

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 27 August 2026 at 11 am in Lecture Theatre, Trust Headquarters

PRESENT

Mr Telford, Vice Chair
Mrs K Hargan, Chief Executive

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

Dr B Lavery, Medical Director
Prof D Keenan, Executive Director of Nursing, Midwifery and Allied Health Professionals
Mr S McLaughlin, Interim Executive Director of Social Work/Director of Families and Children
Ms E McCauley, Executive 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
Ms K O'Brien, Director of Adult Mental Health and Disability Services
Mr M Gillespie, Director of Surgery, Paediatrics and Women's Health
Mrs T Molloy, Director of Planning, Performance and Corporate Services
Mrs G McAleer, Interim Director of Human Resources and Organisation Development
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

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Mr Telford welcomed everyone to the August Trust Board meeting.

Mr Telford advised members that on Monday, 24 August he received a request from UNISON to speak at today's Trust Board meeting on the issue of "trust financial plans". He said this request was considered in line with the Trust's Standing Orders, Section 3.2.

Mr Telford advised that given the item was on the agenda, he waived the notice period of 7 working days' notice for speaking rights at his discretion and speaking rights were therefore granted, subject to the conditions set out in the Trust's Standing Orders that any deputation will be confined to a presentation by not more than 2 people and will not exceed 10 minutes duration.

Mr Telford advised that 2 further Trades Unions had arrived at Trust Headquarters this morning also seeking speaking rights. He said to clarify the Trust Board is not a public meeting but a meeting held in public. Mr Telford said the requests were from Unite and NIPSA.

Mr Telford said having considered the 2 further requests he would grant speaking rights on the same conditions as UNISON.

Mr Telford welcomed Mrs Lyttle, UNISON, Mrs Stevenson, Unite and Mr McGarvey, NIPSA, and their delegations to the Trust Board meeting. He invited Mrs Lyttle to address the Board and reminded all in the room and online that it was not permissible for a third party to record any part of the meeting

Mrs Lyttle addressed the Board, representing UNISON, the Trust's largest recognised trade union. Ms Little expressed significant concerns regarding the proposed financial savings plan and the associated budget reductions being considered by the Board. She highlighted that the current proposals represented the first year of what was anticipated to be a 3-year programme of expenditure reductions and argued that the cumulative impact on patients, service users, staff and health inequalities had not been fully assessed. Mrs Lyttle said UNISON contended that the Board should not approve the proposed savings without a comprehensive understanding of their longer-term consequences.

Ms Little stated that UNISON was not satisfied that the Trust had fulfilled its obligations to consult and negotiate with recognised trade unions regarding the implications of the proposals for the workforce. She further argued that the Trust had statutory responsibilities under Section 75 of the Northern Ireland Act 1998 and its Equality Scheme to assess the impact of such decisions on equality of opportunity and to undertake appropriate consultation. Mrs Lyttle said UNISON maintained that, in the absence of evidence of Equality Impact Assessments, Quality Impact

Assessments or meaningful consultation, approval of the proposals could place the Trust in breach of these obligations.

While acknowledging the wider financial pressures facing Health and Social Care and the responsibility of government to provide adequate funding, Ms Little argued that the Board also had a responsibility to challenge funding allocations that were insufficient to meet service demand. She stated that UNISON supported genuine service transformation undertaken in partnership with patients, service users, staff and trade unions, but did not believe the current proposals represented such an approach.

Mrs Lyttle said particular concern was expressed regarding measures to control vacancies and reduce recruitment activity. She warned that such actions could exacerbate workforce pressures, negatively affect staff morale and further stretch already understaffed services. She also referred to proposals to reduce agency expenditure, reiterating UNISON's position that savings achieved through agency reduction should be reinvested in substantive posts and the permanent workforce. In concluding, Ms Little urged the Board not to approve budget reductions which, in UNISON's view, risked adversely affecting services, patients, service users and staff.

Mr Telford thanked Mrs Lyttle for addressing the Board and noted the comments and concerns raised with members.

Mr Telford invited Mrs Stevenson to address the Board.

Mrs Stevenson advised members that she is Regional Officer for Unite and Chair of the Joint Trade Union Forum for Northern Ireland. She advised that she wished to endorse the concerns previously outlined by UNISON regarding the proposed financial savings plan and the wider budgetary pressures facing Health and Social Care. She expressed frustration at the scale of the financial reductions being required of Trusts and the impact this was having on services, staff and workforce planning.

Referring to ongoing negotiations on pay and Agenda for Change reform, Mrs Stevenson highlighted the importance of investing in the workforce and creating an attractive and sustainable Health Service. While acknowledging the need for transformation and service reform, she stressed that such change should be developed and implemented through genuine partnership working with staff and trade unions.

Ms Stevenson reflected positively on the history of partnership working within the Western Trust and expressed concern that collaborative working arrangements were being eroded elsewhere within the Health and Social Care system. She emphasised that trade unions remained committed to working constructively with employers and standing in solidarity with Trusts facing significant financial challenges.

Mrs Stevenson raised particular concerns regarding proposals that could affect frontline support services and the wider workforce, noting the essential contribution made by catering, domestic, portering and other support staff in maintaining safe and effective patient care. She stated that reductions affecting these services risked undermining both staff wellbeing and the delivery of healthcare services to local communities.

In conclusion, while recognising the need for transformation and reform, Mrs Stevenson expressed the view that the proposals before the Board did not adequately address the wider strategic challenges facing Health and Social Care. She reiterated Unite's opposition to measures that could adversely affect staff, services or patients and urged decision-makers to seek sustainable investment rather than reductions in service provision.

Mr Telford thanked Mrs Stevenson for addressing the Board and noted the comments and concerns raised with members.

Mr Telford invited Mr McGarvey to address the Board.

Mr McGarvey advised that NIPSA fully supports the concerns and comments previously expressed by UNISON and Unite. Speaking from his experience as a workplace representative within the Trust, he described the practical impact that existing workforce and financial pressures were having on staff and patients. He highlighted examples of patients being accommodated in escalated care areas and corridors due to capacity constraints, noting the challenges this created for maintaining patient dignity, privacy and access to appropriate facilities. Mr McGarvey described the pressures placed on staff working in such environments and the difficulties associated with delivering safe and effective care in overcrowded conditions.

Mr McGarvey expressed concern regarding the impact of vacancy controls and staffing shortages on lower paid staff groups, including domestic, portering and support services staff. He advised that employees were increasingly being asked to undertake additional duties and responsibilities while services remained under significant pressure. He warned that this was adversely affecting staff morale and wellbeing.

Mr McGarvey made reference to wider cost-of-living pressures affecting staff, including concerns regarding pay, overtime opportunities and challenges experienced by some lower-paid employees in accessing the Cycle to Work Scheme where salary deductions could reduce earnings below the Living Wage threshold. Mr McGarvey stated that these issues were contributing to workforce dissatisfaction at a time when staff were already facing increased workloads.

Drawing on examples from his day-to-day experience, Mr McGarvey described the impact that overcrowding and delayed patient flow could have on patients,

particularly older people, and stressed the challenges faced by frontline staff in maintaining standards of care and dignity in these circumstances.

In conclusion, Mr McGarvey reiterated NIPSA's support for the wider trade union position, expressing concern that further reductions in expenditure would place additional pressure on services, staff and patients. He emphasised the effect that ongoing financial constraints were having on workforce morale and urged the Board to recognise the realities facing frontline services and staff.

Mr Telford thanked Mr McGarvey for addressing the Board and noted the comments and concerns raised with members.

Mr Telford thanked Mrs Lyttle, Mrs Stevenson and Mr McGarvey for attending the meeting and for outlining their concerns on behalf of their respective trade unions. He acknowledged the strength of feeling expressed regarding the proposed savings plan, wider financial pressures facing Health and Social Care, workforce challenges and the delay in implementation of the Agenda for Change pay award.

Mr Telford assured Mrs Lyttle, Mrs Stevenson and Mr McGarvey that the Board had listened carefully to the concerns raised and valued the opportunity to hear directly from them. He said he welcomed acknowledgement from them of the longstanding and constructive relationship that exists between the Trust and its recognised trade unions, and the positive partnership working that has developed over many years. Mr Telford said he hoped this would continue into the future.

Mr Telford noted that the previous Health Minister had recommended implementation of the Agenda for Change pay award and advised that the process remained ongoing. While no further update was available at present, it was recognised that staff were awaiting clarity on the outcome and Mr Telford said members appreciated trade union frustration in relation to this.

In concluding, the Chair welcomed the continued engagement of trade union colleagues, reaffirmed the Board's commitment to maintaining strong partnership arrangements, and thanked the representatives for bringing forward the views and experiences of staff.

Mrs Hargan thanked Mrs Lyttle, Mrs Stevenson and Mr McGarvey for their contributions and acknowledged the concerns and frustrations that had been expressed. She advised that the issues raised would continue to be considered through the established partnership and consultation mechanisms within the Trust and noted that it was not possible to respond in detail to each matter during the meeting.

Mrs Hargan recognised the disappointment and frustration relating to the delayed implementation of the Agenda for Change pay award, noting that Trusts had supported the commitment to implement the award from April and that resolution of

the wider budget position remained necessary before this could proceed. She stated that it was important that future pay awards were agreed and implemented in a timely manner, consistent with arrangements elsewhere in the UK.

Mrs Hargan also acknowledged concerns regarding the impact of current arrangements on lower-paid staff, including issues raised in relation to access to the Cycle to Work Scheme and other employee benefits. She recognised the importance of ensuring that staff were able to benefit from initiatives intended to support health, wellbeing and affordability.

In reflecting on partnership working, Mrs Hargan commended trade union colleagues for their constructive approach to engagement with the Trust. She noted that while discussions often involved challenging and complex issues, they were conducted respectfully and with a shared commitment to finding solutions. She highlighted the strength of the longstanding partnership arrangements within the Western Trust and thanked trade union representatives for their continued contribution and engagement on behalf of staff.

Mr Telford thanked the trade unions for their time this morning and assured them that they had been listened to.

9/26/2

APOLOGIES

There were no apologies received.

9/26/3

DECLARATION OF INTERESTS

There were no declarations of interests recorded by members.

9/26/4

CHAIR'S WELCOME AND INTRODUCTION

Mr Telford welcomed everyone to the Trust Board meeting.

- Mr Telford began by the meeting by thanking members for facilitating the additional Trust Board meeting. He said as members agreed, from September, Board meetings will take place on the last Thursday of each month to align with regional reporting schedules. Mr Telford said however it became apparent that this change would mean the Board would not meet between 2 July and 24 September and given the significant and challenging issues currently facing the Trust, it was felt that this was too long a period between meetings.

- Mr Telford said he was both delighted and honoured to Chair today's meeting as Vice Chair of the Board, following his nomination and members' approval at the last meeting.

He said many worthy tributes had been paid to our late Chair, and he recognise that he was following in the footsteps of an exceptional predecessor in Tom. He said confident that, with the support of his fellow Board members and the Executive Team, he would be able to rise to the challenge that this role brings.

Mr Telford said he looked forward to working with members as the Board continued its collective focus on delivering the best possible services for the population we serve.

- Mr Telford said Health and Social Care leaders across Northern Ireland, have expressed their sincere thanks to Mr Nesbitt MLA, following his resignation as Minister of Health. He said he welcomed Minister Butler to his new role wishing him every success, and said he looked forward to working positively and constructively with him going forward.
- Mr Telford advised that since his appointment, he had devoted time to meeting with key regional stakeholders and colleagues to further develop his understanding of a range of strategic issues facing the Trust and the wider Health and Social Care system. He said this had included engagement with the Minister and the Permanent Secretary, Trust Chairs, as well as discussions in relation to key regional initiatives such as the Support and Intervention Framework (SIF) and Committee in Common arrangements.

Mr Telford said these engagements had been valuable in helping him build relationships, gain insight into regional priorities and ensure he was well briefed on the issues impacting the Trust.

- Mr Telford said he was delighted to welcome the former Health Minister to the Trust on Wednesday, 15 July to visit the North West Cancer Centre first to meet the team responsible for the award-winning Medicines Optimisation in Older People with Cancer (MOOC) programme. He said the visit provided an opportunity to showcase the innovative service and meet with the staff who recently received the HSJ Patient Safety Award 2025 for Improving Care for Older People Initiative of the Year.

Following this meeting the Minister met with a volunteer who shared his volunteering experience and his plans for the future.

Departing the hospital site Mr Telford said the Minister travelled to the Gransha Park site to meet with staff from the Children with Disabilities Short Break Foster

Service, along with some of the families who have availed of the service. Mr Telford said the Trust was proud to share this service with the Minister which plans to provide regular short breaks for children and young people with disabilities.

- On 22 July 2026, Mr Telford said he travelled to Belfast to meet with the Permanent Secretary as part of an introductory engagement following his appointment as Vice Chair. Mr Telford said the meeting was positive and constructive, with the Permanent Secretary reaffirming his support for the Trust during the current period of transition and pending the appointment of a new Chair.
- On 24 July 2026, Mr Telford said he and Mrs Hargan attended the 50th anniversary celebrations of Thackeray Place Residential Home in Limavady.

He said the event provided an opportunity to recognise 5 decades of care and support delivered to residents and their families, and acknowledged the dedication and commitment of staff, both past and present, who have contributed to the home's success.

- On 28 July 2026, Mr Telford said he met with the Trust's Lead Chaplain to discuss his role on the Trust's Chaplaincy Group and wider chaplaincy issues within the Trust. He said the meeting was positive and constructive and he particularly welcomed the opportunity for Rev Canon McGaffin to join this discussion.

Mr Telford said Dr Frawley always valued engaging with Chaplaincy colleagues and recognised the important contribution Chaplaincy Services makes in supporting patients, families and staff across the organisation and that he intended to continue to do this.

9/26/5

MINUTES OF PREVIOUS MEETING – 2 JULY 2026

The Chair referring to the minutes of the Trust Board meeting held on 2 July 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 Prof McKenna, seconded by Rev Canon McGaffin and they were approved by members as a true and accurate record of discussion at the July Board meeting.

9/26/6

MATTERS ARISING

Mr Telford referred to the matters arising from the previous meeting and said it was agreed that the winners and highly commended in the Nurse of the Year Awards be invited to attend a future Trust Board meeting in Tom's memory. Mr Telford said in this regard it was being proposed that they would be invited to the October Trust Board workshop.

9/26/7

CHIEF EXECUTIVE'S REPORT

General Pressures

Mrs Hargan began her report by referring to general hospital pressures.

Mrs Hargan advised that Mental Health inpatient services at Grangewood Hospital continue to experience significant pressures associated with high levels of demand, patient acuity and workforce challenges. She said actions were ongoing to support staffing resilience, including targeted recruitment, absence management, redeployment of resources and the use of additional temporary staffing where required.

Mrs Hargan advised that Altnagelvin Hospital and South West Acute Hospital continued to experience sustained operational pressures, driven by high demand, delayed discharges and ongoing capacity constraints with both sites having required escalation measures to support patient flow and maintain safe care.

Mrs Hargan said staffing pressures had continued across a number of services, including emergency care, inpatient wards, maternity and paediatric services. She said despite these challenges, ambulance turnaround performance had remained strong, with Altnagelvin Hospital achieving 100% compliance and South West Acute Hospital achieving 98.7% compliance.

Mrs Hargan advised that staff across acute, community and support services continued to demonstrate exceptional commitment and resilience. Through effective bed management, discharge planning and multidisciplinary collaboration, she said the Trust had maintained its focus on patient safety while managing sustained operational pressures.

Mrs Hargan said she recognised that, as a consequence of these pressures, some patients had experienced unacceptable waits for admission from our Emergency Departments and for this she sincerely apologised. She said addressing these challenges was a key focus of the "Better Care for Older People Programme", which

is designed to improve patient flow, strengthen discharge arrangements and help more older people remain well at home.

Mrs Hargan said she would also like to thank patients and their families for their patience and understanding during these particularly challenging periods and acknowledged the extraordinary efforts of staff who continue to work tirelessly to provide safe, compassionate and high-quality care.

Engagement with Regional Partners – 22 July 2026

On Wednesday 22 July, Mrs Hargan said she travelled to Belfast for introductory meetings with the Chief Executive of the Regulation and Quality Improvement Authority (RQIA), and the Chief Executive of the Patient and Client Council (PCC).

Mrs Hargan said both meetings were positive, informative and engaging, providing an opportunity to establish personal relationships with key system partners and to explore how our respective organisations can continue to work effectively together in support of patients, service users and the wider health and social care system.

In her meeting with the Chief Executive of RQIA, Mrs Hargan said they discussed her role as the Responsible Individual for the Trust's registered facilities and the associated responsibilities. She said they also explored RQIA's regulatory role in these areas and discussed a recent issue relating to the requirement for Enhanced Access NI checks for Trust staff moving between registered facilities. Mrs Hargan said this requirement is creating additional administrative burden, delays and costs, and they considered the implications of this for workforce mobility and service delivery.

In her meeting with the Chief Executive of the PCC, Mrs Hargan said the meeting focussed on the aspirations and objectives of both the PCC and the Western Trust, and how we can work collaboratively to strengthen the voice and experience of patients, clients and service users. Mrs Hargan said they discussed the importance of maintaining constructive relationships between our organisations and identifying opportunities for partnership working where interests and objectives align.

Mrs Hargan said these meetings were important both in establishing strong personal relationships with fellow Chief Executives and in reinforcing the productive working relationships between our respective organisations and she looked forward to building on these early discussions in the months ahead.

Workforce

Mrs Hargan advised that the Trust has been formally notified by the Royal College of Nursing (RCN) that it considers itself to be in a formal trade dispute with the Northern Ireland Executive and Health and Social Care Trusts regarding the absence of a 2026/27 Agenda for Change pay award in Northern Ireland. She said the Trust

recognises the concerns being expressed by staff and trade unions and will continue to engage constructively with staff representatives while maintaining focus on supporting staff and ensuring the continued delivery of safe and effective services.

Mrs Hargan advised that the Trust understands that formal notice of dispute may follow from other trade unions.

Department of Health SENSIBLE Care Programme

Mrs Hargan advised that the Department of Health's SENSIBLE Care Programme is a key transformation initiative arising from the HSC Reset Plan. She said its aim is to reduce unwarranted variation in healthcare delivery, improve outcomes and ensure resources are focused on interventions that add the greatest value for patients. Mrs Hargan said the programme is underpinned by the principles of care that is Sensitive, Evidence-Based, Necessary, Safe, Individualised, Balanced, Logical and Equitable.

Mrs Hargan said the programme includes 6 regional catalyst projects focused on improving patient outcomes, delivering care in the most appropriate setting and making better use of resources across Health and Social Care.

Mrs Hargan said this week, the Corporate Management Team received a presentation from the Chief Medical Officer and senior colleagues on the SENSIBLE Care Programme and its role in supporting transformation across the health and social care system.

Mrs Hargan said the Western Trust is playing a leading role in 1 of the 6 regional catalyst programmes, Cardiovascular-Kidney-Metabolic (CKM) Care, which seeks to improve outcomes for people living with obesity, diabetes, cardiovascular disease and chronic kidney disease through a more integrated, multidisciplinary approach across primary and secondary care. She said the programme is being led regionally by Professor Monica Monaghan, Consultant Cardiologist, Associate Medical Director and Divisional Clinical Director, together with Dr Eimear D'Arcy, General Practitioner, Dromore.

Mrs Hargan said a number of Western Trust staff will also participate in the regional SENSIBLE Care Conference being hosted by the Chief Medical Officer on 7 September 2026 and that the conference will focus on sharing learning from the 6 catalyst programmes and supporting their wider implementation across Northern Ireland.

Mrs Hargan said the Trust welcomed the opportunities presented by the SENSIBLE Care Programme and will continue to contribute actively to this important regional programme of improvement and transformation.

Mr Telford thanked Mrs Hargan for her informative report. He noted the ongoing discussion regarding system access controls and the need to balance appropriate information governance safeguards with enabling staff mobility across multiple locations and services. He said this issue had arisen in a number of previous discussions and he recognised the importance of ensuring staff can work effectively within a single system while maintaining robust security and access arrangements.

9/26/8

PATIENT STORY – SURGERY, PAEDIATRICS AND WOMEN’S HEALTH –

Mr Telford advised that due to a change in circumstances this item was deferred.

9/26/9

CORPORATE RISK REGISTER

Dr Lavery referred to the Trust’s Corporate Risk Register and Assurance Framework. He said there were 26 risks on the Corporate Risk Register as approved at Trust Board on 2 July 2026.

Dr Lavery said there were no new risks or amendments for consideration today. He confirmed that all risks and actions plans had been revised within this reporting period.

Mr Telford asked members if they had any questions.

Prof McKenna referred to cyber security issues and asked if they had any implications for the Trust’s overall risk profile and whether this should be reflected within the relevant risk assessment. In response, it was noted that cyber security remains a significant area of focus and assurance was provided that the issue is receiving considerable attention and oversight. Mrs Molloy advised that there has been increasing awareness of cyber threats, including a number of high-profile supply chain cyber attacks affecting organisations more broadly. Prof McKenna welcomed this assurance.

Rev Canon McGaffin referred to the detail of the SENSIBLE Care Programme and Mrs Hargan agreed that she would provide further information.

Rev Canon McGaffin sought assurance regarding the wider governance arrangements for the SENSIBLE Care Programme, including the areas being led by other Trusts and the Western Trust’s contribution to those workstreams. Dr Lavery advised that there are six catalyst programmes across the region, with each Trust leading specific initiatives while contributing to the wider programme. In addition to the cardiovascular and metabolic programme being led locally, he said the Western

Trust is represented in a number of other workstreams, including leadership of additional projects outside the 6bcatalyst programmes.

Mrs Hargan advised that at present, individual Trusts are responsible for implementing their respective initiatives, with a planned approach to sharing learning and rolling successful models out regionally. Mrs Hargan shared examples of projects being led by other Trusts, including virtual wards, multidisciplinary team working and remote cardiovascular monitoring.

Mrs Hargan clarified that the governance of the SENSIBLE Care Programme sits within the HSC Strategic Leadership Group and that there is no formal overlap with Committee in Common, although regular updates are provided through shared membership, including Chief Executives.

Rev Canon McGaffin referred to the importance of avoiding silo working and ensuring that successful innovations can be adopted consistently across Northern Ireland rather than being implemented differently by individual organisations. Mrs Hargan said a key objective of the programme is to promote standardisation, maximise learning and realise economies of scale through a structured regional rollout approach.

Mrs Hagan advised that a regional conference scheduled for September would consider the progress of the catalyst projects and arrangements for wider implementation across the health and social care system.

Discussion continued on the resourcing of the programme. It was noted that much of the work is being undertaken by clinical and professional staff alongside their substantive roles, with projects closely aligned to their core areas of responsibility. While this approach supports service improvement and innovation, Mrs Hargan highlighted the potential impact on staff capacity and the importance of recognising the additional demands being placed on those leading and participating in the programme.

Dr McGinley asked if possible that Professor Monaghan be invited to attend the next meeting of the Trust Board to provide a presentation on the SENSIBLE Care Programme. Mrs Hargan agreed to make the necessary arrangements.

9/26/10

GOVERNANCE COMMITTEE

10.1 Minutes of meeting held on 25 March 2026

Dr McPeake referred members to the minutes of a meeting of the Governance Committee held on 25 March 2026. He said a verbal update had been previously provided to members at the May Trust Board meeting.

10.2 Verbal Update from meeting held on 26 June 2026

Dr McPeake referred to a meeting of the Governance Committee held on 26 June and said there were 3 issues which were worthy of bringing to members' attention.

Dr McPeake advised members that there had been discussion in relation to Corporate Risk ID 1781 -Phlebotomy Service - which was highlighted to members as a risk with limited controls available to the Trust as the pressures on this service are related to a dispute between GPs and the DoH in relation to GP contracts.

Dr McPeake advised that the Committee received a presentation in respect of a deep dive in respect of risk ID1717 – risk of fire in accommodation relating to Looked After Children.

Dr McPeake advised that a whistleblowing complaint identified governance related issues in relation to a medical ward in Altnagelvin Hospital and recommendations to resolve was discussed and formally noted by Governance Committee.

Dr McPeake said during the Committee meeting, the Committee discussed the requirement of the Trust to establish a Patient Safety and Quality Committee. He said there had been robust discussion and it was agreed that a further meeting would take place on 17 August to consider the overlap of Committee business. Dr McPeake assured members that good progress was being made and that it was anticipated that the Patient Safety and Quality Committee will be established before the end of the year.

Dr McGinley welcomed the ongoing work to review the Patient Safety and Quality Committee arrangements and expressed the hope that the process would provide a genuine opportunity to streamline the work of Trust Committees. She referred to previous discussion on Committee terms of reference, noting the significant number of groups and committees currently in operation. Dr McGinley raised concern regarding the excessive layers of governance and reporting risk creating unnecessary bureaucracy and administrative burden.

Dr McPeake acknowledged that a key aspect as suggested by Mrs Laird is a review to map and understand the interactions between the various committees, sub-groups and governance structures across the Trust with a view to reducing duplication and improving clarity of purpose. He emphasised the importance of ensuring that committee arrangements are streamlined and proportionate, avoiding unnecessary bureaucracy while maintaining effective oversight.

Dr McPeake advised that the revised approach within the Patient Safety and Quality Committee would place greater emphasis on exception reporting, enabling discussion to focus on matters requiring escalation, assurance or decision. It was noted that this would require a corresponding change in the format and style of committee papers, with a move towards concise briefing notes that clearly

distinguish issues requiring committee attention from those submitted for information and noting.

Dr McPeake said he recognised that implementation of the new approach would be iterative and that it would take time for the revised arrangements to become fully embedded. While the initial focus is on the Patient Safety and Quality Committee, it was acknowledged that the principles underpinning the review may have wider applicability across all Board committees. The ultimate aim is to create a more efficient governance framework, reduce unnecessary administrative burden and free up staff time currently devoted to the preparation of papers and attendance at meetings, allowing greater focus on service delivery and improvement.

Mrs Laird noted that recent committee discussions had highlighted recurring themes relating to Serious Adverse Incidents (SAIs) and complaints and observed that these issues cut across many of the matters currently being considered by the Board. She suggested that there may be value in the Board undertaking a more detailed discussion of these areas in the future.

In response, Mr Telford agreed that this was a valid point and referred to the session held the previous week, commending the work undertaken by Mr McCaul and his team in progressing the new committee arrangements. Members were reminded that the revised structure was not intended to be a rebranding of the Governance Committee but rather a fundamentally different approach to assurance. This would include a greater emphasis on the use of different forms of assurance, such as trend analysis and exception-based reporting, to support more effective oversight and scrutiny.

9/26/11

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING JUNE 2026

Ms McCauley advised members that on 15 July 2026, Mrs Hargan wrote to the SPPG/DoH to update them on discussions at Trust Board on 2 July 2026 in relation to the Trust's Phase 2 savings approach and work being undertaken around refinement of the Trust's financial plan, including risks and assumptions to ensure that any further action is proportionate to a confirmed and evidence-based residual gap. She said on 23 July 2026, the Permanent Secretary wrote to the Trust setting out his expectations of HSC Trusts in this financial year, as the first full year of the 3 year reform and financial recovery plan. Ms McCauley said the letter reiterated the requirement of the Trust to deliver 4% cash releasing savings in 2026/27 and the Trust must now finalise and agree its plans with SPPG to reflect the implications of the changes required to provide a basis for financial sustainability and improved outcomes over the longer term.

Ms McCauley advised that the due diligence exercise undertaken following the Month 2 financial reporting process had now been completed and had identified no

material movements within the Trust's financial position. She reported that the review had provided assurance regarding the accuracy, reliability and robustness of the Trust's monthly financial reporting arrangements.

Ms McCauley referred to the Trust's performance against the statutory financial targets and said in relation to the Trust's Revenue Resource Limit, the Trust was currently forecasting a gap of £4.1m against this target. She referred to the Trust's performance against the 2026/27 savings targets, and said the Trust had achieved £3.7m of contingency savings at June 2026. In respect of the Trust's Capital Resource Limit, Ms McCauley said the Trust had a total capital allocation of £34.7m with capital expenditure to the end of May 2026 of £4m.

Referring to the Trust's performance against the prompt payment target that 95% of suppliers will be paid within 30 days, Ms McCauley advised that the Trust had paid 96.13% of its undisputed invoices with suppliers within 30 days at 30 June 2026. She said performance remained excellent with performance continuing to exceed the Trust's target. Ms McCauley said this sustained level of performance demonstrated a continued strong commitment to the timely settlement of supplier invoices and effective management of the Trust's payment processes.

Ms McCauley referred to the Trust's financial plan and advised that the forecast financial gap for 2026/27 was £24.6m. She explained that the majority of this gap related to the difference between the 6% budget reduction applied to Trust budgets by the SPPG and the 4% savings target against which the Trust was required to develop delivery plans.

Ms McCauley noted that the Trust's planned overspend position at 30 June was £10.1m. She reported that the actual overspend at that date was £12.5m, representing an adverse variance of £2.4m against plan. Ms McCauley said of this variance, £1.2m related to growth in expenditure, while a further £1.2m reflected a shortfall in savings delivered by 30 June.

Ms McCauley continued by advising that the Directorate-level variance against budget had increased marginally from 1.6% at Month 2 to 1.7% at the end of the June reporting period. She said members would have noted the movement in performance across individual Directorates however, she emphasised that the overall position remained broadly consistent with the opening position for the financial year, with the restated variance against budget remaining at 1.6%. Ms McCauley advised that while Directors remained committed to addressing areas where performance was not in line with plan, there had been no significant deterioration or improvement in the overall position during the early months of the financial year. It was further reported that financial control totals had been approved earlier in the month and that future reporting would include performance against these control totals, commencing with the month 4 financial report.

Ms McCauley provided an update on delivery of the Trust's savings programme and reported that savings of £3.7m had been achieved to date, representing 76% of the planned savings profile. Members noted that good progress had been made in a number of areas however delivery remained slower than anticipated across several key workstreams, including medical locum reduction, nursing agency reduction and the management of high-cost and complex cases.

In outlining the key risks and mitigations, Ms McCauley advised that the Trust's expenditure forecast assumed that Directorates would contain spending within the levels set out in the financial plan and operate within their approved control totals. While overall financial performance remained broadly in line with the previous year's position, there were emerging indications that expenditure growth in some areas could exceed planned trajectories, presenting a financial risk if not effectively managed.

Ms McCauley advised that Directors must continue to strengthen budgetary control arrangements, ensuring clear budget holder accountability and timely intervention to manage expenditure growth. She further noted that delivery of the Trust's financial plan depended upon Directorates achieving their full accrued savings targets for 2026/27. Ms McCauley said monitoring arrangements had identified variances in specific areas, indicating that enhanced scrutiny and targeted management action would be required to secure delivery of the savings programme.

Ms McCauley added that Directors are adopting a risk-based approach to strengthen oversight and scrutiny of agency expenditure, recruitment activity and other flexible pay costs, including overtime. She said the Delivering Value Management Board would continue to review these risks within individual workstreams, identify barriers to delivery and consider opportunities to accelerate savings achievement.

Ms McCauley reported that the Trust continued to operate within an extremely challenging financial environment, with limited capacity to absorb additional costs arising from increasing service demand and operational pressures, including workforce shortages, escalation capacity requirements and constrained independent sector capacity. She said these pressures existed alongside the Trust's responsibility to meet its statutory obligations and maintain safe services within the resources available.

Ms McCauley added that where additional pressures emerge, financial and operational decisions will continue to be taken on a risk-based basis, recognising the potential implications for service delivery, patient safety, clinical outcomes and the Trust's ability to meet its statutory duties.

Providing an update on flexible staffing expenditure, Ms McCauley reported that expenditure on overtime, agency and bank staff at 30 June amounted to £19.1m, of which £11.6m related to agency expenditure. Members noted that this represented a

reduction of 1.9% from the previous month and provided a positive indication of reduced reliance on flexible staffing arrangements.

In relation to medical agency expenditure, Ms McCauley advised that total agency spend for June had reduced slightly below prior period averages. Members noted, however, that medical agency expenditure had fallen significantly below the equivalent period in the previous year, providing strong evidence that the Delivering Value workstream focused on reducing medical agency spend was beginning to deliver tangible benefits.

Ms McCauley also noted progress in relation to nursing agency expenditure. While total nursing expenditure remained broadly in line with prior year levels, she said nursing agency costs had reduced by more than £0.5m year-to-date, representing a 29.5% reduction compared with the average expenditure incurred during 2025/26. Ms McCauley highlighted this as a significant achievement and a positive reflection of the ongoing work to reduce the Trust's dependence on nursing agency staff.

Ms McCauley referred members to Table 10, which set out the Trust's capital expenditure position and the principal capital schemes being progressed during 2026/27. Members noted that the major areas of investment included £11m for estate development schemes, £11m for general capital projects and £5m for backlog maintenance programmes. Ms McCauley also advised that additional capital investment was being directed towards ventilation improvement works within the North West Cancer Centre.

In concluding her report, Ms McCauley advised that the Trust was reporting a year-to-date deficit of £12.5m as at 30 June 2026. Members noted that, despite the challenging financial environment, Directorates had delivered £3.7m of savings, achieving 76% of the profiled savings target for the period. Ms McCauley also highlighted continued strong performance in relation to supplier payment timescales, reporting that 96% of undisputed invoices had been paid within 30 working days, exceeding the Trust's statutory target of 95%.

Mr Telford thanked Ms McCauley for her report and asked members if they had any questions.

Mr Hegarty referred to page 9 of the report and to reference on savings from high-cost case reviews remaining significantly below the planned trajectory. He said the narrative reflected the reasons for this including the time required for newly introduced review panels and assurance processes to embed and deliver the full potential financial benefit, alongside the regional decision to pause engagement with the external provider that was intended to support this work, and asked that further clarification is provided.

Ms McCauley provided an update on the regional arrangements for the review of high-cost cases. She advised that the initiative involved an organisation called

Liaison across Trusts within the region to provide additional capacity and support for the review process. Members noted that there had been a previous decision to pause this work however, subsequent confirmation had now been received that Liaison could proceed and provide support within Northern Ireland.

Dr McPeake welcomed the reported performance in relation to the prompt payment of suppliers particularly in the context of rising costs and ongoing economic pressures. He acknowledged that small businesses form a vital part of the local economy and that the Trust's achievement in exceeding its statutory target for invoice payments was therefore a positive outcome.

Dr McPeake however sought clarification regarding the measure reported, noting that it related specifically to the payment of "undisputed" invoices within 30 working days and queried what proportion of the Trust's total invoices were classified as disputed and whether this represented a significant volume, as this would provide additional context to the reported performance.

In response, Ms McCauley advised that she did not have the detailed breakdown available at the meeting but undertook to provide this information going forward. She indicated that she would expect the proportion of disputed invoices to be relatively small but agreed that understanding the scale of disputed invoices would offer a more complete picture of overall payment performance.

Prof McKenna thanked Ms McCauley for the clarity of the financial report and welcomed the positive progress being made in reducing expenditure on agency staffing. In particular, he highlighted the significant reductions in both nursing agency and medical agency expenditure, noting that the associated trends were moving in the right direction and reflected well on the work undertaken through the Trust's savings and Delivering Value programmes.

Dr McGinley referred to the capital expenditure position and noted that, whilst expenditure against the capital programme appeared relatively low at this stage of the financial year, she recognised that capital spend would increase as projects progressed during the remainder of the year.

Dr McGinley sought an update on the Trust's capital funding bid relating to the redevelopment and expansion of the Emergency Department at Altnagelvin Hospital and enquired whether there had been any indication of additional capital investment opportunities to address the operational and capacity pressures facing the Trust.

In response, Ms McCauley advised that the Trust had recently been consulted on the emerging 10 year capital plan, with responses due to be submitted in the coming weeks. She noted that the Trust's response would be brought back through the Trust Board for consideration at its next meeting.

Mr Telford welcomed the progress reported in relation to reductions in medical and nursing agency expenditure but emphasised the importance of recognising the wider strategic objectives underpinning this work. He noted that, while the financial benefits were clearly reflected in the reported figures, the reduction in agency reliance formed a key part of the Trust's broader reform and service stabilisation agenda.

Mr Telford highlighted that the narrative within the report identified ongoing staffing pressures, vacancies and recruitment challenges as factors affecting performance. He said in his opinion this reinforced the importance of continuing efforts to reduce dependency on agency staffing and increase the proportion of substantive Trust employees. He said doing so would not only improve the Trust's financial position but would also support greater stability and continuity in service provision.

Mr Telford further commented that a more stable workforce would enhance the consistency of care provided to patients and service users and strengthen the embedding of Trust values, practices and expertise within teams. While the financial data demonstrated encouraging progress, he noted that the figures represented only part of the story and that the wider benefits to service quality, workforce sustainability and patient care were equally important outcomes of the programme.

9/26/12

FINANCE PLAN 2026/27

Mrs Hargan said she felt it was important to acknowledge the exceptionally challenging financial context in which HSC is currently operating. She said across Northern Ireland, Trusts are being asked to address a significant financial gap, whilst at the same time improve outcomes for patients and maintain safe, effective services.

Mrs Hargan said there is a clear expectation that Trusts continue to reform the health and social care system, that we place greater emphasis on prevention, early intervention and reducing unwarranted variation, improving productivity and shifting care closer to people's homes where this can be done safely and effectively. For the Western Trust, she said this meant balancing its statutory duty to achieve financial break even with an equally important responsibility to protect quality, safety and access to services.

Mrs Hargan said this also meant recognising that financial sustainability and service reform are not separate agendas. Increasingly, she said they were one and the same thing however the challenge is to move to count whilst continuing to improve outcomes, experience and value for the population that we serve. Mrs Hargan said the choices before Board were not easy but standing still was not an option.

Mrs Hargan said the task of the Board is to navigate these challenges in a way that remains true to the Trust's mission, that protects patients, supports staff and creates

a more sustainable health and care system for the future. She said the paper before members set out the work undertaken to develop the Trust savings plans for 2026-27. Mrs Hargan said importantly, the paper also described the rigorous clinical quality, safety and governance processes that have been applied throughout the development of proposals. She said proposals assessed as having an unacceptable impact on patient safety were not progressed and patient safety and quality had remained central considerations throughout.

Mrs Hargan invited Ms McCauley to lead members through her paper and the proposed savings programme.

Ms McCauley made a presentation to members.

Ms McCauley advised that her first slide provided at-a-glance information to members about the financial context within which the Trust is operating in. She said the Trust was pleased that in spite of a very challenging year, it managed to deliver a break-even position for 2025/26. She said the Trust achieved this through the delivery of savings in-year of £39m and the benefit of £15.6m of deficit funding provided by SPPG in recognition that the scale of service pressures experienced in the year could not be resolved through Trust savings alone. In relation to those savings of £39m, Ms McCauley said £34m had been confirmed as recurrent savings which had accumulated over the last 3 financial years. Ms McCauley said this was an excellent out-turn for the Trust which had been achieved entirely through a delivering value approach, targeting areas for improved efficiency and cost reductions.

Ms McCauley advised that in 2026/27, the Trust's opening financial pressure is £65.3m against which the Trust could offset £34m of recurrent savings and in addition the Trust can offset £21.5m of recurrent deficit funding provided by DoH. Ms McCauley said this was a positive acknowledgement of Trust pressures by SPPG/DOH. Ms McCauley said therefore the Trust had begun 2026/27 with a much reduced deficit forecast before adding the 2026/27 growth pressures of £9.8m. She said members would be aware that the Trust's population has experienced growth in volume and complexity which inherently comes with a higher profile of older people who are living longer but with more complex needs and co-morbidities. Ms McCauley said therefore the forecast deficit for the Trust in 2026/27 is £19.6m.

Ms McCauley said the Trust takes its statutory duty to break-even extremely seriously and had therefore developed a plan for £19.6m to deliver a break-even position for this year. However, Ms McCauley said this was before the DoH savings requirements and that the Department planning guidance issued to the Trust in February indicated that Trusts must consider savings of 6% and 12%.

Ms McCauley said the background to the scale of the savings ask, as stated earlier by Mrs Hargan, arose from the highly constrained budget for 2026/27 for HSC and a

budget that is not yet approved. She said the outworkings of this draft budget settlement for health was resulting in an £800m deficit.

Ms McCauley said as mentioned before, the Trust was asked in February to consider how it would tackle savings of both 6% and 12% and that there had been a considerable level of engagement with SPPG in the convening period around testing the viability of savings at 6%. Ms McCauley said the Trust had received a budget retraction from Trust budgets of 6%, equating to £61.5m and the Trust's financial plan reflected that.

However, Ms McCauley said engagement across all HSC Trusts had determined that Trusts could not deliver savings of 6% without having impact to patient and client services. As a consequence, she said the Trust had been advised by DoH to target savings to a minimum of 4% which equated to £41m and the requirement also for Trusts to manage its deficit for 2026/27.

Ms McCauley explained that what the Trust is doing this year is not different to any other year. She said this is core business as usual, complex financial planning and cost reduction schemes. However, she said the difference this year was that the scale of savings requirements exceeds prior years and the knowledge that we will be expected to deliver an additional 4% next year and the following year – 12% over 3 years.

Ms McCauley said it should also be noted that a budget retraction of £61.5m and a requirement to deliver savings of a minimum of £41m, would still result in the Trust having a minimum forecast deficit of £20.5m.

Ms McCauley said the scale of savings to be delivered by the Trust had been of grave concern to the Corporate Management Team as they endeavoured to balance all of the Trust's obligations. She said while the CMT was fully committed to its legal duty to deliver financial balance, CMT was also fully committed to ensuring the protection of safe and effective services. She stressed that financial necessity did not remove professional, governance risk and that as part of her presentation today, she hoped to demonstrate to members assurance that the Trust's approach had been designed to deliver an optimum balance across both of these duties.

Ms McCauley advised members that the Trust's approach had been built upon a series of principles which she shared with members. She said these were not new principles for the Trust and developing savings plans was part of the Trust's annual business cycle.

Ms McCauley referred to the process for developing savings proposals and to the key features in relation to the process which had been undertaken in the development of Trust plans. She said all Directors and their senior teams had led in the development of plans for their service areas and there was very strong clinical and operational leadership involvement.

Ms McCauley said plans had been developed upon the Trust well established programme for delivering value which contained a range of workstreams and through which the Trust had delivered £73m of cash releasing savings since 2018/19. She said extensive consideration had been given to service impacts, workforce implications, quality and safety, deliverability, timescales and financial benefits. Ms McCauley said the Executive Directors of Nursing, Social Work and the Medical Director had developed a comprehensive risk impact assessment tool which supported a comprehensive risk assessment of higher risk savings proposals.

Ms McCauley said there are robust reporting and governance oversight arrangements in place for the monitoring of plans in line with the programme principles and the SPPG has been engaged with extensively throughout the development process and Trust Board engaged in approval of plans.

Moving to the Trust's savings plans, Ms McCauley took members through the detail of each savings proposal describing that proposals were across a number of workstreams:-

- Uncommissioned services
- Reduction of expensive medical locums
- Community care services
- High cost and complex cases including enhanced care
- Nursing agency reduction
- Workforce controls
- Social work initiatives
- Prescribing including pharmaceuticals and community prescribing
- Medical, surgical, pathology, radiology and community consumables
- Corporate and facilities management
- Technology, encompass governance and admin review
- Other opportunities
- Discretionary spend heightened controls

In respect of engagement and assessing the requirement for future consultation, Ms McCauley said the Trust's cost savings and efficiency proposals were predominantly within the scope of management control and general good financial governance, and included the need to make choices in year on flexible and discretionary spend combined with non-front-line or lower impact services.

Ms McCauley referred to the key risks to the Trust financial plan 26/27 and said none of what the CMT has undertaken to date is without risk, however, complex financial planning and savings development is part of our core business and said the risks summarised were not unique to this financial year.

Ms McCauley said the types of risks which present a threat to the Trust in delivering against its financial plan this year, not just related to savings included:-

- Growth in demand for services
- Workforce recruitment and retention challenges
- Industrial action
- Inflationary pressures
- Delays in implementation of savings plans
- Dependency on regional or external actions
- Limited non-recurrent solutions towards

Ms McCauley outlined to members a range of mitigations in place in relation to the management of the identified risks. She said the Trust Board is asked to:-

- Note the significant financial challenge facing the Trust in 2026/27 including the requirement to deliver substantial savings while maintaining safe, effective and accessible services.
- Endorse the robust approach taken to develop the savings Programme, including clinical, operational and corporate engagement and comprehensive assessment processes.
- Take assurance that all savings proposals have undergone appropriate financial, quality, safety, workforce and statutory assessment.
- Note the current savings Programme value of £30m, alongside further proposals under discussion with SPPG and ongoing identification of additional opportunities.
- Receive assurance regarding the governance, monitoring and reporting arrangements that will oversee delivery of the Programme and manage associated risks.
- Support the continued implementation of the 2026/27 Savings Programme, recognising the need to balance Trust's statutory obligations
- Confirm approval for the implementation of the consolidated savings programme set out in Appendix 1 noting previous Board approvals in March and July 2026.

Ms McCauley said she hoped her presentation provided members with more insight and assurance to the work which has been undertaking in the development of savings plans which endeavour to optimise savings from services with least impact to patients and service users. She said ensuring an effective balance across duties had never been more challenging which was why, for this scale of savings, the process had taken longer than what the CMT would have liked.

Ms McCauley stopped at this juncture for questions.

Dr McGinley highlighted concerns regarding the Community Care Services workstream, noting its fundamental importance to supporting older people, maintaining hospital capacity and delivering integrated neighbourhood care. She

said while commending the progress and commitment demonstrated to date, she expressed the view that this area represented one of the most significant risks within the overall programme, given the potential implications for patient quality, safety and service delivery.

Dr McGinley further referred to the presentation received from the trade unions earlier in the meeting and noted an apparent inconsistency between the concerns raised and the assurances contained within the paper regarding the completion of the necessary screening and assessment processes. She said while acknowledging the work being undertaken to ensure all required screening and assurance processes were completed, she highlighted that trade union representatives had expressed a differing view and suggested that this discrepancy should be explored further.

Dr McGinley noted the increasing influence of regional prioritisation on the Trust's ability to make local decisions and implement planned actions, observing that this was more evident in the current budget position than in previous years. She said while recognising the benefits and necessity of regional approaches in some areas, she highlighted the impact this could have on the Trust's flexibility and capacity to respond to local priorities.

In response to an earlier query regarding screening and assurance processes, Mrs Molloy provided assurance that Directors and their teams had been undertaking equality screening of savings measures, supported by the Trust's equality team. She noted that, following previous consideration by the Board, the lowest-impact measures had not required full equality screening, as implementation would proceed irrespective of the outcome. For all other measures, Mrs Molloy said screening processes had been applied and, while the programme remained dynamic and assessments were not yet complete in every area, there was a commitment to complete all outstanding screenings.

Members were advised that where screening identified potential differential impacts on Section 75 groups, these findings would be carefully considered and, where appropriate, would inform the need for an Equality Impact Assessment (EQIA) and subsequent consultation process. The Board noted the assurance provided that the necessary screening and assessment processes would continue to be completed and reviewed as proposals developed.

Mr Telford reflected on the paper and observed that, while many of the risks identified were not new in themselves, the scale of savings being sought was significantly greater than in previous years. He noted that the cumulative impact of the measures represented an unprecedented challenge for the Trust and contributed to members' concerns regarding the robustness of oversight and assurance arrangements.

Mr Telford welcomed the assurance provided within the paper that implementation would not be a “set and forget” approach and noted the importance of the ongoing monitoring framework. In particular, he highlighted the commitment that any measure found to be moving from an acceptable to an unacceptable level of risk would be escalated and addressed appropriately, describing this as an important source of assurance for the Board.

Mr Telford also sought further information regarding the extent of clinical involvement in the development and review of savings proposals, recognising that concerns regarding patient safety and quality would be central to both Board and stakeholder considerations. He sought assurance regarding the evidence base underpinning clinical engagement and oversight of the process.

Prof Keenan advised that assurance could be provided to members that the process had been designed to ensure that financial considerations did not take precedence over quality, safety or governance requirements. She said Dr Lavery, Mr McLaughlin and herself had met individually with Directors to review each proposed measure using a structured assessment template that considered the associated quality, safety and equality risks. Prof Keenan added that measures assessed as posing an unacceptable risk to patient or staff safety were challenged and could be removed from consideration irrespective of their financial value.

Prof Keenan confirmed to members that all approved measures had been risk assessed and graded, with an agreement that there will be an ongoing monthly monitoring arrangement established to identify emerging risks at an early stage. She emphasised that should any measure result in unacceptable risks to patient or staff safety, there would be the ability to pause, reconsider or cease implementation as necessary. Prof Keenan also advised that some proposals remained on hold pending further information and assessment.

Mr Telford acknowledged the significant challenge facing the Trust in delivering the required level of savings, noting that the organisation had a statutory responsibility to achieve its financial targets and could not simply avoid the difficult decisions required. He emphasised, however, the importance of providing assurance to the public and stakeholders that financial considerations had not been the primary driver in assessing individual proposals. Rather, risk, equality and safety considerations had been evaluated in the first instance, with financial factors subsequently considered only where measures were deemed acceptable from an equality and safety perspective. Mr Telford noted that where a proposal failed to meet the required standards, alternative options would need to be identified and pursued.

Mr Telford acknowledged that the Trust had sought to adopt a pragmatic approach in addressing the scale of the savings challenge. He said assurance was provided that all measures taken forward had been subject to assessment and scrutiny and that, while difficult decisions were required, the focus remained on balancing financial recovery with the delivery of safe and effective services.

Dr Lavery acknowledged the significant challenge facing the Trust in delivering the required savings and emphasised the importance of demonstrating that equality, safety and equality considerations had taken precedence in assessing proposals. He said assurance was provided that all approved measures had been subject to robust assessment, appropriate mitigations were in place, and ongoing monitoring arrangements would ensure that any measure giving rise to unacceptable risks would be reviewed, amended or paused as necessary.

Mrs Hargan referred members back to the ask of them today:-

- To note the significant financial challenge facing the Trust in 2026/27 including the requirement to deliver substantial savings while maintaining safe, effective and accessible services.
- To endorse the robust approach taken to develop the savings Programme, including clinical, operational and corporate engagement and comprehensive assessment processes.
- To Take assurance that all savings proposals have undergone appropriate financial, quality, safety, workforce and statutory assessment.
- To note the current savings Programme value of **£30m**, alongside further proposals under discussion with SPPG and ongoing identification of additional opportunities.
- To receive assurance regarding the governance, monitoring and reporting arrangements that will oversee delivery of the Programme and manage associated risks.
- To support the continued implementation of the 2026/27 Savings Programme, recognising the need to balance Trust's statutory obligations.
- To confirm approval for the implementation of the consolidated savings programme set out in Appendix 1, noting previous Board approvals in March and July 2026.

Following consideration of the motion as described about, they were proposed by Mr Hegarty, seconded by Prof McKenna and unanimously approved by members.

Mr Telford thanked all those involved in the development of the savings and financial planning process, acknowledging the significant time, effort and commitment invested over recent weeks to ensure a robust and thorough exercise. Particular thanks were extended to Ms McCauley and the wider team, recognising the

substantial collective effort undertaken across the organisation to bring the work to this stage.

Mrs Hargan acknowledged the significant effort undertaken across the Trust to develop the financial plan and requested that the Board's appreciation be conveyed to all staff involved. She paid particular recognition to Directorates, business support teams, Assistant Directors, governance leads and other colleagues who had contributed to what was recognised as a substantial piece of work undertaken alongside their existing responsibilities.

Members agreed that the Board's thanks should be formally communicated to those involved.

9/26/13

IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE

13.1 Minutes of meeting held on 19 March 2026

Mrs Laird referred members to the minutes of a Committee meeting held on 19 March. She advised that a verbal update had been provided to the May Trust Board meeting.

13.2 Verbal update from meeting held on 27 July 2026

Mrs Laird advised that the scheduled June Committee meeting had been postponed because initially key staff could not attend and then due to Dr Frawley's sudden death.

Mrs Laird said the meeting had been reorganised for 27 July and provided members with an update of the discussion at the meeting.

Future HSC Services in Fermanagh & West Tyrone

Mrs Laird advised that at the Committee's request, additional reporting arrangements had been established to provide more frequent oversight of the Future Fermanagh and West Tyrone Futures Project between quarterly meetings. She said at the meeting an update was provided on engagement activity supporting the programme with members noting extensive stakeholder engagement had been undertaken. She said the emerging themes from both the Public and Staff Survey responses were reviewed and it was noted they included:

- Timely access to services
- Rurality and emergency access
- Digital inclusion
- GP access

- Travel and infrastructure concerns
- Workforce and recruitment challenges
- Continuity of care

Members discussed the need to ensure a sufficiently representative response rate and the importance of demographic analysis to support meaningful conclusions. Opportunities to strengthen digital engagement and social media activity were highlighted.

Patient Client Experience: SAIs / Complaints / Care Opinion

Mrs Laird reported that the Patient/Client Experience Report detailing emerging themes from Serious Adverse Incidents (SAIs), Complaints, Care Opinion and 10,000 More Voices feedback was provided. She noted that communication remained the most significant recurring issue across all reporting mechanisms and represented the greatest risk to patient experience, patient safety and organisational reputation.

Learning for Improvement Group

Mrs Laird advised that development of the Learning Assurance Framework had been paused pending clarification of governance arrangements associated with the emerging Patient Safety and Quality Committee structures. She said the Group's focus would now be directed towards strengthening organisational learning culture, communication, openness, compassion and recognition of good practice.

Mrs Laird noted the development of a wider communications campaign involving short learning videos designed to reinforce key themes including communication, transparency, patient involvement and learning from feedback. She added that the importance of ensuring learning translated into sustainable behavioural change was emphasised and assurance was provided with progress updates and evaluation measures would be reported to future meetings.

Mr Telford thanked Mrs Laird for her report and asked members if they had any questions.

Dr McGinley requested sight of the Desire Echo Experience Report, which had been referenced in the March Committee minutes. She also confirmed that Denise Hampson will support the development of a future update on this work. Members also reiterated the importance of effective communication in taking the programme forward.

Mrs Hargan reflected on the findings of the report and highlighted the importance of timely and effective communication with patients, service users and families. She said it was acknowledged that, while staff remained committed to providing high-quality care and communication, significant service pressures and competing

demands could impact performance against expected standards. Mrs Hargan said the themes identified were consistent with issues already under active consideration by the Corporate Management Team and welcomed the insights provided to inform ongoing improvement work across the organisation.

Mr Telford noted that the themes identified were consistent with the Being Human Framework and provided a useful baseline against which future progress could be measured.

9/26/14

PEOPLE COMMITTEE

14.1 Minutes of meeting held on 31 March 2026

Mrs Laird referred members to the minutes of a Committee meeting held on 31 March. She advised that a verbal update had been provided to the May Trust Board meeting.

14.2 Verbal update from meeting held on 31 July 2026

Mrs Laird advised the earlier scheduled meeting had been deferred due to Dr Frawley's death.

Mrs Laird said the meeting had been reorganised for 31 July and provided members with an update of the discussion at the meeting.

Team Support

Mrs Laird advised that since February 2023 the OWD team had significantly exceeded its target, supporting 147 teams against a target of 108 over a 3 year period. She said further funding was secured from Endowment and Gifts to enable the service to continue for 2 more years with a reduced headcount of staff.

Mrs Laird said however funding for this service remained uncertain beyond March 2027 and concerns were raised about the sustainability of this service given the high demand. She added that there was strong evidence of positive impact of team support in promoting staff wellbeing, team effectiveness, conflict resolution, attendance and organisational culture.

Staff Equality, Diversity, Inclusion and Belonging

Mrs Laird commended the significant progress made by the team, noting that the Trust had moved from being behind the curve in this area to being recognised as a leader of good practice. She highlighted that approaches developed within the Trust were now being adopted by other Health and Social Care Trusts, reflecting the

quality and impact of the work undertaken. Mrs Laird formally thanked all those involved for their commitment and innovation in driving this improvement.

Mrs Laird said progress within the Trust had been significant since the appointment of a dedicated HR Manager 18 months ago to progress the EDIB agenda.

Mrs Laird referred to issues which the Committee would be expedited to Trust Board:-

Raising Concerns (Whistleblowing) Annual Report 2025/2026

Mrs Laird advised that 16 concerns were raised during 2025/2026, 9 of which required formal investigation. She said themes remained consistent with previous years, focusing on patient safety, staffing and organisational culture. Mrs Laird said while whistleblowing concerns reduced from 21 to 16 compared with the previous year, it was too early to determine whether this represented a longer-term trend.

Mrs Laird said the Committee received an updated report on the 9 investigations referenced in the Annual Report, 2 of which are now complete, 6 are in the final stages of reporting and sign-off, and only 1 investigation remains active. Mrs Laird said she was able to assure members that no significant patient safety concerns had been identified, although a number of learning points had been identified.

Mrs Laird said the Committee noted continued work is required to strengthen staff confidence in raising concerns, reinforcing protections for whistleblowers and also to ensure visible and demonstrable organisational learning.

Mrs Laird said the Committee were updated on work in progress to strengthen screening templates, enhance monthly monitoring arrangements and improve reporting to People Committee. She said details were also shared of plans to formally track and monitor learning arising from whistleblowing investigations in a similar way to how Internal Audit recommendations are managed and reported.

Healthdaq Cyber Incident

Mrs Laird advised that the Committee was updated on the Healthdaq Cyber Incident which occurred on 3 April 2026. She said the loss of access to Healthdaq recruitment platform had created a significant gap in recruitment capacity across the Trust and outlined to members the key concerns.

Mrs Laird advised that there are currently no alternative providers on the G-Cloud Framework which meet cyber security requirements although one provider is progressing to meet required specifications. She said if a provider does not emerge soon, alternative solutions including strengthening and increasing internal recruitment resources will need to be considered.

Mrs Laird confirmed that this is a Directorate risk and consideration may need to be given to moving this onto the Corporate Risk Register in the absence of a solution.

Vacancy Rates

Mrs Laird advised that the Committee received a report which detailed exceptionally high permanent vacancy levels continuing across key staff groups i.e. 24% vacancy rate in Medical and Dental, 17% vacancy rate in Support Services albeit it was noted that some of these were being covered by temporary staffing arrangements.

Mrs Laird said the significant impact on service delivery, staff workload and organisational resilience was noted. Recruitment activity continues to be undermined by turnover and wider labour market challenges.

Reports to be shared with Trust Board

Mrs Laird advised that the Committee identified a number of papers to be shared with Trust Board members in respect vacancy data, team support and flexible working – Year End Report for 2025/2026.

Mrs Laird commended the recent joint meeting to discuss the cross over between the new Patient Safety and Quality Committee and other Board Committees. She said the meeting had provided valuable triangulation of information, oversight and assurance and she suggested that this model of collaborative working could usefully be replicated across other areas of the Trust's business.

Mr Telford thanked Mrs Laird for her informative report and asked members if they had any questions.

Rev Canon McGaffin highlighted the importance of securing sustainability for services currently supported through the £3 million funding allocation due to conclude in 2027, noting that the impact extended beyond Teamwork services. She acknowledged that work is ongoing across a number of service areas to assess the implications and identify options for the future.

Rev Canon McGaffin noted the impact of the Healthdaq cyber incident and commended the response of the Medical Recruitment Team. She acknowledged that, despite a significant loss of system functionality, staff had worked quickly and effectively to implement alternative arrangements, ensuring that disruption to recruitment processes was kept to a minimum.

Mrs Laird referred to 2 further issues. First, she referred to the consolidated Medical Workforce Report and said this will be considered further by the Corporate Management Team before being reviewed at a dedicated meeting involving representatives of the People Committee and Trust leadership. She confirmed that the report would subsequently be brought back to the Trust Board for further

consideration. Secondly, Mrs Laird advised of ongoing oversight of Disability Discrimination Act (DDA) and disability discrimination cases. She assured that the Committee was monitoring these and that a meeting has been arranged of Committee and HR to maintain close scrutiny of this area.

Prof McKenna highlighted the issue of compassion fatigue and moral injury, noting that these themes frequently arose through the work of the Clinical Ethics Committee. He noted the importance of triangulating findings from staff feedback, sickness absence, vacancy rates and other workforce measures to gain a fuller understanding of staff experience and wellbeing. Prof McKenna also acknowledged that related concerns had been reflected in issues raised by trade union representatives and he suggested these themes warranted continued attention.

Mrs McKay reflected on her recent role as Wellbeing Guardian and highlighted feedback received through Tea and Talk engagement sessions with staff. She noted in particular the work being undertaken within the Cancer Centre to support staff experiencing compassion fatigue and the emotional impact of caring for patients and families through difficult circumstances, including bereavement. Mrs McKay acknowledged that similar themes had also emerged during visits to paediatric services at the South West Acute Hospital.

Mrs Laird welcomed the proactive support initiatives being developed and recognised the growing awareness of compassion fatigue and moral injury across the organisation. It was agreed that consideration would be given to bringing this work to a future Trust Board meeting and to exploring opportunities to share, scale and replicate learning across other services.

Mr Telford emphasised the value of receiving escalation reports and detailed committee discussions at Trust Board meetings, noting that they provided important opportunities for scrutiny, shared learning and discussion of emerging issues. He acknowledged the significant work undertaken at Committee level and that broader Board consideration of key themes enhanced members' understanding and oversight. Mr Telford suggested that additional time be allocated for such discussions where possible, recognising the benefits of sharing learning across committees and strengthening the Board's collective assurance and governance role.

9/26/15

PERFORMANCE REPORT – EXCEPTION REPORT

Mrs Molloy advised that this month was an exception report and said she wanted to highlight to members the continued improvements in data quality across Trust services, with 5 additional service areas achieving higher levels of data confidence. Mrs Molloy acknowledged that this strengthened assurance regarding the accuracy and reliability of both internal performance reports and published information.

Mrs Molloy advised that 7 areas remained subject to review through the Support and Intervention Framework with commissioners and said the highest level of escalation continued to relate to the number of patients waiting more than 12 hours in Emergency Departments.

Mrs Molloy noted that ED performance against the 12 hour standard remained a significant challenge across Northern Ireland and she advised that a substantial programme of improvement work was underway, with further initiatives due to be implemented and reported separately to the Board.

9/26/16

ANY OTHER BUSINESS

Fermanagh and West Tyrone

Mrs Hargan reminded members that the engagement timeline for the visioning process had originally been established to run from May to 30 September. She said this timeframe had been agreed at the beginning of May, prior to the emergence of the financial savings programme and the launch of the Department of Health and Public Health Agency's *This Is Our Health* engagement process.

Mrs Hargan noted that, at the June Trust Board meeting, the potential implications of these developments on the programme timetable had been highlighted and discussed, including the possibility that the original deadline might require reconsideration in light of the additional demands and concurrent engagement activity.

Mrs Hargan noted that the update provided by Mrs Laird reflected discussions previously considered by the Committee. While acknowledging the value of the engagement activity undertaken to date, Mrs Laird highlighted that further work was required to secure a sufficient volume of responses to provide a robust evidence base for the future visioning process.

Mrs Hargan said that just over 100 responses had been received from staff and the public, which was considered insufficient to draw reliable conclusions or inform future planning and that feedback from the voluntary and community sector had also indicated that the summer period was not an optimal time for engagement activity. Mrs Hargan noted the need to continue efforts to increase participation and ensure that future findings are representative and meaningful.

Mrs Hargan said an extension to the consultation timeframe was being proposed. She said this reflected consistent and unanimous feedback received from staff, stakeholders and community representatives that the summer period had presented significant challenges for meaningful engagement. She added that members of the

Staff Engagement and Advisory Group, elected representatives including MLAs, MPs and Councillors, and a range of Community and Voluntary Sector organisations had all advised that engagement activity during July and August had been impacted by annual leave, reduced meeting schedules and wider seasonal commitments, and would all welcome an extension to allow fuller participation.

Mrs Hargan added that the extension will also support the Trust's commitment to maximising public awareness and involvement. She said a printed newsletter, providing information on the programme and opportunities to participate, is scheduled for distribution via Royal Mail from 14 September 2026 to approximately 65,000 households across Fermanagh and West Tyrone. Given that delivery may take up to 2-3 weeks to reach all homes, Mrs Hargan said extending the formal engagement period to the end of October would ensure residents have sufficient time to consider the information received, engage with the programme and complete the Questionnaire.

Mrs Hargan advised that the Programme Management Office has reviewed the implications of this proposal and does not believe that the additional engagement period will impact on the overall programme timeline or the planned presentation of the final Vision to Trust Board. She said approval is therefore sought to extend the formal engagement phase of the Fermanagh and West Tyrone Health and Care Futures Programme to 30 October 2026, enabling the Trust to maximise participation and ensure the development of the Vision is informed by the broadest possible range of stakeholder and public views.

Dr McGinley said the actual design of the leaflet was absolutely vital. She said the design and format of the engagement leaflet would be critical, particularly for older people and those who may be less comfortable with digital methods of engagement. She emphasised the need for clear, simple and accessible response mechanisms to encourage participation and improve response rates and agreed that the findings from the statistical analysis of required response levels would be valuable in informing the next phase of the engagement approach and ensuring that sufficient feedback was obtained to support robust conclusions.

Mr Telford said for him he supported the proposal to extend the engagement period, recognising the importance of ensuring that stakeholders had a meaningful opportunity to contribute to the development of the future vision. He emphasised that securing robust and representative public engagement was more important than adhering to an accelerated timetable, particularly given the consistent feedback regarding the need to ensure the public voice is heard.

Members agreed that it was preferable to take additional time to achieve a stronger evidence base rather than proceed on the basis of insufficient engagement, and the motion was proposed by Rev Canon McGaffin, seconded by Prof McKenna and unanimously approved by all members.

9/26/17

DATE OF NEXT MEETING

The next meeting of the Western HSC Trust Board will be on Thursday, 24 September 2026 at 11 am in the Boardroom, South West Acute Hospital, Enniskillen.

**Mr B Telford
Vice Chair
24 September 2026**