's specialist services, digital healthcare, and advanced treatments like CAR-T therapy, a new approach that uses the body's own immune

system to treat cancer. In addition, she said there was growing interest in strengthening cross-border co-operation in palliative care, working with the All-Ireland Institute of Hospice and Palliative Care to enhance support for patients and families at critical points in their care journey.

Mrs Hargan said overall, North–South co-operation continued to deliver real benefits and provides a strong platform to meet future healthcare challenges.

Ethnic Minority Staff and Communities

Mrs Hargan said on 11 June, she met with members of the Trust's Ethnically Diverse Staff Network across the Trust in response to recent civil unrest and its impact on staff and said these discussions highlighted the very real concerns, particularly around personal safety and travel to and from work. She said this had been a distressing time, especially for international staff, and it was important that the Trust acknowledge this and affirm its support.

In response, Mrs Hargan said the Trust had put in place practical measures, including guidance on safe travel, flexible working arrangements, access to accommodation where needed, and enhanced well-being and occupational health support. She said the Trust had also engaged widely with partners, including MLAs, the PSNI and local Councils, to ensure a coordinated approach.

Mrs Hargan said she also raised this issue directly with the PSNI, the Permanent Secretary and MLAs, highlighting the importance of strengthening community cohesion and preventative initiatives to reduce the likelihood of recurrence. She said visible support from elected representatives and the PSNI together with members of the Trust Board had also been important, alongside a clear public message that racism, intimidation and discrimination have no place in our services or communities.

Mrs Hargan said she wanted to be absolutely clear to all staff, particularly those from ethnic minority backgrounds: you have our full support. You are valued and respected members of our team. Your safety, dignity and wellbeing are of the utmost importance - to me, and to this organisation. Mrs Hargan said the Trust is committed to creating a workplace where everyone feels safe, included, and able to thrive.

Mrs Hargan said the Trust will continue to listen, to act, and to ensure that our values of equality, respect and inclusion are reflected in everything we do and we will not tolerate behaviour that undermines these principles.

Mrs Hargan said she would also like to thank all staff for their continued professionalism, compassion and dedication during what has been a very challenging period.

Publication of the RQIA Report on Emergency General Surgery

Mrs Hargan advised that on 10 June the Regulation and Quality Improvement Authority report on Emergency General Surgery (EGS) pathways was published following its unannounced inspection. She said the report recognised the significant progress made across the pathway, including improvements in patient flow, clinical outcomes and patient safety. Mrs Hargan said the report complemented the independent CHKS review, which demonstrated a statistically significant improvement in outcomes following service change, including reductions in mortality by 24%, complications by 28.5% and readmissions by 22.5%.

Mrs Hargan said the report also highlighted strong operational performance, including 97% of patients transferred from South West Acute Hospital are admitted directly to a surgical bed in Altnagelvin Hospital, alongside the continued role of the Emergency Surgical Ambulatory Assessment Unit in SWAH in managing patients locally.

Mrs Hargan said the Trust welcomed the supportive and balanced tone of RQIA's accompanying press statement, which recognised both the progress made and the commitment of the Trust's leadership and staff to improvement.

Mrs Hargan advised that RQIA has identified a small number of areas for further improvement, including consistency of pathway application, staff engagement, audit and strengthening risk and incident management. She said the Trust has already commenced work on these areas and will continue to progress implementation of all recommendations in line with agreed timelines.

Leader and Manager Framework Graduations

Mrs Hargan advised that on 18 June she was pleased to see so many of Trust Board at a Graduation Ceremony of the Leadership Management Framework. She said attendance at the graduation ceremony provided an opportunity to celebrate the achievements and dedication of those completing their studies.

Mrs Hargan said the event reflected the commitment, resilience, and hard work of graduates, as well as the support of their families, colleagues, and educators. She added that it was an uplifting and proud occasion, recognising not only academic success but also the contribution these individuals will go on to make within their professions and departments. Mrs Hargan said the ceremony served as a timely reminder of the importance of ongoing learning, development, and investment in our people as a foundation for future success.

North West Strategic Growth Plan

On 23 June, Mrs Hargan said she was pleased to join Derry City and Strabane District Council, in partnership with Donegal County Council and supported by The Executive Office and the Irish Government, at the launch of the North West Strategic Growth Plan in the Long Gallery at Stormont.

Mrs Hargan said the event marked an important milestone for the region, bringing together key stakeholders and partners to present a shared vision for sustainable economic, social and cross-border development. She said the significance of the occasion was underlined by opening contributions from the First Minister and Deputy First Minister, the Health Minister, and the Economy Minister, reflecting strong political support for the ambitions of the North West.

Mrs Hargan advised that the Strategic Growth Plan sets out a coordinated approach to unlocking the region's potential, strengthening connectivity, and fostering innovation across communities and sectors. It also highlights the importance of continued partnership working across jurisdictions, reflecting the unique cross-border context of this region.

Mrs Hargan said as part of the event, the Western Trust and the Donegal Integrated Healthcare Area formally signed a Memorandum of Understanding, providing a framework to further strengthen cross-border collaboration in areas such as service development, workforce, research and innovation. She said it was also noted that a similar event is planned for Dublin Castle in the Autumn, further demonstrating the ongoing joint commitment to progressing this agenda.

Mrs Hargan said overall, the launch represented not just the publication of a strategy, but a collective step forward in delivering long-term growth and collaboration across the North West.

Water Ingress Incident – Neonatal Unit, Altnagelvin Area Hospital

Mrs Hargan advised that on 26 June 2026, water ingress was identified in the Neonatal Intensive Care Unit and equipment store at Altnagelvin Area Hospital. She assured members that no babies were affected, as the room was vacant, and services were safely consolidated within High Dependency and Special Care areas.

Mrs Hargan said the source was confirmed as condensation overflow from the Air Handling Unit plantroom above, rather than an issue with the roof. She said immediate actions included water removal, drainage adjustments, relocation and decontamination of equipment, and ongoing monitoring. Relevant specialist teams, including Infection Prevention and Control, were engaged and confirmed that the situation is under control.

Mrs Hargan added that the Unit maintained operational capacity over the weekend, with contingency arrangements in place if required and said the planned next steps included a terminal clean, reinstatement of equipment, and reopening of the room.

Temporary Ward Relocations

Mrs Hargan said to support essential improvement works, a number of wards at Altnagelvin Hospital will be temporarily relocated over the coming weeks. She said these changes would result in a temporary reduction of 20 single rooms and the co-location of some patient groups, with specific admission criteria introduced and reviewed daily over the expected 6–7 month period.

Mrs Hargan said all moves will be completed before lunchtime on the scheduled dates and there are no planned changes to doctor or Lead Nurse offices, and wards will retain their existing numbering.

Mrs Hargan said the High Consequence Infectious Disease (HCID) pathway will remain in the Ward 31 negative pressure room, with contingency arrangements in place. She added that services will continue throughout, with patient safety as the highest priority.

Mrs Hargan concluded her report by thanking staff for their flexibility and continued commitment during this period.

Dr McPeake thanked Mrs Hargan for her full and comprehensive report and asked members if they would like to raise any questions.

Prof McKenna referred to CTRIC and noted that the previous Chief Executive had served on the CTRIC Board. He asked Mrs Hargan whether she would be considering taking on that role in the future.

Prof McKenna referred to the issue of dental care and noted that, through his involvement in a UK-wide study, concerns had been identified regarding access to dental services for care home residents, particularly those living with moderate dementia. While not seeking a specific response, he wished to highlight the issue for consideration.

Mrs Hargan advised that she intended to become involved with CTRIC and take up a position on its Board. She emphasised the importance of CTRIC to both the Trust and the wider academic and research community and noted that there remained significant development opportunities for the facility, which would be further supported through the City Deal investment.

Rev Canon McGaffin advised that she could respond to the issue of dental care. She said that, to her knowledge, the Trust already provides oral health services within nursing and residential care homes. She noted that this work extended beyond routine dental care and included wider oral health promotion and the early identification of conditions such as oral cancer.

Dr McGinley welcomed the opportunities arising from regional and cross-border collaboration, noting that such initiatives were particularly important in the current constrained financial environment. She emphasised the value of maintaining a pipeline of potential projects and proposals so that the Trust and its partners would be well positioned to take advantage of future funding opportunities, including Shared Island funding, should they arise. In response, Mrs Hargan confirmed that the recent North/South meeting had been intended to establish a strategic agenda for future collaboration and identify areas for further development. She agreed on the importance of maintaining a pipeline of potential projects to maximise future funding opportunities.

Dr McPeake referred to the recent water ingress incident affecting the Neonatal Unit and sought an update on when the unit was expected to return to full operation. Mr McGarvey confirmed that the water ingress incident had not impacted service delivery, as the affected room was unoccupied at the time. He said following cleaning and assurance checks, and notification of the regional network, the expectation was that the room would be returned to operational use in the near future.

9/26/8
FINANCIAL PLAN 2026/2027

Mrs Hargan advised members that the Trust continues to face significant financial challenges as it plans for 2026/27. She said at present, Executive Ministers had not yet approved a final budget for Northern Ireland, and discussions with the Department of Health, SPPG and Commissioners remain ongoing. Mrs Hargan said the Trust understood that there is a significant regional funding deficit for health and social care in Northern Ireland for 2026/27 and significant savings will be required from the system if it is to deliver against its statutory duty to break-even this year.

Mrs Hargan said like all HSC organisations, the Trust remained committed to supporting the Minister's vision for a sustainable health and social care system, with greater emphasis on prevention, early intervention and care closer to home. She said delivering that vision requires the Trust to improve productivity, increase efficiency and ensure that the resources available are used to maximum effect and targeted to those in greatest need.

Mrs Hargan said a key part of the Trust's approach is the Trust's ongoing Delivering Value programme, through which the Trust is driving productivity improvements and efficiency measures across services. She said this programme included continued focus on reducing agency and locum expenditure, identification and removal of waste, rigorous control of discretionary spending, and strengthening of financial management arrangements across the Trust. Mrs Hargan said however, the scale of savings being indicated was such that the Trust does not anticipate that financial balance will be possible without any impact to services.

Mrs Hargan said the Trust cannot continue trying to increase capacity to meet demand in its current service model. She said the Trust has neither the workforce, nor the funding and that position is unlikely to change.

Mrs Hargan said closing the gap between demand and capacity and delivering greater efficiency would require significant reform and transformation. She said the Minister's 3-year Strategic Plan for the HSC which was published in December 2024 recognised that. She said the 3 pillars of Stabilisation, Reform and Delivery were the foundations of this Reset, with a significant drive to develop a Neighbourhood model of care. However, Mrs Hargan said reform will take time to implement and in the convening period, the Trust might anticipate a period of challenging savings targets and the potential for reductions to the current level of service offering.

Mrs Hargan said alongside the work of the Trust's Delivering Value programme, the Trust is continuing to develop a programme of additional measures which will be required if the Trust is to not breach its statutory duty to achieve financial balance while maintaining its commitment to safe, high-quality care. She said all options were being subject to detailed assessment, with patient and service user safety remaining our overriding priority.

Mrs Hargan said over the coming weeks the Trust will be in a position to provide further clarity as we conclude the final element of our plans with our Commissioners. As discussions continue and a number of governance, equality and consultation processes remain underway, Mrs Hargan said it would be inappropriate to comment on individual proposals at this stage. She said the CMT would provide further information as plans are finalised and remain committed to engaging openly with staff, stakeholders and the public throughout this process.

Dr McPeake thanked Mrs Hargan for her update, noting the significance of the financial position for all Trusts and the likelihood that it would remain a key focus for Boards over the coming months.

9/26/9

FINANCIAL PERFORMANCE REPORT FOR MONTHS ENDING APRIL AND MAY 2026

Ms McCauley presented the financial performance report to 31 May 2026, noting that financial planning continued against a backdrop of significant financial challenge across Health and Social Care. She advised that the Department of Health had identified a substantial system deficit and had directed Trusts to develop expenditure reduction plans and proactively identify savings measures that could be delivered safely and with minimal impact on services. Ms McCauley said the Trust had submitted savings proposals under a range of scenarios and had received positive feedback from SPPG and the PHA regarding the credibility of its approach.

Ms McCauley reminded members that the Minister had subsequently confirmed an expectation that Trusts will deliver all savings measures that could be implemented without causing harm, with the Trust now required to achieve savings of £41m in addition to managing its underlying deficit position. She reported that low and medium-risk savings measures continued to be implemented and that detailed assessments of higher-risk proposals had been undertaken to evaluate potential impact on patient and client care.
Ms McCauley advised that her report should be viewed with some caution as the annual budget-setting and due diligence processes were still being finalised. She explained that a detailed review with Directorates was underway to confirm expenditure trends, budget variances and control totals, which would provide greater assurance for future reporting periods.

Reporting against statutory financial targets, Ms McCauley advised that the Trust remained red against its Revenue Resource Limit and amber against its savings target. She said savings of £2.4m had been achieved during the first 2 months of the year, representing 73% of the profiled target and reflecting a strong start to the year. Ms McCauley said the Trust remained green against both its Capital Resource Limit and Prompt Payment target, with 96% of undisputed invoices paid within 30 days.

Ms McCauley outlined the implications of the confirmed 4% savings target, noting that, following a budget reduction of £61.5m and approved savings of £26.5m, the Trust was forecasting a deficit position and faced a residual savings gap of £14.5m. She stated that at month 2, the projected deficit was £7.1m, with the actual position reported at £8.7m.

Ms McCauley highlighted encouraging progress in a number of savings workstreams, particularly workforce controls, acute non-pay expenditure and corporate facilities management. She said while medical locum and nursing agency savings targets had not yet been achieved, there had been a significant reduction in agency utilisation compared with the previous year, demonstrating the positive impact of work undertaken to reduce reliance on temporary staffing.

In relation to capital expenditure, Ms McCauley reported that the Trust had a confirmed capital budget of £32.7m for 2026/27, supporting a range of major projects including Lisnaskea Health and Care Centre, backlog maintenance, ventilation works at the North West Cancer Centre and City Deal projects.

In conclusion, Ms McCauley advised that the Trust had made a strong start to the financial year, with significant progress against savings targets and continued achievement of statutory prompt payment requirements, while acknowledging that further due diligence work would provide greater certainty regarding the financial position in the coming months.

Dr McPeake thanked Ms McCauley for her informative report and asked members to raise any questions.

Mr Telford welcomed the additional analysis on staffing expenditure and workforce costs, noting that staffing represented the Trust's largest area of expenditure and was therefore a critical component of financial performance. He highlighted the value of understanding the relationship between workforce utilisation, agency reduction and overall staff costs, and expressed the hope that further detail and analysis would be available in future financial reports.
Mr Telford also noted that much of the discussion had focused on the additional measures required to achieve the Trust's 4% savings target. However, he observed that the financial position remained heavily dependent on the successful delivery of the approved low and medium-risk savings measures already incorporated within the financial plan. He asked whether there was a direct relationship between the delivery of those measures and the scale of any further actions that might subsequently be required, noting that any shortfall in achieving planned savings or the anticipated run-rate benefits could potentially increase pressure on the remaining savings programme.

Mrs McCauley agreed that the Trust's financial plan for 2026/27 was operating within very tight parameters, with limited scope for adverse variance against planned expenditure or savings trajectories. She advised that while further savings measures would be required to close the remaining financial gap, any under-delivery against existing savings targets or expenditure run-rate assumptions would compound the overall level of financial risk facing the Trust. She noted that the combined effect of these pressures created a greater level of financial risk than the Trust had previously managed and confirmed that these risks and associated mitigations would be set out in greater detail in future reports as planning assumptions became more refined.

Dr McGinley welcomed the Better Care for Older People initiative, noting that early feedback from staff had been positive and that there were encouraging indications of success. She commented that the programme represented a strong example of delivering efficiencies while maintaining a person-centred approach to care and highlighted the importance of such innovation in reducing financial risk whilst improving patient outcomes.

Prof McKenna welcomed the positive progress reported in relation to reductions in medical locum and nursing agency utilisation, recognising the significant work undertaken across the organisation to achieve these improvements. He commended staff for their efforts and noted that the early results were encouraging.

Prof McKenna also reflected on the wider financial context and expressed cautious optimism regarding discussions taking place between HM Treasury and the Northern Ireland Executive on the financial pressures facing Northern Ireland. While emphasising the importance of maintaining focus on delivery of the Trust's financial

plan, he hoped that broader funding discussions might provide a more positive outlook for the future.

In response, Ms McCauley agreed that the Trust continued to face a significant financial challenge. She emphasised that, even if the required savings targets were achieved, the wider HSC system would still face pressures associated with pay awards, inflation and demographic growth. She said while the Trust remained committed to delivering efficiencies, improving value and meeting its statutory financial duties, she noted that there remained a residual funding gap at a regional level which could not be resolved through Trust actions alone. Ms McCauley reiterated the Trust's commitment to delivering the agreed savings programme while continuing to provide safe and effective services.

Rev Canon McGaffin sought further clarification on the governance implications arising from resident doctor banding and non-compliant rotas. She noted that she was unclear as to what constituted a non-compliant rota and asked whether there were any wider governance risks associated with the issue that the Board should be aware of.

Mrs Hargan advised that compliance monitoring for Resident Doctors formed part of an established administrative process designed to ensure compliance with working time requirements, including appropriate rest breaks and working hours. She explained that many instances of rota non-compliance did not arise from breaches of working time requirements but rather from failures to complete and submit the required monitoring returns. She said that significant work had been undertaken by management and HR colleagues to review rota arrangements and support compliance.

Dr Lavery explained that a non-compliant rota did not necessarily indicate a patient safety or workforce issue, but rather that the Trust had been unable to demonstrate compliance with requirements such as the European Working Time Directive through the necessary evidence and documentation. In relation to financial risk, Dr Lavery confirmed that the costs associated with Resident Doctor banding were borne by the Trust, while NIMDTA was responsible only for elements of basic salary costs.

Dr McPeake sought clarification regarding the significant variance reported against Trust-wide Corporate Services and queried why this did not appear as a distinct category within the savings reporting. In response, Mrs McCauley explained that Trust-wide Corporate Services encompassed a range of services delivered across the organisation, including areas such as pharmacy and community equipment, where expenditure could not be attributed solely to a single Directorate.

Dr McPeake also welcomed the reported reduction in medical agency utilisation and sought further understanding of why overall medical pay costs had not reduced to the same extent. Mrs McCauley advised that the Trust had successfully reduced both agency usage and average agency rates through implementation of new

contractual arrangements. She noted that the likely explanation was an increase in substantive staffing expenditure as reliance on agency staff reduced, reflecting progress towards a more stable and sustainable workforce model.

Dr McPeake welcomed this explanation, noting that the movement from agency staffing to substantive employment represented a positive outcome for workforce stability and service sustainability.

9/26/10
AUDIT AND RISK ASSURANCE COMMITTEE

10.1 Minutes of Committee meeting held on 11 May 2026

Mr Telford referred members to the minutes of a Committee meeting held on 11 May 2026. He said a verbal update had previously been provided to members.

10.2 Verbal update from meeting held on 22 June 2026

Mr Telford provided members with a verbal update from a Committee meeting held on 22 June 2206.

Internal Audit Progress Report 2026/27
Mr Telford said the Trust had requested the deferral of an audit of Mental Capacity Act processes in 2026/27 to 2027/28 due to the recent change in legislation that had resulted in a change to processes resulting in a full review of approximately 400 cases. He said it was felt that due to this change an audit at this time would not be of value.

Mr Telford said Internal Audit was proposing to replace this audit with an audit looking at the Management of Fraud Risk and Potential Frauds which was initially planned for 2027/28 to provide advisory time to share good practice learning and promote good practice in risk, control and governance. Mr Telford said the Committee approved this amendment to the 2026/27 plan and said 1 audit had been completed for 2026/27 which was the Management of Clients Monies at Craigdene and Fairview Independent Sector Homes, which had satisfactory assurance.

IT Asset Management Internal Audit Report 2025/26

Mr Telford advised that Internal Audit briefed the Committee on this report which had split assurance with limited assurance in relation to the Trust's utilisation of IT Assets. He said the Director of Planning, Performance and Corporate Services expressed her disappointment with the outcome of the audit and briefed the Committee on the actions being taken.

Mr Telford said Internal Audit advised that, although it had provided limited assurance, it acknowledged that there were significant good processes in place within the Trust and that they had advised other HSC Trusts to link with the Western Trust for learning.

Mr Telford advised that he spoke to Mrs Molloy after the meeting to share with her Audit's recognition that a lot of good work had been done in this area.

Schedule of amendments between draft and final accounts 2025/26

Mr Telford advised that the Committee was taken through the main changes that were made to the Trust's Annual Report and Accounts during the course of its audit.

NIAO/External Audit - Draft Report to those charged with Governance (RTTCWG)

Mr Telford advised that the NIAO and Deloitte briefed the Committee on the draft RTTCWG highlighting the significant risks and outcomes. He said the Committee was briefed that there was one priority 2 finding in relation to an internal control deficiency on balance sheet reconciliation. Mr Telford said Deloitte highlighted that the audit was ongoing and that there could be a further change in relation to Charitable Trust Funds and that a further draft RTTCWG would be issued if this transpired.

Mr Telford advised that the draft RTTCWG presented was proposing that the Comptroller and Auditor General (C&AG) would certify the 2025-26 Public Funds, Patients and Residents Monies accounts and Charitable Trust Fund accounts with an unqualified audit opinion, without modification.

Mr Telford said the Committee was content with the positive report and outcome to the audit.

Recommendation of Approval of Trust Annual Report and Accounts 2025/26

Mr Telford said the Committee recommended the Annual Report & Accounts to Trust Board for approval.

10.3 Audit And Risk Assurance Committee - Annual Report 2025/26

Mr Telford presented to members the Audit and Risk Assurance Committee's Annual Report to Trust Board. He said it provided an overview of the Audit and Risk Assurance Committee's activities for the financial year 2025/26 and set out how the Committee had met its key priorities.

Mr Telford said it was the responsibility of the Audit and Risk Assurance Committee to oversee the Trust's governance arrangements, including having oversight of the

Trust's risk management and assurance framework, and to provide the Trust Board with assurance on the adequacy and effectiveness of internal control systems and that all regulatory and statutory obligations were being met.

Mr Telford said the Committee was very grateful for the assurances provided by the Director of Finance, Contracts and Capital Development, the Assistant Director of Finance Accounting and Financial Services, the Risk Manager, Internal Audit and External Audit.

Mr Telford said in her annual report, the Head of Internal Audit provided 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 was provided in the majority (2/3) 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. She also acknowledged the good performance of the Trust in implementing previous audit recommendations.

Mr Telford said Internal Audit is required to provide an independent and objective opinion to the Accounting Officer, Trust Board and Audit & Risk Assurance Committee on the adequacy and effectiveness of risk, control and governance arrangements. He said on the basis of this independent and objective opinion is the completion of the annual Internal Audit Plan.

Mr Telford said the 2025/26 Internal Audit Plan was developed in conjunction with Trust Management and was approved by the Audit & Risk Assurance Committee in February 2025 and noted in particular:-

- Internal Audit completed 100% of the audits assigned against the approved Audit Plan.

- 19 audits were completed with 6 of the completed audits having limited assurance and 6 having split limited assurance. A number of significant findings were identified impacting on the assurance provided.

- A follow up review of the implementation of previous priority 1 and priority 2 Internal Audit recommendations was carried out at mid-year and again at year-end. At year-end, 194 (82%) of the outstanding 236 recommendations examined were fully implemented and 42 (18%) were partially implemented.

Mr Telford said the Audit and Risk Assurance Committee accepted the findings and recommendations of Internal Audit in its reports for 2025/26 and was satisfied with the management responses to address the control weaknesses identified. He said the Audit and Risk Assurance Committee monitors the implementation of

recommendations and has received progress updates from Directors and Senior Management at meetings during the year.

Mr Telford advised that the Northern Ireland Audit Office (NIAO) is the Trust's external auditor and the performance of external audit testing has been subcontracted by NIAO to Deloitte. He said senior representatives from NIAO and Deloitte attended the Audit and Risk Assurance Committee meetings during the year.

Mr Telford said in February 2025, the Audit and Risk Assurance Committee agreed the external auditor's plan (Audit Strategy) for the audit of the 2024/25 Consolidated Accounts and the Charitable Trust Funds Accounts. He said in June 2025, Deloitte presented the draft findings of the external audit of the Trust's Financial Statements for the year ended 31 March 2025 to the Audit and Risk Assurance Committee in the Draft Report to Those Charged with Governance. Mr Telford said there were 1 priority 3 recommendation in the Final Report to Those Charged with Governance which was presented to the Committee in October 2025 with this recommendation being applied to all Trusts and related to the Holiday Pay Provision. Mr Telford said it was recommended that going forward the Trust should prepare a sensitivity analysis which showed how the estimate would change with reasonably possible changes in the assumption. Mr Telford confirmed that this recommendation had been implemented by the Trust.

Mr Telford said the Committee acknowledged in its Annual Report the independence and effectiveness of the external auditors Deloitte. He said the Committee was satisfied that the external auditors possess the requisite experience and expertise to manage the audit effectively and the Committee also recognised that the reports of the External Auditor presented to the Audit and Risk Assurance Committee were robust and comprehensive.

Mr Telford advised that the Trust has in place a formal Fraud Policy and Fraud response Plan. He noted that at 1 April 2025, there were 30 open fraud cases. During 2025/26, he added there were 24 new incidents of suspected or actual fraud and 15 cases having been investigated with the assistance of PSNI and BSO Counter Fraud services were closed. Mr Telford said the Committee was content that it has been kept fully briefed on developments in this area.

Mr Telford confirmed that the Committee follows the best practice guidance set out in the Audit and Risk Assurance Committee Handbook (NI) (April 2018) and assesses its performance by reviewing its compliance with this guidance on an annual basis. He said the Committee has completed its self-assessment for 2025/26 using the National Audit Office template for this purpose and the outcome of the assessment for 2025/26 is that the Committee is performing effectively in all areas.

Mr Telford thanked Mrs Brown and Ms McCauley and all her team in supporting the Audit and Risk Assurance Committee through the year.

Mr Telford said he could commend the Audit and Risk Assurance Committee - Annual Report 2025/26 to members for approval.

The motion was proposed by Dr McGinley, seconded by Mrs Laird and unanimously approved by Trust Board.

9/26/11
ENDOWMENT AND GIFTS COMMITTEE

- ***Minutes of Committee meeting held on 11 May 2026***

Rev Canon McGaffin referred members to the minutes of a Committee meeting held on 11 May 2026. She said a verbal update had previously been provided to members.

- ***Verbal update from meeting held on 22 June 2026***

Rev Canon McGaffin referred members to a meeting of the Committee held on 22 June. She updated members on the discussion at this Committee meeting.

Approved Expenditure Proposals

Rev Canon McGaffin advised that the Committee had been briefed on and approved the following proposals:

- Purchase of two microscopes for Haematology
- Purchase of two Haematology Blood Stainers
- Bereavement Nurse Post Extension

Rev Canon McGaffin reiterated concerns again regarding the impending end of funding for staff support and noted that a paper was being considered by CMT on future funding arrangements and that the Committee looked forward to receiving an update in due course.

Draft Report to those charged with Governance (RTTCWG)

Rev Canon McGaffin advised that Ms McCauley took the Committee through the Annual Report and Accounts at the May meeting. She said the Committee was advised that there were no material changes to the document during the course of the audit.

Rev Canon McGaffin said Committee members were briefed on the draft Report to Those Charged with Governance (RTTCWG) in relation to Charitable Trust Funds and that members, who were not at the Audit and Risk Assurance Committee earlier

that morning, were made aware that Deloitte had highlighted that the audit was ongoing and that there could be a further change to in relation to Charitable Trust Funds and that a further draft RTTCWG would be issued if this transpired.

Rev Canon McGaffin said the Committee was advised that the draft RTTCWG presented was proposing that the Comptroller and Auditor General (C&AG) would certify the 2025-26 Charitable Trust Fund accounts with an unqualified audit opinion, without modification and that Committee members were pleased with this outcome for the 2025/26 financial year.

Recommendation of Approval of the Charitable Trust Funds Annual Report and Accounts 2025/26

Rev Canon McGaffin said the Committee was able to recommended the Annual Report & Accounts to Trust Board for approval.

Dr McGinley referred to a matter recorded in the previous minutes regarding HMRC scrutiny of arrangements used to recognise and celebrate staff achievements. She said while acknowledging the financial and taxation constraints involved, she stressed the importance of maintaining the principle of recognising and rewarding staff contributions and achievements, and cautioned against losing this important aspect of staff recognition.

Prof McKenna asked whether funding restrictions would affect opportunities for staff development, particularly attendance at conferences and professional events, whether in Belfast or elsewhere in the UK. He noted that such events can incur significant costs, including registration, travel and accommodation, but emphasised their importance in supporting staff learning, professional development and career progression. He sought clarification on whether these activities were included within the scope of Endowment and Gifts funds. Ms McCauley advised that in the past such requests have been favourably considered by the Committee. She however assured members that the Committee considers such requests very carefully and thoroughly.

Prof McKenna asked how staff would be made aware of the opportunity. He was advised that information would be communicated through Directorate Business Managers, who would ensure that staff were informed of the arrangements and application process.

9/26/12

PATIENT STORY – NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS

Dr McPeake welcomed Mrs Bridgeen O'Hagan and Dr Shelley Crawford to the meeting and thanked them for attending to share their experience with the Board. He said patient stories were a highly valued part of the Board agenda, providing members with an opportunity to hear directly from service users and families about their experiences of Trust services.

Dr McPeake advised that the presentation had been specifically requested by the late Trust Chair, Dr Tom Frawley, following his attendance at the Allied Health Professionals (AHP) Quality Improvement Event in November 2024, where the project had been showcased. He said Dr Frawley had subsequently asked that the story be presented to the Trust Board, alongside a presentation on sleep deprivation which had already been considered by the Board. Dr McPeake noted that the presentation had originally been scheduled for December 2025 but had been postponed due to staff availability. He remarked that its inclusion on the agenda fulfilled Dr Frawley's commitment to bring both patient stories before the Board and thanked the presenters for their patience and attendance.

Dr McPeake invited Ms O'Brien to make the formal introductions and commence the presentation.

Ms O'Brien introduced Mrs Bridgeen O'Hagan, mother of a service user, and Dr Shelley Crawford, Occupational Therapist, to the meeting. Introducing the presentation, she described the initiative as a significant piece of service improvement work that had successfully re-framed the approach to housing support, enabling innovative solutions to be developed within existing Housing Executive policy. She highlighted the positive impact the work had already had for the service user and the family involved and commended the collaborative efforts of professionals and the family in delivering the outcome. Ms O'Brien noted that the initiative represented an innovative approach that could inform practice not only across the Western Trust but throughout Northern Ireland, demonstrating what could be achieved through partnership working and a shared commitment to finding solutions. She then invited Ms O'Hagan and Dr Crawford to present their experience and learning from the project.

Dr Crawford thanked members for the opportunity to attend today. She said she and Mrs O'Hagan were very deeply saddened to learn of the passing of the Chair and said he had been very interested in Mrs O'Hagan's story when he heard it.

Dr Crawford advised members that Occupational Therapy has the devolved statutory function in relation to assessment for housing adaptations and housing needs and is the authorised signatories for the Trust in relation to same.

Dr Crawford noted that while home is generally regarded as a place of safety, security and comfort, for some individuals it can become a source of distress and overstimulation due to sensory and behavioural challenges. She explained that the service had sought to reframe the understanding of housing adaptations within the existing legislative and policy framework, challenging the perception that adaptations were solely intended for individuals with physical disabilities. Through robust, evidence-based and occupation-focused assessments, she said the OT service demonstrated that housing adaptations could also address sensory regulation and behavioural needs.

Dr Crawford advised that this work had led to the first recommendation within Northern Ireland for the provision of a dedicated regulation space for an adult with a learning disability and autism. She highlighted the significant positive impact this innovative approach had achieved for the individual and his family and noted that the learning had informed wider engagement with housing partners, including training delivered to the Northern Ireland Housing Executive and presentations at regional forums and Stormont. She thanked Mrs O'Hagan for sharing her experiences and for her ongoing contribution to raising awareness of the benefits of this approach before inviting her to address the Board.

Mrs O'Hagan shared the experience of her son, Cahir, and the significant challenges arising from his autism, learning disability and sensory processing difficulties. She described how a multidisciplinary assessment led to the development of a dedicated sensory regulation room within the family home, providing Cahir with a safe space to self-regulate and engage more positively in family life. Mrs O'Hagan highlighted the transformative impact of the adaptation on Cahir's wellbeing, independence and quality of life, as well as the benefits for the wider family. She thanked the Trust and staff involved for their support and commitment in delivering a solution that had been life-changing for the family.

Members were advised that there were a number of wider strategic and system impacts which included:-

- Increased capacity for individuals to remain within the family home, thereby reducing reliance on high cost, staff intensive 24/7 residential or supported living placements.

- Alignment with and delivery of neighbourhood care and prevention agendas in Northern Ireland.

- Growing demand for similar adaptations to meet the needs of people with learning disability, with earlier identification and provision now emerging across the Western HSC Trust and regionally.

- Demonstrated cross-departmental collaboration, including engagement at Stormont with both the Department of Health and Department of Communities, with participation from Occupational Therapy alongside the family, supporting a joined-up approach to enabling delivery at scale.

Dr Crawford said this work had been recognised as runner up in the Trust's Davin Corrigan Award, and would contribute as the Northern Ireland case example to the Royal College of Occupational Therapy Foundations Project on Housing. She said the work also illustrates how Occupational Therapy, through its focus on inclusion and integration, can scale from individual intervention to regional influence. establishing the foundations for a broader understanding of accessibility extending beyond physical disability to include regulation and neurodevelopmental need.

Dr McPeake thanked Mrs O'Hagan for sharing her experience with the Board and acknowledged the powerful and moving nature of her testimony. He commented that the story highlighted both the challenges faced by Cahir and his family and the significant positive impact that the intervention had achieved. He expressed the Board's appreciation for the openness with which Mrs O'Hagan had shared her experiences and the valuable insights this provided into the lived experience of service users and carers. Dr McPeake then invited Board members to raise any questions or comments before offering his own reflections.

Dr McGinley thanked Ms O'Hagan for sharing her powerful and moving story, commenting on the profound impact that Cahir's needs had had on the wider family and recognising the central role she had played as his carer and advocate. Dr McGinley highlighted the importance of the family's experience in demonstrating the value of listening to and working in partnership with carers.

Dr McGinley noted Ms O'Hagan's reflections on the significance of feeling heard and understood by professionals and commended the Occupational Therapy team and wider multidisciplinary staff for recognising and valuing the family's insight. She further observed that this collaborative approach had not only delivered life-changing benefits for Cahir and his family but had also informed innovation at a regional level. Dr McGinley asked Ms O'Hagan to reflect on what the breakthrough moment had been for her and the family during the process.

In response, Mrs O'Hagan reflected that the breakthrough moment came when she felt that professionals had genuinely listened to and understood both Cahir's needs and the challenges faced by the wider family. She described how Occupational Therapy staff took the time to understand the family's circumstances, recognising that the physical environment was preventing Cahir from benefiting from other therapeutic interventions and limiting his ability to feel safe and comfortable at home. Mrs O'Hagan explained that having her experiences acknowledged and validated by the team was a significant turning point. She noted that the Occupational Therapists recognised the extent to which Cahir's sensory processing difficulties affected his daily life and accepted that an environmental solution was required to support both

him and the family. She stated that the creation of the sensory regulation space had transformed Cahir's experience of home, enabling him to feel safe, self-regulate more effectively and exercise greater choice and independence. Ms O'Hagan expressed her gratitude to the Occupational Therapy team and the Trust for their willingness to challenge traditional approaches and develop an innovative solution.

Dr McGinley thanked Mrs O'Hagan for what she had achieved which not only benefited her family but had also influenced practice more widely across Northern Ireland and was benefitting other families.

Mr Telford thanked Ms O'Hagan for her compelling presentation and recognised the valuable contribution she had made as an "expert by experience" in helping to shape service improvement. He said he remembered Mrs O'Hagan sharing her story previously and commented on the power of her advocacy, noting that her determination to ensure that Cahir could live, rather than simply cope, had not only benefited her own family but had also influenced practice more widely.

Mr Telford said the provision of a dedicated sensory regulation space within the home had enabled the sense of safety and security that Cahir experienced in his placement setting to be replicated within the family environment. He asked Ms O'Hagan to reflect on the changes she had observed in Cahir over the previous 2½ years and, in particular, how the adaptation had affected both his quality of life and the wider family, including his sisters.

In response, Mrs O'Hagan described the significant positive changes that had been observed in both Cahir and the wider family. She explained that Cahir appeared calmer, more relaxed and increasingly able to engage with family life, demonstrating greater independence, communication and decision-making. She noted that he was now more able to process information, make choices and participate in everyday activities that would previously have been overwhelming.

Ms O'Hagan reflected that her daughters had also noticed a marked difference in their brother, describing him as more playful, interactive and expressive. She said the family were now able to see aspects of Cahir's personality that had previously been hidden by the constant anxiety and sensory overload he experienced.
She provided examples of simple but meaningful changes in daily life, describing occasions when Cahir had independently chosen to go out, prepared himself for the outing and engaged positively with family activities. While recognising the ongoing challenges associated with his epilepsy and communication difficulties, she said that he was now approaching life from a calmer and more regulated place, allowing him to connect more readily with his parents and sisters.

Ms O'Hagan emphasised that the sensory regulation room had become a trusted and valued part of Cahir's home environment. She explained that, over time, he had developed a sense of ownership of the space and used it to regulate himself and decide when he wished to engage with family life. She described the transformation

as powerful and life-changing, enabling Cahir not simply to cope with his environment but to enjoy and participate more fully in everyday family life.

Mrs Hargan thanked Mrs O'Hagan for sharing her experiences so openly and acknowledged the courage required to present such a personal story to the Board. She commented on the powerful way in which she had articulated the challenges faced by Cahir and the wider family, noting that her testimony had provided valuable insight into the lived experience of individuals with complex sensory needs and those who care for them.

Mrs Hargan observed that, through her advocacy and willingness to share her experiences, Mrs O'Hagan had played an important role in educating others and promoting greater understanding of the challenges faced by people with autism and learning disabilities. She commended Mrs O'Hagan's commitment to advocating not only for her son but also for other families in similar circumstances. Mrs Hargan also recognised the innovative and collaborative approach taken by staff, noting their willingness to challenge traditional assumptions regarding housing adaptations and explore solutions that addressed sensory and behavioural needs alongside physical disabilities. She remarked that this openness and creativity had delivered a life-changing outcome for the family and had the potential to influence practice more widely.

Mrs Hargan thanked Ms O'Hagan for her contribution and congratulated both her and the staff involved for the positive impact achieved through the project.

Mr McGarvey asked Dr Crawford whether the experience and learning arising from this case had informed the development of regional guidance and assessment approaches. Referring to the regional toolkit, he queried whether the innovative work undertaken to support Cahir and his family had influenced practice more broadly and contributed to shaping how housing adaptations for individuals with sensory and behavioural needs are considered across Northern Ireland.

Dr Crawford advised that the learning from this case had contributed to a significant regional shift in the approach to housing adaptations for people with learning disabilities and autism. She noted that the regional toolkit had been revised to provide greater flexibility for bespoke, person-centred adaptations, recognising that sensory needs are highly individual and should not be constrained by rigid criteria. She confirmed that there is now broader acceptance of this approach across the region.

Dr McPeake concluded the discussion by asking how Cahir had coped with the building works required to create the sensory regulation space and whether the construction process itself had posed any additional challenges or distress.

In response, Mrs O'Hagan acknowledged that the construction work had been challenging for the family. She explained that the building works commenced in May and that the family had sought to minimise disruption where possible by spending time at their caravan during the summer months. She noted that, from the outset, the family recognised that the works would be difficult but remained focused on the long-term benefits that the adaptation would bring. Mrs O'Hagan advised that the family had made a conscious decision to work through the temporary disruption together, recognising that the completed project would provide the solution they had been seeking for many years. While the process had not been easy, she said the family remained committed to seeing the project through and agreed that the significant positive impact on Cahir's wellbeing and quality of life had made the challenges associated with the building works worthwhile.

In closing, Dr McPeake reflected on Mrs O'Hagan's observation that there was "much more to Cahir than they had previously been able to see" and commented that this had been a particularly powerful insight. He noted that the intervention had not only improved Cahir's circumstances but had also transformed the experience of the entire family, enabling him to play an even fuller role within family life.
Dr McPeake thanked Ms O'Hagan and Dr Crawford for their time, honesty and willingness to share their experiences with the Board. He extended his best wishes to Cahir and his family for the future and expressed his appreciation to all those involved in bringing the project to fruition.

9/26/13

PATIENT SAFETY & QUALITY COMMITTEE - IMPLEMENTATION PROGRESS IN HEALTH AND SOCIAL CARE TRUST: CONSIDERATIONS TO INFORM REGIONAL NEXT STEPS

Dr Lavery advised members that the proposed new Patient Safety and Quality Committee will replace the existing Governance Committee. He said the new Committee structure has been mandated by the Department of Health and is intended to be implemented consistently across all Health and Social Care Trusts. Dr Lavery said today the proposed Terms of Reference, key changes from the existing governance arrangements, the implications of the revised structure, and the future work programme for the Committee would be shared with members.

Dr Lavery introduced Mr McCaul, Assistant Director Clinical Quality and Safety, to the meeting and said he would provide further detail on the proposed arrangements and associated governance considerations.

Mr McCaul referred to the Permanent Secretary's letter of 29 June advising all Trusts that they are now required to establish and Patient Safety and Quality Committee. He said within the letter each Trust has been asked to amend its Standing Orders and its Governance and Assurance Framework to formalise the establishment of its PSQC. Mr McCaul said the PS has asked that this is done within 6 months of his

letter and that revised Trust Standing Orders and Governance and Assurance Frameworks (or similar document) are shared with Sponsorship Branch soon as possible and before 15 December 2026.

Mr McCaul said the DoH recognises that the establishment of PSQCs will require reorientation of existing governance structures and reporting arrangements, and that this may take some time to fully re-arrange and to embed. He added that Trusts have been given the flexibility in designing local, supporting governance structures. Mr McCaul added that to support maintenance of a standardised and aligned approach, the DoH intends that the operation of PSQCs and the regional Terms of Reference will be reviewed within 12 months of introduction. He said this review will be undertaken on a regional basis to assess operation, embedding, and to support consideration of any required refinements.

Mr McCaul said the proposal to members today is to formally:-

- Introduce the proposed Patient Safety & Quality Committee (PS&QC) as a replacement for the existing Governance Committee;
- Consider the revised Terms of Reference (ToR) for consideration;
- Consider the proposed new agenda and reporting model, highlight key changes, implications and transitional considerations

Mr McCaul said the Governance Committee was asked to review and provide feedback on these proposals prior to submission to Trust Board today and said following consideration the Governance Committee could provide a broad assurance across quality, safety and governance.

Mr McCaul said the Governance Committee's remit has become wide and agenda-heavy, incorporating clinical quality, corporate governance, Directorate assurance and multiple reporting streams. He said meetings have included 11–16 agenda items, often limiting depth of scrutiny with patient safety and quality competing with broader governance issues, reducing focused Board oversight.

In parallel Mr McCaul said the Integrated Governance & Assurance Framework (June 2025) supports ongoing refinement of committee structures to ensure focused and intelligible assurance and regionally, there was now the requirement to establish a dedicated Patient Safety & Quality Committee to strengthen Board oversight and align with learning from recent inquiries.

Mr McCaul said it was therefore proposed that the Trust's Governance Committee will be formally replaced by a Patient Safety & Quality Committee (PS&QC). He said it was also being proposed that the Trust adopt the regionally standardised Terms of Reference of May 2026, with local refinements to cover:

- Link with Improvement through Involvement Committee/People Committee
- Localising reporting mechanisms
- Clarifying out of scope duties
- Conflicts of interest/Confidentiality
- Transition clause
- Clarification on 'Patient' term on cover page

Mr McCaul advised that a revised bi-monthly meeting schedule, together with a new agenda and reporting model, has been developed to support the work of the proposed PS&QC. He outlined that the Governance Committee would be formally replaced by the PS&QC, with the Trust adopting the regionally standardised Terms of Reference issued in May 2026. Members were advised that a number of local refinements had been incorporated to support effective implementation within the Trust and facilitate the transition from the existing Governance Committee arrangements. Mr McCaul said these amendments also recognised the Trust's current developmental position in relation to evidencing improvement and the integration of safety intelligence. He noted that the refinements did not alter the core intent of the regional Terms of Reference but were intended to ensure that the arrangements were practical and effective in the local context.

Mr McCaul said the proposed local refinements included clarification of the Committee's relationship with the Improvement through Involvement and People Committees, localisation of reporting mechanisms, clarification of responsibilities that fall outside the Committee's remit, provisions relating to conflicts of interest and confidentiality, the inclusion of a transition clause, and clarification regarding the use of the term "patient" on the cover page.

Mr McCaul outlined how the proposed Patient Safety and Quality Committee model would strengthen governance and assurance arrangements within the Trust. He advised that the new approach would move the Committee away from a report-heavy model towards one focused on risk, learning and improvement. By reducing duplication across dashboards and reports, the Committee would be better positioned to provide intelligent assurance through the triangulation of information from multiple sources, in line with the Integrated Governance and Assurance Framework.

Mr McCaul advised that the revised arrangements would support more timely oversight through a bi-monthly Patient Safety and Quality Committee, supported by a weekly Risk Review Group. He said this would create a continuous escalation and assurance cycle, reducing the time between the identification of issues and visibility at Board level.

Mr McCaul noted that the new model would also address agenda overload. Under previous arrangements, he said meetings had at times considered up to 16 agenda items. Mr McCaul said the proposed structure would introduce a focused and

consistent core agenda, supplemented by rotational items considered on a planned basis throughout the year, enabling more meaningful discussion of key risks and improvement priorities.

Mr McCaul said the Committee would strengthen Board scrutiny through the inclusion of a dedicated deep-dive review at each meeting and a more targeted approach to Directorate reviews, allowing greater focus on areas of highest risk, concern or learning.

Mr McCaul also advised that the proposed 6-meeting annual cycle for rotational agenda items would provide a structured and predictable approach to assurance activity, ensuring that all areas received consideration at least twice annually while allowing Directorates to plan their contributions in advance.

In summary, Mr McCaul said the proposed agenda for the Patient Safety & Quality Committee would introduce a structured bi-monthly model focused on real-time patient safety intelligence, risk and learning. He said core assurance items would be reviewed at every meeting, supported by a rotational cycle of other governance areas reviewed 2-3 times annually. Mr McCaul said this approach would reduce agenda congestion, strengthen Board oversight of emerging risks, and align with the Trust's Integrated Governance and Assurance Framework by emphasising timely, intelligence-led assurance. Mr McCaul said the first meeting of the PS&QC will be end of September beginning of October .

Dr McPeake acknowledged that the proposed Patient Safety and Quality Committee represented a significant change from previous arrangements. However, he said he recognised that many of the requirements of the new model were already reflected across existing governance structures within the Trust, particularly through the work of the Governance Committee and related Committees. Dr McPeake said he felt the Trust was therefore well placed to implement the new arrangements compared with organisations that did not already have comparable governance mechanisms in place.

Dr McPeake noted that the proposed model was necessarily complex, particularly the introduction of rotational agenda items designed to maintain manageable meetings while ensuring more timely scrutiny of quality and safety matters. He said the model also sought to provide a clearer and more effective route for the escalation of risks and concerns to the Trust Board. Dr McPeake said successful implementation would require further development of reporting arrangements, with greater emphasis on identifying matters requiring escalation and reducing duplication and repetition within reports. Dr McPeake noted that while progress had already been made in improving reporting processes, he acknowledged that further work would be required to fully embed the new approach in practice.

Dr McPeake said he welcomed the proposed transitional period, recognising that it would provide an opportunity to refine and strengthen the operation of the

Committee during its first year and acknowledged that implementation would require sustained effort and that the changes could have wider implications for other Board Committees, particularly in relation to assurance and escalation pathways. He said this learning from the implementation of the Patient Safety and Quality Committee could help inform future developments across the wider Committee structure and contribute to strengthening the Trust's overall governance and assurance framework.

Dr McGinley welcomed the proposed regional approach and acknowledged that, while the Trust was in a relatively strong position to implement the new arrangements, the transition would require considerable work. She highlighted the importance of clearly defining the relationships between the Patient Safety and Quality Committee and the wider Committee structure. She suggested that a visual representation of reporting and assurance arrangements would be beneficial in helping members understand the interdependencies between Committees and the escalation routes to the Board.

Dr McGinley sought clarification regarding the proposed Corporate Governance Sub-Committee and its relationship to the new Committee structure, noting that further consideration would be required as the detailed governance arrangements were developed. She recognised that the work of the PSQC would be closely linked to that of the People Committee, Improvement through Involvement Committee and Audit and Risk Assurance Committee, and that careful attention would be needed to ensure that responsibilities were appropriately aligned.

Dr McGinley emphasised the importance of avoiding duplication while maintaining the distinct focus and functions of individual Committees. She acknowledged that streamlining reporting and assurance arrangements across the Committee structure would be challenging but necessary to ensure an effective governance framework. Whilst recognising the complexity of the proposed changes, she expressed support for a consistent regional model and agreed that the Trust's existing governance arrangements placed it in a favourable position to implement the new requirements successfully.

Mr McCaul recognised the importance of balancing the introduction of the new PSQC with the need to preserve existing governance arrangements that were already operating effectively. He acknowledged that the challenge would be to create a coherent governance framework that incorporated the new requirements without undermining the valuable work currently undertaken by established Committees. Mr McCaul highlighted the importance of ensuring clear links between Committees while avoiding unnecessary duplication and noted that some progress had already been made in this regard, citing the established process whereby whistleblowing reports with a clear patient safety implication are considered through both the People Committee and Governance Committee. He said this was an example of effective triangulation of intelligence and assurance.

Mr McCaul agreed that the development of the new arrangements would be a complex undertaking and would not be achieved overnight. He recognised that the success of the new model would depend on enhancing the Trust's ability to bring together and analyse information from multiple sources to support intelligent assurance and decision-making. In particular, he noted the importance of combining workforce indicators, such as staff turnover, with information relating to complaints, incidents and other quality measures to provide a more comprehensive understanding of service performance and risk.

Mr Telford referred to the Quality and Safety Summit earlier in the week and noted that, for the Trust, the proposed PSQC represented more of an evolution of existing arrangements than a fundamental change. He acknowledged the significant work already undertaken to map and benchmark current governance processes against the new requirements, placing the Trust in a comparatively strong position for implementation.

Mr Telford however stated, that changes would be required, particularly in moving towards a more mature model of exception reporting which would enable the Committee to identify and focus on key patient safety and quality concerns. He said as mentioned at the Summit there is an importance to fostering a culture of curiosity, openness and constructive challenge to support effective scrutiny and learning including candour so that members ask the right questions.

Mr Telford further noted that sources of assurance would need to broaden beyond traditional performance metrics to incorporate the experiences and perspectives of patients and service users. He reflected on the value of patient stories and other qualitative sources of intelligence in providing insight into quality and safety issues that may not be evident through performance data alone.

While recognising that data would remain a key component of assurance, Mr Telford acknowledged the need for greater emphasis on trend analysis, interpretation and professional judgement. He noted that the effective triangulation of quantitative and qualitative information would be essential in providing meaningful assurance and identifying emerging risks. Mr Telford agreed that the Trust was already moving in this direction and that the proposed Patient Safety and Quality Committee would provide an opportunity to further strengthen a learning-focused, intelligence-led approach to governance and oversight.

Mrs Laird said she wanted to welcomed the progress made in developing the detailed arrangements for the PSQC and acknowledged the significant work undertaken to date. She referred to the discussion on the importance of ensuring effective triangulation of information and strong linkages with other key Board Committees, particularly the People Committee and the ITI Committee. Mrs Laird emphasised the need to be clear and deliberate about the specific intelligence, risks and assurance information that should flow between Committees in order to support meaningful oversight and avoid duplication. She noted that emerging examples of

cross-Committee working provided a positive foundation on which to build. Mrs Laird also highlighted the importance of progressing planned discussions on Committee interfaces and relationships as a priority. She said she recognised that the effectiveness of the new model would be heavily dependent on the availability and quality of data and noted that further consideration would be required regarding the refinements needed to existing data sets and reporting arrangements, as well as identifying opportunities to enhance analytical capability over time.

Mrs Laird acknowledged that the Trust's ability to mature its approach to data integration, triangulation and safety intelligence would be a critical enabler in delivering the objectives of the PSQC and supporting a more informed, intelligence-led approach to governance and assurance.

In response, Dr McPeake noted that at the regional Summit it had been highlighted the increasing importance of data analytics and emerging artificial intelligence capabilities in supporting effective governance, assurance and patient safety oversight. He said it was acknowledged that these tools could play a significant role in helping organisations move beyond the presentation of data towards a deeper understanding of trends, patterns and emerging risks. Dr McPeake said the proposed PSQC places a stronger emphasis on trend analysis and understanding whether performance is improving or deteriorating over time. However, however he said it was also recognised that the assurance framework must remain sufficiently responsive to identify and address significant individual events or emerging concerns that may not yet be reflected in longer-term trends.

Dr McPeake highlighted that access to high-quality data, together with the ability to interpret, analyse and interrogate information effectively, would be critical to the success of the new arrangements. He acknowledged that the development of enhanced analytical capability, including the potential use of artificial intelligence and advanced data tools, represented an important area for future growth and would support more informed, intelligence-led decision-making in relation to patient safety and quality.

Mr Hegarty highlighted a number of considerations in relation to the proposed PSQC. He noted that the existing Governance Committee had always managed a broad and complex agenda informed by a range of contributors and expressed the view that the scope and requirements set out within the new Terms of Reference would further increase the scale of the Committee's responsibilities. He also raised concerns regarding the title and focus of the Committee, observing that situations may arise where patient safety or quality issues continue to warrant scrutiny despite extensive efforts having already been made to address them. In such circumstances, he noted the potential tension between maintaining an appropriately inquisitive approach and operating within financial and resource constraints. Mr Hegarty emphasised the importance of understanding how the Committee would respond where concerns remain but options for further remedial action were limited.

Finally, Mr Hegarty raised a practical concern regarding quoracy arrangements. He noted that the proposed Terms of Reference required a quorum of 6 members, including a minimum of 3 Non-Executive Directors, and expressed concern that this requirement could prove challenging to achieve in practice. He suggested that this would require further consideration to ensure that Committee business could be conducted effectively and without unnecessary disruption.

In response to the issues raised, Dr McPeake said he agreed that where a concern had been fully considered by the Committee but could not be resolved within available resources or within the Committee's authority, there should be a clear process for escalation to the Trust Board. He noted that escalation would ensure clarity regarding ownership of the issue at Board level, even where a satisfactory resolution had not yet been identified.

Dr McPeake also discussed the proposed quorum requirements for the PSQC. He acknowledged that the requirement for a minimum number of Non-Executive Directors may reflect a regional desire for consistency across Trusts, noting that governance arrangements in some organisations differ from those currently operating within the Trust.

Ms McCauley sought clarification regarding the provision within the Terms of Reference that the PSQC would receive assurance from the Corporate Governance Sub-Committee on non-clinical corporate risks where these impact on patient safety and quality of care. She said she was concerned that during the transition to the new governance structure, non-clinical corporate risks that did not have a direct patient safety or quality dimension could potentially fall outside the remit of the Committee. Ms McCauley emphasised the importance of ensuring that such risks remained subject to appropriate oversight and scrutiny elsewhere within the governance framework and highlighted the need for clarity regarding the allocation of responsibilities across the revised Committee structure to ensure that no gaps emerged in the Trust's risk management and assurance arrangements. Ms McCauley said that a clear articulation of committee remits, escalation routes and accountability for non-clinical risks would be an important aspect of the transition to the new arrangements.

In response, Mr McCaul advised that the primary focus of the PSQC would be on matters relating to patient safety and quality of care. Consequently, he said the Committee would receive assurance and scrutinise those non-clinical corporate risks that have a direct or indirect impact on patient safety and quality outcomes. He noted that non-clinical corporate risks without a clear patient safety or quality dimension would continue to be managed and scrutinised through the Trust's wider governance and risk management structures. By way of example, members heard that a corporate risk such as cyber security may not ordinarily fall within the remit of the Patient Safety and Quality Committee unless there were implications for patient safety, service delivery or quality of care. He said such risks would continue to be

escalated through the appropriate governance routes and ultimately to the Trust Board for oversight.

Mr McCaul advised members that the Corporate Governance Sub-Committee would retain an important assurance role in relation to corporate risks and the operation of the Trust's risk management framework. He said this would include oversight of the effectiveness of risk management processes, ensuring that risks are escalated and de-escalated appropriately, monitoring whether risks remain at a particular level for prolonged periods, and providing assurance that the overall system of risk management is functioning effectively.

Ms McCauley expressed her concern that the current wording of the Terms of Reference could create ambiguity regarding the oversight of certain risks. She said while acknowledging the intention that the PSQC should focus specifically on patient safety and quality matters, she noted that the wording of the second paragraph within the "Out of Scope" section appeared to describe the role of the Corporate Governance Sub-Committee in a manner that could lead to confusion.

Ms McCauley emphasised the importance of ensuring that, during the transition to the new governance arrangements, no category of risk is unintentionally excluded from formal oversight due to a lack of clarity in Committee remits. She said while recognising the assurance role of the Corporate Governance Sub-Committee, she sought further clarification regarding how risks that fall outside the direct patient safety and quality remit would be managed and assured.

Members agreed that careful review of the wording would be required to ensure clear lines of accountability and assurance across the governance framework and to provide confidence that all risks remained subject to appropriate scrutiny and escalation arrangements.

In response, Dr Lavery advised that the specific focus on patient safety and quality within the Terms of Reference had been intentional and reflected the learning arising from recent public Inquiries and the Department of Health's expectations for strengthened oversight of patient safety matters. He acknowledged that this deliberate focus could create questions about the management of risks that fall outside the Committee's remit, however, he said the responsibility of the Trust would be to ensure that appropriate governance arrangements and escalation routes were in place to address any potential gaps and provide assurance that all risks remain subject to oversight.

Mrs Hargan said that one of the key messages emerging from the recent Patient Safety Summit was that the Committee's approach to data would need to evolve. She said while trend analysis would remain important, there is a need to look beyond aggregated data and averages to identify outliers and exceptions that could otherwise be masked within broader performance information. Mrs Hargan noted that this would require a greater degree of curiosity and critical analysis when

reviewing assurance information, with a focus on understanding what the data might be signalling about emerging risks or concerns.

Mrs Hargan acknowledged that while enhanced analytics and new technologies could support this approach, an important cultural shift would also be required in how information is interpreted and scrutinised and said that effective oversight would depend not only on the availability of data but also on the perspective and questioning applied to it.

Mrs Hargan referred to the interaction between the PSQC and other elements of the governance framework. She noted that concerns had been expressed regionally regarding the way relationships between Committees had been described and emphasised the importance of maintaining clarity regarding respective roles and responsibilities. Mrs Hargan agreed that the primary purpose of the PSQC was to discharge the specific responsibilities set out within its Terms of Reference and to provide focused oversight of patient safety and quality matters, however she also noted that where related issues were already subject to effective scrutiny through other Committees, these should continue to be considered within those existing arrangements. Mrs Hargan said the key requirement would be to establish robust linkages and assurance mechanisms between Committees so that matters with implications for patient safety and quality could be escalated appropriately and provide a coherent source of assurance to the Committee.

Mrs Hargan said the Trust had already begun to develop such arrangements through existing escalation pathways between the People Committee and Governance Committee and said this approach would provide a useful foundation for the development of the new governance model.

Dr McPeake reflected on the discussion regarding the use of data and noted that effective assurance requires looking beyond averages and trends to identify outliers and exceptions, which may provide important indicators of emerging risk. He agreed that a more analytical and inquisitive approach to data interpretation would be required to support the work of the PSQC, in line with discussions at the recent Patient Safety Summit.

Mrs McKay referred to the implications of the new reporting arrangements for Directorate Governance Reports. She noted that the move to a rotational assurance model provided an opportunity to review the format of reports, with a greater focus on key risks, issues requiring escalation and areas requiring assurance, rather than lengthy narrative reports. Mrs McKay said she agreed that a standardised reporting template would be beneficial in supporting concise, exception-based reporting and enabling the Committee to focus on matters of significance. She added that the importance of timely escalation of risks and concerns was emphasised, particularly given the reduced frequency of Directorate presentations and agreed that reporting arrangements should ensure that important issues are readily identifiable and not obscured by excessive detail.

Dr McPeake referred to the value of developing a visual representation of the governance structure to clarify Committee relationships, escalation pathways and assurance arrangements, helping to identify any gaps or duplication as the new model is implemented. He acknowledged that further work would be required to refine these arrangements over time.

9/26/14
CORPORATE RISK REGISTER

Dr Lavery referred members to the Trust's Corporate Risk Register as approved on 4 June 2026, noting that there are 25 risks on the register.

Dr Lavery shared with members a proposal to add a new risk to the Corporate Risk Register in relation to encompass Proactive/Reactive audit. He also noted that there were 2 material changes to the Register in respect of risk ID284 and ID1770. Dr Lavery confirmed that all risks had been reviewed in this quarter.

Dr McPeake thanked Dr Lavery for his report and asked members to raise any questions.

Dr McGinley expressed significant concern regarding the risk in relation to ID1770 and emphasised the need for continued close management. She acknowledged the considerable work underway to stabilise and rationalise services in Fermanagh, and noted that recruitment remained a key challenge. Dr McGinley stressed that this risk should continue to receive focused attention and oversight.

In response, Dr O'Neill advised that a comprehensive recovery action plan was in place and had been reported to the Board through the Assurance Framework. She advised that the Trust was working closely with existing providers to sustain service delivery in Fermanagh, while a dedicated transition team had been established to support service recovery, with a particular focus on facilitating discharge from the South West Acute Hospital. Dr O'Neill further noted that a bespoke recruitment campaign had resulted in increased staffing and had delivered positive outcomes. In addition, she said the recent introduction of 14 vehicles for domiciliary carers in the Southern Sector was highlighted as an innovative measure to address challenges associated with rurality, travel and transport. Dr O'Neill advised that the Trust continued to engage with providers and was progressing through the procurement process, currently at Stage 5 of 6.

Dr McPeake welcomed the range of practical and innovative mitigations that had been implemented to manage the risk.

Dr McGinley referred to the recent Ministerial Summit and observed that it provided a different lens through which the Trust should consider its risks, particularly in relation to patient safety. She noted that the emergence and reframing of the risk was appropriate in light of the discussions at the Summit and supported its inclusion within the Trust's risk profile.

Mrs Laird welcomed the newly articulated corporate risk relating to encompass and the associated risk of unauthorised and inappropriate access to patient information, together with the amendments made to the existing risk. She noted that these changes reflected discussions held following the previous Board meeting regarding the Trust's risk position and the wider concerns arising from ongoing investigations. While recognising the significant work undertaken to strengthen the risk framework, Mrs Laird emphasised that the effectiveness of the mitigating actions would require close monitoring and noted that the newly established corporate risk presented considerable challenges for the organisation.

Dr McPeake welcomed the addition of the new corporate risk, noting that risks relating to unauthorised access to information systems were increasingly evident across healthcare organisations. While acknowledging that the risk had likely existed for some time, he said that it was now being more appropriately recognised and articulated within the Trust's corporate risk framework. Dr McPeake considered its inclusion on the Corporate Risk Register to be a positive and necessary development, reflecting the significance of the risk and the need for continued oversight and mitigation.

Following consideration of the addition of the proposed new risk and material changes to risks ID284 and ID1770, the changes were proposed by Rev Canon McGaffin, seconded by Mrs Laird and unanimously approved by Trust Board.

9/26/15

INFECTION PREVENTION AND CONTROL REPORT

Mr McGarvey provided members with assurance on the Trust's Infection Prevention and Control (IPC) position to June 2026. He reported that performance remained strong in a number of high-risk areas, including MRSA bacteraemia, critical care device-associated infections and caesarean section surgical site infections. However, Mr McGarvey said improvement remained necessary in relation to *C. difficile* prevention, water compliance, device care documentation and ongoing water safety risks, particularly Legionella.

Mr McGarvey noted that the Trust continued to perform comparatively well regionally in relation to *C. difficile*, although ongoing focus was required on early identification, isolation, antimicrobial stewardship and compliance with care pathways. He further noted that no MRSA bacteraemia cases had been reported since April 2026,

providing positive assurance, whilst recognising that continued vigilance was required.

Mr McGarvey advised that recent respiratory outbreaks had been managed in accordance with regional and local IPC guidance, with learning focused on early recognition, timely escalation and effective communication. Performance relating to caesarean section surgical site infections remained better than the Northern Ireland average, although work continued to strengthen data validation and surveillance arrangements.

Mr McGarvey noted variation in compliance across a number of IPC audit standards, particularly in relation to *C. difficile* management, device care, urinary catheter care and cleaning processes. He provided assurance that audit findings were subject to local follow-up, education and monitoring to support improvement.

Mr McGarvey advised that the IPC Committee also received the annual Water Safety Report. He assured members that robust governance arrangements remained in place and that there was no evidence of patient harm associated with waterborne pathogens during the reporting period. He added that while Legionella continued to present an ongoing challenge, risks were being actively managed through monitoring, mitigation measures, infrastructure improvements and prioritised risk assessments.

Dr McPeake thanked Mr McGarvey for his update report and asked members if they had any questions.

Prof McKenna welcomed the focus on caesarean section surgical site infection rates, noting that the Trust's performance compared favourably with other Trusts. Drawing on discussions at the Women and Children's Services Board, he highlighted the increasing national scrutiny of maternity services and outcomes, referencing the recent Ockenden review relating to Nottingham University Hospitals NHS Trust, which had further underscored the importance of maintaining a strong focus on maternity safety, quality and learning. While acknowledging that the Trust's surgical site infection rate remained below the regional average, Prof McKenna emphasised the need for continued vigilance and sustained improvement, recognising the significant impact that maternity-related harm can have on mothers, babies and families. He welcomed the attention being given to this area and stressed the importance of maintaining ongoing oversight and assurance.

Mr McGarvey sought to provide members with an assurance that a range of improvement measures were in place to minimise the risk of caesarean section surgical site infections across the Trust. He said the Tissue Viability Team was working closely with maternity services, risk management midwives and postnatal teams to analyse factors contributing to wound breakdown following delivery and to identify opportunities for improvement. Mr McGarvey said a standardised dressing approach had been introduced, with positive early results reported. In addition, he

said work was underway to ensure that pre-caesarean skin assessments were undertaken consistently using an evidence-based assessment tool. Members were advised that ongoing review of surveillance data, learning from identified cases and multidisciplinary collaboration remained key priorities in supporting continuous improvement and maintaining patient safety in this area.

Mr Telford said as the Trust moves towards the new Patient Safety and Quality Committee arrangements, consideration would need to be given to the limitations of some externally reported data, particularly where performance information was reported several months in arrears. He said that the lack of more contemporaneous data could present challenges in assessing current performance and emerging risks. In this context, he emphasised the importance of robust trend analysis and forward-looking indicators to support oversight and assurance, suggesting that monitoring of trends over time may become an increasingly important means of assessing quality and safety performance across a range of areas.

Mr McGarvey noted the point regarding the timeliness of some externally reported data and advised that consideration had already been given to how performance information should be reviewed. He noted that, rather than focusing solely on the most recent quarter, a longer-term view of performance over the preceding 12 months would provide a more meaningful assessment of trends, variation and emerging issues.

Mr McGarvey said this approach would support the identification of both sustained improvements and outliers, enabling the Trust to maintain effective oversight and gain greater assurance regarding quality and patient safety performance.

Mrs Hargan welcomed the format of the report, noting that it provided a concise and accessible overview of performance. She said that, whilst comparative averages remained useful in understanding the Trust's position relative to other organisations, there was increasing value in focusing on outliers and variation within the data to support quality improvement and patient safety. Mrs Hargan suggested that a shift towards identifying and understanding outlying performance would provide greater insight into areas requiring attention. However, she emphasised that such an approach would need careful consideration and discussion at Corporate Management Team level to ensure it was supported by a learning and improvement culture and noted the importance of communicating clearly with staff about the purpose of examining variation and outliers, recognising the need to avoid perceptions of blame or individual criticism, and instead focusing on using the information constructively to support improvement and enhance patient safety outcomes.

Dr McPeake concluded the discussion by noting that adopting a quality improvement approach would be key to successfully introducing a greater focus on variation and outliers in performance data. He agreed that the purpose should be to work

collaboratively with teams to understand the factors contributing to variation and to support improvement.

9/26/16
PEOPLE COMMITTEE

Dr McPeake referred to the Committee minutes of a meeting held on 31 March 2026 for information. He said as a mark of respect for the Chair, the Committee meeting due to take place on 24 June was deferred.

9/26/17
PERFORMANCE REPORT – EXCEPTION REPORT

Mrs Molloy presented to members an exception report and advised that the quarter one performance report will be presented to Trust Board in September. She said there were a number of issues that she would like to highlight to members today.

Mrs Molloy advised that the Trust had now agreed Quarter 1 targets and baselines with the SPPG. She said there was improvements in the quality and reliability of performance reporting, noting that high confidence ratings had been achieved in May for both complex discharge delay data and consultant outpatient access data.

Mrs Molly said there were 3 areas that she would like to highlight as having made significant progress in this period.

- First Mrs Molloy referred to unallocated cases for family support and advised that this had decreased significantly and was now down to 16 in May which exceeded the expected target of 25.

- Mrs Molloy further advised that performance in Adult Mental Health against the 9 week access target had improved significantly, with the number of patients waiting reducing from 177 in April to 90 in May. Mrs Molloy highlighted this positive trend and noted that the improvement reflected sustained efforts to enhance timely access to mental health services.
- Mrs Molloy said dementia service access targets were now being achieved.

Mrs Molloy said there were 3 areas of challenge all of which the Board would be very familiar with:-

- The 12 hour Emergency Department delay for patients, always significant briefings on that to Board and also to the Finance and Performance Committee.

- Simple discharge delays and Mrs Molloy referred to the issues associated with data confidence and the compliance of workflows.

- CAMHS and the access target to CAMHS, which has deteriorated over the last number of months. Ms Molloy said this issue had been addressed specifically at Finance and Performance Committee just this week.

Dr McPeake thanked Mrs Molloy for her update.

9/26/18
ANY OTHER BUSINESS

There were no further items of business.

9/26/19
DATE OF NEXT MEETING

It was agreed that given Trust Board meetings are moving to the last Thursday of the month from September that there would be an addition meeting on 27 August 2026 at 11 am to bridge the gap from 2 July to 24 September.

Mrs Hargan noted that this was Mr Cassidy's final Trust Board meeting prior to his retirement and stated that it would be remiss of her, as Chief Executive, not to record her sincere thanks for his outstanding contribution to the organisation. She acknowledged both his professional leadership as Executive Director of Social Work and Director of Children and Families and the significant personal contribution he had made to the Corporate Management Team throughout his tenure.

Mrs Hargan described Mr Cassidy as a trusted colleague and friend whose wisdom, compassion and unwavering support had been of immense value to members of the Corporate Management Team. She highlighted the pastoral care and support that he consistently provided to colleagues, often behind the scenes, and remarked that his kindness, humour and humanity had made a lasting impact on those who had worked with him. She described him as a "character" and "a legend in his own lifetime", adding that his presence would be greatly missed within the organisation.

On behalf of both herself and the Corporate Management Team, Mrs Hargan formally recorded her appreciation for Mr Cassidy's exceptional contribution to the Western Trust, recognising not only his professional achievements but also the positive influence he had brought to the leadership team and wider organisation. She advised that a more formal opportunity to celebrate his contribution would take place the following day.

In response, Mr Cassidy thanked Board members, both Executive and Non-Executive Directors, for the support, compassion and integrity they had shown him throughout his time with the organisation. He reflected positively on his experience of working with the Trust Board, describing it as a highly effective and well-functioning Board. He acknowledged that the support he had received from colleagues across the organisation, and particularly from members of the Board, had been a significant factor in his decision to continue in post beyond his original retirement plans.

Mr Cassidy expressed his gratitude to colleagues for their friendship, support and commitment, paying particular tribute to the Non-Executive Directors for their contribution to the work of the Trust. He wished the Board continued success in the future.

Speaking in her capacity as Children's Advocate, Rev Canon McGaffin advised that she wished to share a recent example which she felt reflected the significant impact Mr Cassidy had made on the lives of children and young people across the Trust. She referred to a recent RQIA inspection at Woodlands Children's Home during which an inspector had spent time speaking with a young resident. During the conversation, the young person, who was aware of Mr Cassidy's forthcoming retirement, spoke positively about him and recalled that he had written personally to congratulate him on his GCSE results the previous year.

Rev Canon McGaffin noted that the young person had reflected on the difference between foster care and residential care, observing that children in foster care often have a foster mother or foster father, whereas those living in residential settings do not. The young person had then remarked that, in many respects, Mr Cassidy had fulfilled that role for children living in residential care through the interest, care and encouragement he consistently demonstrated towards them.

Rev Canon McGaffin stated that she could think of no greater tribute to Mr Cassidy's contribution than the regard in which he was held by the young people he had served. She noted that the story spoke volumes about the positive difference he had made in the lives of vulnerable children and young people and the lasting legacy he would leave within the service.

Dr McPeake thanked Mr Cassidy on behalf of the Board and acknowledged his outstanding service, leadership and dedication to the Trust over many years. Members joined Dr McPeake in expressing their appreciation and best wishes for his retirement.

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Mr B Telford
Vice Chair
27 August 2026