

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 8 January 2026 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
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
Ms M Quinn, Assistant Director Physical Disability Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Office Manager
Mr S McCaul, Assistant Director of Quality and Safety (agenda item 1/26/1/5 only)
Mrs R Santiago, Assistant Director Organisation Development (agenda item 1/26/1/5 only)
Mrs P Devine Interim Assistant Director of Primary and Community Care (agenda item 1/26/8 only)

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

1/26/1

CONFIDENTIAL ITEMS

1/26/2

CHAIR’S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the January Board meeting of the Western Health and Social Care Trust taking place in Trust Headquarters. He said the meeting was being joined online by Rev Canon McGaffin.

The Chair said as we begin a new calendar year we are coming towards the end of a particularly difficult financial year and that it was crucially important we maintain our current strict financial discipline in order to protect our fragile financial position. He added that we clearly need to maintain and indeed enhance the level of discipline we applied going forward if we were to have any prospect of achieving the even more challenging financial targets being projected for 2026/27.

The Chair shared with the meeting a report of his engagements since the last Trust Board meeting in December.

- During the month of December the Chair said he enjoyed a number of visits across Trust’s facilities joining staff in facility-specific annual Christmas carol services. He said each occasion had its own unique aspects yet all conveyed a sense of hope and fellowship which was not only reassuring but also uplifting.

However the Chair acknowledged that unfortunately due to the rising incidence of flu in the community a decision was taken to postpone a number of events in order to minimise the risk to staff, patients and carers of contracting the flu.

- On 8 December the Chair said he participated in an online meeting with Minister Nesbitt and Ms O’Brien to discuss mental health services. He said he had sought the meeting with the Minister to seek his views in relation to how we might secure greater flexibility in how social work resources are utilised in the community.

The Chair said the meeting proved to be very constructive and that Ms O’Brien and he were asked by the Minister to develop our thinking on how this issue might be addressed moving forward.

- On 11 December the Chair said the Trust’s Staff Recognition Awards were held in the Everglades Hotel in Derry.

He said this event was in his view an outstanding success celebrating the exceptional individuals and people that are our staff.

The Chair said there were Awards made across the broad spectrum of health and social care and across the diverse and extended geography that comprises the Western Trust area. He said throughout the presentation of Awards the enthusiasm of the audience in support of those who were recognised never wavered and he felt this resulted in a very positive atmosphere at the event.

The Chair commended everyone involved in organising the event but in particular he praised and acknowledged Ms McElholm, Communications, who was the central person in the planning, promotion and staging of the event.

- On 18 December the Chair said he made a presentation to the Executive Director of Social Work Forum. He said all social workers and social care staff are invited to participate in the Forum. He said he had been asked to speak to the theme of “if we can’t care for each other how can we care for our patients and clients”.

The Chair said over 120 staff joined the event online and it had afforded him an opportunity to emphasise the values that must underpin our culture, a theme that is very much part of today’s Board meeting.

1/26/3

APOLOGIES

The Chair noted apologies were received from Ms K O’Brien, Director of Adult Mental Health and Disability Services. He said she was being represented at today’s meeting by Ms M Quinn, Assistant Director of Physical Disability Services.

1/26/4

DECLARATION OF INTERESTS

There were no declaration of interests expressed by members.

1/26/5

MINUTES OF PREVIOUS MEETING – 4 DECEMBER 2026

The Chair referring to the minutes of the Trust Board meeting held on 4 December asked members if they would approve them as a true and accurate record of the discussions at that meeting.

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

1/26/6

MATTERS ARISING

There were no matters arising.

1/26/7

CHIEF EXECUTIVE'S REPORT

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

General Pressure/Hospital Flow

Mr Guckian advised that hospital flow had been difficult in the lead up to and through the Christmas/New Year period with a high numbers of patients waiting for a bed in both our acute hospitals. He assured members that significant work across all Directorates to keep patient pathways as safe as possible had been put in place and said at various times, Business Continuity Arrangements including Trust Silver was “stood up” in order to manage/oversee escalation measures.

Mr Guckian said on Monday of this week the number of patients waiting for a bed had reached unprecedented levels with 81 patients waiting in Altnagelvin Hospital and 43 patients waiting in the South West Acute Hospital. Mr Guckian said a series of concerted actions were quickly implemented to improve both escalation and flow and by Tuesday morning in Altnagelvin Hospital the number of patients waiting for a bed had reduced to 61 with the number waiting a bed in South West Acute Hospital had been reduced to 28.

Mr Guckian said the high number of patients awaiting an inpatient bed were despite additional capacity being commissioned by the Trusts in recent weeks. He said this additional capacity included:-

- An additional 14 beds in Level 5 in Altnagelvin Hospital (to be moved to Waterside Hospital in the spring/summer);
- 11 additional dementia nursing homes beds in Melmount Manor which had been opened mid December;
- 8 additional general nursing home beds in Parkview (Castlederg);

- 6 additional general nursing home beds in Three Rivers (Omagh) which also opened during December; and
- additional capacity over the last 18 months and escalated places in our community facilities.

Mr Guckian commended the teamwork and commitment from staff during this extremely challenging period. He said it would take several weeks to work through the current pressures and to deescalate the acute sites.

Mr Guckian said he wanted to conclude by apologising to the many patients and their families who had experienced an extended wait for their care pathway over this period.

Bayview Medical Practice

Mr Guckian advised members that Bayview Medical Practice had successfully transferred to a new provider from 1 January 2026 and had now been renamed Creggan Medical Centre. He thanked all staff involved in managing this Practice in the transition period particularly HR who were involved in the TUPE transfer of staff.

Mr Guckian said this transfer now leaves the Trust managing 4 GP Practices.

Mr Guckian reminded members that managing the former Bayview Medical Practice had initially been taken on as a watching brief for 3 months initially however this had become extended to a period of almost 18 months. He said he wanted to thank all the staff who worked so hard to stabilise the practice and who ensured continuity of care for the patients on the list of the Practice.

Staff Recognition Awards

Mr Guckian said it was with an immense sense of pride that he wanted to take the opportunity to refer to the Trust's Staff Recognition Awards ceremony held in Derry on 11 December. He said there had been so many nominations across all the categories and there was such a positive atmosphere in the room on the day. Mr Guckian said all the citations were truly inspirational showing the care and support our staff and teams make to our population every day.

Mr Guckian shared with members a list of all the winners and highly commended from each category and said he felt it was worth singling out Ms Eimear Watson who was the overall winner of the Chair's Award and the winner of the "Spirit Award" who exemplified all that was positive in health and social care.

Wellbeing Guardian

Mr Guckian said he was delighted to be taking on the role of Wellbeing Guardian from January to March 2026. He said it was a privilege to have this role and to advocate for an initiative that he believed is fundamental to how we feel, work and care for others.

Mr Guckian said he had chosen the theme '*Physical Activity for a Healthy Workforce*' as he believed staying active plays a vital role in both our physical and mental wellbeing.

Mr Guckian said over the coming months he would be encouraging staff to look out for activities in the Staff Wellbeing Menu, including initiatives such as the "step challenge" and "organised" staff walks.

Announcement of Retirement

Mr Guckian said at the Staff Recognition Awards he took the opportunity to inform those present of his decision to retire at the end of April 2026. He said he wanted to thank everyone for their kind comments and the best wishes he had received to date. He assured members that he would continue to work hard on behalf of the Western Trust up to his leaving date.

1/26/8

IMPROVEMENT STORY – COMMUNITY NURSING REFORM - COMMUNITY AND OLDER PEOPLES SERVICES

Dr O'Neill welcomed Mrs Devine, Interim Assistant Director of Primary and Community Care, to the meeting to present this month's improvement story with regard to community nursing.

Mrs Devine thanked members for the opportunity to attend today's meeting. She said as Assistant Director of Primary and Community Care, her role included a number of community nursing services including District Nursing, Rapid Response, Community Respiratory, Stoma, Continence, Diabetes, Treatment Rooms and community nursing equipment. She said today she would outline an improvement journey within the District Nursing Service and plans for the greater integration of district nursing teams and rapid response teams.

Mrs Devine explained that district nursing is a specialised nursing role that provides health care services to adult patients who are house bound and who have a nursing need. She said the district nursing service is also available for those people whose care is most appropriately delivered in their own home or in a community setting.

Mrs Devine advised that there are currently 30 district nursing teams across the Trust's geography based in or near aligned to GP practices and health centres. She said the core service hours for district nursing has historically been 9 am – 5 pm, 7 days a week.

Mrs Devine referred to the District Nursing Framework which was launched in 2018 outlining a regional plan for 24 hour district nursing care no matter where the patient lived. She said in 2019 Limavady was identified as a Neighbourhood nursing pilot with the aim of improving safety, quality and experience by developing a 'one team' approach, provided by a Neighbourhood District Nursing team within a designated community and aligned to the GP practice, with the ethos of home being the best and first place of care. Mrs Devine said also in 2019 the Trust saw the roll out of the MDT Derry GP Federation. She said both these initiatives included investment in District Nursing which supported the progression of the Delivering Care 3 workforce model which has resulted in the 2 district nursing teams in Limavady operating from 8 am to 8 pm, and with all other teams extended from an 8 am to 6 pm service.

Referring to the Rapid Response service Mrs Devine advised that this service is an acute community nursing service which enables adults with acute illness or adults with an acute exacerbations of their chronic diseases to be nursed in either their own home or within a clinical community setting called Clinical Intervention Centres (CIC). She said these Centres are based in Gransha Park, Omagh Hospital & Primary Care Complex and Erne Health Centre, Enniskillen.

Mrs Devine said the Rapid Response service provides an extensive range of complex interventions such as intravenous antibiotics, blood transfusions for both local and regional referrals, venesections, sub-cut chemotherapy and IV Fluids. She said the service also enables the early discharge from hospital of some patients and also prevents admission to hospital for others. Mrs Devine said this service is operational from 8 am to 12 midnight, Monday – Sunday.

Mrs Devine advised that community nursing is a pivotal and often complex service which struggles to articulate the range and span of work undertaken by highly skilled community nursing staff who work autonomously, prescribe, lead teams, co-ordinate and deliver timely, evidence-based compassionate care often in challenging situations. She said on average the Trust's district nursing service make over 4,000 home visits weekly, which includes highly complex cases such as end of life/palliative care, long term conditions, complex wounds and time critical medication needs. She said it also includes holistic preventative care including social prescribing, MDT collaboration and frailty initiatives.

Mrs Devine advised that Service User feedback is predominantly through Care Opinion and patient/family compliments and cards all of which are highly positive.

Mrs Devine advised that there are currently 3 Nursing Quality Indicators (NQIs) within district nursing and said these are focused on the delivery of quality palliative

care, assessment, prevention of malnutrition and the prevention and management of pressure ulcers. She said monitoring against the 3 established NQIs has shown continued improvement with excellent compliance and performance within the Western Trust. She added that new advanced clinical roles have been introduced into the service including an Advanced Nurse Practitioner (ANP) and a Consultant District Nurse (CDN) which the Trust has successfully appointed to and who are expertly supporting and guiding clinical care, quality improvement and research.

Mrs Devine said the proposed new model involves the amalgamation of the District Nursing service and Rapid Response service to form one Community Nursing Service. She said currently both teams are closely aligned and regularly work collaboratively to ensure the best care, best outcomes and experience for patients and their families. She added that this proposed new model had been further strengthened in the last period through its structural realignment to the primary and community care division, which has facilitated the promotion of strong working together relationships.

Mrs Devine said the new model aims to improve continuity of care, response times and provide a seamless equitable service that is available to all our population regardless of where you live in the Western area. She said the new model will increase the capacity of the workforce to provide quality enhanced skilled nursing care to patients ensuring efficient use of resources and it will also optimise rostering of staff for day and evening time to deliver safe and effective care, and facilitate the implementation of a flexible working model thus promoting staff resilience, flexibility, professional development, career pathways, partnership working and a joined up service model.

Mrs Devine said following feedback from 3 open engagement sessions in October 2024, the Trust embarked on an extensive engagement process with all our staff who would be involved in the new service over a period of 12 months. She said a “Future Focus Group” was established and consisted of staff representing each service, each nursing role and each geographical area and it also included trade union members and was supported by the Trust’s Organisation Workforce Development Team and an external facilitator from the Leadership Centre. Mrs Devine said the Future Focus Group examined workforce needs, models of service delivery and management of change.

Mrs Devine said the Focus Group met monthly between November 2024 and July 2025 and in addition, all service managers were actively engaged with all staff through team meetings, dedicated group sessions and one to one meetings. She said this extensive and inclusive engagement process had facilitated multiple and varied opportunities for staff to feedback and address individual needs, interests and concerns the process of engagement she said ensured collaboration, involvement and empowerment at every level, giving staff a true sense of ownership of the process. Mrs Devine said trade union representatives highly commended this approach, and approved this proposal for formal consultation on 2 December 2025.

Mrs Devine said she had maintained a flexible approach to a structured plan, empowering and valuing staff through every step. She said she had faced challenges and some resistance to change which had been managed and supported through clear communication and compassionate leadership. Mrs Devine added that everyone involved was committed to developing a high quality community service that will meet the needs of our population into the future, and which in turn will ensure that our patients are cared for at the right time, in the right place, by the right person and importantly it represented a whole system approach that ensured pressures were being addressed more equitably.

Mrs Devine said the Neighbourhood model to date has achieved many positive outcomes including:-

- community profiling and assessment of local population health needs;
- earlier assessment and care of patients which has reduced crisis interventions and out of hours requirements;
- care is focused on health promotion, prevention and self-management with patients being supported to keep well with targeted information, education and support to make informed choices and take control of their own health and wellbeing;
- improved communication between teams, with patients, their carers and enhanced relationships formed with the GP practice teams.

Mrs Devine added that there is increased awareness of statutory agency input and support available from the community and voluntary sector, resulting in an increase in signposting for patients and families.

Mrs Devine said this enhanced continuity of care has been recognised by families and staff as paramount, reducing anxiety and providing reassurance during times of stress. She said the district nursing team has been able to respond quickly, depending on the level of need, which in turn has meant a better experience for patients. Mrs Devine said the change in service operating times has allowed the district nursing teams to plan more effectively the delivery of care, this was particularly important she said for palliative patients providing a more holistic, person centred approach to care and that the new model of care had also improved implementation of the Palliative Care Key worker role through their proactive early involvement in palliative care and not just at the end of life. Mrs Devine said this learning has been shared through staff engagement sessions and visits to local groups.

Mrs Devine said a full implementation plan will be developed with clear timelines, open communication and engagement with all relevant stakeholders and she said it was anticipated that the proposed model will greatly improve service delivery to our community by improving continuity of care delivered by a highly skilled workforce,

across the whole geography covered by the Trust. Mrs Devine continued that collaborative working will be enhanced across all community services through improved communication and the sharing of key patient care information in a timely, effective way and that this in turn would be further enhanced as encompass becomes fully operationalised providing a digital integrated care record in the community which would improve patient safety and health outcomes.

Mrs Devine said the integrated 'one team' approach and ethos will be embedded into the community nursing culture, promoting working together with a shared focus on patient centred care, coproduction and optimising health and care resources to ensure sustainability of our services for the future.

The Chair thanked Mrs Devine for her very comprehensive presentation which was an outstanding example of the Trust "shifting left" as we are being asked as part of the Minister's "Reset Plan".

Dr McGinley said she was very impressed by the model of engagement used and how staff that been included. She asked would the title of "district nurse" be changed going forward as she believed this workforce is key to the reset agenda. She added that she was also pleased to note that the community navigators in ED are also district nurses and said patients would feel reassured by this. Mrs Devine advised that the title "district nurse" will remain as to become a district nurse you are required to obtain a specific district nursing qualification as this is a specified specialised role. She said "community nursing" is a composite term describing the family of nurses who are based in the community and it is very important that district nurses do not lose their highly valued identity. Mrs Devine said the most immediate challenge is about timely implementation of the proposal against other financial and service pressures.

Mrs Laird said this was an exemplar of "improvement through involvement" and said it was ground breaking and that the whole region could look at this. She asked about flexible working patterns and how this would be worked through. Mrs Devine responded that what has been done is to look at different districts and tailor how the workforce needs to be organised to become more flexible and thus ensure how the Trust can facilitate work/life balance arrangements and work with individuals to deliver this. She said the project will pay close attention to individual needs and how they might be addressed while still meeting exigencies of the service.

Mr Guckian thanked Mrs Devine for her leadership in this work. He said he had the pleasure of spending a day with the Rapid Response team and said the service they deliver now is very different given the increased acuity of patients in the community. He referred to the snow and ice this week and said that this had brought challenges to all staff who work in the community in accessing patients at home and said that staff had used all their resources, including their communities, to ensure they were able to continue to visit their patients. Mr Guckian commended all staff for their commitment.

The Chair commended the proposed model and how it fits with the concept of Neighbourhood Health and said he was particularly impressed that district nurses were at the leading edge of these strategic developments.

Prof McKenna said as a nurse he wanted to commend Mrs Devine for her work in this area. He said he agreed that the project was an excellent example of “shift left” and said when people think about where they want to be cared for, they think about their own neighbourhoods and their own homes and district nurses have a critical and central role to play in these important developments.

The Chair concluded discussion by thanking Dr O’Neill and Mrs Devine for their presentation.

1/26/9

CORPORATE RISK REGISTER

Dr Lavery referred members to the Trust’s Corporate Risk Register and advised that there were 25 risks on the Register as approved at Trust Board on 4 December.

Dr Lavery shared with members one proposed new risk for consideration and approval. He said there was a proposal to escalate Risk ID1396 from the Adult Mental Health and Learning Disability Directorate Risk Register to the Corporate Risk Register in relation to Approved Social Work pressures and pressures due to protracted waits for a psychiatry bed. Dr Lavery shared with members the risk descriptor and the mitigations in place to manage this risk.

Dr Lavery advised that there were no material changes for consideration and that all action plans and risks had been updated within the quarter.

Mr Telford raised a query regarding Risk ID 1409. He was advised that this was a separate risk with regard to mental health patients within the ED.

Following consideration of the proposed new risk, members unanimously approved its inclusion in the Corporate Risk Register.

1/26/10

GOVERNANCE COMMITTEE

10.1 Minutes of Committee meeting held on 24 September 2025

Dr McPeake referred members to the minutes of a meeting of the Governance Committee held on 24 September for information. He said a briefing on the

discussions at the meeting had been provided to members at the November Trust Board meeting.

10.2 Verbal update from meeting held on 10 December 2025

Dr McPeake referred members to a meeting of the Governance Committee held on 10 December. He said there were no items for escalation to Trust Board however there were a number of issues for noting.

Dr McPeake advised that a Deep Dive was presented to the meeting in relation to Corporate Risk ID1 – Fire Risk. He said the Committee found real value in the Deep Dive in particular to hear the detail of the risk and challenge involved with the mitigations that had been put in place. He said Governance Committee members were reassured that this risk is being managed appropriately but had agreed that this risk should remain on the Corporate Risk Register due to the risk associated with the aging Trust estate and the potential consequences should a significant fire incident occur.

Dr McPeake advised that for the first time the Committee has a standing “Whistleblowing” agenda item. He said it was agreed that if there was a governance issue raised as part of a whistleblowing investigation it should come to the Committee. Dr McPeake said 3 whistleblowing complaints which identified governance related issues were discussed and formally noted by the Governance Committee.

The Chair said he was reassured by how the Committee is engaged in the management of risks and said he welcomed the Committee keeping Board members alerted to important issues which require noting. He said that in strengthening the Committee further he was pleased to advise that Mr Hegarty had agreed to join the Committee.

Dr McGinley referred to encompass and asked if an update on its impact on waiting lists could be brought to a future Board meeting. Mrs Molloy advised that regular updates are provided to the Finance and Performance Committee however she would be happy to bring an update to the next meeting of the Board.

Mrs Laird raised a concern regarding adult autism assessment and said the waiting list was disturbing and asked if there were any regional initiatives to respond to this. Ms Quinn advised that the Trust submitted a business case in July 2024 for support for this uncommissioned service to meet the increasing demand. She said the SPPG has initially responded advising that there is no funding available for this service. Dr McGinley said a waiting time of 9 years for adults and 4 years for children is so significant however she commended the work being done in respect of children in relation to early intervention.

The Chair said there was a recurring problem with long waiting lists and said the HSC is being told by the politicians that health is spending 52% of the Northern Ireland budget and as such health should be thinking how it can best meet challenges within its recurrent resources. He said some of the waiting lists are so significant and concerning that it is important that like in Sweden, all our Ministers need to see themselves as having population health as part of their portfolios.

Mr Hegarty referred to concerns regarding issues identified within GP practices currently under the management of the Trust which had been shared with the SPPG. He asked that he see a copy of this submission.

1/26/11

REMUNERATION AND TERMS OF SERVICE COMMITTEE – REVISED TERMS OF REFERENCE

The Chair asked members to consider and approve updated Terms of Reference for the Remuneration & Terms of Service Committee which takes account of the revised Senior Executives' Performance Management Scheme as set out in Circular HSC(SE)1/2025. The Chair said suggested changes had been tracked for ease of reference.

Following consideration of the proposed amended Terms of Reference, they were proposed by Mr Hegarty, seconded by Dr McPeake and unanimously approved by the Board.

1/26/12

PEOPLE COMMITTEE

12.1 Minutes of Committee meeting on 9 September 2025

Mrs Laird referred members to the minutes of a meeting of the People Committee held on 9 September. She said members had also been previously briefed on the discussion at the November Trust Board meeting.

12.2 Verbal Update from Committee meeting on 9 December 2025

Mrs Laird referred to a meeting of the People Committee which took place on 9 December. She said the meetings Key Theme was 'Looking After Our People' with a focus on staff health and wellbeing including an overview of 'Strengthening Our Core – A Regional Framework for Staff Health and Wellbeing in the Workplace'. She said there was also an update on Occupational Health Stabilisation including the OH Psychological Support Services.

Mrs Laird advised at the People Committee meeting in June 2025 a report regarding Statutory Cases was considered. She said she asked for a review of all disability discrimination related cases to be undertaken to determine any specific learning which could be acted upon and to inform the Trust's future actions in this area.

Mrs Laird advised that the review was undertaken and a paper developed for presentation at People Committee in September 2025. However, she said given a number of the cases were the subject of current proceedings, it was considered inappropriate to share that level of detail with the full Committee. Mrs Laird said a subsequent meeting was convened with Dr McGinley, Mrs Hargan, Mrs Dunlop and herself on 26 November 2025 to provide a full briefing on these cases and to identify the associated learning.

Mrs Laird said following this meeting a summarised briefing was developed and provided to the People Committee on 9 December 2025. She said at this meeting Dr McGinley and she confirmed they were satisfied that all identified actions were being implemented and learning was being shared appropriately across the Trust. Mrs Laird said this was the assurance she was providing to the Board.

Mrs Laird said she felt one issue that required the particular attention of the Trust Board was that of the medical workforce. She said workforce shortages across the Trust continued to create critical challenges for service delivery and said based on the vacancy return submitted to the DoH as at 30 September 2025 there were 104 medical and dental roles under active recruitment. Mrs Laird said this represented a vacancy rate within the medical and dental workforce of 13.2% which the People Committee had reflected was unsustainable. Mrs Laird said the Committee has asked that a consolidated Medical Workforce report is developed for Trust Board consideration which takes account of safe staffing as well as referencing the historic and Trust-specific inequalities which continue to impact our medical workforce.

Mrs Laird advised that the People Committee had identified a number of documents which they asked be shared with Trust Board members for information:-

- Staff Health and Wellbeing Forum Update
- Management of Violence and Aggression Steering Group Annual Report
- Trust Absence Reduction Plan

12.3 **Work Plan 2026**

Mrs Laird advised that the Committee reviewed its Work Plan and agreed to carry forward the "Key Themes" and the reports required for each meeting in 2026.

Members approved the Committee's Work Plan for 2026.

Dr McGinley said the Committee found the “Key Themes” approach very helpful and suggested it might be something that other Committees might wish to consider. The Chair asked other Committee Chairs to consider this.

12.4 **Terms of Reference**

Mrs Laird advised that the Committee reviewed its Terms of Reference and agreed no changes were required at this time. Mrs Laird highlighted that the issue of “culture” receives significant focus within the Terms of Reference.

The Terms of Reference having been considered were proposed by Mrs Laird, seconded by Mr Telford and were unanimously approved by the Board.

1/26/13

IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE

13.1 **Minutes of Committee meeting on 11 September 2025**

Mrs Laird referred members to the notes of an ITI Committee meeting held on 11 September. She advised that she had previously briefed members on these at the November Trust Board meeting.

13.2 **Verbal Update from Committee meeting on 3 December 2025**

Mrs Laird referred to a Committee meeting held on 3 December. She said there were 2 issues which she wished to expedite to Trust Board.

First, Mrs Laird said Committee received a full briefing on the work to date on the Fermanagh and West Tyrone Health and Care Futures project from Mrs Molloy. She noted that this project has received media attention and referred to the Chair, Chief Executive and members of the CMT giving evidence and being questioned on this matter at the Health Committee on 27 November 2025. Mrs Laird said the Committee would like more frequent updates on the work of the project than quarterly as proposed. Mrs Molloy had agreed to consider this.

Secondly, Mrs Laird said the case study on involvement was in relation to the North West Cancer Centre Storybook for adults with a Learning Disability. She said the Committee was advised that other Trusts are now adopting the work done by this team with Service users and families. She said the Committee viewed this as an exemplar of involvement work with a very vulnerable patient group. The Chair said he attended the launch of the Storybook and said he too was very impressed by the initiative.

Mrs Laird advised that the Committee discussed the reporting and scrutiny of cases under the “Raising a Concern” within the Public Interest Policy and said it was

agreed that the People Committee would be the main Committee for receiving these reports. However, in the event a significant matter is initiated by a member of the public under this policy it was agreed the case will be referred on an exception basis to the ITI Committee. Mrs Laird said all Committee members were content with this approach.

1/26/14

PERFORMANCE REPORT – INCLUDING ELECTIVE PERFORMANCE REGIONALLY

Mrs Molloy advised that in May 2025 the Minister for Health published the DoH Elective Care Framework Implementation and Funding Plan outlining the proposed application of £215m ring-fenced funding in the 2025/26 health budget for waiting list activities. She said this was the first opportunity for recurrent capacity building as previously Trusts had only received WLI funding year on year.

Mrs Molloy said the recurring £215m funding plan is split across 2 Elective Care Framework themes – transformation of elective services (outpatient and surgery) for red flag/time critical capacity building (£85m recurrent) and other capacity building (£80m recurrent), and backlog clearance (£50m which is non-recurrent investment) targeted to address some of the longest waiting lists for assessment and treatment across a range of specialties. She said this funding will also be used to target specific procedures to reduce waiting times to under 4 years.

Mrs Molloy continuing with her brief to members on the proposed regional application of the Elective Care Framework investment by speciality. She also provided an update on the current Trust position in relation to these. She noted that the Trust costs were as identified in completed business cases/proposal submissions and were only indicative at this stage whilst funding confirmation from SPPG is awaited.

Mrs Molloy took members through the detail of the Trust's allocation of the £85m for red flag/time critical recurrent investment. She said the red flag/time critical funding had historically supported non-recurrently funded waiting list initiative (WLI) activity to increase access to assessment and treatment for red flag, urgent and time critical patients. Mrs Molloy said while the above expansion of core capacity was being developed, approved and mobilised, this funding was continuing to support in-year WLI activity both in-house and in the independent sector with £9.9m identified for quarters 1 – 3 to deliver additional activity.

Referring to the £80m “Other Capacity Building”, Mrs Molloy shared with members the measures being considered and put in place by the DoH/SPPG.

Finally, Mrs Molloy referred to the £50m for “Backlog Clearance” and advised that all initiatives in this area were being non-recurrently funded, and spend was being

targeted at reducing long waiting patients and assuring the accuracy of current waiting lists. She said the primary areas being targeted were:

- Mega-clinics to triage long waiting patients and assessing their suitability for the named procedure;
- Validation of waiting lists (administrative and clinical);
- Providing treatments for patients who have waited over 4 years for “Named Procedures” (primary hips and knees, hernia, Lap Chole, Colonoscopy, Tonsillectomy)
- Reducing waiting lists in other Specialist Procedures (Scoliosis, Cleft Lip, Gynae Mesh, Paediatric Scopes, Paediatric Squints, Paediatric Peg Tubes)

Mrs Molloy said this area also included the reimbursement costs of access to treatment in other jurisdictions by long waiting patients.

Mrs Molloy advised that the Trust has been allocated £5.2m additional non-recurrent funding to support a reduction in long waiting patients and said there was an active programme underway on this. She said this included an extensive validation programme, mega clinics and additional in-house and independent sector activity to reduce 4 year waits in named procedures as well as waits in other specialties.

Mrs Molloy said work will continue during the final quarter of 2025/26 to finalise the business cases to secure recurrent elective care funding to enable the additional capacity to be mobilised as early as possible in 2026/27.

Mrs Molloy referred to the significant progress being made regionally in endoscopy and the improvements in theatre productivity. She said it was important to particularly note the improvement at Omagh Hospital which was now performing in line with our expectation and importantly better than earlier this year.

The Chair thanked Mrs Molloy for her paper and said he found her detailed analysis very reassuring.

Dr McPeake sought clarity on diagnostic imaging and the business cases completed to support 24 additional sessions. Mrs McKay explained that this related to specific modalities within imaging for example CT, MRI and plain film. She said the additional investment would equate to 24,000 cases and explained that a session can either be a day or a half day depending on the type of image involved.

Mrs Laird said this was very good news for Fermanagh and Tyrone and asked how would the Trust communicate this as part of the overall messaging about the future developments in health and social care in these areas.

The Chair advised that if there were points of emphasis not picked up in Mrs Molloy's performance report members could ask Mrs Molloy to highlight them. He said what

was powerful in the presentation for him is the focus on Omagh Hospital given its significant potential and how he believed its role and capacity can make a real difference to our overall performance.

Mrs Molloy said as part of its mobilisation plan the Trust wants to communicate to the population we serve the increased service capacity that we are now investing in. She also advised that she raised this with the Fermanagh and Omagh Council at a recent meeting.

Dr McGinley asked Mrs Molloy if the Trust was confident it had the capacity across its sites to deliver on the targets that have been set. Mrs Molloy assured members that the Trust is confident and that the Trust has a good track record in predicting what it can spend WLI funding on and then deliver on this.

The Chair said it was important the Trust does not lose sight of service efficiency and productivity as there is huge cynicism in the public that they are being driven into the private sector and our efficiency as providers is part of this debate.

Mr Telford said he welcomed this significant investment and that rightly the public will want to see what the funding is being spent on and what it is delivering. He referred to “did not attend” being 7.4% and said while there would be some very valid reasons for why people are not attending appointments, the reality was that every one of those appointments was an appointment that someone else could have used and that it is important that the focus also remains on this important issue. Mr Telford sought clarity on the process of admin validation of waiting lists. Mr Gillespie explained that for some specialities 30% of the people will be removed from the waiting lists following a validation exercise. Mr Gillespie said the DNA data did not take into account those people who could not fill appointments at short notice. Mr Gillespie said he therefore welcomed the development of mega clinics and said these enabled surgeons and anaesthetists to see patients and then give them a date for clinic appointment in that week.

The Chair referred to the £85 m for red flag and time critical capacity building and said it was important that Trust takes the opportunity to communicate this to the public.

Mr Gillespie advised that the DoH had undertaken a number of reviews under “Getting it Right, First Time” and said this was about moving patients from inpatient to day case/ outpatients. He welcomed this investment and said it would increase capacity and it will allow an increase in the number of specialist nurses to compensate for consultant shortages.

1/26/15

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING NOVEMBER 2025

Ms McCauley referred members to the Trust's financial position for the period ended 30 November 2025 and said for this period she was reporting that the Trust's forecast deficit of £2.6m remained unchanged. She said it was likely the Trust's deficit position would increase because of the unfunded cost element of the pay award year for 2025/26 which is expected to be paid in February, and because of the increase in unplanned expenditure from the very visible demand for services and the challenges in our hospital system during December. Ms McCauley said it would be difficult to recover from this position before the end the financial year however members would be aware that in our forecasting, we tend to provide for this type of financial risk.

On that basis, Ms McCauley said the Trust was currently undertaking a review of its financial forecast, taking account of the unplanned growth in month 8. She said she was factoring in discussions with Directors in regard to their forecast against their control total, considering mitigating factors, savings risk and income and other technical accounting opportunities which might emerge before the end of the financial year. Ms McCauley said all assumptions will be reviewed and tested and she would intend to report back to Trust Board at its February meeting in this regard.

Moving to the Trust financial performance report, Ms McCauley reported in relation to statutory targets, the Trust was maintaining the previously reported position against targets which was amber for performance against revenue resource budget, green against capital and savings, and amber against prompt payment.

In relation to the prompt payment target, Ms McCauley said the Trust was reporting a very much improved and sustained position with 96% of invoices paid within 30 days in November, resulting in an improved cumulative position of 89% at month 8.

Moving to Table 1 within her report, Ms McCauley said the forecast deficit for now remained at £2.6m and said any change would be reported to members following completion of the current review and confirmation of the funding gap and agreed reporting arrangements for the pay award deficit.

Moving to control total monitoring reported in table 2, Ms McCauley said the totals had been revised in this report to factor in the cash savings targets which had been agreed in Phase 2 of the savings plan, plans for which were effective from 1 November 2025. She said a control total of £37m was reported previously and this had now been reduced by approximately £4m to £33m reflecting those Phase 2 cash savings the Trust intends to deliver. Ms McCauley said she was reporting a variance against the overall control total of £1.3m.

Ms McCauley said she had asked members to note in a previous presentation the significant contribution that is provided by Support Directorates which helps to

balance Service Directorates unplanned growth. She said the increase in the control total variance to £1.3m this month from £0.6m last month, while being significant, related in a large part to a reduction in the month of underutilised planned expenditure by support functions in that they had increased planned spend and so there was less available from support Directorates to off-set Service Directors reporting unplanned growth.

Ms McCauley said while she would ask members to note this position, she could assure members that this position was receiving the focus that it requires this month and as part of that initiative she was taking forward a normal “root and branch” review of income, expenditure and risk assumptions to ensure that the Trust’s financial plan remains as forecast.

Ms McCauley said the Trust’s financial performance continues to represent a very good performance by the Trust in the context of a £1.2bn budget for this year and the scale of service pressures being experienced across Directorates with the Trust’s control total variance at month 8 representing less than 0.2% of the Trust’s budget.

Ms McCauley said as before, the control total performance report was the best indicator of overall financial performance by Directorates as the variance takes account of planned and unplanned expenditure growth as well as performance against savings targets. She said for the purposes of transparency she had retained reporting in relation to financial performance against budget and savings performance so members could be sighted on the different lenses through which the Trust comprehensively analyses and reports its financial performance.

In moving to 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 1.1% to 0.7% and no movement from October to November at the Directorate sub-total level at 3.1%. Ms McCauley said this was also an improvement from the restated 2024/25 variance of 3.5%.

Ms McCauley said members might be interested to know that the Trust’s financial performance variance against budget for this month in 2024/25 at Directorate sub-total level was 4.6% against an opening restated variance for 2023/24 of 3.3%. Ms McCauley said her key message on this was that, this year to date, the Trust had turned an expenditure growth curve that was experienced in 2024/25 through the mechanisms of the control total, Directors delivering against their savings plans and exercising much stricter controls compliance within their teams. Ms McCauley said while she did expect the bottom-line percentage to reduce, there could always be a degree of risk and uncertainty and she was delighted that the Trust had managed to turn this curve in this year and that this would serve the Trust well as we move into 2026/27.

With specific reference to Directorate performance against savings targets, Ms McCauley said she had previously asked members to expect performance to dip in

November as this was the first month that the Trust is reporting against Phase 2 savings plans. However, she said members had also been briefed that Directors were doing the work in September for the implementation of these plans in November. As a consequence, contrary to her forecast, Ms McCauley said she was reporting improved savings in the month with total savings of £12.6m representing 96% of the target for the period, an improvement from 94% in the previous month and all Directorates remain in “Green”. Ms McCauley said the work streams which had been slow to materialise savings remained unchanged and so increased savings from workforce controls for the most part, continued to contribute to the overall performance.

Ms McCauley assured members that these workstreams which were medical locum reduction, nursing agency, admin efficiencies, medical and surgical consumables and the mental health crisis service, were continuing to develop in maturity and continue to receive considerable focus from the Delivering Value Programme Board. She said the issues being examined were multi-layered and complex and must be risk managed to mitigate any risk to front-line services and she asked members to note they were interdependent with factors that were often not within the gift of the Trust to address or manage.

Drawing out key messages from her report in relation to the key risks and mitigations section, Ms McCauley said the completion of a review of the financial plan currently being completed was critical. She said through this process she and her team would support Directors with their forecast out-turn against their control totals, review all income opportunities and test assumptions and projections. She added that Directors are aware of the need for early escalation of any new unavoidable pressures which are not factored into the plan.

Ms McCauley then moved to an analysis of key expenditure areas. She said the Trust was reporting total flexible expenditure of £58m which was a 0.4% reduction in utilisation from the prior period and represented a continued downward trend. She said total agency expenditure was £38m, bank costs were £16m and overtime was £3.5m. Ms McCauley said as always the primary drivers of agency costs were medical, which was £20m for the period and nursing for the same period which was £15m.

Referring to total medical staff costs, Ms McCauley said this remained above prior year levels averaging £0.4m per month. However she said it was reassuring to note that medical agency costs continued to operate below 2024/25 levels meaning that medical costs were increasing because of successful recruitment to payroll which reflected real progress in addressing our Trust priority of stabilising our medical workforce while critically challenging the Trust financially.

Ms McCauley said as members would be aware there has been an extensive array of workstreams in place reflecting both local and regional programmes for medical expenditure and these were noted in her report. She said in relation to total nursing

expenditure, this year's expenditure levels continued to be higher than 2024/25 averages by approximately £0.6m per month. Ms McCauley said however it should be noted a very positive downward trend in nurse agency usage is evident which had been sustained since July of this year. She added that work continues to address this but hospital challenges in the current level of pressure being experienced very much limited our ability to address expenditures in these budgets.

Moving to capital, Ms McCauley said the Trust's budget for the year is £38m and expenditure at 31 October was £17m.

In concluding her report Ms McCauley said the Trust was reporting a deficit of £5m at 30 November against a revised forecast deficit of £2.6m for the year. She said savings performance remained strong in spite of the inclusion of increased targets for November 2025 and that while we have experienced a further increase in the control total variance, this will be factored into a further financial plan review and the outcome will be reported to Trust Board next month. Ms McCauley said the Trust has continued to maintain improved performance against its prompt payment target.

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

Dr McGinley commended the work being done and said it demonstrated strong team work with everyone working together to achieve good outcomes. Dr McGinley sought clarity in respect of the funding for the new Strabane Health and Care Centre and asked if the funding rolled forward to the next financial year. Ms McCauley said this building was being funded through the City Deal and confirmed that there were no risks to the funding identified for the project.

The Chair commended all staff for contributing to the achievement of the Trust's current financial position and said staffs continuing commitment to maintaining the financial position was a tribute to staff and it is important for the Board to acknowledge the work of the finance team in supporting Directorates in maintaining their focus on containing expenditure.

Mr Telford thanked Ms McCauley for her report and said it was important for members to see the Trust's finances in such detail.

1/26/16

SCHEME OF DELEGATION 2025/26

Ms McCauley advised that the Trust's Scheme of Delegation for 2025/26 had been reviewed and updated to reflect recent DoH circulars:

- HSC(F)22/2025 Revised HSC & NIFRS Delegated Limits and requirements for Departmental/DoF approval;
- HSC(F)03-2025 Guidance on Direct Award Contracts
- HSC(F)18/2025 Guidance on Losses and Special Payments

She said all relevant circulars were attached for information.

Ms McCauley said the items amended in the Trust's Scheme of Delegation for 2025/26 were highlighted in red in the document which had been considered by the Corporate Management Team who were recommending the report to Trust Board for approval.

Dr McPeake referred to approval limits in relation to capital expenditure and an apparent gap in the authorisation levels. Ms McCauley said the use of symbols was confusing and for that reason she was proposing that symbols are replaced with words.

Following consideration of the Trust's revised Scheme of Delegation 2025/26, they were proposed by Mr Telford, seconded by Dr McGinley and approved unanimously by members.

1/26/17

ENDOWMENT AND GIFTS COMMITTEE

17.1 Minutes of meeting held on 13 October 2025

Rev Canon McGaffin referred members to the minutes of an Endowment and Gifts Committee meeting held on 13 October 2025. She said she had provided members with an update on this meeting at the November Board meeting.

17.2 Verbal update from meeting on 2 December 2025

Rev Canon McGaffin referred members to a Committee meeting held on 2 December.

Rev Canon McGaffin said at the meeting the Committee had been briefed on and approved 2 proposals in respect of Chaplaincy and Renal Psychology Support.

She said the Committee considered 4 PPEs and was content with the benefits and outcome and 3 of the proposals secured funding to continue to deliver the service. Rev Canon McGaffin said the Committee was pleased with the much improved quality of the PPE reports.

Rev Canon McGaffin said the Committee expressed again concerns around the risk that the proposals funded from the Staff Fund will end when the current funding is committed. She said the Committee was advised that there has been discussions at CMT on this matter and it was suggested that each area needs to consider what is the minimum funding needed to continue their current activity and that a paper will be developed to come to Committee by June 2026 to inform a decision on a way forward.

Rev Canon McGaffin advised that an analysis of the spending plans developed for each Directorate against the targets were presented which showed a range of plans that had been developed for a total cost of £357,000 which the Committee judged represented good value for money.

Concluding her report Rev Canon McGaffin advised that the Committee was briefed that the new Superfunds will be set up to receive donations from 1 January 2026. She said there will be a communication strategy developed to support this going forward. The Chair welcomed the proposal to develop a communications strategy and said it was important for fundraising and advising the public in respect of the difference their support could make going forward.

1/26/18

TRUST PAYMENT CARDS

Ms McCauley advised that the Department of Finance Central Procurement Directorate communicated with the Trust in March 2025 that they were due to enter into a new contract for the provision of Public Sector Payment Cards. As a result she said from 1 August 2025 the new provider became Lloyds Bank.

Ms McCauley said a transition period commenced for the Trust to transfer to Lloyds Bank and cards currently provided by the outgoing provider will remain active until the transition has been completed. She said a number of initial “Know Your Client” meetings have been held with Trust staff in order to prepare for the transition. Ms McCauley said a specific deadline for transition has not been agreed, however, the Trust has been asked to complete the transition as soon as possible.

To support the transition, Ms McCauley said Lloyds Bank has requested some general financial information regarding the Trust and some specific information from both the Chairman and the Chief Executive.

Ms McCauley said the Central Procurement Directorate has confirmed that the information requested is part of the “anti-laundering” legislation that applies to all financial institutions and that Lloyds is legally obligated to handle all personal data appropriately under Joint Schedule 11 (Processing Data). Ms McCauley said as this was personal information, permission is sought to obtain and share that information with Lloyds. Ms McCauley said the application form also requires the date of birth to

be given of 2 administrators of the system and that these 2 administrators will be senior staff from the Financial Accounting department

Following further discussion the Chair and Chief Executive agreed to provide their personal information to Ms McCauley to facilitate the completion of this process.

1/26/19

ANY OTHER BUSINESS

Dr McGinley referred to page 4 of the ITI minutes of 11 September and her reference to a report of a NICON/Patient and Client Council round table event on “People as Partners” which took place on 3 September 2025. Dr McGinley said she attended the event which was very informative and had shared the report which had been issued in October 2025 with Prof McKenna and Mrs Laird and that she would also share this with other members for their information.

1/26/20

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 5 February 2025 at 11 am in the Old School Canteen, Tyrone and Fermanagh Hospital, Omagh.

**Dr Tom Frawley, CBE
Chair
5 February 2026**