

**Minutes of a meeting of the Western Health & Social Care Trust Board to be held on Thursday, 4 December 2025 at 11 am in Lecture Theatre, Trust Headquarters**

**PRESENT**

Dr T Frawley CBE, Chair  
Mr N Guckian OBE, Chief Executive

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

Dr B Lavery, Medical Director  
Dr T Cassidy, Executive Director of Social Work/Director of Families and Children  
Mrs D Keenan, Executive Director of Nursing, Midwifery and Allied Health Professionals

**IN ATTENDANCE**

Mr M Gillespie, Director of Surgery, Paediatrics and Women's Health Services  
Mrs K Hargan, Director of Human Resources and Organisation Development  
Ms K O'Brien, Director of Adult Mental Health and Disability Services  
Dr M O'Neill, Director of Community and Older People Services  
Mrs T Molloy, Director of Performance, Planning and Corporate Services  
Mrs S Nolan, Assistant Director Finance  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Executive Office Manager  
Mr K Swerdlick, MND Warrior (agenda item 12/25/8 only)  
Ms K Devine, Advanced Occupational Therapist in Neuro Rehabilitation (agenda item 12/25/8 only)  
Mr P Conwell, Head of Service for Occupational Therapy (agenda item 12/25/8 only)

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

12/25/1

**CONFIDENTIAL ITEMS**

12/25/2

**CHAIR'S WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the December Board meeting taking place today in Trust Headquarters. He shared with the meeting a report of his engagements since the last Trust Board meeting in November.

- The Chair advised that he had previously informed members that Internal Audit had been undertaking an Internal Audit in relation to "Western Trust Board Effectiveness 25/26". He said the Audit was now completed and he said he had received the final Audit report. The Chair said while there were a number of recommendations made within the Audit report, the Audit outcome is "satisfactory". The Chair said he would now take forward the recommendations in the Audit however he also felt it was important to share with the Board feedback from the Auditor who had joined the November Board meeting to observe the Board in "live" session who said he was impressed by the quality of the meeting reflected in the range of the discussions and depth of the debate.
- On 25 November the Chair said he was delighted to visit the Homeless Public Health/Inclusion Health Service, Labre Hub, where our outreach services to the homeless in Derry City are based.

The Chair reminded members that this service won the Chair's Award in the Staff Recognition Awards last year. He said what was impressive in his visit was how well established the service has become and added that as part of the visit Ms Doyle, who leads the service, indicated that she was going to take him around the route followed by staff when they are making contact with homeless people.

The Chair said to facilitate this engagement with homeless people, once a week the team are supported by a mobile health clinic provided by the Welcome Centre which comes from its base in Belfast. The mobile clinic supports our staff in enabling them to bring services such as immunisation, podiatry, contraception and general health advice directly to where our homeless people are located. He said this facility had transformed access for some of the most vulnerable people in our community.

The Chair said it is clear from all the research undertaken that homeless people are very difficult to persuade to come to hospital clinics or health centres therefore the mobile clinic offers a very creative and effective response.

The Chair said he also wanted to acknowledge the outstanding work being done by the podiatrist, Mr Gareth Cullen, Ms Cate Greer, Sexual Health and Contraception nurse, and Mr Bill Higgins who drives the mobile unit from Belfast to Derry every week and then drives the mobile unit around Derry to enable contact with this very marginalised community.

The Chair said he wanted to put on public record the Trust's appreciation for the support of the Welcome Centre without which we would have great difficulty in maintaining the current outreach and importantly the contact we are achieving.

- On 25 November and 3 December the Chair said he and Mr Guckian had the privilege of meeting with a representative group of volunteers who support the Trust at Altnagelvin Hospital and the South West Acute Hospital.

He said presently the Trust has almost 200 volunteers engaged in a range of important services including Meet and Greet, Ward Help/M Meal Time Friend, MacMillan information support, ED refreshment service and Breastfeeding Peer Support, with most volunteers helping out on a regular basis for between 2 and 4 hours per week.

The Chair said volunteering was a great way to learn something new and gain experience, give back to an important cause or to stay active and connected beyond retirement. The Chair added that volunteers make a real difference in both releasing staff to focus on direct patient care but also by reducing the inevitable anxiety and uncertainty that patients and families can feel when coming into hospital settings.

The Chair thanked the Volunteering and Work Experience Team comprising of Mr Hunter, Manager, Mrs Doherty, Volunteer Co-ordinator based in Altnagelvin, and Ms Carmel Nicholl, Volunteer Officer in SWAH, for their work in this important area. He said the team accept enquiries from people over the age of 16 interested in volunteering and guides them through our volunteer registration process and induction training prior to placing them within a specific volunteering role.

The Chair asked that the Board's formal thanks be recorded in relation to a number of volunteers who have received a 10 year certificate for volunteering which is a major commitment for individuals to make over such an extended timescale:-

- Mr Wallace Nutt and Ms Angeline Pearson, Altnagelvin Hospital
- Ms Pauline Flanagan and Ms Sinead Treacy, South West Acute Hospital

- On 26 November the Chair advised that with Dr O'Neill he had travelled to Limavady to attend a meeting between leaders from the Primary Care Multi-Disciplinary Team and Service Users who had engaged with that service.

He said it was a most informative event and what was striking was the proactive engagement by the users in the discussions around the positive achievements of the team and also the ambition that everyone present had to develop and broaden this project. He said what had struck him during the meeting was the potential for what is being developed in Limavady under the MDT initiative to evolve into an example of "neighbourhood health" which is one of the priorities the Minister is promoting within his Reset Plan.

- On 27 November the Chair said with Mr Guckian, Mrs Molloy and Dr Lavery they had appeared before the Health Committee of the Assembly in the South West Acute Hospital.

The Chair said they presented the Trust's perspective on the services which are currently being provided across the whole geography of the Western Trust but inevitably there was a particular emphasis on the South West Acute Hospital.

The Chair said the document which had been developed for the Committee describing the detail of our work in the Trust was circulated to members for their information. He said this was a very comprehensive document and he believed it will be helpful to all members of the Trust Board as we work through all the programmes of care and reflect on the exchanges at the Committee and how we might continue to address them going forward.

- On Tuesday the Chair said he travelled with Mrs McLaughlin, Carers Co-ordinator, to the Carers Carol Service in the Silver Birch Hotel, Omagh. He said this was a most uplifting experience and again highlighted the support the Trust has from the community both through its staff and the public we serve. The Chair added that it certainly reminded him how vital and important carers are in particular providing critical support to family members. He said without this commitment from carers, Trust services would be stretched beyond their limits.

The Chair shared with the Board other Carol Services he intended to attend during the Christmas period and said members were very welcome to attend any of these events should their diaries permit.

- On Wednesday, 3 December the Chair said he and Mr Guckian travelled to the South West Acute Hospital to present the Mission Cup to its new holders from the catering department in the hospital.

He said the Speech & Language Team (Adult Services), the current holders of the Cup, had decided to award the Cup to the Catering Assistants within the Support Services Team, South West Acute Hospital who they indicated provided exceptional support to patients under the care of the Speech and Language Therapists at the hospital. In addition they made a particular effort to identify patients experiencing long delays in the Emergency Department.

The Chair reminded members that the Mission Cup is awarded by the current holders of the Cup to a service that they believe are making an exceptional difference to patient care through the service they provide to the award is very much a judgement based on peer assessment.

12/25/3

### **APOLOGIES**

Apologies were received from Mrs Laird, Non-Executive Director, who was unable to stay for all of our meeting and Ms McCauley, Director of Finance, Contract and Capital Development. It was noted that Mrs Nolan was representing Ms McCauley at today's meeting.

The Chair also welcomed Mrs Quinn, Assistant Director, Facilities Management, who was joining the meeting as an observer as part of her participation in the Aspiring Director's programme being run under the auspices of the Leadership Centre.

12/25/4

### **DECLARATION OF INTERESTS**

There were no declaration of interests expressed by members.

12/25/5

### **MINUTES OF PREVIOUS MEETING – 5 DECEMBER 2025**

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

The adoption of the minutes was proposed by Rev Canon McGaffin, seconded by Mr Telford and they were approved by members as a true and accurate record of discussion at the September meeting.

12/25/6

## **MATTERS ARISING**

The Chair referred to the matters arising from the last meeting.

- The Chair advised that he has asked Mrs McKay to examine the viability of developing a water feature in the garden at the Macmillan Centre on the Altnagelvin Hospital site.
- The Chair confirmed that the Fermanagh and West Tyrone Project approach to visioning, including user involvement, is on the agenda for the Improvement Through Involvement Committee on 3 December 2025.
- The Chair advised that members will receive a further update on “culture” at the January 2026 Board meeting.
- The Chair confirmed that Mrs Keenan will provide more information on the reporting of the 4 Nursing KPIs following the implementation of encompass later in today’s meeting.
- The Chair referred to discussion at the last Board meeting on Dementia Services in the Southern Sector of the Trust. He advised members that the “memory service” continues with its Dementia improvement programme with the objective of extending a Trust wide service.

It was noted that while demand for the service has increased very steeply in the last 3 months in that the Trust now has 50 breaches against the 9 week Ministerial target. Of these, 37 have an appointment in the next 3 weeks with the longest wait 126 days. The Trust is now planning an additional 24 appointment slots each month going forward and offering additional slots to patients who are able to travel to clinics in Derry.

Dr O’Neill advised that the service remains confident that it will meet the 9 week target by the end of the financial year.

- The Chair advised that the “Little Book of Cultural Competence” had been received from the Health Improvement, Equality and Involvement Division and were available today for Non-Executive Directors.
- The Chair referred to discussion at the last Board meeting regarding the narrative in relation to the “Virtual Meeting Etiquette – Attendance of Public and the Press” within the Trust’s Standing Orders. The Chair said at the request of Mr Hegarty the narrative had been amended to read:-

### 3.17 Admission of public and the press

#### (i) Virtual Meeting Etiquette – Attendance of Public and the Press

Where members of the public and the press attend an open meeting of the Trust in an on-line / virtual capacity, the following Virtual Meeting Etiquette must be strictly complied with:

- i. Be on time;
- ii. Ensure you record your name as a meeting guest if/when prompted;
- iii. Where an attendee is joining via video link, the video must be switched on and in a well lit environment so that the attendee is clearly visible;
- iv. Microphones must be muted at all times to ensure no disruption to proceedings.

Attendees may be excluded from attendance where the etiquette has not been fully complied with.

The Chair also advised that during the month there had also been discussion with regard to how the Committees in Common business will be dealt with within Trusts and it has been agreed a paragraph will be added to Trust Standing Orders to cover this.

He said it has been agreed the following paragraph will be added to Section 4 “Appointment of Committees and Sub-Committees” under 4.1 “Appointment of Committees”:-

***The Trust may, by resolution of the Board, delegate specific powers and/or functions to a Director(s) of the Trust, including for the purpose of participating in a Committee-In-Common (or similar joint arrangement) with other HSC bodies, with the respective Director reporting back to the Board at regular intervals.***

The Chair said members are asked to approve these changes to the Trust’s Standing Orders and Scheme of Reservation and Delegation.

Following discussion the proposed amendments were approved by members.



12/25/7

## **CHIEF EXECUTIVE'S REPORT**

Mr Guckian shared his report with members in which he highlighted a number of significant issues which had arisen since the previous Trust Board meeting.

### **General Pressure**

Mr Guckian advised that this week there had been continued pressure on our acute hospitals with a significant number of patients waiting for a bed in both Altnagelvin Hospital and South West Acute Hospital. He said again he wanted to apologise to patients and their families who have had their patient pathway impacted by these delays, which are primarily linked to bed capacity in the community.

### **UNICEF Child Friendly Event**

On Thursday, 20 November Mr Guckian said he joined Dr McGinley and Dr Cassidy at a celebration event to recognise the UNICEF award for the Derry City and Strabane District Council area. He reminded members that this was the first such award on the island of Ireland (North or South) and only the second in the UK. Mr Guckian said the celebration event included children from a wide range of schools and backgrounds showcasing their many talents and UNICEF making a number of presentations about their work and aspirations going forward.

### **Professional in Practice + Nominated Social Workers Awards Event**

On Thursday, 13 November Mr Guckian said he attended the above event and presented certificates to nominated social workers. He said it was humbling to hear the citations from colleagues and service users, reflecting the positive impact social workers have made on people's lives.

### **Davin Corrigan Awards**

On 26 November Mr Guckian said he attended the Davin Corrigan Legacy Award for Improving Patient and Service User Safety through Engagement.

Mr Guckian said the Trust was honoured to announce the annual Davin Corrigan Legacy Award 2025 for Improving Patient/Service User and Carer Safety through Service User and Carer Engagement. He said this award, established in memory of Davin Corrigan, commemorated his life by recognising impactful changes within the Trust that have strengthened patient and service user safety through meaningful engagement with service users, their families, and carers.

Mr Guckian said the award celebrated initiatives that have brought about tangible improvements, fostered a culture of listening and learning from service users and



their families and added that it is part of the Trust's ongoing commitment to making healthcare safer and more responsive to the needs of those we serve.

Mr Guckian said members of the public were invited to attend alongside Trust staff and external partners to hear first-hand about the project finalists and celebrate the positive impact these initiatives have made on service user and carer safety. He said after listening to the finalists' presentations, members' of the public were asked to cast their vote.

Mr Guckian congratulated "The Inclusion Bikes" within the learning disability programme who were chosen as the winners of the Davin Corrigan Legacy Award 2025.

Mr Guckian said the Trust's Learning Disability Occupational Therapists having been working in partnership with Mulhern Close (Inspire Wellbeing) and Fermanagh & Omagh District Council to promote the use of "Inclusive Bikes" at Omagh Leisure Centre. He said Ms Ann Mellon and Ms Caoimhe McDonagh, Occupational Therapists, initiated the joint project to use the bikes to benefit the clients they work with and raise local awareness.

Mr Guckian said Ms Mellon and Ms McDonagh recognise that as well as being beneficial for overall physical and mental well-being, activities such as cycling can be regulating for people with a Learning Disability, as it helps calm the sensory system and relieve stress and tension. The OTs cited that cycling is also a great activity as it helps individuals understand their body position, movement in space, and improves balance and coordination. Mr Guckian said The Inclusive Bikes project also promotes inclusion and allows individuals who are not able to use a regular bike to experience and enjoy cycling in a safe and welcoming environment, as well as accessing the outdoors.

Mr Guckian added his congratulations to the Project for being such worthy winners.

### **Official Opening of Little Oaks EOTAS – (Education Other Than at School)**

On 20 November Mr Guckian said he attended the official opening of Little Oaks School in Derry. He said the school provides support to children who have complex needs and helps to get children back to mainstream education through a range of approaches and initiatives.

12/25/8

## **IMPROVEMENT STORY - THE LIFE CHANGING IMPACT OF ASSISTIVE TECHNOLOGY – KEITH'S STORY**

The Chair welcomed Mr Swerdlick, MND Warrior, Ms Devine, Advanced Occupational Therapist in Neuro Rehabilitation and Mr Conwell, Head of Service for Occupational Therapy, to the meeting and invited them to make their presentation.

Mr Conwell advised members that he was delighted to welcome Mr Swerdlick and Ms Devine and said Mr Swerdlick made this presentation to an Occupational Therapy conference in September and said the impact on those in attendance was very humbling and reminded those present why we do our job and the impact we have on people's lives.

Ms Devine said she works within the OT specialism of neuro rehabilitation. She said she works within the landscape of assistive technology and it was professionally very satisfying to introduce Mr Swerdlick to members. She said members would hear how his story is not defined by his MND diagnosis and importantly how technology has allowed him to remain at home to enable him to continue to look after his son, and it has also enabled him to retain his dignity by giving him choice and control over his care.

Mr Swerdlick thanked members for the opportunity to attend the meeting and to share with members his journey to date. He said he was a father, a friend, a work colleague, living with Motor Neurone Disease (MND). He said his story demonstrated the impact of effective Occupational Therapy intervention and how the creative use of technology had transformed his life.

Mr Swerdlick spoke of his journey to his diagnosis and he shared the investigations which had been undertaken and the major key milestones during the period before his diagnosis. He shared how he had moved from independence in December 2021 to dependence today. He continued by highlighting the support which he receives from the Western Trust and the MND Association which included:

- Smart home controls to enable him to open doors, manage lights, and communicate independently;
- A specialist, voice activated recliner chair which had restored rest and comfort and improved his sleep quality; and
- Adaptive equipment, including a bidet, which supported his privacy and dignity.

Mr Swerdlick said these technical supports illustrated how solutions, some more high-tech than others, had enhanced his quality of life and enabled him to remain living at home with his son. He said without the timely Occupational Therapy

assessments and access to assistive technology, the trajectory for him and his family would have been significantly different.

Mr Swerdlick said the absence of tailored adaptations could have resulted in significant issues for him which would have included a loss of independence and a reliance on others for communication, mobility, and personal care; reduced dignity and autonomy, with basic daily activities requiring around the clock care; Increased carer burden, with greater physical and emotional stress on family members; risk of hospital admission or earlier transition into 24-hour care; social isolation and psychological distress from reduced ability to communicate and engage and loss of employment, as technology was key to maintaining his ability to communicate, access digital systems, and remain connected at work.

Mr Swerdlick said his story underscored independence does not mean doing everything alone. It means having the right tools, supports, and environment to stay in control. He expressed a strong desire that his experience should not be unique and said he believed others living with progressive illnesses such as Motor Neurone Disease, Multiple Sclerosis, Parkinson's Disease, or any condition impacting a person's ability to engage in activities of daily living should have more equitable and timely access to assessment and provision of assistive technology. Mr Swerdlick said his story served as a reminder that innovation in healthcare is not only about devices or equipment, however about responsiveness, equity, and the right to live a life of choice and personal control.

Members were advised that Occupational Therapy continues to lead innovation in the use of assistive technology to promote independence, dignity, and participation in occupations/activities of daily living. It was noted that over the past decade, assistive technology had evolved from clunky, clinical-looking devices to mainstream tools such as smartphones, tablets, and voice-controlled systems like Alexa. This transformation has reshaped how OT supports people to live at home, remain connected and in control of their lives, even in the face of progressive neurological conditions.

The Chair thanked Mr Swerdlick for his presentation and invited members to ask questions.

Prof McKenna said it was a great pleasure to hear Mr Swerdlick's presentation and asked was he investigating the use of AI robots. Mr Swerdlick said conversations were being held with the MND community however he said these conversations had to consider "value for money".

Dr McGinley said she was sorry not be able to be present in person but said she was very impressed by how Mr Swerdlick had embraced being "assisted". She asked how his son had taken to this. Mr Swerdlick said his son was a typical, happy 15 year old who while he helps him, he also gets on with his own life with his friends.

The Chair said what was really important for him was that Mr Swerdlick had honestly tested the technological advances and was not covering up things that had not worked as well as had been expected. Mr Swerdlick said that when things were not as planned, he tweaked some solutions and tried again. The Chair said Mr Swerdlick's advocacy was impressive and that while the Trust clearly can does create frustration for him he has continued to work co-operatively and positively with the relevant Trust staff.

The Chair asked Mr Conwell and Ms Devine how they ensure that OT is kept up to date with over accelerating developments in modern assistive technology.

Ms Devine said OT is learning continuously as new products are made available. She said that OTs are also learning about voice activated technology and is learning about the capabilities of Alexa.

Mr Conwell added that OT reaches out to companies to work in partnership in developing solutions. He said it is part of OT's remit to keep up to date through training and sourcing new innovative solutions.

Mr Swerdlick referred to his voice activated chair and said this had been developed by a family company in Belfast where the son of the owner had figured out how this should work. Mr Swerdlick said from his perspective, if there was any frustration it would be that he took staff on a journey over the last 4 years as opposed to staff taking him on a journey.

The Chair thanked Mr Swerdlick for his presentation and said he was particularly impressed by his positivity and optimism and in particular the spirit of his presentation in how it had been delivered which was so impressive. He said Mr Swerdlick mentioned "high ambition" and that this had struck a chord with him. He said for him a key word was that of "choice" and alongside it the vital importance of maintaining and promoting the dignity of the patient.

12/25/9

### **ORGAN DONATION ANNUAL REPORT ACTIVITY 2024/25**

The Chair welcomed Mrs Hayes and Ms Melarkey, Specialist Nurses, to the meeting. He advised that as chair of the Trust's Organ Donation Committee he felt it was important that members receive an update on the important work of the organ donation service.

Mrs Hayes thanked members for the opportunity to attend today. She said she was a Specialist Nurse based at Altnagelvin Hospital and Ms Melarkey was a Specialist Nurse based at the South West Acute Hospital.

Ms Hayes said for the purpose of the presentation she would give an overview of organ donation processes and Ms Melarkey would share organ donation activity in the past year.

Mrs Hayes advised members that there are 18 specialist nurses covering 8 ICU departments across Northern Ireland. She said specialist nurses are on call 24/7/365 days a year. She said specialist nurses are highly trained with specialist knowledge and skills and part of their role is to identify all possible donors from within hospitals who might be potential donors, and then co-ordinating the donation pathway from a referral to organ retrieval. She said Specialist Nurses also led in the education and promotion of donation across the health care system and awareness in the wider community.

Mrs Hayes advised that around 1% of people who die across the UK each year die in circumstances where they can donate organs. She said patients who are fulfilling their wish to donate must be in a critical care unit or in the emergency department and they must be ventilated. She said patients are only considered for organ donation when their medical team believes treatment is futile and will be stopped, resulting in the patient dying and the Specialist Nurses only get involved after these decisions are made by the medical staff.

Mrs Hayes shared with members the detailed and extensive pathway for retrieving organs which includes discussion with medical staff, family members and the many services which perform tests to ensure that the person's organs are suitable for retrieval and subsequent matching. She said the Specialist Nurse also provides a key role in welcoming and supporting the National Organ Retrieval Service (NORS) teams who are a crucial part of the organ donation and transplantation process. She said the NORS team is made up of highly skilled healthcare professionals, led by a surgeon who has been judged competent to safely lead a retrieval. She said the NORS team will arrive in the donor hospital and will ensure that organs are removed and transported to recipient centres. She said the Specialist Nurse will remain with the donor at all times throughout the retrieval process and ensure "Last Offices" are completed for each donor.

Mrs Melarkey advised that in 2024/25 from 10 consented donors the Trust facilitated 7 actual solid organ donors resulting in 19 patients receiving a life-saving or life-changing transplant. She said in addition to the 7 proceeding donors, there were 3 consented donors that did not proceed.

Mrs Melarkey added that the Trust referred 17 potential organ donors during 2024/25. She said there were no occasions where potential organ donors were not referred. She added that when compared with the UK performance the Trust was exceptional (gold) for referral of potential organ donors to the NHS Blood and Transplant service.

Continuing Mrs Melarkey advised that a Specialist Nurse (SNOD) was present for 10 organ donation discussions with families during 2024/25 with there being no occasions where a SNOD was not present. She said when compared with UK performance, the Trust was exceptional (gold) for Specialist Nurse presence when approaching families to discuss organ donation.

Mrs Melarkey shared with members the cost of organ donation in respect of kidney donation for a patient who is receiving dialysis.

Mrs Hayes concluded their presentation by sharing “Max and Kiera’s Law”.

Mrs Hayes commended staff in both Altnagelvin Hospital and South West Acute Hospital for their co-operation of and support for the donation service. She said the transplant teams really appreciate coming to the Western Trust because of the support they receive when working in the Trust.

The Chair thanked Mrs Hayes and Mrs Melarkey for their informative presentation and invited members to ask questions or make a comment.

Dr Cassidy advised members that a close friend’s wife died and she was an organ donor. He said her family took a great deal of comfort that their wife/mother’s organs had been donated.

The Chair asked Mrs Hayes to speak about eye donation. Mrs Hayes advised that anyone can be eye donor. She said eyes can be retrieved within 24 hours however the only service that retrieve eyes in Northern Ireland is the Belfast mortuary. She said the difficulty with only having one centre, is that on occasions have families have given consent initially and when they realised their loved one has to be taken to Belfast and the time that involved, they withdrew consent. Mrs Hayes said one eye can help between 5-7 people.

The Chair asked if this service could be provided in the Western Trust. Mrs Melarkey said the challenge is that there is no tissue bank in Ireland and all our tissues have to be sent to Liverpool within a safe timeframe.

The Chair thanked Mrs Hayes and Mrs Melarkey for attending the meeting. He said it is important for families to discuss organ donation and to make one’s family members aware of your wishes in the event that an opportunity to be a donor should ever arise.

12/25/10

## **CORPORATE RISK REGISTER**

Dr Lavery advised members that there were 24 risks on the Corporate Risk Register as approved at Trust Board on 6 November 2025.

Dr Lavery shared with members a proposed new risk in respect of Sustainability – The Climate Change Act Northern Ireland given the range of risks for the Trust in terms of ability to meet this important legislative change. Dr Lavery advised that a summary of the risk was provided within members papers along with a new risk form and briefing note for consideration.

Dr Lavery advised that there were no other material changes for consideration.

Dr Lavery also advised that all risks and action plans had been updated within this reporting quarter.

Dr McPeake asked where responsibility for this new risk lies within the Trust and he was advised that this risk would be managed by Mrs Molloy. Mrs Molloy advised that she chairs the Sustainability Steering Group which will report to the Corporate Governance Sub Committee which she also chairs.

Following consideration members unanimously approved the inclusion of this risk on the Trust's Corporate Risk Register.

12/25/11

## **INFECTION, PREVENTION AND CONTROL – UPDATE**

Mrs Keenan advised that as previously discussed the PHS had revisited the *C. difficile* incident rate and it was adjusted at the request of the Trust. She said the target remains challenging as it is based on the 2023/24 figures and the PHA is analysing results to glean an understanding as to why figures were so low that year. However, Mrs Keenan advised that there are challenging capacity issues involved in order to produce the data needed to enable this analysis.

Mrs Keenan advised that from 1 April to 30 September there had been 17 *C. difficile* cases reported with 14 in Altnagelvin (10 HAI and 4 CAI); 2 in South West Acute Hospital (2 HAI) and 1 in Omagh Hospital and Primary Care Complex (1 HAI).

Mrs Keenan said the *C. difficile* care bundle completion indicated there were issues within hand hygiene and use of PPE. She said the introduction of encompass appeared to be having a positive effect on compliance with an improvement in antimicrobial prescribing. Mrs Keenan advised that the IPC Team continues to work closely with teams.



Mrs Keenan advised that in respect of MRSA, there were no new cases reported from April to September 2025. She said that in relation to GNB, there had been 18 case reports from April with a peak in July of 4 cases.

Moving to Covid19, Mrs Keenan advised that there had been 8 outbreaks from August to end of October. She said IPC lead the discussion at outbreak meetings.

Mrs Keenan referred to orthopaedic SSI surveillance and said for quarter 3 July to September, there had been 3 SSIs reported and all were discussed at the M&M meeting and verified by the orthopaedic consultant and lead.

Referring to Critical care device associated infection surveillance, Mrs Kennan noted that there had been none for the past 6.5 years.

Concluding her report Mrs Kennan referred to IPC Independent Audits and advised that these audits were completed by the IPC team and findings discussed with the staff members to instil learning. She said audits are also shared with the Ward Manager and professional leads responsible for the areas to develop an action plan and this can also be supported by the IPC Team. Mrs Keenan said this will also form part of the normal governance arrangements and is included in the Accountability and Assurance Committee meetings and the HCAI Accountability meeting.

Mr Telford welcomed that the report was positive about encompass and the new system was providing clarity and thus providing enhanced oversight. Dr Lavery said these processes were still in development and advised that other Trusts continue to be challenged in respect of the information they are able to glean from encompass.

Prof McKenna congratulated everyone on the hand hygiene compliance scores.

The Chair referred to the RAG rating on hand hygiene and asked why no audits had been completed. Mrs Keenan said this had been a complication of factors including, different arrangements for particular wards. She did however assure members that there is a strict measuring regime and where results have not been submitted this is addressed at accountability meetings. Dr McPeake suggested that from past experience, if where there is no score, it should become “red” and that this might change behaviour.

12/25/12

### **KPI REPORTING TO TRUST BOARD**

Mrs Kennan referred to discussion at the last Trust Board meeting and to her commitment that she would provide a further update to members.

Mrs Keenan advised that prior to the introduction of encompass the four Nursing KPIs of:-

- Falls,
- National Early Warning Score (NEWS),
- Surface, Skin, Keep Moving, Incontinence / Moisture, and Nutrition / Hydration (SSKIN) and
- Malnutrition Universal Screening Tool (MUST)

were audited as per the Trust audit schedule using approved and standardised audit tools with a sample of 10 charts per KPI. She said this was recorded on the Nursing SharePoint site and discussed at the Accountability & Assurance (A&A) monthly meetings.

However, Mrs Keenan advised that since the introduction of the digital system, there had been a number of issues with reporting/auditing from the system and in addition the escalation build for NEWS2 remains a work in progress. She said a number of regional groups have been set up to look at these issues and this work is ongoing.

Mrs Keenan advised that as an interim assurance process until we are in a position to monitor the KPIs as a standard report and the build is in place, the Professional Nursing Team in September 2025 shared the regionally revised audit tools with the Lead Nurses/Midwives and asked that they manually audit 5 charts per ward/department monthly for each KPI. She said the data is added to the Nursing SharePoint site and continues to be discussed and analysed at the Nursing A&A meetings for themes and variances with exception reports being submitted for areas not achieving the required standard.

Mrs Keenan advised that in addition the team is looking to expand this to include auditing "Omitted Doses" on the Medication Administration Record (MAR) on the digital system and is currently testing the manual audit process.

Mrs Keenan reported that the Resuscitation Service has continued to validate all cardiac arrest calls for any themes or variances with NEWS2 completion and escalation. She said any issues identified by the Resuscitation Team generates a Datix and a round table investigation to identify any learning.

Mrs Keenan referring to Nursing KPI reports for September and October 2025, advised there was an increase in the completion of the KPI audits and the standard achieved. She said staff had expressed difficulty in finding the data on the digital system so the Trust Digital Team had developed and shared TIP sheets for each KPI to help staff manually extract the data.

Mrs Keenan provided Dr McGinley with an explanation as to why 5 charts per ward/department were being audited and said wards/departments hoped to extend this going forward.

12/25/13

#### **DAO(DOF)04/25 - UPDATE TO HMT ORANGE BOOK**

Dr Lavery advised that the Department of Finance launched the update to the Orange Book in June 2025, replacing the version last updated in 2020. He said the Orange Book is a guidance document for all public sector bodies relating to the Management of Risk – Principles and Concepts. Dr Lavery said the Book sets out a principles-based approach that provides flexibility and judgement in the design, implementation and operation of risk management.

Dr Lavery advised that the Trust is required annually to either disclose compliance or explain the reasons for any departures in the governance statement accompanying the annual accounts. He said the updated version does not create new requirements however it does include a number of changes to bring the document up to date, which were listed in the attached circular (DAO (DoF) 04/25) for information. Dr Lavery said the purpose of his briefing is to highlight the one significant addition of the Risk Categorisation Framework (RCF). He said the new RCF provides a structure for seeking assurance against 4 pillars, each with key subcomponents and an underpinning requirement across the RCF of the 'three lines model'. He said this represented a "catch-all" approach to all the relevant standards and codes of practice and it also detailed how the RCF is linked to local controls and the compatibility of the RCF with Risk Management Principles. Dr Lavery said the Orange book also adds a section on using the RCF to gain assurance.

Dr Lavery added that in practical terms the RCF provides a framework of 75 questions which Trust Board can consider in providing assurance on the risk management process. He said currently assurance is provided through the Board Assurance Framework including Corporate Risk Register along with the regionally approved 3 lines assurance mapping model and supported by the Governance and assurance framework which is well established within the Trust and includes an annual review at the Trust Board Risk workshop.

Moving forward, Dr Lavery shared a proposal with members to take this forward. He said to facilitate Trust Board making an informed decision on whether to seek implementation of the new RCF, the Corporate Management Team had approved the establishment of a task and finish group and nominated members from relevant corporate Directorates to carry out a scoping of the work involved in adopting this, the capacity required to maintain it and additional benefits against resource required. He said this group will report back to CMT before their report being tabled at the Audit and Risk Assurance Committee in February 2026 for consideration of

proposed way forward. Dr Lavery said final approval will then be sought from Trust Board for any change.

Dr Lavery shared the Circular and Orange book with members in their papers for their information at this stage and advising them of the above plan once agreed.

Following consideration members expressed their unanimous agreement with this approach.

Dr McGinley advised that she had noticed statements within the Orange Book which related to UK guidance and suggested it would have made more sense for the DoH to have removed these. The Chair agreed and suggested the Trust should highlight these going forward.

12/25/14

### **PERFORMANCE REPORT (EXCEPTION REPORT)**

Mrs Molloy advised that there were no issues for escalation to Trust Board however she wished to share a number of issues for members' information only.

1. Mrs Molloy advised that there is an improving picture on the operation of the Regional Waiting List for breast assessment. She said there are fortnightly reports being shared with the Minister.
2. Mrs Molloy referred to ambulance turnaround times and said this would be discussed at the forthcoming performance meeting.
3. Mrs Molloy advised at the Trust's recent "Ground Clearing" meeting with the DoH as part of the formal accountability processes, chaired by Mr Matthews, scope had been changed to focus on governance and control issues including finance. She said at the end of the meeting the DoH felt there was no need to have a final accountability meeting with Chair and Chief Executive.

Mr Guckian said that in relation to the Chair and Chief Executive Accountability meeting with the DoH he would welcome a conversation with the Permanent Secretary as there are a number of issues the Trust would find it helpful to discuss with the DoH.

The Chair supported Mr Guckian's view and said the Accountability meeting was an opportunity to meet face to face with the Permanent Secretary. He said it was very helpful to have the opportunity to meet the Permanent Secretary and this is an opportunity he would be loath to forgo. He highlighted how helpful it was to have Mr Farrar present today and that he was very impressed with his intent and his grasp of his issues being faced by the service. The Chair said the issues being faced by the DoH are also challenging and warrant further discussion in order that the Trust can better understand the regional context. The Chair said in addition in the news today

Mr Streeting, the Health Secretary, has launched a review of mental health services and he said it would be helpful to have an understanding of any implications for Northern Ireland in this review may have.

12/25/15

## **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING OCTOBER 2025**

Mrs Nolan said in the last briefing to members Mrs McCauley advised that the Trust was forecasting a deficit of £4.1m. She said a letter received from SPPG on 31 October confirmed that the DoH and the Minister have completed their consideration of the Trust's in year plan and a total savings target of £12.6m is confirmed, which includes £7.1m of low/medium risk savings, £0.5m of high risk savings and £4.9m of mid-year review opportunities. Mrs Nolan said in addition, SPPG has confirmed additional income of £1.2m against existing pressures which results in a further reduction of the Trust deficit to £2.6m (subject to Trust Board approval of high-risk savings).

Mrs Nolan said members should also be aware that the Trust is awaiting confirmation on the accounting treatment of the 2025/26 pay award which has been confirmed and is expected to be paid in the coming months. She said it is likely this will result in an increase to the Trust's deficit by the associated 2025/26 cost. Mrs Nolan said these updates continued to be informed by a risk-based approach, and therefore may be subject to further change during the remainder of the financial year.

Moving to the financial performance report and specifically to statutory targets, Mrs Nolan reported amber against managing the Trust's finances within the allocated RRL on the basis that the Trust forecast deficit is £2.6m, green against delivering against savings targets, green against managing with the CRL budget and amber against prompt payment target. In relation to prompt payment target, Mrs Nolan said the Trust continues to report a much improved position for October with 97% of invoices paid within 30 days, resulting in a cumulative performance of 88%.

Mrs Nolan referred to table 1 which illustrated an update to the Trust's financial plan from our October version. She said members would note a reduction to our forecast gross deficit of £1.5m, largely representing the impact of additional funding against forecast pressures and an increase to our Phase 2 savings target.

Mrs Nolan referred to table 2 which provided a summary of Directorate performance against control totals and said all Directorates now have control totals agreed for reporting. She said members would note the significant contribution that is enabled by Support Directorates which are able to help balance Service Directorate budgets. Mrs Nolan said 4 Directorates stand out as having concerning divergences from control totals and we continue to have extensive discussion with all 4 Directors and their senior teams as part of the finance focus meetings. Mrs Nolan said the

variance being reported is £0.6m which could be £1m full-year effect but interestingly she said just over 80% of the gap related to savings and 20% is related to unplanned growth. On that basis, Directors have committed to the work to be taken forward to endeavour to address their current performance.

Moving to the financial performance table 3, Mrs Nolan said members would note that at a Directorate sub-total level, performance is steady when compared to the prior month and down by 0.4% from the opening restated variance position. She said at the bottom line, variance is now 1.1% at £7.2m with clearly more spend reductions and savings forecast for delivery at the latter part of the year, in order to drive down to our projected end of year variance.

Mrs Nolan referred to delivery against savings plans. She said against the 2025/26 target of £31.5m, the Trust is monitoring against the in-year target of £15.1m, given the Trust has £16.5m of savings banked from previous years. She said the profile of this target at month 7 is £9m and the Trust has achieved £8.5m, 94%. Looking at the monitoring by work-stream, Mrs Nolan said the overall position is rag rated green, which reflected some excellent delivery across much of the programme. That said, while some workstreams are still moving more slowly, Directors are managing this through strengthened workforce controls to manage the overall position. Mrs Nolan said further progress was expected in administration through strengthened controls and a dedicated workstream through our Delivering Value programme. Mrs Nolan said members should be aware that the new savings target, which will be monitored from next month, may set us back and will reflect the lead time before additional savings fully take effect and start to flow through.

Mrs Nolan said the key messages relating to key risks and mitigations are that service Directorates remain challenged in relation to expenditure trajectories and more improvements are required to ensure we deliver our total savings targets. She said the Trust is mindful that Phase 2 brings a considerable challenge and that while work has commenced, it is clear that a greater level of pace and focus will be required as we move forward. Mrs Nolan also noted that our capacity to absorb further unplanned growth in expenditure is very limited and Directors remain committed to delivering against all of our financial targets.

Mrs Nolan continued by referring to analysis of our key expenditure areas. She said she was reporting total flexible expenditure of £51m which is a 1.0% reduction in utilisation from the prior period. She added that the total agency expenditure is £34m, bank costs are £13.6m and overtime is £3.1m. As always, the primary drivers of agency costs are medical, which is £18m and nursing which is £13.1m.

Looking at medical in more detail, Mrs Nolan said members would note total medical costs are above prior year levels by £2.4m (3%), partially to do with having improved recruitment to vacant posts and the extended retention of locum agency staff to address newly evolved service pressures during this financial year. She said whilst



there appears to be a steep rise in October, members should note that a significant proportion of the increase is supported by budget and should not be interpreted as an increase to financial pressures. Looking at medical agency in more detail, Mrs Nolan said members would note that expenditure continues to run at levels below 2024/25. She added that pricing rises continued to be contained through the extensive negotiation on rates by Medical HR and Senior Management challenge and assurance and that services continue to be challenged by vacancies and sickness absence and this had slowed down the release of agency staff whose posts have been filled through international recruitment efforts. Mrs Nolan said there continued to be extensive focus on expenditure on medical locum agency and the pursuit of solutions for lower cost alternatives.

In relation to nursing expenditure, Mrs Nolan said this year's expenditure levels continued to be higher than 2024/25 averages for both total nursing and nursing agency, however she said there was a downward trend in nursing agency being experienced from July 2025. Mrs Nolan continued that there is extensive work being done, led by the Executive Director of Nursing to address these trends, but the scale of escalation beds, sickness absence and higher patient acuity continued to challenge the pace of sustainable progress in reducing our costs.

Moving to capital, Mrs Nolan said the Trust's budget for the year is £35m and expenditure at 30 September is £14.7m.

In summary Mrs Nolan advised that the Trust is reporting a deficit of £7.2m at 31 October against a revised forecast deficit of £2.6m for the year. She said the Trust will continue to keep this position under review as we move towards the end of this financial reporting period.

Mr Guckian referred to the Trust's deficit and said when we pay the pay ward in February our deficit will increase. However, he said the difference between this year and other years is that he has been tasked by the DoH to reflect the pay award in the accounts. Mr Hegarty asked if the payment of the pay award is reflected as a separate deficit line. Mr Guckian said he was suggesting we should present our changed deficit position with a factual note in our accounts to explain the increased deficit position. It was noted that all Trusts will show this in a similar way.

12/25/16

### **ANY OTHER BUSINESS**

There were no further items for discussion.



12/25/17

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 8 January 2026 at 10 am in the Lecture Theatre, Trust Headquarters.

---

**Dr Tom Frawley CBE**  
**Chair**  
**8 January 2026**