

**Minutes of meeting of the Western Health & Social Care Trust Board held on Thursday, 3 July 2025 at 10 am in Lecture Theatre, Trust Headquarters and Team**

**PRESENT**

Rev Canon McGaffin, Non-Executive Director Acting Chair  
Mr N Guckian OBE, Chief Executive

Mr S Hegarty, Non-Executive Director  
Mrs R Laird, Non-Executive Director CBE  
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 T Cassidy, Executive Director of Social Work/Director of Families and Children  
Dr B Lavery, Medical Director  
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 and Clinical Services  
Mr M Gillespie, Director of Surgery, Paediatrics and Women's Health Services  
Dr M O'Neill, Director of Community and Older People Services  
Mrs T Molloy, Director of Performance, Planning and Corporate Services  
Mrs K Hargan, Director of Human Resources and Organisational Development  
Ms K O'Brien, Director Adult Mental Health and Disability Services  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Chair/Chief Executive's Office

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

8/25/1

**CONFIDENTIAL ITEMS**

8/25/2

**APOLOGIES**

Apologies were received from Dr T Frawley, Chair.

8/25/3

**DECLARATION OF INTERESTS**

There were no declaration of interests expressed.

8/25/4

**CHAIR'S WELCOME AND INTRODUCTION**

Rev Canon McGaffin welcomed everyone to the meeting and said members would recall in Dr Frawley's absence it had been agreed that she would be chair of today's meeting.

Rev Canon McGaffin welcomed those to members of the public and press who had joined the meeting remotely and advised that no "speaking rights" had been sought. She clarified that the Trust's Standing Orders in relation to the "Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings" states "such permission shall be granted only upon resolution of the Chairman."

Rev Canon McGaffin welcomed a finance work experience volunteer who was joining the Trust this week.

Rev Canon McGaffin advised that Prof McKenna was joining the meeting remotely.

8/25/5

**MINUTES OF PREVIOUS MEETING – 5 JUNE 2025**

Rev Canon McGaffin referring to the minutes of the Trust Board meeting held on 5 June 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 Mr Hegarty, seconded by Mr Telford and they were approved by members as a true and accurate record of discussion at the June meeting.

8/25/6

### **MATTERS ARISING**

Rev Canon McGaffin advised that there had been one item of Matters Arising from the previous meeting relating to clarity on risks ID1601 and ID1694.

Rev Canon McGaffin advised that Dr Lavery had advised following the Board meeting that Risk ID 1601 referred to the ENT head and neck surgery service and said the risk was primarily in relation to thyroid surgery. She said Dr Lavery explained mitigation actions that are being negotiated in relation to this service.

Rev Canon McGaffin advised that Risk ID 1694 refers to the entire ENT service and the Trust's ability to provide emergency on call support on a 24/7 basis. She said the Trust has had a recent Consultant resignation and another Consultant going on a sabbatical which has resulted in the service being placed on the corporate risk. Rev Canon McGaffin said Dr Lavery has advised that international recruitment is ongoing and the Trust has start dates for 2 new Consultants for this service.

8/25/7

### **CHIEF EXECUTIVE'S REPORT**

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

- Mr Guckian began by offering his sincere condolences to the family of last night's fatal road traffic accident. He advised that the Trust's Major Emergency Plan had been activated and he commended the staff in ED at Altnagelvin Hospital and all staff who attended to the casualties. He said his thoughts were with the families at this difficult time.
- Mr Guckian advised that the last month had been concerned with stabilising services and getting used to the new encompass system. He said there was so much positivity regarding the system and he wanted to thank both the Trust encompass team and the regional team for all the support and work involved in getting the Trust to this position. Mr Guckian referred to a Post Go-Live Assessment which took place on 1 July and said feedback from regional leads and the SRO was that the Trust's implementation had been the most successful of all Trusts to date.

- Mr Guckian referred to a “Big Discussion Whole System” workshop which he attended on 3 June. He said a range of work streams were developed and that the most relevant and impactful for the Trust will be the “fractured neck of femur” given the impact trauma has on elective orthopaedic surgeries; “enhanced support to care homes” and “frailty of older patients”.
- Mr Guckian advised that the Chair, Mrs Molloy and he attended the latest SIF meeting with SPPG colleagues where discussion took place on a range of issues. He said of particular relevance was that the SDP measures of “unacceptable performance” have been stood down in their entirety as in 25/26 the Trust will move to System Oversight Measures (SOMs).

Mr Guckian advised that new and more specific areas are being introduced in unscheduled care, with 2 specific Level 3 targets replacing the general Level 3 target which was previously on the SIF. Mr Guckian said the 2 areas of focus will now be ambulance waits greater than 2 hours and a reduction in the number of patients waiting more than 12 hours in ED.

Mr Guckian added that performance in gynae services has been escalated from Level 1 to Level 2 again, and there are workforce issues within the gynae oncology service which the Trust is working to resolve.

Mr Guckian said the support needed by the Trust’s CAMHS team was emphasised at the meeting. He said the Trust has asked for mutual aid in this area and has asked the SPPG to formally broker a process to have Trusts with lower numbers of children waiting to support the Trust’s Team. Mr Guckian said the SPPG is working with other DoH colleagues to reshape the “Ground Clearing” processes which have run in parallel with SIF since it was introduced, and said Mrs Molloy has advised that indications are that the changes will re-inforce the importance of the SIF in the governance arrangements between ourselves and DoH going forward.

- Mr Guckian advised that on 13 June and 27 June he attended events to celebrate the first graduations from the Graduate Entry Medical School. He said on 13 June the Trust hosted an event in Altnagelvin Hospital which recognised the contribution of Professor Louise Dubras who was retiring from her role as Dean of the Medical School, Ulster University. Mr Guckian said he wished to pay tribute to Prof Dubras’s leadership and commitment to the School and he also wanted to pay tribute to Prof McKenna for his work in this area also.

Mr Guckian said the Trust also presented awards to a range of nominated students and resident doctors and it was such an important step to now have the graduates from Magee.

- On 16 June Mr Guckian advised that he attended the launch of the new Medpoint Solo Service in the North West Cancer Centre. He said this new approach enables patients to collect their cancer prescriptions without attending the ward and is a much more flexible arrangement than previous approaches.
- Mr Guckian advised members that a new garden designed to help stroke patients with their recovery has been unveiled at Altnagelvin Hospital. He said the tranquil space has wildlife-friendly flowers and garden benches to provide a space for stroke survivors and their loved ones to rest and connect away from the hospital ward during an inpatient stay. He said Stroke Association volunteers from the region have also created a bespoke pottery piece for the garden.

In addition, Mr Guckian advised that new information displays have been unveiled in Altnagelvin Hospital. He noted that the displays illustrate the experiences of stroke survivors from across the region and highlights how stroke survivors and their families can get vital support from the Stroke Association.

- On 17 June Mr Guckian advised that he attended a reception to celebrate the Elective Care Award for the Prehabilitation Service delivered in partnership with the community and voluntary sector. He said the event was particularly informative in that it feedback from patients who have benefited from the service.
- Mr Guckian advised that the Trust celebrated success at the recent Royal College of Nursing Northern Ireland Awards 2025, stating that:-
  - Ms Jacqui Lundy, Community Children’s Nurse was winner of the Patient Choice Award;
  - Ms Jonah Atos, International Nurse Co-ordinator, was runner-up in the Directors of Nursing Award;
  - Ms Linda Britton-Reid was runner-up in the Health Care Support Worker Award;
  - Ms Ashley Ferguson, Health Visitor was joint runner-up of the Public Health Award; and
  - Ms Karen Harper and Ms Helen McCormick, Clinical Nurse Specialists for lung cancer were runners-up in the Cancer Nurse Award.
- On 24 June Mr Guckian advised the Trust held its “ground clearing” meeting with the DoH Sponsorship Branch. He said this meeting identifies the key issues for

escalation for the Chair and his year-end accountability meeting with the Permanent Secretary.

- On 25 June Mr Guckian advised he attended the pre-conference dinner for the Allied Health Professions Conference with the Minister for Health and Permanent Secretary. He said this was the first such conference to be held in the West and reflected that Ulster University Magee Campus now hosts the AHP undergraduate courses.

8/25/8

### **EMERGENCY GENERAL SURGERY, SOUTH WEST ACUTE HOSPITAL – PROPOSAL TO CONSULT ON PERMANENT CHANGE**

Rev Canon McGaffin advised members that a proposal to move to consult on the permanent change of service in respect of Emergency General Surgery Trust wide was being shared today for approval. She said a presentation would be made to members, introduced by Mr Guckian, and members would have the opportunity to ask questions.

Mr Guckian stated that as a Trust we recognise the strength of feeling that the temporary change of service has generated. He said the Trust acknowledges that some staff in the South West Acute Hospital and members of the public see this change as a reduction in service.

Mr Guckian said he wanted to confirm that it was a considered decision to bring forward this proposal for a permanent change. He said the Trust has over 2½ years of data and analysis of the clinical pathways.

Mr Guckian said since the temporary suspension of Emergency General Surgery at the South West Acute Hospital, patient pathways put in place have been working effectively and there is no evidence of any patient safety concern. He assured members that the Trust has carefully monitored all aspects of the temporary change throughout the past 31 months and independent data indicates that patients who require Emergency General Surgery that come to Altnagelvin for their treatment, have better clinical outcomes.

Mr Guckian referred to the publication of the DoH “Review of General Surgery – Standards and a Way Forward (June 2022)” which set the regional standards to ensure the best clinical outcomes for patients who need emergency general surgery. He said it was not possible to meet these important safety standards in the South West Acute Hospital. He said the surgical team advises that delivering all inpatient emergency general surgery from the Altnagelvin site, 24 hours a day, 7 days a week is the only way the Trust can safely meet these regional standards.

Mr Guckian said many of the theoretical risks that were highlighted by us and to us at the outset of the temporary change, could now be considered in the context of the last 2½ years of service delivery. He said the first risk was that patients would have worse outcomes. Mr Guckian said the Trust had evidence that no patient had come to harm as a result of the temporary change. Indeed he said during the presentation, Dr Lavery would outline significant improvements to patient outcomes as a direct result of the temporary change. Mr Guckian said he could not overstate how important patient outcomes must be in our discussions and considerations.

Mr Guckian said another risk highlighted was that maternity services and the Emergency Department would be adversely impacted. Mr Guckian confirmed that the Trust's maternity service has never been more stable with more substantive consultants than at any time in the last decade.

Mr Guckian said a third risk highlighted was that the acute status of the hospital would be in threat and that patient numbers would reduce significantly. Mr Guckian said he could confirm that the South West Acute Hospital remained a thriving acute hospital with the highest patient numbers on record and with more specialities providing elective work than ever before. He added that the acute status remained unchanged with a Consultant led Emergency Department. Mr Guckian said he would also like to highlight that the excellent Emergency Surgical Assessment Unit established at SWAH had expanded its throughput significantly to minimise the number of patients having to transfer to Altnagelvin.

Mr Guckian paid tribute to the work done across so many teams to improve the clinical pathways, especially the work to reduce double ED waits. He said in essence the Trust now had, post encompass implementation, one ED journey, whereby no patient is disadvantaged based on their locality however he added that the allocation of beds in a very constrained health service must be based on clinical priority at all times. Mr Guckian also paid tribute to all staff in SWAH for the commitment they have shown throughout this period.

Concluding, Mr Guckian said he wanted to confirm that the Trust's experience over the last 2½ years clearly showed that the regional standards, based on international best practice, improved outcomes for patients.

Mr Guckian said today he was proposing to consult on a permanent change to Emergency General Surgery Trust-wide. He asked that everyone to keep an open mind during this consultation, and he asked everyone to respond, which the Trust will consider.

Mr Hegarty sought clarity on raising questions and Rev Canon McGaffin suggested that these would be dealt with at the end of the presentation.

Dr Lavery commenced the presentation by sharing detail on:-

- What our evidence shows;
- CHKS the independent evidence
- Definitions
- Risk adjusted mortality index
- Understanding RAMI
- What does the Western Trust data show?
- What does the data mean?
- Complication rates in general surgery
- Re-admissions of emergency surgery patients within 30 days
- DoH Review of General Surgery – standards and a way forward
- Compliance with Northern Ireland standards for general surgery

Mr Gillespie continued the presentation by outlining the:-

- Strategic context for the change
- Background to the change – Trust medical workforce issues
- Trust general surgery medical workforce – current position
- Bypass protocols and clinical pathways currently in place
- RQIA Review & Recommendations – update position
- Patient experience
- Options appraisal and approach

Mr Gillespie advised members that 11 models were evaluated by the Task and Finish Group. He said a long list of options were evaluated against selected criteria and 3 options were shortlisted. He said the 3 shortlisted options were scored, and a weighting was applied to the benefits criteria and the option which scored highest became the “preferred” option - single site model - 24/7 EGS service at Altnagelvin Hospital, with ambulatory surgical care at SWAH and Altnagelvin. Mr Gillespie said all 3 shortlisted options were risk assessed using the regional DoH Risk Matrix and that the preferred option scored highest for safety, sustainability and compliance.

Mrs McKay referred to patients who transfer from ED SWAH to ED Altnagelvin. She advised that prior to the implementation of encompass, the then electronic data systems in the Trust used for recording patient data had been separate. She said a manual process was implemented to ensure the full ED journey for any general surgical patient transferring from SWAH ED to Altnagelvin ED was captured.

Mrs McKay said following communication from patient flow team to patient flow team, a record of all surgical transfers from SWAH, including the time of arrival at SWAH ED and the time of transfer from SWAH ED, was captured to ensure neither population was disadvantaged regarding waiting times. She said on arrival at

Altnagelvin ED patients are assessed by clinical priority which determines access to a specialty bed and not the time they have been waiting.

Mrs McKay said following the implementation of encompass, the new system now provides one central electronic record for all patients. She said as a result, if an internal patient transfer is required between the South West Acute Hospital Emergency Department and the Emergency Department at Altnagelvin, their full journey from booking on at SWAH remains live and continuous.

Mrs Molloy continued the presentation detailing the public consultation and approach which included communication and engagement and process for consultation.

Rev Canon McGaffin thanked Dr Lavery, Mr Gillespie and Mrs Molloy for their informative presentation and asked members if they had any questions.

Dr McPeake referred to the presentation from Dr Lavery in respect of the impact of the temporary change and the transfer pathways. He referred to the 3 key indicators presented – reduction in mortality; reduction in post-surgery complications and reduction in readmissions and asked how the Trust has chosen these indicators. Dr Lavery advised that he receives a total of 4 outcome indicators from reports provided by CHKS. The fourth indicator is length of stay and this is relatively unchanged. As a result Dr Lavery said he had focussed on mortality, complications and readmissions as he believed these were important indicators of safety and quality.

Referring to the indicators, Dr McGinley asked did the Trust provide the data to CHKS for interpretation. Dr Lavery advised that this was correct and that the Western Trust received updated information from CHKS on a regular basis. He also advised that there are potential delays in the availability of reports from CHKS as data has to be inputted and submitted by the Trust.

Mr Hegarty referred to the improved position with regard to straight to bed admissions which had risen to 79% and asked was there a belief we could get this up to 100%. He said he would feel uncomfortable with the target being 100% because in EDs right across Northern Ireland, and indeed in the Western Trust, not everyone transferred from SWAH can benefit from going straight to a bed given demand pressures in ED. He suggested that in presenting this statistic the Trust needs to explain that admission to a bed is based on clinical need and assessment and that a more realistic target should be set to ensure that admission is equitable and fair for all patients in both the Northern and Southern sectors of the Trust. Mr Gillespie assured members that admission is based on clinical need and assessment. Mrs McKay said it was important to note that not all patients can go straight to a bed as some patients need to go to a resuscitation bed.

Mrs Laird said she recognised that gathering patient experience was crucial to providing an evidence base and noted the low response rate and asked how the Trust could improve this going forward. Mr Gillespie advised that there is a revised approach being implemented in that patient's views will be sought before they leave the hospital and that this approach has been successful in other specialities. He added that the team also need more resources to help them gather this information. Mrs Laird said as Chair of the Trust's Improvement through Involvement Committee seeking patients' views before discharge had significantly increased the numbers of patients who engage in feedback and that she would be keen this is implemented.

Mrs Laird referred to "affected" groups and said it would be good to articulate which affected groups were emerging as she would be keen to hear from these groups. Mrs Molloy advised that these groups were based on the Trust's EQIA, and impact on Section 75 groups and there is a plan to engage with all representative groups. Mrs Molloy assured Mrs Laird that the Trust will have sufficient opportunity to hear from all these groups.

Dr McGinley referred to the EQIA and the Rural Impact Assessment and said she was conscious these needed to be a more than a "refresh". She said this was new information and knowledge over the past 2 years that needed to be taken account of and asked had the Trust completed these processes or could they be amended? Mrs Molloy advised that the EQIA and Rural Impact Assessment were live documents and would remain open so they can be updated as more information becomes available.

Mr Telford said as part of the process he was encouraged to rethink about the pathways and asked had there been engagement with GPs? He said patient experience and outcome was beneficial and had been positive to date. Mr Telford said he was drawn to what initiated the temporary change in respect of patient safety and the introduction of the Ministerial standards and said it was useful if we talk more about these and create an understanding of the progress in respect of outcomes. Dr Lavery said that when the Trust implemented the temporary suspension of Emergency General Surgery it was not fully compliant with the standards in Altnagelvin Hospital but Altnagelvin was now fully complaint as a result of significant work. Dr Lavery reminded members that the standards were not just about the surgical service but also about the other services that are required to be available to support surgery and ensure patient safety.

Dr McGinley said she felt the last 31 months had been extremely difficult for the people of Fermanagh and Omagh, the staff of SWAH and the Trust itself since the temporary suspension of emergency general surgery at SWAH. She said at the time the temporary transfer was a shock to staff and the community.

Dr McGinley said there had been a significant learning curve for all concerned and

the Trust must draw on the difficult lessons learned. In particular she said the consultation process must be transparent and meaningful and not a tick box exercise, respectful of the significance of the consultation for people locally to consider the potential move to the permanent closure of a service in their hospital. She said such change as identified by the Patient and Client Council (PCC) is often felt as an acute sense of loss in any community and in particular it is important that this is set in a context of understanding and what comes next and clarity on what is being asked.

Dr McGinley said she has reiterated on a number of occasions the urgent need for the development of a vision for SWAH in terms of what we are asking the population to agree to. In the interim she said there is a need to clearly articulate an ambition for a viable and sustainable future for SWAH. She added that this must include maximising the capacity of the hospital in terms of its theatres and wards to serve both local and regional needs through the development of the EOSC model, stabilisation of the workforce and continuing improvement in the pathways process and ambulances services.

Dr McGinley referred to the option appraisal process and she noted that the 11 options appraised were first identified in September in 2021. She said she noted that the Board did not have to approve the consultation document and it stated that the process did not “represent a final commitment to any particular course of action its aim was to support a conversation and gather feedback on the option we have identified”.

Dr McGinley referred to Option 10 which had been identified as the preferred model in terms of safety and quality. She said she believed that other elements such as Option 4 for cross border working were deserving of further consideration. Dr McGinley said this could address significant public concerns about safety and quality of experience especially for those residing in the margins of the Trust boundaries in the South West by providing a safety net. Dr McGinley suggested that if the Trust is serious about quality of access and rural proofing the numbers would be relatively small. Dr McGinley said there were indeed many unknowns but the Trust had an exemplary track record of collaboration on North/South work which had been extremely impactful. Dr McGinley suggested that a mutually supportive protocol is feasible which would provide a major reassurance to the local community.

Moving to the consultation process Dr McGinley said the significance of this change required a full EQIA which must give full consideration to what we have learned from many interactions over the last 31 months in terms of a vulnerable rural community who have suffered the impact of long distances and being worried about safety of services and access to those services. She again said this required more than a refresh of the EQIA and the Rural Impact Assessment as we revisit them with new eyes and new information and knowledge from a variety of sources and not least

powerfully from the community itself.

Dr McGinley said she noted that the DoH is not required to approve the process of consultation but the final decision will have to be taken by the Health Minister. She said the DoH has identified formally that SWAH has an important role to play in delivering elective care that addresses both local and regional needs. She added that the DoH needs to urgently support the full maximisation of the hospital to deliver on this thereby reassuring the staff and the wider community and stabilise the workforce and address the interdependencies issues.

Dr McGinley referred to the Outcome Report which is anticipated to be shared with Trust Board in December, a four week turnaround from the closing date of the consultation. She said this was a very short turnaround and asked that the Board be involved in early discussions on the findings. Dr McGinley said this was a fundamental change for all concerned and she believed everyone shared the same desire to “provide a safe and effective EGS service for patients in the Western Trust ensuring the best outcome for all patients”. She added that there is a need to be mindful there is not an inequity of access to services locally and regionally.

Mr Guckian referred to the vision for SWAH and that this would need to be a measured process or it will not deliver the results desired. He said it is important to engage with a wide range of stakeholders and the DoH and assured members that he has consistently highlighted to the DoH that the hospital with spare capacity in Northern Ireland is the South West Acute Hospital. Mr Guckian assured members that the Trust is committed to developing a vision for SWAH.

Mr Guckian agreed that moving to a permanent change was a fundamental change for the local community. He said he recognised the impact but assured members that at all times he and the Corporate Management Team whole heartedly supported SWAH and that indeed over the past 2 years they had made changes to minimise the impact on SWAH. He said services had been extended and more patients are attending the hospital today than ever before.

Mr Guckian confirmed that the DoH does not have to approve the consultation documents but it is a Ministerial decision to approval the consultation outcome. He said Trust Board will be required to approve the decision in advance of it being shared with Minister.

Mr Guckian referred to the Outcome Report and said he could assure members as their Chief Executive and Accountable Officer that the Trust Board will be fully involved in considering this and will be given sufficient time to consider and debate its content.

Mrs Molloy assured members that the arrangements that govern change or withdrawal of services are described within a DoH circular and that in respect of the consultation documents the DoH has a firm set of guidelines on including policy content in the consultation which Trusts are required to follow. She added that the Trust made sure the DoH was content with the relevant sections of the Trust's consultation document.

Mr Guckian assured Dr McGinley that Option 4 would be considered further during the consultation period.

Concluding the discussion Rev Canon McGaffin said that from the discussion a number of issues had been agreed:-

- further work will be undertaken on Option 4;
- information on patient experience will be improved and enhanced;
- everyone is committed to a genuine engagement;
- it was noted that the transfer from ED to ED is moving forward more seamlessly with the implementation of encompass;
- further consideration will be given to ensure there is equity of access to beds and admission will be based on clinical need;
- the list of minority affected groups will remain open and will be updated; and
- vision for SWAH will require further work.

Rev Canon McGaffin thanked all members for their invaluable input and discussion today on this very important issue. She asked members were they in support of a motion to consult on a permanent change of service in respect of Trust wide emergency general surgery services. The motion was proposed by Mr Hegarty, seconded by Mr Telford and was carried unanimously by all present.

Rev McGaffin concluded the discussion by reiterating the importance of a meaningful and transparent consultation process, that will reduce anxiety, is genuinely inclusive of all communities and is respectful.

8/25/9

### **CORPORATE RISK REGISTER**

Dr Lavery referred members to the Trust's Corporate Risk Register and advised that the Register has 23 risks as approved at Trust Board on 5 June 2025.

Dr Lavery advised that there was 1 proposed new risk regarding the risk of fire in accommodation for children looked after. He also advised that there was a proposal to de-escalate risk ID1219 and a proposal to close risk ID1657.

Dr Lavery confirmed that all action plans have been reviewed within the quarter.

Following consideration of the proposals they were proposed by Mrs Laird, seconded by Prof McKenna, and unanimously supported by the Board.

8/25/10

## **IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE**

### **10.1 Minutes of Committee meeting held on 20 March 2025**

Mrs Laird referred members to the minutes of an Improvement through Involvement Committee held on 20 March 2025. She advised that a verbal update of this meeting had been previously given to members. There were no further issues for discussion.

### **10.2 Verbal update from Committee meeting held on 12 June**

Mrs Laird referred to a Committee meeting held on 12 June. She said the Committee received an interesting and informative presentation from representatives of the Patient Client Council (PCC) briefing Committee on their activity and developments for 25/26.

Mrs Laird said the Committee also received an inspirational presentation from the Looked After Children Team, including one of their Youth Ambassadors, on “Inspiring the Voices of Young People and Families”. The presentation outlined the work undertaken in providing young people with a voice in terms of what they wanted and needed from their Social Worker, what they would like to change in terms of their care, and how this was best taken forward.

Mrs Laird advised that both presentations had been provided to Mrs McGinley for sharing with Board members for information.

Mrs Laird advised that the Committee considered a “dash board” of ITI activity at its last meeting and said although this gave a good picture there was a need to look at the impact involvement makes in relation to safety, efficiency and how it can inform commissioning. She said she was keen to enhance the Trust’s ability to extract the learning and opportunity to benchmark this work and that a briefing on this work would be provided to the next Committee meeting in August.

Mrs Laird advised that a review of the stakeholder consultee list had commenced with a view to enhancing this.

Rev Canon McGaffin said she was struck by how much learning there is from all this work. Dr McGinley said she welcomed the PCC joining the ITI Committee and that they will be heavily involved in the reconfiguration consultation and it is an important relationship to build.

8/25/11

## **PEOPLE COMMITTEE**

### **11.1 Minutes of Committee meeting held on 11 March**

Mrs Laird referred members to the minutes of a People Committee held on 11 March 2025. She advised that a verbal update of this meeting had been previously given to members. There were no further issues for discussion.

### **11.2 Verbal update from Committee meeting held on 10 June**

Mrs Laird referred to a Committee meeting held on 10 June. She advised that the meeting's strategic theme had been 'Belonging in the Western Trust' with a focus on equality, diversity, inclusion and belonging and recognition. She said other agenda items related to essential governance and time critical matters.

Mrs Laird advised that as part of the normal agenda the Committee reviewed the workforce related Early Alerts and noted the ongoing and increasing concerns regarding the psychiatry workforce within the Trust. She said the Committee was updated on the recruitment efforts being made by the service supported by HR including planned attendance at a psychiatry conference in Wales and a further application to the DoH for an enhanced RRP which subsequent to the meeting was approved at 20%.

Mrs Laird advised that the Northern Ireland Statistics and Research Agency has identified that 35% of the total number of mental health hospital admissions across Northern Ireland in 2022/23 were in the Western Trust area. She said the service continues to explore recruitment opportunities by engaging fortnightly with Medical HR, looking at local recruitment alongside international recruitment pathways and resourcing locums. However it was noted that interest in these posts has been minimal.

Mrs Laird advised that the Committee received the Raising Concerns Annual Report and noted the continued growth in the number of concerns received, with 21 concerns received in 2024/25 an increase of 11% on the previous year. She said the Committee noted this was indicative of a strong awareness of the raising concerns processes and procedures. Mrs Laird noted that under the newly revised policy, members of the public can raise concerns now. She said there continues to

be a screening process and on occasions concerns can be actioned via other Trust processes.

Mrs Laird said the Committee was concerned to note the Trust's final appraisal rate for the year with only 42% of staff having recorded an appraisal in the last 12 months, despite herculean efforts by HR and managers. She said the Committee noted the potential impact that encompass implementation has had on this performance with a drop off of 3% in the final quarter.

Mrs Laird said the Committee was advised that all Directors have a target for appraisal completion as part of their objectives and a campaign to increase completion that will be undertaken by the OD team in autumn 2025. Mrs Laird said she suggested that appraisal should not be dependent but felt is about culture and that she wanted to make a firm recommendation to the Board that this issue will remain as a matter of importance.

Mrs Laird advised that the Committee was disappointed to note that the DoH had not yet published its Third Workforce Strategy Action Plan, due to run from April 2025. She said following a request by herself the Trust had now received a copy of the draft report which is awaiting approval for publication. She said the DHR and she will meet to consider this and will bring a report to the Board in due course.

Mrs Laird advised that the Committee received the end of year absence report and noted the significant improvement in long term absence performance with a drop from 348 cases in September 2024 to 279 cases in April 2025. She said there was also a marked reduction in absence cases of more than 12 months, down by 63% (66 cases to 24) in the same period. Mrs Laird said absence management is one of the top priorities regionally going forward.

Dr McGinley asked how the Trust has made this remarkable achievement. Mrs Hargan explained that this had been done by examining the absence data, training managers on how to manage absence, working in partnership with Occupational Health colleagues and line managers to support staff back to work and back to work at an earlier stage and putting in place measures to support staff from going off work.

Mr Guckian advised that the Trust's performance was highlighted by the Permanent Secretary recently and he said while the Trust's approach was shared with him he advised that the Corporate Management Team not only examined absence data, but it undertakes deep dives in areas where there are high absence rates, and took decisions through its Endowments and Gifts Committee to invest funding from the former Minister Swann to focus on psychology support within the Occupational Health service and all this work was now realising results.

Mrs Laird advised that the Committee welcomed the increase in job planning compliance rates with 83% of consultants having a 2024/25 job plan and 42% with a 2025/26 job plan at 31 March. She said the compliance rates for SAS doctors remained lower at 56% for 2024/25 and 14% for 2025/26. However, Mrs Laird said the Committee was advised that the new system which will facilitate electronic job planning for SAS doctors is expected to assist with increasing these compliance rates.

Mrs Laird advised that the Committee wished to highlight to Trust Board that HR had achieved 95% compliance in its Controls Assurance Standard. She noted that the Committee identified “End of Year Absence Report for 2024/25” which will be shared with members. In addition she said the Trust’s annual report on Raising Concerns in the Public Interest had also been circulated to Trust Board as part of the July Trust Board papers.

Mr Telford referred to the fact that 35% of the total mental health admissions had been in the Western Trust. He said the demand for the service is significant and that it was important that the retention and recruitment challenges are addressed. Mr Guckian assured members that at every opportunity he raised the fact that within the Western Trust there are 5.6 psychiatrists per 100,000 of the population and when you take the Western Trust out of the Northern Ireland figures it is at least 11.8 psychiatrists per 100,000. He said there needs to be a change in medical staffing in the Western Trust.

Mr Telford referred to the increase in cases raised under the Raising Concern policy and said this was a positive development in that it demonstrated that the policy is known and staff are encouraged to raise a concern. He also referred to appraisal and said he was supportive of Mrs Lair’s comments on managing this.

Dr McPeake said he was amazed by the wealth of the information that is shared in the People Committee. He said performance in respect of appraisals was disappointing and said that despite the amount of effort the compliance rate had not improved significantly. He asked if there was much variation across Trusts. Mrs Hargan advised that there was variation however she said she believed that the Trust’s rate was higher because we have professional staff who must have supervision meetings as part of their professional regulations and said part of our issue was about recording.

8/25/12

## **REMUNERATION AND TERMS OF SERVICE COMMITTEE – REVISED TERMS OF REFERENCE**

Dr McPeake referred members to a revised Terms of Reference for the Trust's Remuneration and Terms of Service Committee. He said the current membership is the Trust Chair and two Non-Executive Directors (Professor McKenna and Dr McPeake) and the proposal is to have third Non-Executive Director on the Committee. Dr McPeake said Dr McGinley had agreed to join the Committee

Dr McPeake clarified that the quorum for meetings will still remain as the Chair or Vice Chair (if designated) and two Non-Executive Directors.

Following consideration the revised Terms of Reference were proposed by Prof McKenna, seconded by Mrs Laird and unanimously supported by members.

8/25/13

## **FINANCIAL PERFORMANCE REPORT FOR MONTHS ENDING APRIL AND MAY 2025**

Ms McCauley referred members to the Trust's financial performance report for the months ending April and May 2025. She said this was the first report to Trust Board for the 2025/26 financial year and said as with previous years, the content of the report was developed to ensure members were kept update to date.

Ms McCauley advised that early indications suggest that the Trust's areas for priority of finance focus remained largely unchanged from 2024/25. She said also to note this was the first reporting period post budget-setting and there was a significant due diligence exercise conducted by the Finance Team following month 2 reporting to ensure the accuracy of the budget-setting process for the year ahead. Ms McCauley said her report was for the period 31 May 2025 and took members through the highlights.

Ms McCauley advised that in relation to the Trust's financial plan for 2025/26, the Trust was not yet in a settled position with SPPG in relation to the alignment of our plan against updated regional financial planning developments and therefore she was not in a position to provide, in this report, performance monitoring against a forecast. She explained that the DoH is forecasting a deficit of £600m and she had provided a summary table to describe the unfunded cost drivers behind that forecast. Ms McCauley said members would have received an updated version of this table just yesterday based on further refinement provided to the region. She said the key drivers which make up this forecast deficit included £200m for the 2025/26 pay award, £100m of a funding gap for the 2024/25 pay award, £89m for waiting list

initiatives, £66m for the increased cost of employers NIC, £65m for the increased cost of the national living wage in 2025/26, £60m of unfunded demographic growth costs for Trusts in 2025/26 and £20m of other commitments. Ms McCauley said members would note that the total Trust's contribution to this overall deficit is £60m.

Ms McCauley said in relation to the financial planning process for 2025/26, members would be aware that the Trust provided a plan to SPPG on 7 February and a further update was provided on 31 March. She said on 11 June the Trust had received a letter now requesting a further update to the financial plan to incorporate confirmed income assumptions, including deficit funding of £15m and direction in relation to the savings approach to be adopted in the regional savings approach which is described as a two phased approach. Ms McCauley said Phase 1 requires Trusts to deliver savings to the level which brings Trusts back to their 2024/25 forecast deficit position and thus eliminate the £60m forecast demographic growth for 2025/26. Ms McCauley said the Western Trust's share of this is £4.6m.

Referring to Phase 2 savings of £100m Ms McCauley said these are to be delivered by a newly established regional Financial Management Programme across a range of agreed regional work streams. She said this programme will take a system-wide approach to accelerate and enable higher levels of savings across HSC. Ms McCauley said the Trust is currently endeavouring to finalise its financial plan version 3 submission to be issued to SPPG early next week and that she expected to provide monitoring against the Trust's financial plan in the June report which will also include a fuller update on the financial forecast position. Ms McCauley said she would also provide a special briefing to members of the Finance and Performance Committee on its detail.

Moving to financial performance for the reporting period, Ms McCauley advised that against statutory financial performance targets, the Trust was reporting amber against its forecast to break-even against a revenue budget, green against the capital budget and amber against the prompt payment standard.

Ms McCauley provided clarification to members in relation to the Trust's Prompt Payment performance. She said she had previously indicated good progress in this area and that this performance should improve however those improvements were not yet materialising. She said members would be aware that the primary issue had been the administration of nurse agency invoices and the improvement achieved during this year to date included that whereas 5,300 invoices were outstanding for processing in April and 2,600 were outstanding in May however a significant reduction of 51% had been realised. She said however, as the majority of outstanding invoices were older than 30 days, there was no mechanism through which this improvement could be credited but that it would only be through the clearance of this backlog and the team focus and commitment to clear all new invoices within 30 days that we can demonstrate the improvement needed to impact

the KPI. Ms McCauley commended Mrs Keenan and her team for this achievement and for other work they are taking forward to improve processing arrangements.

Moving to Table 1 Ms McCauley reported a Directorate level deficit of £7m and a bottom line of £4.5m. She said members would note that comparative percentages for 2024/25 had been restated and against the Directorate level 2024/25 comparative of 3.5% the Trust is reporting 3.9% which is growth of 0.4% with rises across service directorates in the main. She said the due diligence exercise to test budgets post month 2 reporting will provide assurance that budgets are accurately and fully established and enable a much more meaningful discussion around Trust expenditure growth year to date through the scheduled Finance Focus meetings.

In relation to flexible staffing expenditure, Ms McCauley stated that the Trust is reporting £14.3m of expenditure across agency, overtime and bank. She said of the £9.6m spend in agency 52% is medical and 37% is nursing.

Moving to medical expenditure, Ms McCauley said in the report she had set out the existing work streams which are in place to support medical agency reductions in 2025/26. She said looking at tables 3 and 4, members would note a very positive maintained reduction in average monthly hours year to date by comparison to 2024/25 – a reduction of 5%. Ms McCauley said members would also see that this agency trend reflected favourably in our average total medical costs with year to date costs operating at 1% below 2024/25 averages. Ms McCauley said this was a positive start to this year but said it was a position that the Trust will endeavour to accelerate and improve upon.

Moving to nursing expenditure, Ms McCauley advised that the Trust had set out the existing work streams which are in place to support savings and efficiency in nursing budgets. She noted that the Trust starts 2025/26 with a nurse agency average spend 2% below 2024/25, and the total nursing costs are above by 3.45%. Ms McCauley said plans were being accelerated around the embedding of the nurse governance framework at ward management level as a means through which the Trust will build assurance as to the utilisation of nursing at ward level, given the challenges being experience around enhanced care and the levels of escalated beds.

Ms McCauley referred to Table 7 and said from a savings perspective, members would be aware that in 2024/25 the Trust realised savings of £20.8m, which included £4.4m of workforce controls, considered to be non-recurrent in substance but recurrent in form. She said this meant that the Trust had £16.4m of savings banked at the start of the year against our savings target of £31.5m and therefore our savings plans and monitoring during this year would be against the balance which is £15.1m. Ms McCauley said the Trust would be reporting savings this year in two formats, by Directorate and by the savings work stream. Ms McCauley said she was

delighted to report that by mid June, Directorates had plans in place against 76% of their designated targets which was a very positive opening position. She said at month 2 against a savings target profile of £2.3m, savings of £1.6m had been achieved. Ms McCauley said the savings work stream table tells us where the problem areas are and members would not be surprised to note that medical locum reduction and nurse agency reduction continued to dominate as the highest risk savings work streams.

In addition, Ms McCauley said the Trust has a new work stream this year targeting administration savings and this is also being highlighted as higher risk at this stage of the year as Directorates take forward the work required to identify out opportunities to create these savings. She said the Trust has significant focus on the medical and nursing expenditure work streams as has been set out in an earlier part of her report however it was too early to draw any conclusion, but the risk attached to all savings work streams is focus for discussion by CMT through the monthly Trust Delivering Value Management Board.

Ms McCauley advised that the Trust's capital budget for this year is £32m and members would note that almost 50% of this budget was for the Lisnaskea Health & Care Centre which serves to highlight just how constrained capital funding is and how limited our flexibility will be. Ms McCauley said CMT has reviewed and approved the Trust's capital plan for 2025/26 which includes £6m (19% of the overall capital budget) for backlog maintenance.

Concluding her report Ms McCauley repeated her key messages. She said Directors have committed to 2 financial performance indicators which are to manage financial performance within a control total and achieve savings targets in full. She said Directorate performance against these will be a priority focus for discussion at monthly Finance Focus meetings. Ms McCauley added that while prompt payment performance was well below the target, she could provide assurance that work is ongoing to deliver the improvement needed and most importantly to ensure providers are paid.

Rev Canon McGaffin thanked Ms McCauley for her fulsome report and said she could confirm this report had been shared at a recent meeting of the Finance and Performance Committee.

Dr McPeake referred to capital expenditure and said he remained disappointed that there was no capital funding for the ED at Altnagelvin Hospital. He said it seemed incredible that for one of the busyness EDs in Northern Ireland we are not seeing the investment and particularly in relation to the transfer of EGS from SWAH the system should be supporting us with this funding. Ms McCauley said the Trust has not been sighted on the DoH's 10 year capital programme. She said she understood that the regional capital programme is constrained and that a strategic committee has been

established by the DoH to balance the capital plan and she felt the Trust will be advised shortly in relation to the ED.

Mrs Laird said the impact on staff who are working in ED is huge with regard to retention, recruitment and morale and as a Board, members need to recognise this.

Mr Guckian said the Trust will continue to lobby for funding and at this stage the Trust would be prepared to accept partial funding.

Mr Telford referred to the payment invoices and said it was incumbent on the Trust to progress invoices as soon as possible as this is of benefit to the community. Mr Telford commended the new formatting of the report.

8/25/14

### **ANY OTHER BUSINESS**

There were no further items of business.

Rev Canon McGaffin thanked everyone who joined the meeting both in the room and on line. She asked that everyone use the period of consultation to communicate their views to enable the Trust to have a meaningful consultation process and that the Trust will continue to work to provide safe, effective and quality services across the geography of the Western Trust.

8/25/15

### **DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 4 September 2025 at 11 am in the Boardroom, South West Acute Hospital, Enniskillen.

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**Dr Tom Frawley CBE  
Chair**