

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 6 November 2025 at 10 am in the Old School Canteen, Tyrone and Fermanagh Hospital, Omagh**

**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, Executive Director of Finance, Contracts and Capital Development

**IN ATTENDANCE**

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 N Madden, Assistant Director of Cancer and Diagnostics (Operational)  
Ms M Quinn, Acting Assistant Director Physical Disability  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Executive Office Manager

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

11/25/1

**CONFIDENTIAL ITEMS**

11/25/2

**APOLOGIES**

Apologies were received from Mrs Geraldine McKay, Director of Unscheduled Care, Medicine, Cancer and Clinical Services and Ms O'Brien, Director of Adult Mental Health and Disability Services.

It was noted that Ms Madden, Assistant Director and Ms Quinn, Assistant Director were attending the meeting on behalf of their respective Directors.

11/25/3

**DECLARATION OF INTERESTS**

There were no declaration of interests expressed.

11/25/4

**CHAIR'S WELCOME AND INTRODUCTION**

The Chair began the meeting by welcoming everyone to the November Trust Board meeting taking place in the Tyrone and Fermanagh Hospital and he shared with the meeting a report of his engagements since the last Trust Board meeting in September.

- The Chair advised that during one of the Board's workshops Dr McGinley made reference to the significant contribution made by the South West Acute Hospital in supporting the Southern Trust during its recent "system outage". He said it was clear from both the Southern Trust's comments and the wider system, that SWAH went above and beyond in its support of a sister organisation that was experiencing very serious challenges.

The Chair said he therefore wanted to take this public opportunity to acknowledge the staff in SWAH who responded so impressively to these challenging circumstances.

- On 6 October the Chair said he was pleased to attend a "transformative, inter-professional educational event" hosted by the Ulster University with a particular focus on the health experience of homeless people.

He said the event brought together a broad network of homelessness health providers from across the Derry City area who all had contributed to taking this

project forward. It was noted that more than 250 students gathered in the Guildhall to explore and address the challenging and pressing issues of homelessness and health inequality through an inclusive and collaborative lens.

The Chair said the event provided a powerful opportunity for learning, dialogue, and community engagement, which will help shape and inform the practice of our local healthcare workforce in this critical area. He said he was particularly impressed by the contribution made by Ms Michelle Doyle, Public Health Nurse, who works on the front line with the homeless in Derry City. He said what became clear throughout the morning was that this challenge was becoming more and more difficult in terms of the acuity of health need presenting in this very challenging and complex area.

- On 9 October the Chair said he was pleased to represent the Board at an event announcing the designation of Derry/Londonderry as a UNICEF Child Friendly City. He said this was both a moving and optimistic event and he took away from it a poem that had been composed by young people in Derry City and Strabane Council area which he believed was worth putting on record.
- On 17 October the Chair advised that he and his fellow judges, Mrs Hargan and Mr Guckian convened to complete the shortlisting process for entries to the Trust's Staff Recognition Awards. He said reporting on this meeting afforded him the opportunity to remind members that the Awards ceremony is scheduled to take place on Thursday, 11 December. He said he believed from his involvement to date the Trust will receive yet further evidence of the commitment and professionalism of the staff who work for the Western Trust often in particularly challenging circumstances.
- At lunch time that same day the Chair said he attended a St Luke Tide's blessing led by the Hospital Chaplains in Altnagelvin Hospital. He reminded members that St Luke is the Patron Saint of Doctors and the event afforded him the opportunity to acknowledge the unfailing commitment of our chaplains which is greatly valued by patients, families and our staff.
- The Chair referred to a meeting with the Northern Ireland Medical and Dental Training Agency on 20 October which was attended by Mr Guckian, Mrs Hargan and himself. He said this discussion had included a number of issues which the Trust has concerns around but which are outside the Trust's remit because the relevant staff are employed by NIMDTA and not by us. He said he believed the case made by our team was compelling and the Trust awaits NIMDTA's response.
- On 22 October the Chair said he was pleased to make the opening remarks at the second Western Area Mental Health Collaborative Engagement Event. He

said this event marked an important second step in strengthening collective efforts to improve mental health services across the Trust's geography, building on a parallel event that had been held in the Guild Hall in Derry in the summer.

The Chair said mental health services across Northern Ireland are undergoing transformation, guided by key strategic frameworks, and key drivers such as equitable access to mental health support for all; stronger collaboration across primary and secondary mental health care; integration of the community and voluntary sectors; and genuine engagement and involvement of people with "lived experience" in shaping the services they rely on.

The Chair said the event was supported by an impressive line-up of speakers who shared their insights and expertise and he particularly wanted to acknowledge the contribution from Dr McGinley who focussed on the importance of community partnership and working together.

The Chair added that a key aspect of the event was engagement with a range of voices, insights and contributions from those in attendance. He said the active participation of all in attendance was encouraged so that their ideas could help shape the future of the Western Area Collaborative going forward.

The Chair said the event constituted first steps and it is hoped that it will be the first of many engagement events that will help create an effective mental health system based on a collaborative and shared ethos and values. He noted that it was acknowledged that together with the Community and Voluntary sectors we have the opportunity to build a stronger, better connected, and inclusive mental health service that more effectively meets the needs of the people the Trust is here to support and serve.

- Later in the evening of 22 October the Chair said he was pleased to attend the "prospective" medical and dental student night organised by the Trust's Volunteer Office.

The Chair said he was very proud to be able to invite young people from Derry and its environs to attend an event that allowed students who have an interest in medicine or dentistry to come to Altnagelvin and get first-hand experience and insights from medical and dental students and qualified staff about the challenges and satisfaction of working in health and social care. He said this was the second group of young people the Trust had the privilege to host in the last 2 years and it was great to see both a significant attendance and 15 stands supported by staff providing information on a wide and diverse range of career opportunities in medicine and dentistry.

The Chair said during the evening the young people had the opportunity to speak to doctors and dentists at various stages of their careers and also had the chance to use some equipment and learn more detail in relation to a number of different

specialities. He said the objective of the evening was that the young people would leave the evening enthused about a potential future career in healthcare and with a more complete insight into what the different specialities had to offer. The Chair added that what would be for him the best outcome for the event would be to see a number of the young people return to the Western Trust as future clinicians.

The Chair thanked medical and dental colleagues who gave up their personal time to provide their professional insights into the different specialities and also thanked the Med Ed West team who had been a tremendous support by giving access to their wonderful facility and equipment. Finally, the Chair also thanked the Volunteer and Work Experience office who organised the event and who supported by Human Resources continue to link closely with our local schools and colleges to showcase careers within the Western Trust.

- On 23 October the Chair said he was invited to join Cancer Connected Communities West to hear the outcome of a co-production project working with the Trust to improve cancer services.

The Chair said the project is coming to an end in November due to budgetary restraints, so Cancer Connected Communities held one last event to present the progress which has been made by service providers and planners towards implementing the commitment to change recorded at its opening event in June 2024. He added that the event was also a “thank you” to service users for their participation in the project and an opportunity for them to network and be signposted to other services/projects.

The Chair said as he listened to the perspectives of all the groups and organisations who had participated in the project, he noted a number of learning points that could provide important learning to the Mental Health Collaborative with its focus on engagement with the community and voluntary sectors and engagement with “lived experience”. He said to reinforce this point he shared with members comments made by Anthony Stuart when he spoke at the event in Omagh about the Cancer Project and what he had learned in representing Cancer Focus in respect of the project.

- Later that evening the Chair advised that Mr Guckian and he joined the Chat Tea Ball in Derry. He said this event was organised as part of the “positive ageing month” in partnership with Derry City and Strabane District Council. Its central purpose was to reduce isolation and loneliness for older people and to bring older people together to connect and develop new friendships.

The Chair said the event was another huge success and that he wanted to thank those who had been involved in making the evening such a success.

- On Tuesday the Chair said he was pleased to attend an event to celebrate a volunteer gardener at the Macmillan Centre, Altnagelvin Hospital, called Malachy who had taken on responsibility for looking after the small garden at the Centre. The Chair advised that Malachy had through a “labour of love” transformed the garden area and now the Centre receives many compliments from patients and staff on an almost daily basis. The number of compliments received by the Centre has resulted in it opening a specific compliments book for the garden.

The Chair advised that Malachy is a cancer survivor and had spent some time in Ward 50. At the time of his illness Malachy promised himself that once he was well enough he would return to volunteer so patients and staff could enjoy the therapeutic benefits of a developed garden. He said Malachy travels from Omagh at least twice a month and also raises significant sums of money to purchase plants. The Chair said Malachy has asked him to support further development of the garden and that he gave a commitment that he would speak to Mr Guckian about the possibility of doing this.

- Finally the Chair advised that he attended an event hosted by Developing Health Communities (DHC), who co-ordinate the WHO Healthy Cities Designation within Derry City and Strabane District Council, who had been successful in securing a financial grant from Innovate UK.

He said the £247,000 grant they have received will be used to encourage people with pre-diabetes to spend more time outside to improve their health and wellbeing whilst also boosting the local economy.

The Chair added that the project will provide incentives to participants by rewarding time spent in parks, local walkways and greenspaces with ‘Civic Dollars’ which can then be exchanged for rewards in local businesses or used to donate to local charities. He said this was a very innovative initiative and a form of “social prescribing” which needs to be encouraged.

The Chair concluded that he would like to acknowledge the role of our Health Improvement Department in referring patients to the project and also their work within the DHC Project Management Board supporting this initiative.

Prof McKenna commended the Chat Tea initiative and said research shows that loneliness has the same negative impact as smoking 15 cigarettes per day. The Chair said he has asked how the Trust can expand this initiative but that key to this is encouraging the community to support these events. He said the Trust is fortunate in that it has people in communities who give up their time to be involved in these event but he did recognise that this can be difficult particularly in rural communities where the younger members of the family have left and older people can feel very isolated. Dr Cassidy said loneliness is an issue across the age spectrum and not confined to the elderly.

11/25/5

**MINUTES OF PREVIOUS MEETING – 4 SEPTEMBER 2025**

The Chair referring to the minutes of the Trust Board meeting held on 4 September 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 Prof McKenna and they were approved by members as a true and accurate record of discussion at the September meeting.

11/25/6

**MATTERS ARISING**

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

He advised that Mr Guckian spoke to him on the proposal that he should write to the Minister on the role of the DoH in the Trust's "vision setting" process. He said Mr Guckian is meeting with the Permanent Secretary on 7 November to discuss the Trust's approach to the development of a vision and he will highlight to the Permanent Secretary the discussion at Trust Board and that this can be followed by a letter to the DoH if it is felt necessary.

The Chair confirmed that Prof Semple's details had been forwarded to the North West Swallows Group.

The Chair confirmed that arrangements had been made for the UNICEF UK Child Friendly Cities and Communities Award celebration.

The Chair advised that a response had been shared with members in relation to Ward 5 Altnagelvin Hospital and the management of legionella across the Altnagelvin site.

The Chair confirmed that the correction had been made to the Governance Committee minutes as per Dr McGinley's request.

The Chair said it had been agreed that the Southern Sector project approach to visioning, including user involvement, will come to the Improvement through Involvement Committee on 3 December.



11/25/7

## **CHIEF EXECUTIVE'S REPORT**

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

Mr Guckian said he wanted to begin by expressing his deepest sympathy to Ms O'Brien and Mrs Gallagher, Assistant Director, on the recent death of their mother.

### **General Pressure**

Mr Guckian advised that the last 2 weeks had been challenging for hospital flow, especially in Altnagelvin Hospital. He said in the 10 days prior to Halloween, there were high numbers of patients waiting for a bed and the Trust had not managed to fully de-escalate prior to the significant increase in visitors to the Derry area for the Halloween celebrations.

Mr Guckian said as of 5 November, there were 54 patients waiting for a bed in Altnagelvin and 12 in the South West Acute Hospital, he assured members that staff were continuing to make strenuous efforts to deescalate and discharge patients. He reminded members that 12 additional beds will be opened as part of the Trust's Winter Plan and these will become operational in the coming days.

Mr Guckian asked that his apology to all patients and their families for the delays in hospital flow and the consequent impact on their care be recorded.

### **North West Regional College Graduation Ceremony**

On 30 October 2025 Mr Guckian said he attended the Graduation Ceremony for the North West Regional College. He said a number of Trust staff graduated, and a significant number of graduates will hopefully become our staff into the future.

### **16 Days of Action Against Domestic Violence and Abuse**

Mr Guckian advised that he had recorded a brief video piece to support the local and international campaign to raise awareness of domestic violence and abuse. He said the Trust is hosting a conference regarding domestic violence in the Northern Ireland context on 25 November, and a range of events in relation to this issue have been planned for over the next period.

### **Mid Year Review Meetings with Directorates**

Mr Guckian advised that he had completed his mid-year review of all Directorates and that he wanted to thank everyone for the presentations made and the papers discussed. He said he would collate the individual reports and he will present many at the Staff Recognition Awards Ceremony in December.



## **Finance – Funding of the Pay Award for HSC Staff**

Mr Guckian referred to recent discussion in the media regarding the pay award for HSC staff in 25/26 and said currently the pay award on offer from the DoH is for half of the Pay Review Body's recommendation. Mr Guckian highlighted the importance of reaching a resolution of this issue in a way that our staff would not feel devalued. He advised that a number of staff side organisations have indicated that they are balloting their members in respect of industrial action and said the adverse impact of this during the busiest time of the year could not be over stated.

## **SOAS**

Mr Guckian advised that he had responded to SOAS's recent correspondence and that the Trust looked forward to respectful and open engagement with the SOAS executive in the near future.

## **Culture Update**

Mr Guckian advised that in July, Trust Board had received an update on the work done to support the development of an open, just and learning culture within the Trust. He said the report provided an overview of:

- the work that the Trust has done to promote the development of an open, just and learning culture;
- the range of support and intervention provided by the Trust for teams;
- the policies and procedures the Trust has implemented to deal with conflict, bullying and harassment in the workplace; and
- the arrangements the Trust has in place to enable staff to raise concerns.

Since that meeting, Mr Guckian advised RQIA has published the HSC Safety Culture Assessment Framework "Being Human" and there also had been the publication of the McBride Hill report in relation to the Belfast Trust.

Mr Guckian said the launch of the Being Human framework was attended by Dr McPeake and the Assistant Director of Organisation Development who had been a member of the regional Steering Group who informed the development of the Framework. Members were advised that the Being Human framework is designed to promote and embed a positive safety culture across HSC organisations and is one of a number of regional frameworks and guidelines that the Trust is required to take account of as we continue our work on culture.

Referring to the McBride Hill report which had been commissioned by Minister Nesbitt following serious concerns about a number of issues, including culture, being raised in the Cardiac Surgery Unit in Belfast, Mr Guckian said the report recommended that the Belfast Trust undertake fundamental reforms of its

leadership, culture, governance and human resources arrangements. He said the focus of the reforms are designed to rebuild trust between teams; improve the staff voice and related escalation mechanisms; strengthen medical leadership and Board oversight; and ensure staff behaviours and inter-professional relationships no longer pose an ongoing risk to service delivery and patient safety. He added that although the report relates specifically to the Belfast Trust, Western Trust HR was currently reviewing it to consider any learning that could be adopted within the Trust.

Mr Guckian said he would bring a fuller report to Trust Board in December, and in the meantime he wanted to provide members with a brief update on the approach we will be taking and the work we have planned.

### **Establishment of Trust Safety Culture Group**

Mr Guckian advised that to advance a programme of work in support of the Trust's strategic priority of improving culture, and oversee the expectations and recommendations set out by a number of regional frameworks and reviews, the Trust will establish a Safety Culture Group in January 2026. He said the Group will be co-chaired by the Assistant Director of Quality & Safety (Medical Directorate) and the Assistant Director of OD (HR Directorate) with membership from professional governance leads across Directorates.

### **Launch of 2025 Trust Culture Survey**

Mr Guckian advised that the Trust is committed to running an annual "pulse" survey on culture focusing on both staff engagement and psychological staff safety. He said the first baseline survey was completed in March 2024 and the 2025 survey has now been agreed for launch on 24 November and again will be live for a period of 3 weeks. He added that by repeating this survey the Trust will be enabled to reassess the impact of actions taken and importantly allow a comparison of culture over time. Mr Guckian concluded that the outcome of this survey will be considered by the newly established Safety Culture Group and within Directorate level plans.

Prof McKenna asked that members also note the parallel work on culture being undertaken by RQIA with a particular focus on safety culture. The Chair also highlighted that recent media reports about poor obstetric outcomes at the John Radcliffe Hospital in Oxford had again highlighted culture as a contributory factor.

11/25/8

### **PATIENT STORY – CARE LEAVERS' EXPERIENCE FROM A SERVICE USER PERSPECTIVE**

The Chair welcomed Mr Brattin and Mr McLaughlin, Assistant Director, to the meeting and thanked them for attending and for Mr Brattin joining the meeting to share his story of being a care experienced Social Worker.

Dr Cassidy introduced Mr Brattin to members and said he was pleased that Mr Brattin had agreed to join the meeting to share his story. He invited Mr Brattin to make his presentation.

Mr Brattin shared a presentation of his journey through the care system at the end of which the Chair asked members if they had any questions.

Mr Hegarty asked Mr Brattin how was his relationship with his twin brother now. Mr Brattin said that while he and his brother's lives had gone in different directions he was "doing ok", he was living in England and that he continued to provide some support to him.

Mr Hegarty asked Mr Brattin did his relationship with his adoptive mother ever improve. He advised that his adoptive mother passed away when he was 20.

Dr McGinley advised Mr Brattin that she is a member of the Trust's Adoption Panel like Mr Hegarty before her. She said his story was very powerful and said she was very taken by the fact that it was his biological mother who got him back on track. She asked should there have been more done with the adoptive family to support him. Mr Brattin said it was not the responsibility of the 16+ Team to do this and that his adoptive mother did not engage with services.

Mr Brattin was asked when he had come through such adversity, why did he chose Social Work as his career. He responded that what Social Services had done for him was "brilliant" and that he looked up to the 2 key staff and his PA who looked after and guided him. He said he wanted to be a mix of all 3 of them and what they had done for him he now wanted to offer similar support to other young people. Mr Brattin said he currently works with an adult community and he was really enjoying it.

Mrs Laird thanked Mr Brattin for sharing his powerful story which she felt was "beautiful as well as disturbing in equal parts". She asked him how his experience influenced how he works as a Social Worker. Mr Brattin said that when he completes a needs assessment he begins with strengths and does this from a service user perspective. He said he prefers not to look at clients through a lens or language of negativity but focusses on the positive. He added that he seeks to have an empathic approach and not to take things personally.

Mrs Laird asked Mr Brattin how important had education and employment been on his journey. Mr Brattin said he was a student of St Columb's College in Derry and he thanked those within the school community who had supported him. He said the College provided a great deal of support and he availed of all of it. He said he was quite driven and said he felt lucky and that he never lost sight of what he can do. He added that throughout he was encouraged by so many people to do better.

Mr Guckian said he was a former student of St Columb's College and he too studied in Liverpool and that for him Mr Brattin's story resonated deeply with him. He said that Mr Brattin's story offered a very positive insight into the difference good social work can make to the lives of young people. Mr Guckian wished Mr Brattin every success for his future and that his clients are so fortunate to have him as their Social Worker.

Mr Hegarty said as an adoptive parent of 2 children he could relate to some of the "pitfalls" described by Mr Brattin but said that if he had been fortunate enough to adopt him, he would be bursting with pride.

The Chair thanked Mr Brattin for his presentation and said the authenticity his presentation had covered was amazing. He said child care services are one of the biggest challenges for the Trust. He suggested to Mr Brattin that he should commit his story to the written page as it could offer hope to others.

11/25/9

### **CORPORATE RISK REGISTER**

Dr Lavery referred members to the Trust's Corporate Risk Register. He said there were 22 risks on the register as approved at Trust Board on 4 September.

Dr Lavery shared with members 2 proposed new risks for inclusion on the risk register. He said the first risk was in relation to the current vulnerabilities in the Obstetrics and Gynaecology workforce in Altnagelvin Hospital. He said the second risk was in relation to the withdrawal of North West Care from domiciliary care provision in Fermanagh. Dr Lavery outlined mitigations that have been put in place in relation to both of these risks.

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

The proposal to add 2 new risks to the Corporate Risk Register was proposed by Prof McKenna, seconded by Dr McPeake and unanimously supported by all members.

***As a result of a member of the public finding it difficult to identify who was in the room, the Chair asked all members present in the room to introduce themselves to those joining on line.***

11/25/10

## **BOARD EFFECTIVENESS SELF ASSESSMENT 2024/25**

Dr Lavery shared with members for their approval the Board Effectiveness Self Assessment for 2024/25.

Dr Lavery advised that the DoH has provided an extensive self-assessment tool to assist ALBs improve their effectiveness and provide members with assurance that they are conducting their business in accordance with best practice. He said the briefing paper within members' packs was supported by 4 papers which were:

- Draft Board Governance Self-assessment 2024/25;
- Self-assessment tool evidence list 2024/25;
- Case Study – Emergency Department Pressures, Capacity and Flow;
- Board Governance Self-Assessment Action Plan 2024/25.

Dr Lavery advised that for the year 2024/25 the self-assessment and evidence record had been drafted on behalf of the Board, with input from the Corporate Governance Team, Patient Safety and the Office of the Chief Executive. He said the self-assessment tool was reviewed regionally during 2024/25 with no significant amendments being proposed and added that the new format excel self-assessment tool had now been populated for 2024/25.

Dr Lavery advised that the 2024/25 draft assessment was reviewed at the Trust Board Workshop held on 2 October 2025 and agreed actions were proposed. He shared with members a table summarising the outcome of the draft assessment for 2024/25 and said the evidence list illustrated an extensive range of items of evidence which supported the draft assessment for 2024/25 across the categories outlined in the assessment tool. Dr Lavery said members could draw assurance from this in respect of the good practice which is in place and which contributed to the green RAG rating. He said members would also note that no red flags had been identified as part of the assessment, with one amber action being proposed at the October workshop.

Dr Lavery advised that Internal Audit is currently completing an audit of Board Effectiveness as part of the 25/26 Internal Audit Programme and he noted that the previous Internal Audit of Board Effectiveness completed during 22/23 provided the Trust with a "satisfactory" outcome.

Dr Lavery commended to members for approval the Board Governance Self Assessment for 24/25.

The adoption of the report was proposed by Dr McPeake, seconded by Mr Telford and unanimously approved by members.

The Chair said he felt confident in supporting the Self Assessment on that the evidence base offered to support the self assessment was extensive. He added that the price for clarity was consistent vigilance and was being proactively demonstrated by the self evaluation.

Dr McPeake asked what were the next steps following submission of the Board's Self Assessment to the DoH. He was advised that there will be an external audit of the Board's self assessment in due course.

11/25/11

### **QUALITY IMPROVEMENT MONITORING REPORT – NEWS**

Mrs Keenan shared with members a quality improvement monitoring report in respect of National Early Warning Scores (NEWS) for the period 1 October 2024 – 30 September 2025. She said that since the implementation of encompass in May it had become more difficult to source the information to inform this report and that it was currently necessary for staff to complete these audits manually.

The Chair asked if the Trust was aware of when this issue would be resolved. Mrs Keenan advised that this was unclear at this stage.

Dr McPeake asked from a governance point of view how many areas and services were affected in a similar way. Mrs Keenan said she was not aware of the complete breadth of the challenge currently however as far as nursing was concerned it involved all 4 of the nursing Key Performance Indicators (KPIs).

Dr McPeake asked that the Trust scope the impact of this and then as a Trust Board it should be escalating this matter to the DoH as other Trusts must also be experiencing this challenge. Dr McPeake said as Board members they have a responsibility to the people they are accountable to escalate this and assure themselves of the standard of care being provided.

Mrs Molloy assured members that this issue has been escalated to the encompass project board and it has put in place a recovery programme for reporting. She said a group is meeting on a weekly basis to discuss the generation of these types of reports however she will flag the Board's concerns to the relevant authority.

This approach was supported by members.

The Chair thanked Mrs Molloy for taking this forward and said the "drill down" into this information was essential to provide reassurance to members and while the Board was unable to do this members were not getting essential outcomes from encompass.



Continuing her report Mrs Keenan said wards and departments had continued to audit compliance of the NEWS2 KPIs on a bi-monthly basis from 1 October 2024 until the encompass Go Live on 8 May 2025. She said exception reports and action plans were submitted through the Professional Nursing SharePoint site and exceptions are included in Directorate Governance meetings for discussion. She said any issues, themes or variances with these audits were discussed at the bi-monthly Nursing Accountability and Assurance meetings to provide a clear and consistent approach and assurance on the standards of practice, conduct and professionalism of nursing and midwifery care services. Mrs Keenan added that the Nursing and Midwifery Accountability and Assurance Committee hold operational nursing and midwifery management to account when NEWS2 audit results demonstrate aspects of care that have not been delivered to the required standard.

Mrs Keenan advised that while work continued on the development of the documentation within the system in respect of the build for the KPI audit reports, a regional encompass "Deteriorating Patient group" had been set up to look at the digital system and this work is ongoing, she advised the meeting the Western Trust is represented on this group.

Mrs Keenan said while the digital KPI audit build is being completed, the Trust's Professional Nursing team has shared the regionally revised NEWS2 KPI audit tool with the Lead Nurses and have asked that they audit NEWS2 compliance on the digital system from September 2025 to provide assurance on the current standards of practice. She said the sample size is 5 charts per ward/department each month. Members were asked to note that the September (manually collected) audit scores were not available at the time of compiling today's report and will be included in the next report.

Mrs Kennan said for the period 1 October 2024 - 30 April 2025 the audit scores for overall compliance with the NEWS Bundle was slightly below the target of 95%. She said all scores not achieving the acceptable standard required an exception report and these were then discussed at the Nursing Accountability and Assurance meetings. Mrs Keenan said additional support is offered by the Professional Nursing Team to areas consistently achieving a low score to educate staff on the use of the audit tool, emphasising the importance of accurately documenting NEWS2 and adherence to the Trust escalation process.

Mrs Keenan advised that there were some areas such as the Mental Health and Learning Disability wards where there was a pattern of low scores due to a number of their patients being unwilling to have some or all of their vital signs/observations recorded. She said in these cases the "Non-touch Observational Tool" is used to monitor the patient to highlight any signs of deterioration until a NEWS2 score can be recorded.

Mrs Keenan advised that NEWS2 continues to be included with the Immediate Life Support training and all new registrants being asked to complete the e-learning



provided by the Royal College of Physicians. In addition she said there is a User Lab on how to record NEWS2 on the digital system and regional work is ongoing on the escalation build.

Prof McKenna said he was interested in low scores because of patients who have declined to have their vital signs recorded. He said it was important to monitor these patients and asked was the Trust doing anything to address this issue. Mrs Kennan referred to the “Non Touch Observational Tool” introduced in Mental Health and Learning Disability wards and said unfortunately these patients sometimes do not cooperate however staff observe the patient breathing and monitor for any side effects.

Mrs Keenan took members through the detail of the statistical information within her report. Mrs Keenan advised members that this issue has been added to her Directorate risk register for all KPIs.

11/25/12

### **ENVIRONMENTAL CLEANLINESS UPDATE**

Mrs Keenan referred members to the Environmental Cleanliness audit dashboard for the period July - September June 2025.

Mrs Keenan said there had been good adherence to the audit schedule within this quarter with 96% of the Bi-Monthly audits (for 39 areas) being completed as per the schedule for the months of July-September 2025 with 100% achieving the required standard. She said 83% of the quarterly Audits (for 103 areas) were completed as per the schedule with 94% achieving the required standard (green  $\geq 91\%$ ). She reported that 6% of the quarterly Audits achieved an amber score of  $\geq 75\%$  -  $\leq 90\%$ .

Mrs Keenan said in these areas there were a number of elements that require improvement and are being addressed which included general decluttering of identified areas to facilitate cleaning, wear and tear of environment and furniture that needs repaired or replaced were also being highlighted and addressed. Mrs Keenan added that 85% of the 6-monthly audits (72 areas) were completed as per the schedule until the end of September with 100% achieving the required standard.

Mrs Keenan referred to areas for improvement and said all areas have been asked to look at decluttering and re-evaluating the utilisation of their storage areas to facilitate this. She said the standard within shared spaces ie health centres and treatment areas also need to be reviewed as a number of these areas are scoring amber on their audits. Mrs Keenan said a “Shared Spaces checklist” is now in use and completion of this checklist is reviewed with key themes and trends being identified.

Mrs Keenan advised that 6% of the quarterly audits and 20% of the managerial audits completed achieved an amber score ( $\geq 75\%$  -  $\leq 90\%$ ) and as a consequence are required to submit an exception report to ensure that all estates issues have been logged. She said the Leads and Heads of Service are required to ensure that the exception reports are submitted post the audit.

Mrs Keenan advised that there had been a reduction in the number of Managerial Audits that had taken place in quarters 1 and 2 due to various factors. She said 51 audits (22%) had been completed from 1 April 2025 - 30 September 2025 compared with 122 (51%) in the same time frame last year. Mrs Keenan said there is an additional focus on ensuring that all areas have a Managerial Audit scheduled before the end of March 2026 and that a process is in place to ensure that any cancelled audits are highlighted promptly and rescheduled.

11/25/13

### **AN EDUCATION SHOWCASE FOR LOOKED AFTER CHILDREN – CUTTING EDGE AND MULTIAGENCY**

Dr Cassidy shared with members for information the “Emotional Wellbeing Teams in Schools” annual report for the academic year 2024/25. He said this report was timely given today’s service user story.

Dr Cassidy referred to the previous presentation to Trust Board by the EWTS team and said at that time there were some funding issues. Dr Cassidy said he was pleased to advised that the Trust had since received funding to enable these posts to be made permanent.

Dr Cassidy advised that the service is going from strength to strength and now involves the participation of 13 schools. He detailed for members the themes being addressed in schools. He said as the Service develops it is hoped that it will be offered to more schools.

The Chair said this service was vitally important and said the message that came across at both the mental health collaboration events was that it is essential that the education sector must be a critical partner in initiatives in mental health where young people are involved. The Chair said he commended this work.

Dr McGinley referred to the report and to reference that 14 schools withdrew from the service. It was noted that these schools were in the Southern Trust’s area. Dr McGinley asked about the types of schools that participate in the service and it was noted that schools self select but that all schools are being encouraged to consider participating in the programme.

The Chair referred to the issue of geography and to Dr McGinley’s point at an earlier Board meeting regarding the number of young people who had in recent years taken

their own lives in Fermanagh. He said school had a key role in supporting young people, Dr McGinley agreed that peer support was vitally important for young people particularly men.

Rev Canon McGaffin asked what support are schools receiving to undertake this work. Dr Cassidy said the EA is the relevant authority in relation to funding schools however schools self select on whether to participate in the programme. However, he said in his view every school would benefit from participating in the programme. He acknowledged the Trust does not have the resources to facilitate this.

Commenting, Prof McKenna referred to the adage “it is easier to build strong children than mend broken men”.

Mrs Laird thanked Dr Cassidy for sharing the report. She said that this work is very powerful and if you look at the young people who are coming into social care and criminal systems you see a lack of appropriate social/emotional models in their lives.

The Chair said the challenge for the Trust is how to resource these critical initiatives and as resources are finite we have to make choices.

11/25/14

## **GOVERNANCE COMMITTEE**

### **14.1 Minutes of Committee meeting held on 25 June 2025**

Dr McPeake referred members to the minutes of a Committee meeting held on 25 June 2025. He said members had been briefed on the meeting at the September meeting.

### **14.2 Verbal update from Committee meeting held on 24 September 2025**

Dr McPeake advised members that the Governance Committee met on 24 September and there were no items for escalation to Trust Board. He said there were a number of issues which he would like Trust Board to note.

Dr McPeake advised that the outcome of a “deep dive” was presented as a Corporate Risk ID1629 in relation to Alcohol Related Brain Disease. It was noted that this is a non commissioned service within the Trust and the lack of a commissioned service has resulted in delayed discharges, increased care home placements, community care packages and increased demand for care management. Ms Quinn advised members that the Trust is developing a business case for the commissioning of this service for consideration by the SPPG and the Trust is hopeful the SPPG will provide funding for this service. Ms Quinn added that the Western Trust has already scoped this service in terms of the number of projected clients and related costs.

Dr McPeake advised that the Committee also received a report in relation to an SAI which had been escalated by the Rapid Review Group. He said the SAI investigation will include focus on why the issues involved in the case were not taken forward.

Dr McPeake advised that the Information Commissioner's Office has highlighted concerns with the Trust's compliance with Subject Access Requests. He said the Trust's performance is below the expected level and an improvement plan was submitted in August 2025.

Dr McPeake advised that implementation of Adult Safeguarding legislation will be challenging as this will likely be on the statute before the workforce and resources are in place to support it.

Prof McKenna referred to the SAI and said the Improvement through Involvement Committee considers learning from SAIs and complaints. He said it is important that the Trust looks at what is the impact of this and what learning should be taken forward to change practice as a result.

Rev Canon McGaffin said that she felt in various discussions today there was a repeated emphasis on learning and currently for this learning felt fragmented and disparate. She said she would like to see evidence of where learning is recorded and how is it monitored and this needs to be systematised.

Dr Lavery assured members that SAI investigations have action points which are followed up to ensure action is completed. He said if the Trust comes across a case and it is not a departmental issue we share the learning across services and share with the DoH so they can develop a "learning letter" for sharing with other Trusts. Dr Lavery said the Trust has received learning letters from other Trusts.

Dr Lavery suggested that Rev Cannon McGaffin might find it helpful to speak to Mr McCaul, Assistant Director of Quality and Safety who could provide a more complete response to the concerns she had raised. Rev Canon McGaffin said she was unsure if learning from complaints, SAIs, Lookbacks are being effectively collated and monitored.

11/25/15

### **HEMOCARE SERVICES IMPROVEMENT PROJECT**

Dr O'Neill advised members that the Western Trust provides Homecare Services to more than 6,000 individuals each year. She said these essential frontline services consist of core homecare and Reablement services, provided to individuals from across the different Directorates with care and support in their own homes, provided 365 days per year throughout the Trust's geography. She said the Trust contracts

with 7 independent sector homecare providers to deliver the services on its behalf alongside the Trust's own in-house homecare service. Dr O'Neill said the service is provided across 9 geographical lots or areas with the Independent Sector providing 81% of the homecare activity for the Western Trust. She added that there are approximately 2,500 staff employed in this sector carrying out over 14,000 daily and over 5m annual visits.

Dr O'Neill said the aim of the Homecare Services Improvement Project was to make better use of available homecare resources, by generating increased weekly care contacts within existing capacity, to assist in meeting the growing demand.

She said the project undertook a review of the existing service provision to identify where efficiencies could be made by deconstructing existing rotas and rebuilding them into a more efficient model. Dr O'Neill said the approach taken was to optimise Block Rotas and reduce the reliance on spot purchased care with the objective of enabling the Trust to address some of the unmet need for homecare services across the Trust's geography.

Dr O'Neill said the improvement project ran from April 2022 to June 2025 with learning being used from each "lot" to update or further develop work plans for the next location. She added that natural efficiencies were captured and geographical care clusters were used to reduce travel time. She said the focus was on outcomes for service users rather than time allocations and the data used was evidence based reflecting actual care delivered on the ground with efficiencies being reallocated as available visits to address unmet need or challenges in hospital flow.

Dr O'Neill said the project focused on strengthening partnership working and ensuring a holistic multidisciplinary approach to assessing the individual needs of service users. She said this work was underpinned by assessment, review and regular updates to service user information that allowed individualised and tailored homecare packages to be provided.

Dr O'Neill said a significant number of unmet need cases were addressed as a result of the project. She said during times of extreme pressure in our acute hospitals, the project focused on hospital discharges which enabled beds to be freed up for patients waiting to be admitted from Emergency Departments. She added that sourcing care to support discharges from Northern Sector hospitals had proven to be more productive compared to the position in South West Acute Hospital and Omagh Hospital & Primary Care Centre as the challenges in the Southern Sector were attributable to rurality and workforce supply issues that inhibited the provider's responsiveness.

Dr O'Neill said as a key project in the Trust's Delivering Value programme of work, the project had a number of successful outcomes and reflections:

## **Outcomes**

- 738 cases of unmet need accommodated including:-
  - New referrals
  - Increased care packages
  - Hospital discharges
  - Longstanding unmet need
  - Escalated Nursing Home placements
  - Hard to reach areas
- 7,611 weekly hours of unmet need addressed
- 7,587 weekly net hours of Spot accommodated within resourced Block capacity
- Capacity generated – would require almost 200 WTE additional staff
- Demonstrating efficiencies in delivery of services
- No service user experienced a reduction in time as a result of this project.

## **Reflections**

Referring to reflections on learning Dr O'Neill said these included the importance of early communication and engagement with service users, families and communities also the critical need for partnership working in managing change processes between Multidisciplinary Team colleagues and homecare providers. She said while this improvement project had now ended, learning and reflections had been that the evidence had demonstrated the benefits of a whole system approach in reviewing and updating processes which had resulted in more efficient care delivery for service users and their families. That said, she said it was acknowledged that more targeted work is required in those areas where delivery gaps have been identified and these have continued to be difficult to meet.

Dr O'Neill said the Trust is the only Health and Social Care Trust in Northern Ireland to have homecare contracts that are secured by competitive tender and the new Homecare Contracts planned implementation date is early 2026 and is aligned to this learning which will also include improved contract monitoring and management processes as well as enhanced use of technology for real time monitoring based on learning from this programme of work.

Dr O'Neill invited questions from members.

Dr McPeake referred to the map and asked what the significance of the coloured dots were. Dr O'Neill explained that the coloured dots signified different client groups.

Dr McPeake referred to gaps in service areas and asked what measures were being put in place to address these. Dr O'Neill said there is an action plan in place. She



referred to the new Homecare Contract currently being tendered. She referred to North West Care withdrawing from its contract in Fermanagh and said the Trust has moved their clients to the 2 other care providers and in addition the Trust has extended its in-house team. She said the service is also examining technology solutions to support clients at home and ways of meeting the needs of those in hard to reach areas. Dr McPeake commended this work.

Mr Guckian reminded members that this project is part of the Trust's recovery plan and it has moved to a service redesign phase. He said he wanted to pay tribute to the providers of homecare services and said they have embraced the project and work positively with the Trust to maximise the outcomes of the project. He said that it recognised that there are challenges in the southern sector and once the formality of the tendering process has been completed, if the challenges still remain then we will look at ways to address this which could include asking local neighbours to become involved.

Mr Telford referred to the work of Committees in Common and suggested this project should be shared with other Trusts and that potentially there are other services that have a geographical aspect to their workload that could benefit from this work. He commended Dr O'Neill and her team for deconstructing the rota which was a huge piece of work.

Dr McGinley referred to the tendering process and asked if there was a coproduction dimension to it. Dr O'Neill said this was a very complex tendering process which required legal advice. She said when the tendering process is complete we will look at coproduction.

11/25/16

#### **ANNUAL QUALITY REPORT 24/25**

Dr Lavery referred members to the Trust's Trust Annual Quality Report 2024/25 for information. He said the report was compiled using a regional minimum dataset and format to ensure consistency across the region. Dr Lavery said the report highlighted some of the excellent quality improvement work undertaken throughout the year in the context of the challenges experienced and how these are being overcome.

Dr Lavery referred to the Next Steps section and said it outlined the work plan for 2025/26 whereby we will continue to work to improve services in line with the Strategic Priorities set out in the Trust Corporate Plan.

Dr Lavery said the report was reviewed by CMT on 2 September and approved by Governance Committee on 24 September 2025 and will be published on the Trust's website week commencing 10 November 2025 to coincide with World Quality Day on 13 November 2025.



11/25/17

**DRAFT WESTERN TRUST ANNUAL EQUALITY PROGRESS REPORT APRIL 2024 – MARCH 2025 TO THE EQUALITY COMMISSION FOR NORTHERN IRELAND (ECNI)**

Mrs Molloy shared with members the Trust's Annual Equality Progress Report for the period 1 April 2024 – 31 March 2025. She reminded members that Public Authorities are required by the Equality Commission to submit an Annual Equality Progress Report. She said the content of this 2024 - 2025 annual equality progress report evidenced that there had been sustained commitment across the Trust to meet statutory obligations under Section 75 of the Northern Ireland Act 1998 and Section 49A of the DDO 2006 and that there had also been significant progress in all areas of the Trust's Equality Scheme, Section 75 Equality Action Plan (EAP) and Disability Action Plan (DAP).

Mrs Molloy said the report was accompanied by Appendices. Dr McGinley referred to the Little Book of Cultural Competence and Mrs Molloy agreed to share this with her.

Prof McKenna referred to equality and equity and the differences between these objectives and suggested that we probably need to consider carefully the qualitative difference between the two words because it seems sometimes they are treated as if they are interchangeable.

The Chair said some of what the Trust reports on are legislative requirements. Mrs Hargan said in employment, the Trust's equality leads are very conscious of the equity piece and it is addressed within the approach they adopt to dealing with these matters. She said while some of the language is long established the whole issue of equity is very much current and should be on all our agendas.

The Chair referred to a recent statement by the Secretary of State for Health who said that staff from overseas are taking the brunt of racial abuse from the public. He said this reminds us of our responsibility to ensure these staff feel safe however he said a sense of safety and security takes us beyond our work settings and into their homes and neighbourhoods.

The Annual Equality Progress report was proposed by Prof McKenna, seconded by Mr Hegarty and unanimously approved by members.

11/25/18

## **IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE**

### **18.1 Notes of Committee meeting held on 12 June 2025**

Mrs Laird referred members to the minutes of a Committee meeting held on 12 June 2025 for information. She said a briefing had been provided to members at the September Board meeting.

Mrs Laird said the Committee received a very powerful presentation by 2 members of staff and a youth ambassador. She said she would commend this presentation to the Board as it was an account of co-production. Prof McKenna agreed that this presentation had been very powerful and that the ambassador wanted her voice to be heard and that he felt the Board would appreciate hearing this.

### **18.2 Verbal Update from Committee meeting held on 11 September 2025**

Mrs Laird referred to a Committee meeting on 11 September.

Mrs Laird advised that the Committee was updated on a meeting held to discuss how service user involvement could be implemented at the Trust's Policy Group. She said it was confirmed that the Trust's Equality Lead is a member of the Trust's Policy Group and it was agreed the Equality Lead would advise the Group on whether service user involvement should be employed for the development of a policy. Mrs Laird added that examples of Service User involvement in policy development, if available, will be included in the December agenda for discussion and the Trust Equality lead will advise Policy authors on whether service user involvement would be appropriate and service user's feedback would be provided to the Trust's Policy Group via the Equality Lead.

Mrs Laird advised that the Patient Client Experience (PCE) Team advised a presentation on 'Smart Recovery' would be delivered at the '5 years of Care Opinion' event on 16 September 2025. She said the ITI Committee is keen to hear more about 'Smart Recovery' and an update is to be provided at the next Committee meeting. In addition Mrs Laird said the Committee agreed to invite Dr Black to a future meeting to brief members on the feedback received to the MyCare Survey which has been co-produced by the encompass Team & PCE Team.

Mrs Laird said Mrs Keenan briefed the Committee on patient and client experience including SAIs, Complaints, Care Opinion and 10,000 More Voices for the reporting period 1 April to 31 July 2025.

Mrs Laird noted the various ways in which the Trust is identifying high level themes for learning and further roll out of learning Trust wide. She said Professor McKenna said communication and staff attitude had been consistent themes and asked what initiatives are being taken into account to address these issues. Professor McKenna

noted communication and attitude should be instilled within their training programmes for all healthcare professions.

Mrs Laird said the Committee received a presentation from the Trust Involvement Team on the development of a new proposal for PPI evaluation assessing its quality and impact. She said the Non-Executive Directors worked with the Involvement Team to develop the proposal. Mrs Laird said the current framework focused heavily on quantitative data with limited scope to capture the quality of involvement, its impact or learning from projects and that the purpose of the new proposal was to provide assurance on impact, scale, spread and sustainability with the evaluation process aligned with the Trust values and priorities. Mrs Laird added that by the Trust aligning the evaluation process with the Trust's values of involvement it can become a driver of improvement throughout the Trust. She shared with members the 5 evaluation themes which have been proposed and said it was agreed the proposal on the PPI Evaluation should be presented to CMT for further discussion. Mrs Laird said she would commend this to Trust Board also.

Mrs Laird advised that the Committee was briefed on the Teddy Bear Hospital Case Study, an initiative developed in partnership with the Trust, Altnagelvin Parents Group and Ulster University Child Health Society medical students. She said the aim was to turn fear into familiarity by introducing young participants to medical scenarios, where clinical environments are demystified in a safe and playful way using the children's teddy bears.

Mrs Laird advised that staff from the Children & Young People's Autism Early Intervention Service attended the Committee to brief members on the improvement and involvement initiative 'Doing Things Differently: Using a Neuro-Affirming Approach to See Beyond the Label'. She said the Children & Young People's Autism Early Intervention Service (EIS) was established in 2021, consisting of a small team of multi-disciplinary professionals, who alongside service users and their families, developed new ways of working for those awaiting an autism assessment.

11/25/19

## **PEOPLE COMMITTEE**

### **19.1 Minutes of Committee meeting held on 10 June 2025**

Mrs Laird referred members to the minutes of a Committee meeting held on 10 June. She said an update had been previously shared with members. Mrs Laird commended the "Staff Story" from Dr Canavan to members.

### **19.2 Verbal Update from Committee meeting on 9 September 2025**

Mrs Laird referred to Committee meeting held on 9 September. She said the meeting's Strategic Theme was "Growing for the Future" with a focus on workforce

innovations and challenges. She said she had been delighted to welcome a number of NED and Director colleagues who were able to join the meeting to receive professional workforce updates for social work, nursing and midwifery and allied health professionals.

Mrs Laird said the Committee remains concerned regarding appraisal compliance with rates having decreased in comparison to the same period in the previous year. She said while the Committee accepted encompass preparedness and implementation had impacted on appraisal compliance rates it also is of the view that rates have never reached an acceptable level. Ms Laird said the Committee was advised that all Directors have a target for appraisal completion as part of their objectives for 25/26 and a campaign to increase completion is being undertaken by Organisation Development during the autumn. Mrs Laird said she felt it important that the Board note performance in this area.

Mrs Laird said the Committee was concerned with an Early Alert relating to Waterside Hospital regard staffing absence rate.

Mrs Laird referred to the GMC NI 2024 National Report and said a copy of the report was shared with the Committee and Dr Lavery drew out some highlights to note.

Mrs Laird said the Committee identified a number of documents to be shared with members and these were circulated by email on 24 October.

The Chair said he wished to echo the commentary on appraisal and said this was a very disappointing position. He said this impacts on our work and the position needs to be improved. The Chair said this related to culture and we need to show improvement there.

The Chair commended Mrs Laird on the Committee's work in relation to succession planning and said this was something that the Trust needs to build upon.

Dr McGinley commended the Committee for the sharing of relevant papers and said she felt this was good practice. She referred to Patient and Client Experience that goes to the PHA and asked that she have sight of this.

11/25/20

## **PERFORMANCE REPORT – QUARTER 2**

Mrs Molloy presented to members the Trust's performance report for quarter 2. She said this was the first Performance report to Trust Board since the Trust went live with encompass on 8 May 2025, which was in the middle of Q1.

Mrs Molloy said members would know that a normal part of the work for all Trusts post go live was the validation of data quality within each service, and it was only

when we were satisfied with a medium or high level of confidence in the data that this data is used in public reports. Mrs Molloy said Trust Board was also aware that this year the HSC system moved away from performance reporting against the Service Delivery Plan targets had been the regime for a number of years before the introduction of System Oversight Measures (SOMs). She said while this transition had seen a number of reporting areas come across from SDP into SOMs, and be reported in the same way, there were new areas in the report which would not have come to Board in recent years, as well as some areas which were no longer reported on. Mrs Molloy said members would see in her paper that we will progressively be moving towards reporting on 51 performance metrics.

Mrs Molloy advised that the Trust is able at this point to run reports on 36 of the metrics for September 25, but confidence in data quality was not sufficiently high in some areas, and therefore for the first Trust Board performance report post-encompass she would report on 16 areas in section 2 of her report. Mrs Molloy said she had not fully validated the intervening months of May to August, so September is the first reporting month.

Mrs Molloy said today's report did include critical areas such as unscheduled care, cancer and a number of the mental health measures, which are also areas relevant to the Support and Intervention framework, which is helpful. She added that the Trust is not yet completely confident that all areas of discharge and our elective activity are sufficiently validated and this is ongoing work with services. Mrs Molloy said these will not appear in Trust Board reports until they meet at least a medium level of confidence.

Mrs Molloy advised that the Finance and Performance Committee met on Tuesday and were taken through considerable detail on our confidence levels down to specialty level. Mrs Molloy said she could assure members that the Trust is broadly consistent with the Southern Trust in its progress with data validation work and the Trust is linking closely with them to share learning and experience.

Mrs Molloy turned to the detail of section 2 of the report, and she briefly took members through the areas reported. Referring to acute care (P 4) she said the number of people who did not wait in ED fell significantly compared to April 25, however we are not meeting the SPPG target of no more than 1% of patients not waiting to be seen in ED. Mrs Molloy said the Trust is at 4% in Altnagelvin and 2.7% in the South West Acute Hospital. She said patients waiting more than 12 hours in ED has remained broadly the same as in April. Mrs Molloy said the Trust is being asked to reduce this by 10% by March 2026 and that members would receive a presentation at its December meeting on unscheduled flow with patients waiting long periods in ED being a result of poor flow.

Mrs Molloy said weekend discharges for complex patients falls well below the target set. She said the Trust has advised SPPG that significant improvement in this area is unlikely without further investment in 7 day working, and levers to enable discharge to nursing homes over the weekend.

Referring to Neck of Femur fractures, Mrs Molloy said the Trust's performance had dipped somewhat over the summer period, and remained an areas where we are seeking investment to increase capacity. She said performance in respect of other fractures is satisfactory, and is best in region.

Mrs Molloy said her report provides the ambulance handover information against the 2 hour target. She said the Trust had the fewest number of ambulances waiting over 2 hours of any Trust in Northern Ireland in September (192), and overall 9.6 % of ambulances waited over 2 hours to handover for the period April-September. At a hospital level, Mrs Molloy said Altnagelvin had achieved 11.7% within 2 hours and SWAH 5.9% on average over this period. Mrs Molloy said the Trust is now working with a graduated set of targets as we approach winter and members would see the performance on ambulance turnaround within 30 minutes, and that all Trusts are far below the target of 51%.

Mrs Molloy said members would know that investment of £2m has been made in a series of hospital and community measures and these will be on the ground by November latest, some of which are aimed at ambulance handover improvement.

Mrs Molloy said the level of unmet need for homecare is drawn from a legacy system, not encompass, and there are questions about the consistency of definitions across Northern Ireland's Trusts which Dr O'Neill will work with other Trust colleagues on. She said the data from the "commcare system" indicated that our level of unmet need was high and growing. Mrs Molloy said much of this relates to clients in the community and members will have more detail on this in the next report to Board.

Mrs Molloy referred to the excellent position on the reduction of unallocated cases and said it should be noted in this section, with only 5 unallocated cases in September, the Western Trust is best in the region.

Moving to safety and quality Mrs Molloy advised that the Trust had met both the *C-difficile* and MRSA targets in September 2025.

Mrs Molloy referred to page 14 of her report relating to Access Targets. She said the 31 day performance had deteriorated somewhat, primarily due to capacity issues in head and neck, skin and urology services. She said the Trust has ongoing processes to monitor, plan and track improvements. Mrs Molloy said however the Trust had improved somewhat in the 62 day cancer pathway access.

Referring to access performance within the Emergency Departments, Mrs Molloy advised that the 4 hour target performance information was provided within her report but as members would know the primary areas monitored are 12 hour breaches and ambulance handover.



Mrs Molloy referred to CAMHS services and said access was improving although there were still 249 children waiting >9weeks, and this was being closely monitored through the SIF processes, and this was a Level 2 area on the SIF.

Continuing Mrs Molloy referred to dementia services and said performance showed an improving position with 127 people waiting longer than 9 weeks at end of September.

Mrs Molloy said the final section of her report described progress with activity stabilisation, and in general this showed a solid picture overall at this stage of the stabilisation work, with a good understanding of where the Trust falls below previous activity levels and programmes of work underway on these.

Mrs Molloy apologised for a longer report but she felt it was needed as we all learn our way into the new SOMs reporting approach, at the same time as implementing and stabilising a major new clinical system, with all of the checks and balances needed on the reporting and data flows in that system.

Dr McGinley referred to dementia services and said that she had been told that there was no dementia service in the Southern Sector.

Dr O'Neill advised that in August 2024 there had been a poor service in the Southern Sector however since then the workforce had improved with 3 consultant psychiatrists in post and the Trust has a number of contracts with independent providers. She said in respect of the 9 week target there will be no one waiting for a dementia assessment by the end of this year. Dr O'Neill said she would be happy to provide a fuller update on this service if members consider that helpful.

Mr Telford referred to a regional Audit and Risk Assurance Committee meeting he attended the 5<sup>th</sup> November where discussion had taken place on performance management. He said from the DoH's perspective engagement between Trusts and DoH around this issue was positive. Mrs Molloy said the agreement in respect of definitions was now allowing Trusts to measure and provide an update on the SOMs performance applicable to the Western Trust.

Prof McKenna referred to dementia services and said he was pleased to see the improvements within the Trust. He said dementia is the biggest killer in the UK and 1 in 3 people will have a diagnosis in their lifetimes. Dr O'Neill said she would also be happy to provide a further briefing to Board on these Trust's services.

Rev Cannon McGaffin advised that she had met with the Chaplains recently and while initially they were nervous about encompass they are now reporting that they are very pleased with the new system. The Chair paid tribute to Mrs Love, Chaplain Co-ordinator for reaching this position as she had taken the lead role in implementing encompass to support the role of chaplains.



11/25/21

## **FINANCE AND PERFORMANCE COMMITTEE**

### **21.1 Minutes from a formal Committee meeting held on 2 September 2025**

Mr Hegarty referred members to the minutes of a Committee meeting held on 2 September. He said a verbal briefing had been provided at the September Board meeting.

### **21.2 Verbal briefing from a formal Committee meeting held on 4 November 2025**

Mr Hegarty referred to a Committee meeting held on 4 November. He said the Committee was provided with a detailed brief of the Quarter 2, Trust Performance Report for 2025/26. He said members acknowledged that this was the first full Trust Performance Report presented to the Committee following encompass go live on 8 May 2025. Mr Hegarty said the Committee also received an update on the Trust's Support and Intervention Framework position at October 2025 and were also briefed on the Trust's Financial Performance Report for Month 6 – September 2025.

Mr Hegarty said that in making his report it was important that he assured the Board that the depth and quality of work in both the Performance and Finance Directorates was commendable and he was also reassured by the content of the discussion at the meeting and he could provide assurance to the Board on the detail and quality of the information provided.

Mr Hegarty said the next formal meeting of the Finance & Performance Committee is scheduled for 3 February 2026.

11/25/22

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

Ms McCauley said as part of her brief to members today she was pleased to advise on the outcome of the financial mid-year assessment on the impact of the Trust's forecast following the approval of Phase 2 low and medium risk savings measures.

In her last briefing Ms McCauley said she advised that the Trust was forecasting a deficit of £16.3m. Following completion of the mid-year review, this forecast was reduced by £4.9m to £11.4m. In tandem with this, Ms McCauley said members would be aware that the Trust has established a further £3.3m of low and medium risk savings/opportunities which were also approved. As a consequence she said the total Phase 2 low and medium risk savings were £7.3m, which when off-set against the post mid-year revised deficit of £11.4m, resulted in a revised deficit of £4.1m. Ms McCauley said this was 0.36% of the Trust's current forecast income and was an excellent outcome for the Trust, given the financial and service challenges of

the year to date. Ms McCauley said she could reassure members that the Trust has maintained a risk-based approach through its regular updates and so the Trust's forecast deficit would continue to be subject to change as we move through the remainder of the financial year.

Moving to the financial performance report, in relation to statutory targets, Ms McCauley said she was reporting 'amber' against managing within the allocated RRL target on the basis that the Trust's forecast deficit is £4.1m, green against delivering against savings targets, which she would talk to in more detail when we move to that section of her report and also green against managing within the CRL budget and amber against the prompt payment target. In relation to prompt payment target, Ms McCauley said the Trust was reporting a very much improved position for September with 96% of invoices paid within 30 days, resulting in a cumulative position of 87%.

Referring to Table 1, Ms McCauley said this illustrated the update to the Trust's financial plan. She said members would note a reduction to the Trust's forecast gross deficit of £3.5m, largely representing the impact of the implementation of the control total regime along with some minor funding against forecast pressures. In addition, she added that there was an increase to other opportunities of £1.4m which was a net figure but which was largely driven by £1m of increased client contributions in the year to date and £0.9m relating to the negotiated PFI settlement which had been finalised by Mrs Molloy in the last few months. Ms McCauley said she had noted in the report some key assumptions which contributed to this risk and which will be kept under review along with focused activity for Directorates in relation to expenditure trajectories and savings gaps from Phase 1 and accelerated savings under the Phase 2 plan.

Moving to the financial performance table 2, Ms McCauley said members would note that at a Directorate sub-total level, performance was down 0.1% from the prior month and down by 0.4% from the opening restated variance position. She said at the bottom line, variance was now 1.1% at £6.2m with clearly more spend reductions and savings forecast for delivery at the latter part of the year, in order to drive down to that 0.36% end of year variance.

Ms McCauley said Table 3 provided a summary of Directorate performance against control totals. She said all Directorates now had control totals agreed for reporting and members would see the merit in reporting Control Totals for all Directorates and would note the significant contribution enabled by Support Directorates which are helping to balance Service Directorates. In addition, she said as a normal part of the mid-year review she had been able to update budgets with additional unapplied small funding surpluses. Ms McCauley said 3 Directorates stood out as having concerning divergences from control total and there has been extensive discussion with all 3 Directors and their senior teams as part of our finance focus meetings. She said the variance being reported is £0.5m which could be £1m full-year effect but interestingly, 80% of the gap related to savings and 20% was unplanned growth.

On that basis, Ms McCauley said Directors had committed to the work that must now be taken forward if they were to address their mid-year performance.

Moving to delivery against savings plans against the 2025/26 target of £31.5m, Ms McCauley said the in-year target of £15.1m is the figure we are monitoring against, given that we have £16.5m of savings banked from previous years. She said the profile of this target at month 6 is £7.2m and the Trust has achieved approximately £7m, 98%. Again Ms McCauley advised that this was a much improved performance to that which she had previously reported. Looking at the information from a savings work-stream perspective, Ms McCauley said members would note that the work streams which had been slow to materialise savings remained unchanged and the Trust has not made the critical progress necessary on savings since her last report in relation to medical locum reduction and admin efficiencies, however, high cost cases savings had moved from 77% to 105% this month which was a very positive indicator of the future savings potential.

Drawing out key messages in relation to the updates against key risks and mitigations, Ms McCauley said Directorates were challenged to maintain and improve upon the mid-year position in relation to expenditure trajectories, and more improvements are required to ensure the Trust delivers fully on our savings targets. She said the Trust is realistic about the challenge presented by the Phase 2 savings, work against which had commenced but would require an acceleration and focus above the level which had been evident to date. Ms McCauley said she was also noting that the Trust's capacity to absorb further unplanned growth in expenditure was very limited and said Directors however remained committed to delivering against all of our financial targets.

Ms McCauley moved to the analysis of key expenditure areas. She said she was reporting total flexible expenditure of £44m which was a 0.3% reduction in utilisation from the prior period. She said this was a trend the Trust has established with total agency expenditure being £29m, bank costs being £11.9m and overtime being £2.7m. As always she said the primary drivers of agency costs were medical, which was £15m for the period and nursing which was £11.4m.

Looking at medical agency expenditure in more detail, Ms McCauley said members would note that expenditure continued to run at levels just below 2024/25 expenditure but total medical costs were above 2024/25 levels by £1.1m. She said medical locum pricing rises continued to be contained through the extensive negotiation on rates by a combination of Medical HR and Senior Management challenge and assurance. Ms McCauley said total medical costs were above prior year levels, partially to do with having improved recruitment to vacant posts and the extended retention of locum agency staff to address newly evolved service pressures during this financial year. For members' information Ms McCauley highlighted in the report some of the work streams which were in place against medical expenditure and she said the scale of effort and activity was not yet crystallising the level of savings expected to be achieved. Ms McCauley said

services continued to be challenged by vacancies and sickness absence and this had slowed down the release of agency staff whose posts had been filled through international recruitment efforts. Ms McCauley said she could assure members however, that there continued to be extensive focus on expenditure on medical locum agency and solutions for lower cost alternatives.

In relation to nursing expenditure, Ms McCauley said this year's expenditure levels continued to be higher than 2024/25 averages for both nursing agency and total nursing, albeit there appears to have been a downward trend in nursing agency engagement being experienced from June 2025. She said there was extensive work being done, led by the Executive Director of Nursing to address these trends, but the scale of escalation beds, sickness absence and higher patient acuity continued to challenge the pace of sustainable progress in reducing costs.

Moving to capital expenditure Ms McCauley said the Trust's budget for 25/26 is £35m and expenditure at 31 August is approximately £10.4m.

In summary Ms McCauley advised that the Trust is reporting a deficit of £6.2m at 30 September against a revised forecast deficit of £4.1m for the year. She said this was a good position for the Trust at mid-year and she would continue to keep this position under review as we move towards the end of this financial report.

The Chair thanked Ms McCauley for her very comprehensive report. He said Mrs Molloy's role and indeed that of her staff in the negotiation on the PFI contract in respect of the SWAH, was a significant achievement for the Trust.

Mr Telford advised that from July 2024 when there were external consultants engaged and one of the things they asked was the sharing of information with the Trust Board adequate? He said in his view the level of detail shared by Ms McCauley with the Board was pitched at the right level and was absolutely on the money in its comprehensiveness and level of detail.

11/25/23

## **AUDIT AND RISK ASSURANCE COMMITTEE**

### **23.1 Minutes from a Committee meeting held on 23 June 2025**

Mr Telford referred to the minutes of a Committee held on 23 June for information. He said a verbal update had been provided to a previous Board meeting.

### **23.2 Verbal briefing from a Committee meeting held on 13 October 2025**

Mr Telford referred members to a meeting of the Committee held on 13 October. He provided members with an update of the discussion at the meeting.

Mr Telford advised that the Committee was provided with an update on the Trust's Corporate Risk Register. He said discussion took place around the role of the Audit and Risk Assurance Committee and the information on risk management and what information should be shared with the ARA Committee. It was agreed that a meeting should be set up with the Assistant Director of Quality and Safety to discuss this.

Mr Telford advised that in respect of Internal Audit progress report for 2025/26, 7 reports had been completed to date, 4 received satisfactory assurance, one had limited assurance and 2 had split satisfactory/limited assurance. Mr Telford said the Committee was briefed on each report and discussions on each took place:

Mr Telford advised that the Committee was provided with an update on the Shared Services audits conducted to date.

Mr Telford advised that the Committee was briefed on the mid-year follow up report which outlined that 146 (74%) of the 197 Priority One and Priority Two recommendations examined were now fully implemented, and 51 (26%) were partially implemented. He said 59 of the 197 P1 and P2 recommendations related to significant findings which had only secured Limited/Unacceptable levels of assurance and of these 59 recommendations, 23 (39%) were implemented at mid-year. Mr Telford said Internal Audit pointed out the need for continuing focus on implementing recommendations advising that there were 11 audit reports where implementation of significant recommendations were affected by delays. Mr Telford said the Head of Internal Audit has advised that the Trust should focus regular management attention on the implementation of any outstanding audit recommendations, particularly significant audit recommendations.

Mr Telford advised that the Head of Internal Audit briefed the Committee on her mid-year report on the adequacy and effectiveness of the Trust's framework of governance, risk management and control.

Mr Telford advised that the final RTTCWG for 2024/25 was discussed and it was noted that there were no material changes to the report from the draft version presented at the June meeting.

Mr Telford advised that Ms McCauley took the Committee through the Trust's Mid-Year Assurance Statement which the Committee approved subject to some narrative being included on the Trust's financial position.

Mr Telford advised that the Committee was briefed on the mid-year follow up of Priority 3 recommendations which outlined that 16 (62%) of the outstanding 26 recommendations were fully implemented and 7 (27%) were partially implemented and 3 (12%) were not implemented.

Mr Telford also advised that the Committee was taken through a number of Fraud investigation and learning reports.

Mr Telford advised that staff joined the Committee to update on other issues, including Raising a Concern annual update and Training & Awareness Presentation on the Procurement Act. Mr Telford said the Committee was shocked at the amount of work this Act will involve. He said once the Trust has received more detail with regard to the implementation of the Act, he would bring this back to the Board. Mr Guckian said it will be important for the Corporate Management Team to consider this Act to see what extent this applies to the Board as the vast majority of the recommendations will be for those at operational level.

11/25/24

## **ENDOWMENT AND GIFTS COMMITTEE**

### **24.1 Minutes from a Committee meeting held on 23 June 2025**

Rev Canon McGaffin referred to the minutes of a Committee held on 23 June for information. She said a verbal update had been provided to a previous Board meeting.

### **24.2 Verbal briefing from a Committee meeting held on 13 October 2025**

Rev Canon McGaffin referred to a meeting of the Committee held on 13 October 2025. She said she wanted to thank the people who donate to E&G funds and said the use of this money is making a real difference and is very much appreciated. She assured the meeting that there is an effective governance process in place with regard to the use of these funds.

Rev Canon McGaffin advised that the targets issued to Directorates for low value funds were noted and an analysis of the spending plans developed against the targets were presented. She said it was disappointing that only 2 Directorates had developed spending plans and the Committee will seek a further update from Directorates for its next meeting.

Rev Canon McGaffin said the Committee was provided with an update on the work of the E&G Sub Committee in respect of the £3m staff fund. She said the Committee raised concerns on what will happen to these services when the funding ends and felt that further discussions are needed at Trust Board to prepare for this circumstance.

The Committee were taken through the Endowment & Gift Financial Report as at 30 June 2025 finance report.

Rev Canon McGaffin advised that the Committee was briefed that following a review of the draft leaflet for donors on the new superfunds by CMT, it was agreed that



there was a need for a fund to support Community Services. She said the revised superfunds model recommended by CMT was discussed and approved.

The Committee were provided with an update on the work completed to date for the information gathering stage for each of the current Charitable Trust Funds which will support the legal process and remapping of the funds to facilitate development of the new superfunds. She added that the Committee was briefed on the estimated costs being incurred for 2025/26 associated with charities registration and the implementation of superfunds and that these costs would be charged to the funds.

The Chair thanked Rev Canon McGaffin for her update. He said that Mrs Hargan has been active locally and regionally in relation to the securing access for Northern Ireland to Staff Funds that have been made available in England, Scotland and Wales. The Chair advised the meeting that he had highlighted to the Minister that the Trust does not have access to this money and we are examining at how we might gain access to this funding going forward.

11/25/25

### **STANDING ORDERS AND SCHEME OF RESERVATION AND DELEGATION – UPDATE**

Ms McCauley advised members that the Trust's Standing Orders and Scheme of Reservation and Delegation had been updated and the main changes were highlighted in the attached revised document. She said the document had been considered by both the Corporate Management Team and Audit and Risk Assurance Committee and the Audit and Risk Assurance Committee was recommending it to the Board for approval.

Mr Hegarty referred to 3.17 "Virtual Meeting Etiquette – Attendance of Public and the Press" and said he felt this narrative did not cover how protocol deals with people who join the meeting by telephone. He asked that clarity is provided on how the protocol will apply in this circumstance. Ms McCauley agreed to review this.

Subject to this amendment, the proposed document was proposed by Mr Hegarty, seconded by Prof McKenna, and approved unanimously by the Board.

11/25/26

### **ANY OTHER BUSINESS**

Prof McKenna referred to the forthcoming event being organised by NICON in relation to lessons from Covid and asked whether the Trust would be represented at this event. It was confirmed that the Trust had been allocated 6 places and to date 4 members of staff had registered their interest.



Rev Canon McGaffin referred to all the staff “behind the scenes” who support all of the work that help inform the work of the Trust Board and said she would like the Board’s thanks to these individuals to be recorded.

Before the meeting concluded, Mr Guckian advised that he had just learned that the Minister is to issue a press statement shortly that will confirm that the 25/26 pay award has been restored. He said he was pleased pay parity for staff has been restored with the pay increase being backdated to 1 April 2025 and staff should receive the pay award in their February salary.

11/25/27

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 4 December 2025 at 10 am in Lecture Theatre, Trust Headquarters.

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**Dr Tom Frawley CBE**  
**Chair**  
**4 December 2025**