

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 5 March 2026 at 11 am in the Boardroom, South West Acute Hospital, Enniskillen**

**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  
Mr B Telford, Non-Executive Director

Dr B Lavery, Medical Director  
Dr T Cassidy, Executive Director of Social Work/Director of Families and Children  
Professor D Keenan, Executive Director of Nursing, Midwifery and Allied Health Professionals  
Ms E McCauley, Director of Finance, Contracts and Capital Development

**IN ATTENDANCE**

Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer & Clinical Services  
Ms K O'Brien, Director of Adult Mental Health and Disability Services  
Dr M O'Neill, Director of Community and Older People Services  
Mrs K Hargan, Director of Human Resources and Organisation Development  
Mrs T Molloy, Director of Performance, Planning and Corporate Services  
Mrs C Reid, Assistant Director  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Executive Office Manager  
Dr E Teague, Consultant Ambulatory Care Unit, Altnagelvin Hospital (agenda item 3/26/8 only)  
Ms A O'Dwyer, Assistant Director (agenda item 3/26/8 only)

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

3/26/1

**CONFIDENTIAL ITEMS**

3/26/2

**APOLOGIES**

The Chair advised apologies had been received from Prof McKenna and Dr McPeake, Non-Executive Directors, and Mr M Gillespie, Director of Surgery, Paediatrics and Women's Health Services who was being represented at today's meeting by Mrs Reid, Assistant Director.

3/26/3

**DECLARATION OF INTERESTS**

There were no declaration of interests expressed by members.

3/26/4

**CHAIR'S WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the March Trust Board meeting.

The Chair said he wanted to begin by thanking everyone for their kindness and prayers during his absence during the month of February. He said he wanted to say a particular thank you to the staff in the Emergency Department and the Ambulatory Care Unit at Altnagelvin Hospital who were involved in his diagnosis and early treatment. He said he also had been cared for in Ward 41 where again the professionalism and attentiveness of staff was both reassuring and encouraging and finally in acknowledging the service that had facilitated his early discharge he commended the tremendous work of the Rapid Response Unit based at the Gransha site.

Speaking as Chair of the Trust he said it was important for him to acknowledge that he had been unaware of the outstanding contribution made by the Rapid Response Team both in facilitating early discharge but also in enabling a wide range of treatments and interventions to be delivered both to patients in their own homes and also importantly outside of our acute hospital sites. He said he attended the Team 3 times daily for 5 days.

Concluding his remarks he said what he experienced and observed across all these services was care that was consistently of a high quality, delivered by both clinical and ancillary staff, who treated him as an individual and who tailored their engagement around his specific needs. So to everyone he encountered during his

patient journey, the Chair said a heartfelt thank you for their care, attention and professionalism.

The Chair said during his absence Mr Guckian had kept him briefed on important issues both when he was in hospital and also when he was discharged home. He also thanked Mr Telford for at short notice Chairing the February Board meeting.

The Chair said while he was pleased to be making a good recovery he had decided to remain in Trust Headquarters for the Board meeting today. He said the main group of members was in the scheduled venue at the South West Acute Hospital, and joining the meeting with him from Trust Headquarters were Mr S Hegarty, Rev Canon McGaffin, Ms O'Brien, Mrs Reid, and Mrs McGinley. He also advised that Mrs Laird, Non-Executive Director, was joining the meeting online.

Concluding his remarks the Chair said he wanted to congratulate Mrs Hargan on her appointment as the Trust's new Chief Executive in succession to Mr Guckian. On behalf of the Board, he conveyed to Mrs Hargan the Board's best wishes and support in taking forward the leadership of the Trust at a time of great challenge and uncertainty. The Chair said he also wished to acknowledge Mr Hegarty, Mr Telford and Rev Canon McGaffin who had represented the Board on the interview panel that had appointed Mrs Hargan and said a particular thank you to Rev Canon McGaffin who fulfilled the role of Chair of the Panel on his behalf.

3/26/5

### **MINUTES OF PREVIOUS MEETING – 5 FEBRUARY 2026**

The Chair referring to the minutes of the Trust Board meeting held on 5 February 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 Mrs Laird, seconded by Mr Hegarty and were approved by members as a true and accurate record of discussion at the February Board meeting.

3/26/6

### **MATTERS ARISING**

The Chair referred to the Matters Arising from the meeting held on 5 February.

The Chair confirmed that his "Chair's Report" had been emailed to members for information.

Referring to a request by Mr Telford for consideration to be given to a separate ICT risk on the Trust's corporate risk register apart from and separate to the current risk

on cyber security, the Chair explained that this issue would be further discussed when members completed the annual Board review of the Corporate Risk Register at its April workshop.

3/26/7

## **CHIEF EXECUTIVE'S REPORT**

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

### **Incoming Chief Executive – Mrs Karen Hargan**

Mr Guckian said he was delighted to add his congratulations to Mrs Hargan on her appointment as the Trust's next Chief Executive. He said he could assure Trust Board and all stakeholders that there would be a structured and organised transition with the clear objective of maintaining the safety and effectiveness of Trust services across the period of handover.

Mr Guckian said he was totally encouraged by Mrs Hargan's commitment, leadership, values and judgement and for these reasons he felt the Trust would be in "safe hands".

### **General Pressures**

Mr Guckian advised that on Tuesday, 3 March there had been 46 patients waiting for an inpatient bed in Altnagelvin Hospital, with 25 patients waiting for a bed in the South West Acute Hospital. He said staff were continuing to work hard to maximise discharges in the coming days.

Mr Guckian said he would like to apologise to patients and their families who have had their patient pathway impacted by delays in accessing Trust services.

### **Professor Donna Kennan**

Mr Guckian said he was delighted to advise that The School of Nursing and Paramedic Sciences at Ulster University had awarded Mrs Keenan the title of Honorary Professor for her contribution to nursing and for her clinical leadership within nursing, midwifery and allied health professionals. He said in addition he wished to congratulate Prof Monaghan, Consultant, who had also been awarded an Honorary Professorship through the Schools of Medicine and Nursing.

Mr Guckian said this was great news for both the Trust and the University who would be able to avail of the outstanding expertise in leadership of Profs Keenan and Monaghan for our students and the future nurses and doctors who would come to learn and work in the Western Trust. Mr Guckian said he also believed these appointments will further enhance the already strong partnership between the

Western Trust and Ulster University across both the academic and clinical areas of our partnership.

### **Medical and Dental Agency Framework**

Mr Guckian said members would recall that he provided a briefing on the new Medical and Dental Agency Framework at the last Board meeting and confirmed that on 2 March the new Medical and Dental Agency Framework went “live” across Health and Social Care. He said as previously briefed the new Framework was a very significant step forward in seeking to reduce the use of “off contract” agencies and to support the stabilisation of the medical and dental workforce across all health and social care Trusts. Mr Guckian said building a substantive workforce that is proud to work for Health and Social Care is crucial to stabilising the medical and dental workforce, improving governance and quality of care, morale and performance, while supporting Trusts in achieving financial stability.

Mr Guckian said while the Framework is now available to use, there will be a transition period until 30 June 2026 to support Trust and agency personnel to implement the new agreed procedures and protocols.

### **Nurse Managers’ Development Programme**

Mr Guckian said on 16 February he was delighted to attend the Nurse Managers’ Development Programme. He said he spoke to those present on the importance of the role of nurse leaders in supporting Trust priorities.

### **Committee in Common**

Mr Guckian advised that on 17 February the Western Trust hosted a meeting of the Committees in Common. He said in advance of the meeting he accompanied the Permanent Secretary in a visit to the Labre Hub and said Mr Farrar was very impressed by the quality of the service that is provided to this vulnerable client group.

Later that afternoon Mr Guckian said he joined the Trust’s Senior Leaders’ Group which used the session to discuss the findings of the recent culture survey which had been undertaken by the Trust.

### **The Desire Code Experience**

Mr Guckian advised that on 23 and 24 February the Trust hosted “The Desire Code Experience” at Trust Headquarters. He said the Desire Code Experience is an educational part of ‘This Is Our Health’ which aims to raise awareness and commitment to learning in relation to behavioural science and human centred design. Mr Guckian advised that it was an one-hour, individual, audio-guided

immersive experience that applied behavioural science to real human challenges, helping people design services, communications and experiences that are more person centred.

Dr McGinley asked if there would be an opportunity for others to attend a similar future event and Mr Guckian confirmed that if the event is organised again notification of the event will be shared with all.

### **Aspiring Director Succession Planning Event**

Mr Guckian advised that on 24 February he attended the Aspiring Director Succession Planning event. He said at this event there was a strong emphasis on collaboration, connection, interdependency and working together as one system. Mr Guckian said as the group continues to develop its leadership knowledge, skills and understanding, organisers are keen to hear from senior leaders who would be willing to share their personal experiences of professionals and managerial development.

Mr Guckian concluded his remarks by stating that this would be his last Trust Board meeting as Chief Executive. He said in his career he had attended approximately 300 Trust Board meetings and that he wanted to wish everyone from the Trust Board, to the Corporate Management Team to all the Trust's dedicated staff, every success for the future.

3/26/8

### **IMPROVEMENT STORY - AMBULATORY CARE UNIT, ALTNAGELVIN**

The Chair introduced Dr Teague, Consultant Ambulatory Care Unit, Altnagelvin Hospital, and Ms O'Dwyer, Assistant Director Unscheduled Care to the meeting and invited them to make their presentation.

Dr Teague shared with members an overview of the work that has been taken forward to redefine emergency flow within Altnagelvin Hospital in the development of the Ambulatory Care Unit model.

Dr Teague explained that "Same Day Emergency Care" (SDEC) has a regional definition of providing emergency and acute care for patients who would otherwise have been more traditionally considered for admission to hospital. She said the SDEC is a process where a patient is referred to a SDEC service where they are assessed, investigated and a treatment plan is commenced by a clinician within 24 hours, and if clinically safe to do so, the patient will go home on the same day their care is commenced.

Dr Teague said the ACU serves as a high-functioning alternative to inpatient admission, providing same day assessment and treatment for acute medical and surgical patients. She said the Unit is open daily from 9 am to 9 pm Monday –

Friday and that the ambulatory model ensures rapid diagnostics and early senior clinical decision-making, optimising flow outside traditional ward settings. Dr Teague said there are a number of direct referral pathways to the Unit from the Emergency Department (ED) and close links with Primary Care (GPs), supporting both medical and surgical SDEC principles.

Dr Teague referred to the growth of the Unit which is increasing year on year and advised that there had been a 38% increase in the number of attendances in the past year. She said this increase reflected system confidence and strengthened collaboration among departments. She said patient attendances expanded to over 8,600 over the last 12 months and the surgical SDEC pathway sees over 200 patients per month on average. Dr Teague said proactive case selection is aligned with national SDEC principles that had enabled optimised hospital throughput and importantly had also reduced the need for hospital admission.

Dr Teague referred to the recent expansion of ACU and said recent investment had enabled the opening of a Short Stay Unit co-located in ACU which had seen an additional 8 short stay beds opened specifically targeted to medical patients in ED with a "Decision to Admit" (DTA) and who have an expected discharge within 24-48 hours. Dr Teague said the Short Stay Unit facilitated early transfer from ED to a more appropriate setting freeing up cubicle capacity and also supported more efficient ambulance handovers. Dr Teague added that since September the Short Stay Unit had treated 367 patients providing targeted care for patients who require a brief hospital stay and facilitating expedited hospital discharge.

Dr Teague said the ACU carries out procedures including biopsies or procedures that require a patient to stay in hospital for 4-6 hours after the procedure but who do not require admission. She said this service has been successful, is led by nursing staff and is managed through nursing protocols.

Dr Teague said the Discharge Lounge enables capacity to be freed up in the hospital early in the day so that patients assessed fit for discharge can wait until they are ready to leave the hospital. Dr Teague said the Discharge Lounge is located in the ACU and is managed by the ACU nursing team.

Dr Teague advised that there is a new pathway being considered regionally which relates to direct ambulance pathways to further improve patient access to care. She said the pathway is that NIAS will contact the ACU for a number of determined conditions and the patient would therefore come straight to ACU bypassing ED. Dr Teague said the pathway is ready to start but has not yet commenced.

Dr Teague referred to encompass and said this has helped to have more complete and timely clinical information to be available and said the ACU now uses a "snapboard" and an Electronic Referral System which has helped to further streamline processes. She said in terms of SDEC this has facilitated the avoidance of admission and enabling patients to be moved from ED in shorter timeframes. Dr

Teague said she has received very positive feedback from patients attending the ACU and said patients are very grateful to be able to avoid hospital admission if possible and remain with a single medical team for the duration of their hospital stay.

Dr Teague said one of the things for the future she has been involved in through the regional SDEC forums is the standardisation of information that is coming from all Trusts so that eventually there will be a dashboard detailing the number of patients being seen through SDEC as proportion of total ED attendances.

Dr Teague advised that one thing that is limiting the further expansion of ACU is the limited available space. She said if ACU had more space they could do more. Dr Teague said while the Discharge Lounge is very important it could be moved to elsewhere in the hospital and this would enable ACU to accept more patients.

The Chair thanked Dr Teague for her informative presentation and asked members if they would like to raise any questions.

Rev Canon McGaffin thanked Dr Teague for her clear presentation. She said Ms McCauley and she had the privilege of completing a leadership walk round with Dr Teague and her team 6 months ago. She said everything Dr Teague spoke about today was magnified during the visit and she had been very impressed by the Unit in terms of breaking down barriers and by the ACU's passionate, committed and visionary staff. She said she was also impressed by the ACU's dedication and hard work and that the Unit was an outstanding exemplar of service improvement in the acute sector.

Dr McGinley acknowledged the success of ACU and asked in terms of productivity and capacity how much bigger could the ACU become. Dr Teague said funding had been secured to expand the Consultant staffing and they could rearrange services to enable more physical space which would help with expansion plans.

Mrs McKay commended the work of Dr Teague and her colleagues. She said if it was not for the Ambulatory Care Unit these patients would be in the Emergency Department. She said that when the Trust developed its business case for a new ED, the ACU was a part of this case. She said it is important that we expand this service because of the outcomes being achieved for patients. Mrs McKay said along with Mrs O'Dwyer she had a commitment to continue to seek a space that was fit for purpose to develop an ACU based on what Dr Teague has shared with members today.

Mr Hegarty said he too had visited the ACU and he too was also very impressed. He had asked was the services being provided fully commissioned and was advised it was and that the Unit had been expanded twice over the past number of years and the additional investment this year was to fund the Short Stay beds. Mrs McKay said because the Unit is clearly successful we have secured additional funding when we have sought it.

The Chair referred to his recent personal experience of ACU which had been very impressive. He said the move for a patient from ED into ambulatory care is a very striking one and that what was immediately clear when you move into the Unit is how busy it is because the Unit is delivering a high level of activity and the simplistic title of “Ambulatory Care Unit” does not do justice to what is being delivered by the Unit each and every day. The Chair added that his experience of staff was that they were wonderfully caring and he felt safe and well looked after and that was down to the culture within the Unit.

Mrs Laird thanked Dr Teague for her presentation and said she too had experience of the Ambulatory Care Unit and said anything the Board could do to commit to finding more space for the Unit would be meaningful recognition for Dr Teague and her staff.

Rev Canon McGaffin said it was important for members to note how diligently staff work within both the ACU and also the Minor Injuries Unit which she believed was another exemplary service that relieves the pressure on ED.

The Chair thanked Dr Teague for attending today’s meeting. He said he accepted the point that the Discharge Lounge perhaps did not need to be sited in the ACU and while this might not will be easily resolved he felt it should be urgently considered in order that progress might be made in relation to this pressing issue.

3/26/9

### **CORPORATE RISK REGISTER**

Dr Lavery referred members to the Trust’s Corporate Risk Register as approved on 5 February 2026. He said there were 25 risks on the register.

Dr Lavery advised that there were no new risks for consideration, nor material changes for consideration. He assured members that all risks had been updated within the reporting quarter with all action plans having been reviewed.

Rev Canon McGaffin referred to the significant level of detail included in the Trust’s Corporate Risk Register and asked if all Trusts presented their CRRs in the same format within a uniform template for all Trusts. She said she had concern with the level of detail provided in that potentially important information could be missed. Dr Lavery said he would liaise with Mr McCaul to see how CRRs are presented in other Trusts.

Dr McGinley advised that in the margins of the last meeting she raised this point with Mr McCaul and Dr McPeake. She said firstly she felt reading the document could be difficult given the detail provided. Dr McGinley said it had been her intention today to raise later in the meeting that the Audit and Risk Assurance Committee seems to be

moving to a dashboard approach in respect of the Corporate Risk Register and was this something that Trust Board might consider. She also suggested that perhaps there could be a reduction in the “historical information” provided in relation to the previous 12 months.

Mr Telford advised that the Corporate Risk Register in its current form is reviewed in detail within the Governance Committee and speaking on Dr McPeake’s behalf given his absence today, he said the Governance Committee was seeking to streamline the Corporate Risk Register to ensure current risks are visible to ensure issues are not missed. Mr Telford said the Corporate Risk Register is also scrutinised at the Audit and Risk Assurance Committee and the Committee is also considering what other aspects of the “matrix” should be considered by the Audit and Risk Assurance Committee.

The Chair thanked Rev Canon McGaffin, Dr McGinley and Mr Telford for their comments and asked that their comments be considered in reviewing the Register in order to make it more focussed.

3/26/10

### **ENVIRONMENTAL CLEANLINESS REPORT**

Prof Keenan referred members to the quarterly audit report in respect of Environmental Cleanliness which had been provided within members’ papers for today’s meeting.

Prof Keenan said the compliance rate for the completion of audits as per the audit schedule for quarter 3 had been 94% in respect of bi-monthly audit and 92% in respect of quarterly audits. She said in respect of 6 monthly audits for the first 3 months of this audit cycle, completion had been 69% which she hoped to improve in the last quarter.

Prof Keenan advised that ward performance in respect of bi-monthly audits had been 100% achieving the acceptable standard (scoring Green  $\geq$  91). She said the performance for both the quarterly and 6 monthly audits was 96% achieving Green and 4% Amber.

Prof Keenan advised members that 63% of the managerial audits had been completed by the end of December 2025, which was slightly below last year’s figure for the same timeframe. She said this was due to a number of factors such as last minute cancellations and no lead for the audit team however there was an increased focus from all Directorates to schedule the outstanding audits during quarter 4.

Prof Keenan continued to advise members that 84% of the managerial audits completed in this time frame had achieved the acceptable standard (scoring Green  $\geq$  91).

Prof Keenan advised that the scheduling arrangements for next year's managerial audits are under review with the aim of reducing last-minute cancellations and enhancing compliance.

Prof Keenan said there were a number of issues identified within audits requiring attention and areas for improvement identified which included reducing clutter, regular check of expiry dates on consumables, timely submission of exception reports and the cleaning/replacement of bins in clinical areas. In addition, she said the replacement of the flooring in the Theatre areas in Altnagelvin Hospital remained outstanding but there is now a proposed date for the commencement of this work.

The Chair referred to the Lead for the Audit Team and Prof Keenan advised that the previous postholder had moved to another post. She said that this work has been moved to the Professional Nursing Team who will ensure the work is taken forward.

3/26/11

### **PERFORMANCE REPORT – EXCEPTION REPORT**

Mrs Molloy advised that she was providing an exception report as members had received a quarterly report at the previous meeting. She assured members that at the Corporate Management Team meeting earlier in the week, the CMT had reviewed the January 2026 performance position and discussed both the issues around data confidence which the Trust has been monitoring since encompass go live and the Trust's oversight with regard to the SOMs targets.

Mrs Molloy drew members' attention to key highlights. She said she was pleased to report that data confidence was continuing to improve and that between December - January the Trust had reduced the number of low confidence measures from 23 out of 41 to 16 out of 41 and this was a favourable improvement over the month.

Mrs Molloy said in terms of January 2026 performance the Trust has seen improvement across all mental health areas. She said in particular she wished to draw members' attention to dementia service patients who were previously breaching the 9 week target but the service has now reduced its breach position to 14 patients in January. Mrs Molloy said this was a great achievement over the 18 months. Dr McGinley said this was a very welcome improvement.

Mrs Molloy also reassured the Board that the Trust has always had a good 31 day cancer performance however this had fallen in the last quarter but the service had recovered well with performance being 93% against the 95% target.

Mrs Molloy said January had been a difficult month in respect of unscheduled care and the Trust's performance report in January showed a deterioration in the number

of patients breaching the 12 hour standard in ED and also a deteriorated position in relation to the Trust's fracture pathways.

Mrs Molloy said in terms of areas for particular focus the CMT had agreed these would be productivity in elective care including focussed work on DNAs and agreement that HIAP processes and referrals for assessment will be given particular focus by Mrs McKay and Dr O'Neill. Mrs Molloy said the CMT expect these areas will have a lot of attention and scrutiny and the Trust will have to send formal trajectories to SPPG for their agreement.

The Chair thanked Mrs Molloy for her reassuring report particularly around dementia services and said he welcomed that the 31 day cancer target had improved.

Dr McGinley advised that she had heard with some alarm a case in relation to a patient who had received results on their MyCare App before the doctor had had the opportunity to discuss the results with the patient. Mrs Molloy said there is a "pause period" in sharing results and that she would speak to Dr McGinley off line in relation to this feature of MyCare.

3/26/12

## **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 JANUARY 2026**

Ms McCauley referred members to the Trust's financial performance report for the period ending 31 January 2026.

Ms McCauley said members would have noted from the report that there were no material changes to the Trust's forecasted break-even position for 25/26 against budget and now that additional funding had been secured by the Executive the Trust no longer has a pay award control total. Ms McCauley said this was very positive news as the Trust moves closer to the end of financial year accounting processes.

In relation to statutory targets Ms McCauley said she was reporting no change over the last month. Referring to the Trust's prompt payment target, Ms McCauley said the Trust continued to report a sustained improved position in month with 95% of invoices paid within 30 days, resulting in an improved cumulative position of 90%. Ms McCauley said this improvement reflected the significant effort made by Directors to achieve this outcome.

Ms McCauley referred members to Table 1 which has been updated to reflect the updated financial plan position with the overall forecast of break-even. She added that the Trust's financial performance this month further supported that forecast.

Referring to control total monitoring as reported in table 2, Ms McCauley said the control total bottom-line variance was a further improved position with the Trust being moved from being £1m over our control total last month to £300k under this

month. Ms McCauley said there were 2 factors leading to this position namely improved savings and lower expenditure against planned growth during the month. Ms McCauley said this translated through to the improved financial performance against budget as reported in Table 3. She said that at Directorate sub-total level performance was down from 3% in the prior month to 2.8%, an improvement of 0.7% year to date from last year.

Ms McCauley said members would be interested to note that in her report for the same period last year she was noting a 4.6% overspend variance against budget which was a growth of 1.2% from the same period in 2023/24 (3.4%). She added that in 2023/24 for the same period she was reporting an overspend budget variance of 3.4% which was a rise from the prior year (22/23) variance of 2.9%. Ms McCauley said her purpose in providing this information was to illustrate that budget overspend performance at 2.8% was at its lowest for the same period in the last 3 years and the achievement of a sustained downward trajectory in spend, signalling that we have turned a curve in 2025/26 and a change in the financial culture across the Trust.

With specific reference to Directorate performance against savings targets, Ms McCauley said she was reporting savings in the month of £17.8m that represented 98% of the target for the period and improvement from the 95% reported last month. Ms McCauley said this was a strong performance indicator.

Moving to analysis of key expenditure areas, Ms McCauley reported total flexible expenditure of £71m which was a 1.1% reduction in utilisation from the prior period. She said total agency expenditure was £47m, bank costs were £19m and overtime had been £4m. Ms McCauley said as always the primary drivers of agency costs are medical which was £25m for the period and nursing which was £18m. Ms McCauley said total medical costs continued to be above prior year levels but table 8 reported a reduction in agency usage during the January period.

In relation to total nursing expenditure, Ms McCauley said this year's expenditure levels continued to be higher than 2024/25 averages by approximately £0.6m per month and while agency levels had risen during January, utilisation continued to run below prior year averages.

Moving to capital, Ms McCauley said the Trust's budget for the year was £49m having received a further increase of £10m for ICT equipment and general capital. She said expenditure at 30 November was £19m.

In summary therefore Ms McCauley said the Trust is reporting a deficit of £0.9m at 31 January 2026. She said financial performance supports the end of year forecast of break-even which is fully established against budget and said savings achievement at 98% was truly excellent. Ms McCauley said the Trust's performance against control totals including savings was now favourable and the Trust had maintained an improvement to prompt payment this month.

The Chair thanked Ms McCauley for her informative report and asked members to raise any questions.

Rev Canon McGaffin remarked that Ms McCauley had mentioned during her report that there had been a change in financial culture across the Trust by all Directors and Directorates. She said this change would enable sustainable financial health in the organisation and said this was very important and is at the heart of all that is being done. Ms McCauley said it was important to recognise this. She said the Trust continues to be challenged but she believed those challenges were fewer with the financial culture being embedded in the Trust in a very real and meaningful way.

The Chair said he was taken by the phrase “turned a curve” - a change in the financial culture of the Trust. He said this culture was going to be very important over the next number of years and this would be a critical ingredient in achieving the challenging outcomes that are being set for health and social care. The Chair said he would like to commend everyone involved and he hoped the Trust can continue to nurture and consolidate this culture over the next number of months. The Chair said the Trust’s financial performance was truly excellent and that without the unrelenting focus by finance staff and the number of iterations and reiterations of analysis provided by them offering different perspectives on an amazingly complex system involving an expenditure of £1.2bn. He said our projected outturn represented a huge achievement and the engine that is finance is to be commended for its performance in contributing to this outcome and in particular Ms McCauley for her leadership of the finance team.

3/26/13

### **DECLARATION AND REGISTER OF INTERESTS – OUTSIDE INTERESTS** **2025/26**

The Chair advised that an important part of the Trust’s governance framework is the completion of an annual Register of Interests file. He said the Register had been updated for 2025/26 and was coming to Board today for noting.

The Chair reminded all staff that if there are any changes in circumstances during the year it is important that the Register is updated and returned to the Chief Executive’s office. He said while the DoH has no firm definition of “connection”, it states that staff should declare any relationship which could be deemed to influence views on any matter which may interface with the HSC.

The Chair said the Register is available for review via the Chief Executive’s Office.

3/26/14

## **AUDIT AND RISK ASSURANCE COMMITTEE**

### **14.1 Minutes of meeting held on 13 October 2025**

Mr Telford referred members to the minutes of a meeting of the Audit and Risk Assurance Committee held on 13 October 2025. He said a verbal update had been previously provided to members.

### **14.2 Verbal update from meeting on 9 February 2026**

Mr Telford advised that a meeting of the Audit and Risk Assurance Committee took place on 9 February. He shared a summary of the Committee's discussions.

### **Risk Report**

Mr Telford advised that the Committee was provided with an update on the Trust's Corporate Risk Register and were advised on the work ongoing within the Trust in relation to the "Orange Book" to provide assurance on the risk management process.

### **Internal Audit progress report 2025/26**

Mr Telford advised that 5 internal audit reports had been completed to date with 2 achieving satisfactory assurance, 1 receiving limited assurance and 2 achieving a split satisfactory/limited assurance. Mr Telford said the Committee was briefed on each report and discussions on each had taken place. Mr Telford said discussion took place and it was agreed that 2 of the reports need to be shared with the Governance Committee and that one report needs to be shared with Trust Board members and confirmed that this action had now been completed.

### **Internal Audit Plan 2026/27**

Mr Telford advised that The Committee was briefed on the 2026/27 audit plan which was subsequently approved at the meeting.

### **Internal Audit Charter**

Mr Telford advised that the Committee was briefed on the Internal Audit Charter which was approved at the meeting.

### **External Audit Strategy**

Mr Telford advised that the Committee was briefed on the Audit Strategy for the Annual Report & Accounts 2025/26 which highlighted key areas and significant risks.

### **Audit & Risk Assurance Committee Effectiveness Tool**

Mr Telford advised that the Committee was briefed on the work undertaken following the completion of the 2024/25 Effectiveness Tool. It was agreed that the outcome would be presented at the May Committee along with the 2025/26 update and that the Committee would move to the NIAO template for 2026/27.

### **Audit & Risk Assurance Committee Timetable 2026/27**

Mr Telford advised that the Committee timetable was reviewed and approved by the Committee and recommended for noting to Trust Board.

### **Review of Audit & Risk Assurance Committee Terms of Reference**

Mr Telford advised that the Committee's Terms of Reference were reviewed and approved by the Committee and were being recommended for approval to the Trust Board.

### **Standing Orders and Scheme of Reservation and Delegation**

Mr Telford said changes to the Trust's Standing Orders and Scheme of Reservation and Delegation were considered by the Committee and were being recommended for approval to Trust Board.

### **Fraud Update**

Mr Telford advised that the Committee were taken through the Counter Fraud Services Case Update Report for 2025/26.

### **Meetings of Trust Board 2026**

Mr Telford said the Committee was briefed on the financial reporting implications of the proposed system-wide change to Trust Board meeting dates in line with a request from the meetings of the Committees in Common.

#### **14.3 Timetable 2026/27**

Mr Telford drew members' attention to the Committees Timetable for 2026/27 and its contents were noted.

#### **14.4 Terms of Reference – Revised**

Mr Telford referred to the amended Terms of Reference. Following consideration they were proposed by Mr Hegarty, seconded by Rev Canon McGaffin and were unanimously approved by members.

3/26/15

## **ENDOWMENT AND GIFTS COMMITTEE**

### **15.1 Minutes of meeting held on 2 December 2025**

Rev Canon McGaffin referred members to the minutes of a meeting of the Endowment and Gifts Committee held on 2 December 2025. She said a verbal update had been previously provided to members.

### **15.2 Verbal update from meeting on 9 February 2026**

Rev Canon McGaffin provided a verbal update of the Committee meeting held on 9 February for information.

## **Approved Expenditure Proposals**

Rev Canon McGaffin said the Committee had been briefed on and approved 2 proposals in relation to the Relatives Room Ward 31/32 Altnagelvin Hospital and Dermatology Training.

## **Post Project Evaluations (PPE)**

Rev Canon McGaffin advised that a PPE was presented for the Purchase of Mobile Sensory Equipment. She said the Committee was content with the PPE and the benefits of the equipment, however requested 3 months data on the usage of the equipment for both learning disability and other client groups who were now using it.

## **Directorate Targets & Spending Plans Developed**

Rev Canon McGaffin advised that an analysis of the spending plans developed for each Directorate against the targets were presented which showed plans developed for the low value funds of £456k (54% of the target).

## **Endowment & Gift Financial Report as at 31 December 2025**

Rev Canon McGaffin said the Committee were taken through the Endowment and Gift Financial report.

## **Update on Charities Registration & Superfunds**

Rev Canon McGaffin advised that the new superfunds were due to become operational from 1 January 2027 and that meetings had taken place with

Directorates to consider the governance arrangements for these funds. She said the agreed governance arrangements will be shared with the CMT and will be shared with E&G Committee in May. Rev Canon McGaffin said the Committee was also advised that work is ongoing in relation to “communications” and a meeting had been scheduled with the Communications team to discuss the development of a social media campaign to create public awareness of the new arrangements and to also promote the funds on the Trust website. In addition work is ongoing in relation to the development of a leaflet for potential donors.

Rev Canon McGaffin said the Committee was provided with a further update on the work completed to date for the information gathering stage for each of the current Charitable Trust Funds which will support the legal process and the remapping of the funds to the new superfunds. She said DLS will be attending the Committee meeting in May

### **E&G Committee Terms of Reference**

Rev Canon McGaffin said a review of Director membership on the Committee is to be considered by the CMT. She said a review of the Terms of Reference has therefore been carried forward to the May Committee so that the outcome of the membership review can be reflected in the Terms of Reference.

### **E&G Committee Timetable 2026/27**

Rev Canon McGaffin said the Committee approved the scheduling of agenda items for Committee meetings in 2026/27 and said this would be shared with Trust Board.

3/26/16

### **STANDING ORDERS – REVISED**

Ms McCauley advised that the Standing Orders and Scheme of Reservation and Delegation has been updated to reflect Annex 5 of the Partnership Agreement. She said this update set out an agreed approach for handling issues raised in respect of the Chair and Non-Executive Board members. Ms McCauley said a new paragraph has been added at section 7.1.2 and the document was considered by both the Corporate Management Team and Audit & Risk Assurance Committee with the Audit & Risk Assurance Committee recommending “the addition” to members today for approval.

Following consideration of the revised Standing Orders and Scheme of Reservation and Delegation Approved, they were proposed by Rev Canon McGaffin, seconded by Mr Telford and were unanimously approved by members.

Dr McGinley referred to section 4.8.3 of the Standing Orders and queried why the Directors of Finance and Human Resources and Organisational Development were

excluded from the membership of the Governance Committee. Mrs Hargan clarified that both Directors attend the Governance Committee as and when required

3/26/17

### **REVISED GUIDANCE ON ACCEPTANCE OF GIFTS AND HOSPITALITY**

Ms McCauley referred members to revised DoH guidance on the acceptance of gifts and hospitality and the revised DoH Circular HSC(F)19-2025 which is quite extensive. She said this circular set out the guidance on the provision of hospitality, gifts and awards and conferences.

Ms McCauley drew members' attention to the most pertinent sections and said while current practice did align with the majority of the standards, it did not fully align with Sections 2 – the provision of hospitality at internal meetings, staff functions or events and Section 4 – acceptance of gifts and hospitality – publication of register of gifts/hospitality/awards.

Ms McCauley said the current practice in respect of hospitality can be provided under the specific parameters as outlined in the Trust's Hospitality Procedure up to an annual budget of £5,000 per Directorate. However she said the revised Circular Guidance stipulates that hospitality should not be extended at internal meetings, staff functions or events with the general principle being that hospitality should only be offered to non-public sector guests, or where public sector guests are in the minority and the offering is limited to tea/coffee only.

Ms McCauley said the Circular also reinforces Trust's obligations around the costs of hosting meetings and that first consideration must be given to the use of in-house facilities, HSC facilities, other Departmental/ALB and Government buildings prior to selecting non-Government buildings. She said the Trust does this in practice however a business case is required when arranging conferences and hospitality in non-Government buildings and procurement regulations and procurement control limits are applicable.

Ms McCauley said a major impact of the Circular is that that internal hospitality will no longer be provided for Trust staff retirements which has previously been granted a budget of £100.

Ms McCauley said this policy will come into effect from 1 April 2026.

Moving to Section 4 in relation to the Acceptance of Gifts and Hospitality, Ms McCauley said the Trust already holds a register of gifts/hospitality/awards. She said the current practice is that the Register can be subject to audit from time to time and can be viewed under Freedom of Information. She added that the Trust's website refers to the Register and that it can be accessed by contacting the Chief Executive's Office.

Ms McCauley said the Circular Guidance now stipulates that Gifts and Hospitality received relating to senior staff should be collated annually for review and publication on the Trust website. Ms McCauley clarified that the refusal of any gift or hospitality also requires to be disclosed.

Ms McCauley advised members that subsistence is allowed under certain circumstances and encouraged members to familiarise themselves with the provisions which if claimed will be paid back through the travel claim process.

Mrs Hargan said she felt the Trust is frugal in relation to expenditure on hospitality and the CMT takes its responsibility very seriously on this. She said the issue that was most difficult for CMT is the fact that staff who have given many years of service to the organisation are no longer entitled to a retirement tea.

The Chair said he felt this requirement of the guidance was unacceptable and said with members support he would propose writing to the Minister to outline members' concerns. This approach was supported by the Board.

Mr Telford referred to the registering of gifts and hospitality and advised that the registering of what has not been accepted is as important as what has been accepted.

3/26/18

### **ANY OTHER BUSINESS**

There were no further items of business.

3/26/19

### **DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 7 May 2026 at 11 am in the Lecture Theatre, Trust Headquarters.

The Chair concluded the meeting by referring to Mr Guckian who will be retiring as Chief Executive at the end of April. On behalf of everyone he extended his sincere and genuine thank you to him for his long service.

The Chair added that Mr Guckian had made such a difference to the Western Trust having brought huge experience, knowledge and expertise to the Trust and had brought a transformational aspect to the Trust and instilled a culture in a very human, caring and accessible way and with an ease that was very hard to recreate or replicate.

The Chair said Mr Guckian had made a huge difference to the organisational and managerial performance of the Board in both his leadership and corporate roles and he would be missed.

The Chair wished Mr Guckian well in his retirement.

Mr Guckian thanked Trust Board for their support during his tenure and said he believed the rest of the province acknowledged the Trust Board for its expertise and for the relationships it maintains internally and externally. Mr Guckian wished the Trust the very best for its future and said he would be a close observer of the Trust going forward but clearly as a member of the public.

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**Dr Tom Frawley CBE**  
**Chair**  
**7 May 2026**