

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 5 February 2026 at 11 am in Old School Canteen, Tyrone and Fermanagh Hospital, Omagh

PRESENT

Mr B Telford, Non-Executive Director (Acting 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

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
Ms E McCauley, Director of Finance, Contracts and Capital
Development

IN ATTENDANCE

Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer
& Clinical Services
Mr M Gillespie, Director of Surgery, Paediatrics and Women's
Health Services
Mrs K Hargan, Director of Human Resources and Organisation
Development
Dr M O'Neill, Director of Community and Older People Services
Mrs T Molloy, Director of Performance, Planning and Corporate
Services
Mrs C Harkin, Assistant Director Mental Health Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Office Manager
Mr Donnelly, Regional Trauma Network Co-ordinator, and Mr
Brown (for agenda item 2/26/8 only)

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

2/26/1

CONFIDENTIAL ITEMS

2/26/2

APOLOGIES

Mr Telford noted apologies from Dr Frawley, Chair, and Ms K O'Brien, Director of Adult Mental Health and Disability Services. Mr Telford advised that he had been asked to the Chair the meeting in Dr Frawley's absence and that Ms O'Brien was being represented by Mrs C Harkin, Assistant Director of Mental Health Services.

2/26/3

DECLARATION OF INTERESTS

There were no declaration of interests expressed by members.

2/26/4

CHAIR'S WELCOME AND INTRODUCTION

Mr Telford welcomed everyone to the February Board meeting of the Western Health and Social Care Trust taking place in Omagh. He said joining the meeting online were Prof McKenna, Mrs Laird and Mr Hegarty.

Mr Telford referred to the Chair's report of his engagements since the last Trust Board meeting in January and said he would arrange for this to be emailed to members.

On behalf of the Chair, Mr Telford advised:-

- On 9 January, the Mayor of Derry City and Strabane Council, Councillor Ruairí McHugh, hosted a reception for the Inclusion Homeless Health Team to acknowledge the excellent work being carried out by the team. The Mayor publicly acknowledged the vital and compassionate work carried by the Team which provides essential on the ground and outreach healthcare services to individuals who are experiencing homelessness many of whom also present with complex needs.
- The Trust has become aware of a major initiative being led by the DoH to develop a Patient and Quality Committee in each Trust. It is important that the Trust gives careful consideration to how it responds in order that we ensure going forward we protect those aspects of our current arrangements that are established and working effectively.

Dr McPeake and Mr McCaul are meeting after today's Board meeting to discuss how the Patient and Quality Committee can be integrated into the Trust's current Committee structure.

- On 29 January and 4 February the Chair was delighted to attend the opening of the upgraded Relatives' Rooms in the Intensive Care Units in the South West Acute Hospital and Altnagelvin Hospital. The Chair was pleased to be able to meet staff, former patients and their relatives who were involved in supporting the development of these important facilities.
- On the afternoon of 4 February, the Chair attended a Ministerial Visit to Abbey Medical Practice to meet with the Minister for Health who was involved in a round of meetings with MDTs across the Region. The meeting provided an opportunity for Dr O'Neill and the Chair to describe the Trust's commitment to the Minister's Reset Plan by preparing Trust services to "shift left".

2/26/5

MINUTES OF PREVIOUS MEETING HELD ON 8 JANUARY 2026

Mr Telford referring to the minutes of the Trust Board meeting held on 8 January asked members if they would approve them as a true and accurate record of the discussion at the meeting.

The adoption of the minutes was proposed by Dr McPeake, seconded by Prof McKenna and were approved by members as a true and accurate record of discussion at the January Board meeting.

2/26/6

MATTERS ARISING

Mr Telford referred to the Matters Arising from the meeting held on 8 January:-

- Mr Telford advised that an update on the implementation of encompass has been provided to members.
- Mr Telford confirmed that the Trust's letter to SPPG regarding GP practices currently under the management of the Trust had been shared with members.
- Mr Telford confirmed that formal updates will be provided to the ITI Committee at its March and June meetings on the work of the Fermanagh and West Tyrone Health and Care Project. It was noted that outside of these formal updates,

meetings will be arranged for February and May following a Steering Group meeting.

- Mr Telford confirmed that the Chair and Chief Executive provided personal details in respect of the completion of the process for Trust Payment Cards.
- Mr Telford confirmed that the report of the NICON/Patient and Client Council round table event on “People as Partners” was shared with members.

2/26/7

CHIEF EXECUTIVE’S REPORT

Mr Guckian shared with the meeting a report of critical issues that had arisen since the last Board meeting.

Hospital and Community Pressures

Mr Guckian said following the last Board meeting he felt it was important to send to all staff a “Trust Communication” in respect of the Hospital and Community pressures which were being experienced. He said staff have become accustomed to very significant pressures in our services at this time of year and he wanted to recognise that this pressure persists all year round.

Mr Guckian said he shared with staff that the Trust is operating at “extreme” levels of escalation as measured by the regionally agreed escalation thresholds in both Altnagelvin and the South West Acute Hospitals. He said the Trust has enacted its escalation processes internally, and has been operating in business continuity mode, with Trust Silver stood up on 2 January 2026.

Mr Guckian said the Trust made difficult decisions with service and clinical leadership support, which included operating beyond the thresholds in our internal escalation plans with all wards escalated, some by 5 patients. He said the Trust has utilised all available capacity in its Ambulatory Care Unit and in our community hospitals and step down facilities, and with the co-operation of our independent sector providers, in order to maximise discharge. Mr Guckian reminded members that the Trust also commissioned additional nursing home places in the lead up to Christmas to create capacity in the community.

Mr Guckian said medical, nursing, social work and AHP professionals as well as all non-clinical and support services staff, continue to work closely across hospital and community services to manage the pressure and plan for the days ahead, striving to de-escalate this position as quickly as possible. He said medical and nursing/AHP leaders listened carefully to staff and their concerns and he wanted to reassure all staff of the Trust’s corporate role and how we will support professional judgements in the context in which staff are operating in.

Mr Guckian said he wanted to thank all staff for their additional and extraordinary commitment to patient and client care over this period and acknowledged everyone had worked hard together to manage services as well as possible, with the safety of patients and clients as our guiding aim at all times.

General Pressures

Mr Guckian advised acute hospitals continued to be under pressure and that on Tuesday afternoon there were 53 patients waiting for an inpatient bed in Altnagelvin Hospital and 13 patients waiting for an inpatient bed in the South West Acute Hospital. He assured members that staff would continue to work on discharge to ease hospital flow.

Implementation of New Regional Medical & Dental Framework and Internal E-Locum rates

Mr Guckian advised that Health and Social Care Services in Northern Ireland (HSCNI) remain committed to delivering consistently high quality care to patients, clients, and service users. He said in recent years, there had been an increasing reliance on medical and dental professionals supplied through agencies and while agency staff provide essential short or long term support to meet service needs, this approach can also lead to workforce instability and place significant pressure on already limited financial resources.

Mr Guckian said the HSCNI recognises the challenges managers face in maintaining continuity of care and service delivery during staff absences or vacancies. He said however, the use of agency workers should be minimised wherever possible and, when necessary, should comply with the standards and requirements outlined in regional guidance.

Mr Guckian advised that a new Medical and Dental Framework is to be implemented across the HSC in Northern Ireland, following an extensive procurement led process. He said under the new Framework all Trusts have been requested to return to Framework rates to ensure consistency, cost control, and equitable pay practices across the region and to be engaged only through contracted agencies.

In providing the current progress and date for implementation, Mr Guckian advised that through an extensive scoping and procurement process for the new Framework, led by the Business Services Organisation with key stakeholder representation across the region, a legally required standstill period ended on 13 January 2026 with final award letters being issued during week commencing 26 January 2026. He said those agencies have 7 days to respond and accept the terms and conditions and only then can the actual rates of the contracted agencies be published.

Mr Guckian said the new Framework includes an expanded list of approved suppliers (approximately 60 across 2 Lots), updated rate structures, enhanced governance requirements and improved monitoring and reporting mechanisms. He said the intention is for the new Framework to be implemented week commencing 2 March 2026 and this is pending DoH approval and a regional communication issued. Mr Guckian said a local Trust internal communication will also be issued.

Mr Guckian said the current outgoing framework has an end date of 31 March 2026 and it is anticipated that there may be a 2 to 4 month transition period, subject to regional agreement. Mr Guckian concluded that in regard to the internal E-Locums rates, the implementation date has yet to be agreed.

Mr Guckian said the Trust has ensured participation at a regional level including representation on the Medical Agency Reduction Steering Group, Agency Reduction Implementation Group (ARIG) and other working groups. He added that the Trust's Delivering Value Management Board (DVMB) has the oversight responsibility for the delivery of both the new Medical and Dental Framework and E-Locum rates. He said as recently as 22 January 2026, the DVMB was briefed on progress and members have agreed to ensure engagement and implementation is a priority across the Trust.

Mr Guckian said in addition the Trust's Medical Locum Team (MLT) has been involved in various regional discussions and has provided information and other input towards discussions and decision making around the new Framework. He said the Team has also been proactive in developing risk assessment matrices for each service area detailing all current agency doctors' rates versus the new Framework capped rates. Mr Guckian said the key purpose of this work has been to ensure services are considering any challenges with medical agency cover and the safe populating of medical staffing rotas as the Trust transitions to the new Framework.

Mr Guckian said the Trust has also appointed a Programme Manager who has a key role in coordinating activities across various work-streams on medical workforce stabilisation and who reports to the Senior Responsible Officer (SRO). Concluding this item Mr Guckian said an operational task group has been established and meets on a fortnightly basis to ensure all relevant stakeholders, including service leads, are suitably updated on progress with the regard to the new Framework and E-Locum rates transitioning with other meetings being scheduled as appropriate to help address any service issues/concerns.

Meeting with Older People's Commissioner

Mr Guckian advised that on 12 January Dr O'Neill and he met with the Older People's Commissioner to discuss a number of issues of mutual interest. He said it was very useful to offer a "Provider" perspective on services being delivered along with a commitment to work with the Commissioner into the future.

Wellbeing Guardian – Walk with Staff

Referring to his role as Wellbeing Guardian for the first quarter of 2026, Mr Guckian said on 20 January he led a 20 minute lunch time walk from Maple Villa in Gransha Park. He said he was very pleased that he was joined by about 30 members of staff on this day. Mr Guckian said there would be 2 further walks on Thursday, 12 February in Omagh and Friday, 13 March at the South West Acute Hospital and he encouraged as many staff as possible to join him as staying active plays a vital role in both our physical and mental wellbeing.

Fermanagh and Omagh District Council

Mr Guckian advised on 22 January, Dr Lavery, Mrs Molloy, Mrs McKay, Mr Gillespie, Mr Breen and Mr Curran and he attended a specially convened meeting of the Fermanagh and Omagh District Council to provide an update on Emergency General Surgical services in the South West Acute Hospital and to share the Trust's comments on the SOAS Roadmap.

Mr Guckian said there was a full and robust discussion on these issues with Councillors raising a range of other issues which we are developing a response.

Mr Guckian said the meeting was an opportunity for the Trust senior team to present important information including our response to the SOAS Roadmap.

Finance Summit

Mr Guckian advised that on 4 February all HSC leaders attended a Finance Summit led by the DoH. He said the purpose of the Summit was to update Trusts on the 2025/26 and 2026/27 financial position on revenue and capital; to receive a briefing on the draft Strategic and Operational Planning Guidance; and to discuss the SFMG projects for acceleration and focus.

Mr Telford thanked Mr Guckian for his informative report.

2/26/8

PATIENT STORY – ADULT MENTAL HEALTH AND DISABILITY SERVICES

Mr Telford welcomed Mr Stephen Donnelly, Regional Trauma Network Co-ordinator, and Mr Ken Brown, patient, to the meeting today. He advised that there were 3 Non-Executive Directors joining the meeting remotely.

Mr Telford said scrutiny of governance and risk is the corner stone of the Trust so it is important for members to hear from patients what their experience in using Trust services has been.

Mrs Harkin welcomed Mr Donnelly and Mr Brown to the meeting and said Mr Brown would share his personal journey.

Mrs Harkin advised that the Regional Trauma Network (RTN) in Northern Ireland was announced in February 2022 to address the long-term psychological impact of the “Troubles”. She said while the initiative stemmed from a proposal in the 2014 Stormont House Agreement, it only became fully operational in February 2023. Mrs Harkin said the purpose of the RTN is to connect Health and Social Care Trusts with community and voluntary sector services to provide specialist trauma care such as for Post Traumatic Stress Disorder (PSTD) to victims and survivors of the “conflict”.

Mrs Harkin said the RTN works collaboratively with community and voluntary sector partner groups across the Western Trust’s area which are:-

- The Ely Centre, Enniskillen
- SEFF (South East Fermanagh Foundation), Lisnaskea
- WAVE Trauma Centre, Omagh
- Wave Trauma Centre Derry/Londonderry
- Cúnamh, Derry/Londonderry

Mrs Harkin said the RTN is a highly skilled multi-disciplinary team who provide assessment and treatment of PTSD and Complex PTSD. She said the team consists of a Team Lead, Mr Donnelly who was present today, a Consultant Psychiatrist, a Consultant Clinical Psychologist, a Children & Young People Psychologist, Psychological Trauma Therapists, a Trauma Outreach Lead and a Team Administrator.

Mrs Harkin advised members that the RTN has been involved in a Randomised Controlled Trial (RCT) which was developed in partnership with Queen’s University Belfast and Oxford University London. She said the RTC focussed on Complex PTSD and was a world leading piece of research with Northern Ireland leading the way. She said the Trust was one of the 10 approved sites and Dr McGlinchey, Consultant Clinical Psychologist, was the Principal Investigator and Site Lead for the Trust.

Mr Donnelly thanked members for the opportunity to attend today’s meeting. He said the Regional Trauma Network enabled regional community and voluntary sector organisations to work in partnership together. He referred to the 5 partner organisations within the Western Trust area and said patients were very fortunate to be able to use these services. Mr Donnelly said the RTN spans both children and adults and the work of the Network is very much aligned to the Regional strategy for mental health.

Mr Donnelly invited Mr Brown to share his personal story.

Mr Brown thanked members for the opportunity to attend today's meeting. He shared with members his background and how in 2022 he had been diagnosed with complex PTSD. He said he had not spoken about his traumas in 50 years and the effect of these traumas on him had grown over those years.

Mr Brown said initially he was referred to a CALMS who provided counselling and complimentary therapy. He said these interventions were minimally effective as he needed clinical support. Mr Brown said he was assessed and placed on a waiting list. Mr Brown said not long after this he received a phone call from Queens University asking him if he would be interested in participating in the Randomised Controlled Trial with the focus being on treatment of Complex PTSD. Mr Brown said he felt lucky to be offered this opportunity and he jumped at the chance to participate. He said participation in this trial turned his life around.

Mr Brown shared with members his experience of his engagement with Trust services. He said the therapy he received was compassionate and step by step the staff taught him to be gentler with himself. Mr Brown said eventually he could see the benefits of the process and that he had been self-critiquing himself throughout his life.

Mr Brown said following the pilot study he was referred to the Wave Trauma Centre and because he had been involved in the pilot study he was given a copy of the Study's report on him. He said he shared this report with the mental health practitioner in his GP practice and he suggested that the Trust should consider developing similar reports for patients to support a more open communication between mental health staff and GP practices.

Mr Brown said he did not like the term "service user" and for him he felt he was a patient.

Mr Brown advised that he has found new purpose in giving back and he shares his experiences through Recovery College workshops and peer-support sessions.

Mr Brown said he has enjoyed the therapeutic benefit of a garden and an allotment. Mr Donnelly referred to the SEFF which had been founded to provide practical and emotional support in the area of South Fermanagh for a large number of individuals who had been through traumatic experiences cause by terrorism. Mr Donnelly said the RTN has delivered a 4 week programme to 18 groups of participants on pain and trauma with the same programme being delivered to men in Derry. Mr Donnelly said research has shown that people feel safe in their communities and the Trust should be delivering services to people in their community in partnership with the community and voluntary sectors.

Mr Telford thanked Mr Donnelly and Mr Brown for their informative presentation and invited questions from members.

Dr McGinley thanked Mr Brown for his courageousness and honesty in sharing his story and for his recognition of the hard work and skill of the staff who had worked with him.

Mrs Laird said it was a privilege to hear Mr Brown's story and said she was grateful that he had attended today to share it. She said she is involved in work with victims of the "Troubles" and she knew the work of Wave and appreciated that trauma does not go away but you learn to manage to live with it. Mrs Laird said she chairs the Trust's Improvement through Involvement Committee and said this Committee works in partnership with people who have patient experiences and that she would like to hear more from Mr Brown on his experience. Mrs Laird said she wished Mr Brown well on his journey and that at some point she would like to learn more from him.

Rev Canon McGaffin said Mr Brown was a wonderful advocate for mental health services and said she appreciated how difficult it was to talk about his personal journey. She said for her Mr Brown had spoken in a way that makes people hear – not hiding any part of his journey. Rev Canon McGaffin asked Mr Brown to continue to advocate for mental health services as he is improving the service for others.

Mr Donnelly said Mr Brown's story has been chosen as part of the Queen's University 180th year celebrations. He said Mr Brown had also written a book on his experiences through the RTN, the voluntary and community partners and living with complex PTSD. Mr Brown said his book was at the proof reading stage.

Mr Guckian thanked Mr Brown for attending the meeting and opening up with members about his journey. He said it was important for members to hear how we can improve services particularly with primary care.

Mr Donnelly said he wished to acknowledge the work of the team and the support from Ms O'Brien, Mrs Harkin and Ms Donaghey, Head of Service, for their support in this work.

Referring to Mr Brown's presentation, Mr Telford said he had picked up throughout it powerful phases throughout such as "partnership", "patient centred", and "joined up care".

Mr Telford thanked Mr Brown and Mr Donnelly for coming along and that members had thoroughly appreciated their presentation.

2/26/9

CORPORATE RISK REGISTER

Dr Lavery referred members to the Trust's Corporate Risk Register as approved on 8 January 2026. He said there were 26 risks on the register.

Dr Lavery advised that there were no new risks for consideration, nor material changes. He assured members that all action plans and risks have been updated within the quarter.

Mr Telford requested if the Trust should have a separate IT risk on the Corporate Risk Register separate to the current risk on cyber security. Dr Lavery said he would take this forward and provide an update to members.

2/26/10

INFECTION PREVENTION AND CONTROL REPORT

Mrs Keenan referred members to an update report within members' papers on Infection Prevention and control.

Mrs Keenan advised that as of 20 January 2026 there were 27 cases of *C. difficile* reported within the Trust's hospitals. She said 20 of these cases had been classified as healthcare-associated as they occurred 2 or more days after admission to hospital with the remaining 7 cases being classified as community-associated as the patients presented with symptoms within a 2 day period after admission. Mrs Keenan advised that the most recent incidence rate available is for November 2025, and it is 3.2, which means the Trust is off track for meeting the reduction target.

Moving to MRSA, Mrs Keenan advised that there had been 1 case reported since April 2025 and it was community associated. She said in November 2025, the incidence rate for the Trust was 0.552, which was on track for meeting the reduction target. Mrs Keenan said there is no new data from September 2025 on comparative data with other Trusts.

Mrs Keenan advised that the *C. difficile* care bundle compliance continues to focus on correct hand hygiene and isolation/cohort nursing and said scores reflected the audits completed. She said no *C. difficile* audits were completed for November and December for Altnagelvin Hospital however these had been completed in January 2026.

Moving to Covid and Flu Outbreaks, Mrs Keenan advised that between October – December 2025, a total of 9 influenza and 7 Covid outbreaks occurred. She said the Infection Prevention and Control Team had led on the management of these incidents as applicable with incident meetings take place when required and all IPC measures instigated as necessary.

Mrs Keenan referred to Pseudomonas and advised that since the beginning of April 2025, there had been 3 cases reported. She said 2 cases were classified as Hospital Associated and 1 case being Community acquired.

Continuing on IPC induction and mandatory training Mrs Keenan advised that from 1 April to 31 December 2025, 3,490 staff completed training which was 30.86% of staff. She said the Trust target is 50% and said all areas are encouraged to support staff to attend. Mrs Keenan said the attendance target for a 2 year period is 100% and as of end of December 2025, the attendance rate was 69.48%.

Mrs Keenan referred to Aseptic Non-touch Technique and said between 1 April and 31 December 2025, a total of 515 staff have completed training.

Mrs Keenan referred to Breast Surgical Site Infection (SSI) Surveillance and said the SSI rate for Q3 in respect of 115 procedures was 3.48 rate (4 SSIs.)

Concluding her report Mrs Keenan referred to IPC Nursing Independent Audits and referred members to a table which showed the average compliance per quarter on the number of IPC key performance indicators where audits had been completed by the IPC team. She said during the period October to December 2025 audits had taken place on a range of areas including hand hygiene and PPE. Mrs Keenan said that more focus was required for quarter 4.

Mr Telford thanked Mrs Keenan for her report and asked members for questions.

Dr McPeake thanked Mrs Keenan for her very informative and said his question was in relation to IPC Induction and Mandatory Training. He said the paper detailed a 10 year band of data and that it showed performance had never been better than 70%. He asked what more could be done to improve performance. Mrs Keenan said it was important that focus is returned to this training as there are so many demands on staff to attend other training but that this is fundamental training which staff must be released to attend.

Dr McPeake asked was the Trust satisfied that all mandatory training is mandatory. Mrs Keenan advised that there are 6 training areas which are legislative and there is other training which is categorised as essential. She said the 6 mandatory training is what is measured. Mr Guckian suggested that what would be helpful would be to see compliance with mandatory training per Directorate. He said mandatory training is discussed within his Chief Executive Assurance Meetings and said that this detail is provided there. Mrs Keenan suggested this information should be brought into future Chief Executive Assurance Meetings for updates.

Mr Telford advised that the Audit and Risk Assurance Committee is considering an IPC Audit Report at its next meeting that this would be useful in further considering an update with IPC mandatory training.

Dr Cassidy referred to compliance within his Directorate and said in an attempt to improve compliance he had invited the Head of IPC to meet his Senior Management Team who explained why the need to ensure this training is undertaken. He said there is a perception that IPC training is for acute wards however the Head of IPC

explained its relevance to staff who work in the community. He said that he was conscious that as Executive Director of Social Worker he has responsibility for all social workers including those not within his Directorate and for that reason he had shared with Dr O'Neill and Ms O'Brien the link to the training and the level of training that is required for the different levels of social services staff, given its importance.

Dr McGinley referred to Nipah Viru currently in India and asked if this virus spread what was the Trust's state of readiness. Mrs Keenan advised that she chairs the HCID meetings which meets every 2 weeks for any high consequence illness and we have to look at this. She said if there are any cases the Trust has processes in place to deal with these patients and we will work with ED to develop cohort areas.

2/26/11

QUALITY IMPROVEMENT MONITORING – FALLS

Mrs Keenan referred to her report within papers. She said in Quarter 3 (September to November 2025) there had been 512 falls reported on the Trust datix system from Trust residential homes and hospital inpatient settings. She said of these 512 falls, 467 were from hospital inpatient settings and 45 were from Trust residential homes. Mrs Keenan said this was a slight increase from the 510 falls reported in Quarter 2 and a significant increase when compared with the same quarter in 2024 when there were 471 falls reported from Trust residential homes and hospital inpatient settings. Mrs Keenan said the median number of falls reported from Trust inpatient settings in Q3 was 169, an increase from 160 in 2024 and 156 in 2023.

Mrs Keenan said the increase in the median number of falls in inpatient settings could be associated with the increasing number of patients living with frailty and dementia or confusion when admitted to hospital. She said wards escalated beyond capacity were experiencing staffing challenges, which included securing staff to support patients who require enhanced care. Mrs Keenan said this continued to be highlighted through the Slips, Trips and Falls Group and work continues with a focus on reducing the number of falls within Trust inpatient settings.

Mrs Keenan advised that there are high numbers of older people in acute hospital wards and emergency departments experiencing delays in transfers of care to community or care home settings. She said this delay increases risk of hospital acquired infections and contributes to hospital acquired deconditioning, both of which contribute to increased dependency levels, increased demand for care in the community, increasing levels of frailty and associated falls.

Mrs Keenan advised that the majority of inpatient falls reported were from acute hospital sites with 202 falls reported from the Altnagelvin Hospital site and 163 falls reported from the South West Acute Hospital. She said this was an increase when compared with Q3 in 2024. She added that 40% of incidents reported where

patients sustained injuries resulting in moderate/above levels of harm following a fall occurred in Altnagelvin Hospital's Emergency Department.

Mrs Keenan continued to advise members that within the encompass digital system the Inpatient Key Performance Indicator (KPI) Dashboard with falls metrics is still in validation and therefore information in the dashboard could not be used as official statistics at this time. She said since September 2025, wards who would have previously completed the Fall Safe Bundle within the Trust had been asked to manually audit 5 charts per month until the digital report build is complete to audit compliance and provide assurance using the revised KPI tool.

Mrs Keenan said many older people could benefit from rehabilitation in the community, however current waiting times for a routine community Occupational Therapy appointment are 12-18 months. She said waiting times for community physiotherapy assessment and intervention currently range from 9-19 weeks depending on where someone lives. Mrs Keenan said for an older person these waiting times can have a detrimental impact on further rehabilitation potential, contributing to further deconditioning, increased dependency levels and increased demand for care in the community.

Mr Telford thanked Mrs Keenan for her comprehensive report.

Mrs Laird said she noted the reasons for falls and asked what the impact was of single occupancy rooms on the number of falls. Mrs Keenan said while single rooms help to reduce cross infection, if a patient falls in a single occupancy room it can go unnoticed.

2/26/12

PERFORMANCE REPORT

Mrs Molloy referred to her Quarter 3 report. Referring to Section 1, Mrs Molloy said the Trust was seeing reports becoming available and data confidence improving.

Referring to Section 2 – SOMS, Mrs Molloy said these reports had resumed measuring services against Ministerial standards. She said regionally we are far away from standards such as seeing 95% of patients within 4 hours in our EDs, and that access to elective outpatients and inpatient/day case within 9 and 13 weeks is part of a regional programme of recovery through the Elective Care Framework. Mrs Molloy therefore asked members to focus on the improvements which the report demonstrates in many services.

Mrs Molloy highlighted a number of areas where progress is required which included elective care reducing DNA/CNA rates. She referred to unscheduled care and said the focus was on EDs and flow against pressurised wards and said this was clear from the growing 12 hour breach position, however the counterpoint was that

ambulance turnaround times within the Western Trust area are the best in Northern Ireland. Mrs Molloy reminded members that they had received a presentation on the work on flow as this has remained the only level 3 area on our SIF. Mrs Molloy said another areas of focus is that of unmet need for homecare and a review of our processes to access breast cancer care.

Mrs Molloy said she wanted to commend performance in respect of MRSA, improvements in access to inpatient and day case compared to last year and improvements in access to dementia assessment.

Mrs Molloy concluded her report by referring to Section 3 - activity stabilisation and advised members that the Trust was entering a settled period post encompass and that hospital data reflected that. She said there was more to do on community to ensure we are capturing all our activity

Mr Telford thanked Mrs Molloy for her report and noted the positive within it. He said the focus on DNA/CNAs was to be commended.

2/26/13

FINANCE AND PERFORMANCE COMMITTEE

Minutes from the formal F&P Committee meeting held on 4 November 2025

Mr Hegarty referred members to the minutes of a formal Finance and Performance Committee meeting held on 4 November 2025. He said a verbal update of this meeting had been provided to members at its November Board meeting.

Report from the F&P Committee held on 3 February 2026

Mr Hegarty advised members that the Finance and Performance Committee met on 3 February and were provided with a detailed brief of the Quarter 3 Trust Performance Report for 2025/26, the Trust's Financial Performance Report for Month 9 – 31 December 2025 and the Financial Plan Update 2025/26. He said the Committee were given the opportunity to ask questions and seek further clarification on the reports presented.

Mr Hegarty said Mr Cavanagh, Director of Hospital Care, SPPG, and Ms Tourish, Cancer Programme Director, SPPG, attended the Committee meeting to discuss and provide an update on the regional breast service model and performance.

Mr Hegarty said the Committee received a brief on the Financial Performance Reporting Timetable Improvement Plan.

Mr Hegarty advised that Mr Quigley, Assistant Director of Capital, Costing and Efficiency, attended the meeting to provide a finance update to members from the Trust Delivering Value Programme.

Mr Hegarty said the Committee was advised on the progress update on the CiC priorities as discussed at the HSC Committee in Common.

Mr Hegarty said members noted a brief provided on the Causeway Summit on EGS.

2/26/14

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING DECEMBER 2025

Ms McCauley referred members to her financial performance report for the month ending December 2025.

Ms McCauley said she was pleased to advise that following a further review of the Trust's financial plan during January, she was in a position to reduce the Trust's projected deficit from £2.6m to breakeven against budget for 2025/26. She said this reflected the prudent, risk-based approach underpinning the Trust's financial plan and its underlying assumptions that had become more refined as greater clarity over income, expenditure and savings trajectories had emerged throughout the year.

Ms McCauley advised the Trust had banked some additional income and expenditure growth demonstrated sustained curtailment in recent months resulting in a reduced expenditure trajectory and savings performance remained strong, particularly for Phase 2 savings, thus enabling this very positive position. Ms McCauley said this performance was evidenced in the month 9 report and that the Finance & Performance Committee had been briefed on the detail.

Ms McCauley said in addition the Trust had received a letter from the Permanent Secretary dated 8 January 2026 advising that while the Executive had approved the Ministerial direction to implement the 2025-26 HSC pay award in full, there was a shortfall in funding which would result in an overspend relating to the pay award. Ms McCauley said available funding will be allocated on a pro rata basis with the remaining shortfall recorded as an overspend in the Trust accounts for 2025/26. She noted that an indicative control limit of £18.6m has been set for the Trust, however this may be adjusted once the actual pay award has been implemented in February 2026 and actual costs are fully confirmed. Ms McCauley said as a result, the Trust is reporting break-even against budget for 2025/26 but will have a forecast deficit and control total of c£18.6m relating to the pay award.

Moving to the Trust's financial performance report, Ms McCauley said in relation to statutory targets, she had updated the status of the Trust's performance against RRL

to green reflecting our break even financial position. In relation to prompt payment target, Ms McCauley reported a sustained improvement position in month with 97% of invoices paid within 30 days, resulting in an improved cumulative position of 90%.

Ms McCauley referred to Table 1 which had been updated to reflect the updated financial plan position with break-even against budget and an indicative control limit of c£18.6m for the year.

Moving to control total monitoring reported in Table 2, Ms McCauley said the control total variance was an improved position of £1.1m verses £1.3m reported in the prior month. She said significant, unplanned growth at the bottom line accounted for just £0.4m of the variance and that some of the additional income had been able to offset this growth.

In Table 3 financial performance against budget, Ms McCauley said members would note an improved position from that previously reported with a shift in the bottom-line from 0.7% to 0.2% and a marginal reduction for the period at Directorate sub-total level from 3.1% to 3%.

With specific reference to Directorate performance against savings targets, Ms McCauley reported savings in the month of £14.8m representing 95% of the target for the period. Ms McCauley said she had noted in the report that RAG boundaries had been restated for the remainder of this financial year to ensure there is targeted focus by Directorates and work stream leads to maximising our savings outcomes.

Ms McCauley advised that she had updated the key risks and mitigations section of her report and said the key risks in particular were discussed as part of her briefing to CMT earlier this week. She assured members that all Directors are committed to meeting their targets in full.

Moving to an analysis of key expenditure areas, Ms McCauley said she was reporting total flexible expenditure of £65m which was a 0.3% reduction in utilisation from the prior period. She said total agency expenditure is £43m, bank costs are £17m and overtime is £3.9m. Ms McCauley said as always the primary drivers of agency costs are medical, which is £23m for the period and nursing which is £16m.

Ms McCauley said total medical costs continue to be above prior year levels, however, the Trust is reporting a spike in medical agency costs during the period fully breaching prior period average levels for the first time.

Ms McCauley advised that in relation to total nursing expenditure, this year's expenditure levels continued to be higher than 2024/25 averages by approximately £0.7m per month, however she would note a very positive further downward trend in nurse agency usage in this period.

Moving to capital, Ms McCauley said the budget for the year was £39m having received a small increase most likely as a consequence of regional slippage. She said expenditure at 30 November was £19m.

In summary Ms McCauley said the Trust was reporting a deficit of £1.5m at 31 December 2025. She said she was forecasting a break-even position against our budget for 2025/26 but the Trust will have a deficit associated with the Ministerial direction to pay the unfunded pay award resulting in a control total of c£18.6m. She said the Trust's performance against control totals including savings was positive.

Mr Telford thanked Ms McCauley for her report and asked members for questions.

Dr McGinley said she was amazed at the overspend authorisation and the handling of the pay award. Ms McCauley said the Trust had not been advised formally that it had cover yet for the pay award and said this was a risk for both the DoH and all Trust accounts. She said the position would become clearer over the next few months.

Dr McPeake asked could the implication of the pay award that the Minister was directing the Trust to pay be that the DoH ask the Trust to make savings next year to meet the deficit. Ms McCauley said that could be the case. Mr Guckian said the Minister believed an element of the pay award would be funded by the Executive but this did not materialise to the level expected. He said the reality is the HSC has a shortfall and while the Trust's deficit has improved as has other Trusts, the core problem exists around the pay bill.

Mrs Laird said she would like to put on record her thanks for the herculean efforts made by Mr Guckian and his team and all staff to get the Trust to this financial position.

Mr Telford said the situation was interesting and that he could not overstate the amount of effort to reach this financial position. He said the issue with regard to the pay award would play out but that for him it was about what we do next year which is more difficult given that we will have a control total.

2/26/15

BANK MANDATE – UPDATE

Ms McCauley sought members' approval to add new members of staff as authorised cheque signatories on the Trust bank mandate:-

- Ms N McKinney, Senior Accountant (Started permanent post 5 January 2026)
- Ms G McKinney, Accountant (Started permanent post 5 January 2026)

Ms McCauley said approval was also sought to remove members of staff currently authorised as a cheque signatories on the Trust bank mandate:-

- Ms Doherty, Accountant, (Leaving date 23 January 2026)
- Mr McWilliams, Accountant, (Retirement date 31 March 2026)
- Mr Harkin, Accountant (Secondment 13 January 2026)

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

Following consideration members unanimously approved the additions and deletions from the Trust's Bank Mandate.

2/26/16

ANY OTHER BUSINESS

There were no further items of business.

2/26/17

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust will be on Thursday, 5 March 2026 at 11 am in the Boardroom, South West Acute Hospital.

**Dr T Frawley CBE
Chair
5 March 2026**