

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 1 May 2025 at 10 am in Lecture Theatre, Trust Headquarters**

**PRESENT**

Dr T Frawley CBE, Chair  
Mr N Guckian OBE, Chief Executive

Mr S Hegarty, Non-Executive Director  
Mrs R Laird CBE, Non-Executive Director  
Rev Canon McGaffin, Non-Executive Director  
Dr A McGinley, Non-Executive Director  
Professor H McKenna CBE, Non-Executive Director  
Dr J McPeake, Non-Executive Director  
Mr B Telford, Non-Executive Director

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

**IN ATTENDANCE**

Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer and Clinical Services  
Mr M Gillespie, Director of Surgery, Paediatrics and Women's Health Services  
Dr M O'Neill, Director of Community and Older People Services  
Ms K O'Brien, Director of Adult Mental Health and Disability Services  
Mrs T Molloy, Director of Performance, Planning and Corporate Services  
Mrs K Hargan, Director of Human Resources and Organisational Development  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Chair/Chief Executive's Office  
Mr McGeady, Head of Homecare (agenda item 4/25/8 only)  
Ms J Torrens, Head of Service for Community Nursing (agenda item 4/25/8 only)

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

4/25/1

**CONFIDENTIAL ITEMS**

4/25/2

**APOLOGIES**

There were no apologies received. The Chair advised that joining the meeting online were Dr Lavery and Mrs Laird.

The Chair thanked members for facilitating today's meeting across 2 rooms to accommodate the encompass team who were using the Lecture Theatre for a large training event.

4/25/3

**DECLARATION OF INTERESTS**

There were no declaration of interests advised.

4/25/4

**CHAIR'S WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the May Trust Board meeting taking place today in Trust Headquarters. He reminded members that Trust Board meetings for the first part of 2025 were taking place in Trust Headquarters to facilitate the roll out of staff training in preparation for encompass "go live" at 4 am on 8 May. He said today the Trust was one week from "go live" and the lead Director, Mrs Molloy, would provide members with an update later in the meeting on the Trust's state of readiness.

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

- On 20 March the Chair advised that he had the opportunity to visit the Elective Overnight Stay Centre and Theatres at the South West Acute Hospital and during this visit he met with both the staff who manage and work in these areas. He added that on 27 March he again visited the South West Hospital, on this occasion visiting the Children's ward, Neonatology and Maternity Services. He said he was pleased to meet with the dedicated doctors, nurses and midwives who provide services across these specialities.
- On 21 March the Chair said he was delighted to accept on behalf of the Trust yet another award for the North West Cancer Centre. He advised that the North West Cancer Centre achieved the "Macmillan Quality Environment Mark (MQEM)", an Award which focuses on how the built environment of the Cancer

Centre supports the provision of high quality care and in turn how that contributes to enhancing the wellbeing of patients who are being cared for in the Unit. The Chair said he was very proud of not just the built environment at the North West Cancer Centre but also its outstanding staff and the services they provide to the extended geography across the North West of the Island.

- On 26 March the Chair said the Trust hosted the Regional Social Work Awards at the Manor House Hotel, Enniskillen. He said 8 inspiring social workers, teams and organisations from across Northern Ireland were recognised not just for their contribution to Social Work but also to Social Care in its widest sense. The Awards Ceremony he said also helped raise the profile of Social Work as a profession and in particular the positive impact it can have on the lives of some of the most vulnerable and marginalised people living in our communities.

Organised by the Western Trust, the Chair said the Awards celebrated the outstanding achievements of practitioners and teams working in the statutory, voluntary and independent sectors across Northern Ireland and added that specific sectors recognised in the Awards included education, justice, probation and training. He said frontline social workers, managers, leaders, and teams were among those nominated, with 22 finalists being shortlisted from a record number of nominations by panels of independent judges.

The Chair said he was delighted that the Western Trust was successful with 2 category winners:-

- Grace O'Neill, Family and Childcare Social Worker, who won the "Rising Star Award" for the positive impact she has made as a recently qualified Social Worker; and
- Matthew Golding, Residential Social Worker, who won the "Spirit of Social Work Award" being described as a 'superhero'. Matthew was praised for the care, empathy, tenacity and professionalism he has demonstrated in very challenging circumstances.

On behalf of members, the Chair extended his congratulation to Ms O'Neill and Mr Golding on their success.

- Later that afternoon the Chair said he joined his Chair colleagues on line for a final meeting with Mr May, outgoing Permanent Secretary. He said the focus of the discussion was to take Mr May's mind on how as Trusts we could negotiate our way through the extremely challenging financial circumstances facing health and social care. The Chair said it was a very open and constructive discussion which he had no doubt would provide context and some insight for the challenging period all public services in Northern Ireland are facing into due to the unprecedented pressure on public expenditure.

- On 31 March the Chair said it had been his privilege to welcome participants to the first Western Area Mental Health Collaborative Engagement Event which marked an important step in strengthening the Trust's collective approach to improving mental health services across the Trust's geography.

The Chair expressed thanks to Cllr Seenoi-Barr, Mayor of Derry City and Strabane Council, for hosting the event in the Guildhall, which was an historic and fitting venue for the event. He said while the Mayor was unable to attend due to unforeseen circumstances, the Trust was grateful for her support and for the Council's ongoing commitment to promoting mental health and wellbeing in the Derry City and Strabane Council area.

The Chair said mental health services across Northern Ireland are currently engaged in a significant change programme guided by a number of key strategic frameworks. He said the core objectives of this change agenda are to ensure equitable access to mental health support for all; build stronger collaboration across primary and secondary mental health care; achieve full integration of the community and voluntary sectors; and secure the genuine involvement of people with "lived experience" in shaping the services they often rely on.

The Chair said the Trust was delighted to support the launch by convening an impressive line-up of speakers who shared their insights and expertise which included the Trust's Director of Mental Health, Ms O'Brien. He said importantly Ms O'Brien focussed her comments on working as a "whole system", and reducing and removing barriers between sectors and organisations. The Chair said Ms O'Brien concluded her comments by emphasising that the event was just the beginning of a process and constituted the first of a number of engagement events that will help the Trust to create a truly collaborative and effective mental health system.

- On 2 April the Chair advised that he attended a meeting with the SPPG in relation to the HSC Support and Intervention Framework which had been recently introduced to provide a more meaningful and relevant accountability process between Trusts and the SPPG.
- On 4 April the Chair said he was pleased to attend an event to celebrate 2 projects funded by Macmillan Cancer Support to mark World Cancer Day 2025. He said the objective of both projects is to support and encourage adults with learning disabilities in accessing breast cancer screening and diagnostic services at the North West Cancer Centre.

The Chair said these very impressive and innovative projects involved a series of short videos co-produced with Lilliput Theatre Company with the objective of guiding service-users through the experience of attending symptomatic clinics at the Breast Screening Unit at Altnagelvin Hospital and screening appointments in

both Altnagelvin and at the mobile units in the community. In addition to the videos an easy to read storybook was co-produced by adults with learning disabilities and their carers which will support anyone with a learning disability attending the Cancer Centre to understand the “patient pathway” and also how to navigate support services.

The Chair advised that a further series of 3 roadshow events are planned from April to June in Omagh and Enniskillen for service users, carers and anyone working in the areas of adult learning disability or cancer services to raise the profile of these valuable resources which will be available on the Trust intranet and internet and will be promoted widely throughout the Western Trust. The Chair also thanked Dr McGinley for representing the Board at the event in Omagh.

- On 9 April the Chair said he was pleased that Mr Farrar, Interim Permanent Secretary, met with Trust Board. He said members would recall Mr Farrar asked for the opportunity to meet with Boards soon after his appointment and that given he had been unable to attend the meeting Mr Guckian would report on this meeting during his Chief Executive remarks.
- The Chair advised that on 10 April the Trust launched a joint Dementia Safeguarding Scheme between Age Concern, the Western GP Federation and the Older People’s mental health services in the Trust.

He said the Scheme encourages the person with dementia to wear a wristband which contains information in relation to their name and home address. He explained that the wristband could be crucial should the person living with dementia get lost or be in need of assistance. The Chair said while he was unable to attend the event he was pleased that Rev Canon McGaffin was able to attend on behalf of the Board.

- On 16 April the Chair said he was invited to attend an International Recruitment Celebration Event. He explained that the purpose of the event was to celebrate 10 years of joint working with private sector partners which was now achieving critical success in recruiting doctors for hard to fill specialties across the Trust with the current programme culminating in a recent visit to Mumbai by the team which had produced outstanding results. The Chair said as a Board we are constantly being reminded of the fragility of services because of the challenge we face in building a critical mass of clinical leaders across all our specialties. He added that the event highlighted for him what can be achieved by small teams of committed staff working with equally committed colleagues from the private sector.

The Chair said he saw in the presentations delivered at the event how small Trust teams in international medical recruitment and professional nursing, working in

partnership and in conjunction with operational services, had been successful in recruiting doctors and nurses into our local clinical teams that are as a result better placed to provide services to our patients and clients across the Western Trust.

The Chair said he believed that what made this working relationship special was the exceptional commitment of all who have been involved in this work. He said the teams had worked intensively over the last 10 years to deepen this partnership working.

The Chair said he wanted to thank everyone involved for the work they had done to date and he encouraged everyone to keep up the good work. He said he looked forward to hearing how this work continues to grow and evolve in the years ahead.

- Also on 16 April the Chair said he was invited to an Encompass Wellbeing Café for Assistant Directors, Service Managers, Lead Nurses and Lead Clinicians organised by Mr Gillespie. He said Mr Gillespie explained that as a team that is about to embark on one of the most challenging periods of reform for the Trust and indeed the region, it was important to be helpful and supportive to each other. Mr Gillespie had indicated to the meeting that he had arranged wellbeing cafes to allow staff to come together to discuss the challenges ahead and to identify and agree how everyone can best support each other through what will be challenging and he had no doubt could often be stressful moments.

The Chair said in Health and Social Care staff face many challenges and will continue to face challenges going forward. He said the staff that he encounters on a daily basis deal with these challenges with a positivity and compassion which is so important for patients and clients who are often at their most vulnerable.

The Chair added that what was clear in implementing encompass was that we are embarking on one of the most exciting and challenging periods in our transition to a “digital world”. He noted that these next months will be truly transformative from a systems perspective but will require patience and clear sightedness as we all adjust to a whole new world.

The Chair noted that in preparation for encompass go live many staff had worked way beyond their contracted hours, working weekends to support staff undertaking key tasks including data migration and he said that he knew staff would continue to do this in the days and weeks ahead. He said coming together as staff did in the Wellbeing Cafés was important for them as a team and, he said his ask of all staff was that, as we move forward through the highs and lows, staff continue to be there for each other in the days and weeks ahead. He asked that staff take time out, share their experiences, good and bad, and work through problems and solutions together.

On a personal level the Chair commended all staff, the leadership team but most crucially Mrs Molloy, for their commitment, energy and creativity in how the Trust has been preparing for “go live” on 8 May.

- On 28 April, the Chair advised that Mr Guckian, Ms McCauley and Mr Gillespie and he represented the Trust at a “Finance Summit” hosted by the Permanent Secretary, along with the Minister, DoH and Trust colleagues.

The Chair said in Minister Nesbitt’s opening statement, he summed up the “ask” of everyone present in one word – “urgency”.

The Chair said Mr Farrar was keen to organise this summit as he is acutely aware of the rising challenges of the financial position within this year’s agreed budget for the whole health and social care system. He said the Permanent Secretary outlined two strategic time horizons as being immediate “cash releasing” building on the key message from Minister Nesbitt, and medium-term financial sustainability aligning to a DoH 5 year plan.

The Chair said figures presented at the meeting highlighted how funding for growth is constrained and confirmed that Trust reported deficits have increased, leaving a regional Trust reported deficit projection of circa £260m, albeit that the presentation of this figure excluded deficit funding of some £0.2bn which had been provided to Trusts in 2024/25. The Chair explained that alongside the Trust position there are further challenges centrally which increase this deficit to a regional £0.5bn (circa) including the 2025/26 pay award and increased cost of National Insurance. The Chair said only today the news media was reporting that nurses and indeed their Review Body had not accepted the pay offer being proposed by government and therefore we may also be facing industrial action.

The Chair said in this context the Permanent Secretary and the Minister felt that system leaders need to build a collective understanding of the actions which may be required to make progress “at pace” to support the management of the financial position in year and recurrently. The Chair said while the Permanent Secretary appreciated the planning work done to date, he acknowledged that we now need to rapidly build on these plans and focus on implementation. The Chair said Mr Guckian would speak more about the summit within his Chief Executive’s Report.

Dr McGinley referred to the Regional Social Work Awards and said it was a truly inspirational event and the attention to detail by the Communication Team and all involved was worthy of being highlighted. The Chair echoed these comments and said the feel, energy and light in the room was tangible.

4/25/5

### **MINUTES OF PREVIOUS MEETING – 6 MARCH 2025**

The Chair referring to the minutes of the Trust Board meeting held on 6 March asked members if they would approve them as a true and accurate record of the discussion at the meeting.

The adoption of the minutes was proposed by Dr McPeake, seconded by Mr Hegarty and were approved by the Trust Board as a true and accurate record of discussion at the March meeting.

4/25/6

### **MATTERS ARISING**

There were no matters arising.

5/25/7

### **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.

#### **General Pressures**

Mr Guckian advised that since the last Trust Board meeting there had been a limited reduction in the number of patients waiting for a bed in our Emergency Departments. Mr Guckian said he wanted again to apologise to all patients who had experienced delays in their pathway through the hospital system.

#### **Encompass**

Mr Guckian advised that at 4 am on 8 May the Trust will be “going live” with encompass. He assured members that at the most recent Readiness Assessment it was clear the significant and detailed planning that had been undertaken by the Trust meant it was well placed to go live with encompass on 8 May.

Mr Guckian placed on record his appreciation of the commitment of all the staff in the Trust, and also the support of regional teams, in reaching this position.

Mr Guckian said a command and control escalation structure will be in place over the go live period and thereafter with Gold Command, Silver Command and Bronze Command being operational in order to provide oversight of issues emerging and ultimately provide assurance on service continuity.

### **HSCNI System Leadership Initiative**

Mr Guckian advised that on 7 April a number of Chief Executives and Directors attended a workshop on System Leadership. He said key priorities identified were clarity in vision, clarity of roles and the development of a common framework for leaders.

### **All Ireland Chief Executives**

Mr Guckian advised that on 10 and 11 April the Chief Executives of HSCNI met with the Regional Executive Officers of the Republic of Ireland. He said this was a useful and informative meeting providing an update on the previous meeting and demonstrated that work in relation to earlier identified workstreams is continuing to progress. Mr Guckian said it was particularly helpful to learn how the Republic of Ireland organises its services and maintains oversight through Dublin and regional offices.

### **Support and Intervention Framework**

Mr Guckian advised that on 14 April the Trust had its most recent update on the Support and Intervention Framework process and he was pleased to advise the Board that a number of issues had been de-escalated since the SIF process had been introduced.

The Chair thanked Mr Guckian for his report and asked if members wished to raise any questions.

Dr McPeake queried why encompass “go live” would occur at 4 am. Mr Guckian explained that 4 am was decided on as this is deemed the “quietest” part of the day and all Trusts had selected this time for go live.

Dr McPeake said as a Non-Executive Director he wanted to record how impressive the whole encompass process has been managed and asked that the commitment and dedication shown by all our staff in reaching this point be formally recorded.

4/25/8

### **PATIENT’S STORY - COMMUNITY & OLDER PEOPLE’S SERVICES**

The Chair invited Dr O’Neill to present to members this month’s patient’s story.

Dr O’Neill said she was delighted to speak to Trust Board today on the Home Care Optimisation Project. She said 2 key areas that the presentation would include were details of the project as part of the Trust’s Delivering Value programme and the journey so far and secondly, and most importantly, the impact on service users the collaborative approach which underpinned the project.

Dr O'Neill introduced 2 members of the team - Mr McGeady, Head of Homecare, who has been involved in the project from its inception, and Ms Torrens, Head of Service for Community Nursing. Dr O'Neill said unfortunately a Social Worker was unable to attend today's presentation. Dr O'Neill said the project was an example of real collaboration across a number of multi-disciplinary teams and Mr McGeady and Ms Torrens were delighted to be present today to share with the Board what had been achieved by the project to date.

Mr McGeady thanked members for the opportunity to attend. He said he wanted to share with members the benefits of the Project and said he would share with the meeting patient case studies where the project had made a real difference to the quality of clients' lives.

Mr McGeady then made a presentation to members which included:-

- What is home care optimisation?
- The Drivers for change
- The current Homecare Service
- How is efficiency achieved
- Outcomes
- Key Indicators
- Natural Efficiency

Mr McGeady advised members that the outcome of the programme was that 717 service users were now receiving new or additional care packages these included:-

- New referrals
- Increased care packages
- Hospital discharges
- Longstanding unmet need
- Escalated nursing home placements
- Hard to reach locations

Mr McGeady shared 3 cases studies for information – firstly Kathleen who was discharged home from nursing care; John who was able to return home with a complex package of care following a year+ in hospital; and Nora who was discharged home with a multi-disciplinary innovative medication solution. Mr McGeady said these patients' stories demonstrated the impact of the project on the lives of real people.

Mr Guckian said he had been involved in this project for a significant period of time and that from the outset there had been a commitment that the programme would not have a negative impact on patient and client services. He said at the Delivering Value Programme Board last week it was suggested that Trust Board members

should receive the final report from a delivering value perspective which would examine the totality of the project once it has been implemented in full. Mr Guckian commended Mr McGeady for his leadership and for his team who were undertaking the project. He said it was also noteworthy that the providers of care had embraced the project and to date it was achieving impressive results.

The Chair asked Ms Torrens to provide members with a view from a district nursing perspective. Ms Torrens said the district nursing service supplements home care and said that from a district nursing perspective, it was reassuring for district nurses to know that patients are being discharged home with appropriate packages of care in place. She said the district nursing teams have good working relationships with the Home Care Team which again is crucial in supporting patients at home.

The Chair asked when a person can no longer be safely supported by Home Care within their own home, was there a challenge in securing a care home placement for that person, and did this create problems for the Home Care team. Ms Torrens said this can on occasion be the case however the district nursing team can maintain people at home and in particular support people who are at end of life and who wish to remain at home. Mr McGeady said the demand for nursing home places has increased. Dr O'Neill said the ambition of the project is to keep people at home for as long as possible however she said there can come a point when people become too complex to remain at home. She explained that there are people in the community currently that require a care home placement as well as patients in hospital who are waiting on a placement in a care home to facilitate their discharge from hospital. She said these patients are managed on the basis of risk and assessed need.

The Chair asked if GP MDTs are integral to discussions as to when a person should be admitted to a care home placement. Mr McGeady advised that the MDT consists of a Trust Social Worker, Occupational Therapist, Community Nursing and Home Care. The Chair said this gave a sense of real integration and demonstrated the delivery of a seamless service across the Trust's services. Ms Torren clarified that if there is a nursing element to the patient's care, the district nurse will link with the GP as necessary. She said GPs rely heavily on the district nurse expertise and said that if the patient is palliative or requires end of life care, the GP will also work closely with the team.

Dr McPeake asked how the project had affected care givers. He said media reports would indicate that providers are under pressure and he asked how the Trust's care providers had responded to the project.

Mr McGeady advised that the Trust's providers had responded positively and were supportive of the project demonstrating their commitment by working collaboratively with the Trust. He explained how the project had been rolled out across the Trust's area in phases commencing in Enniskillen and said when this phase was implemented it was clear to providers that the approach provided a win for all

concerned. Mr McGeady said that the Trust's providers had been struggling with the volume of cases and the project has helped to alleviate this. He said care workers have also provided positive feedback in relation to the reduction in travel time to clients. Mr McGeady said overall the Trust has 7 independent providers and the Trust enjoys a good working relationship with each of them.

Mrs Laird congratulated Mr McGeady and Ms Torrens on the project and said that protecting the opportunity for frail older people to remain at home with their loved ones was an objective we must continue to pursue.

Mr McGeady shared with the Board a range of benefits achieved through the project within the Waterside Locality which highlighted an increase in the number of weekly block contacts, a decrease in the number of spot hours deployed and a decrease in unmet need and hospital delays.

The Chair referred to the introduction of "neighbourhood health hubs" and said these were the way forward with this project being an outstanding example of innovation and creativity.

Dr McGinley welcomed the sharing of the 3 case stories and said this qualitative evidence was invaluable. She said how quickly the Trust was seeing results showed responsiveness and everyone involved was to be congratulated.

Mr Guckian said at the Finance Summit on Monday he referred to the real benefits realised by this project. Mr McGeady concluded that the continuing success of the project will be maintained through the introduction of technology which will allow staff to see home care support and capacity also made available electronically.

The Chair thanked Mr McGeady and Ms Torrens for their informative presentation.

4/25/9

## **CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK**

Dr Lavery referred members to the Trust's Corporate Risk Register. He said there were 24 risks on the register as approved at Trust Board on 6 March 2025.

Dr Lavery advised that there were no new risks for consideration. He referred to 2 material changes being proposed in respect of risk ID1602 and risk ID1320. He said in respect of risk ID1602 the proposal was to close the risk and in respect of risk ID1320 the proposal was to de-escalate the risk to the Directorate Risk Register.

Following further consideration members approved the proposals as outlined in relation to these 2 risks.

Mr Hegarty commended the efforts made to enable the Trust to close risk ID1602.

Mrs Laird referred to risk ID1216 and suggested for clarity that the narrative should read “now” and not “not”. Dr Lavery said he would follow this up.

4/25/10

### **ENCOMPASS UPDATE**

Mrs Molloy said as previously alluded to in the meeting, the Trust will “go live” at 4 am on Thursday, 8 May 2025.

Mrs Molloy said that the Trust’s final formal 30 day Go-Live Readiness Assessment took place 10 April 2025 and she assured members that there were no issues raised which would prevent go live.

Mrs Molloy advised that excellent progress has been made across services in their readiness, and shared with members the position across some of the key areas as follows:-

#### **Training**

- 95% of Super Users are certified
- 92% of substantive staff have been trained on at least 1 “training track”
- 75% of affiliate staff are trained
- Very small number of substantive doctors and locums are not yet booked onto training (10 and 7 respectively)
- 88% of substantive doctors/dentists are certified
- 81% of locums are certified
- Services have reviewed rotas over the period of go-live to provide assurance that staff rostered are trained or will be trained.
- 98% of doctors/advanced professionals have now enrolled for personalisation training and there is judged to be sufficient momentum to take this training forward in the remaining period before go-live

#### **Device Deployment and Testing**

- 4 areas are <70% Technical Dress Rehearsal ready
- 247 areas are 100% complete, a further 103 areas are >90% complete, and 25 areas are 70-89% complete
- Remaining issues are not significant – eg consent devices and fixed workstations being made ready, and will not hold back go live

## Data Migration

- Significant work has been completed across the range of areas of electronic and manual data migration.
- Work remains on chart abstraction and this will continue up until and after go live, but sufficient work is already complete to enable go-live to occur

Mrs Molloy said the Trust held an internal GLRA on 23 April to review progress on remaining areas where risk existed or preparedness could be improved. She said there were a number of remaining areas which the Corporate Management Team will continue to monitor up to go live and included in those areas are device deployment and testing/readiness; manual data migration; training and personalisation; a small number of remaining build issues; pay it back position and detailed arrangements and guidance materials for running Silver and Bronze command during the early weeks over/after go live.

Dr McPeake asked how many staff remained to be trained and Mrs Molloy advised that 157 substantive staff were remaining to be trained.

Mr Guckian advised that he has sought an assurance from Directors that the staff who have been rostered to work on 8 May and the days after have been trained. He said an early risk identified in other Trusts was the training of affiliates and it was this challenge the Trust wanted to mitigate against. Mr Guckian said there is still the risk that a member of staff could be unexpectedly absent from work on 8 May however the Trust has put in place “just in time” training to mitigate against this risk. Mr Guckian said an app has also been developed to support this which staff are finding helpful. Dr McPeake said these measures confirm for him the comprehensiveness of the Trust’s preparedness and should provide further assurance for members.

Dr McGinley asked post the introduction of encompass what arrangements would be put in place in respect of training and refresher training. Mrs Molloy advised that a “business as usual” model is being developed for training by the central training team. She said that now the Trust has nearly all staff trained it will look at what arrangements need to be put in place for training new recruits and people returning to work after extended absence. In addition, Mrs Molloy said there is a regional sub group examining this issue. Mr Guckian said he has asked for a paper to be presented to the Corporate Management Team in July outlining what this training will look like going forward including what it will cost.

The Chair referred to equipment on wards and Mrs Molloy clarified that as wards transition from paper files to encompass, there is both paper and equipment on the ward which inevitably has added to a feeling of additional “clutter” on wards. She said this issue would remain for a period but would be reduced as paper files are removed.

Prof McKenna referred to discussion within the Community and Hospital Ethics Committee and said while staff are supportive of encompass and go live, it is important that staff do not get distracted from patient care. Mrs Molloy agreed that while it is important to move to implementation at the same time it is important to minimise the level of disruption for patients. She assured members that if there are any safety issues these will be escalated to Bronze and Silver commands. Mrs Molloy said these commands will be established for a month and are the primary mechanism to ensure issues are dealt with and resolved as quickly as possible.

Mr Guckian said as health is a demand led service there have been discussions in respect of the unavoidable down turn of elective services during the early implementation of encompass and a level of reduction has now been agreed. He said there will be a downturn of activity for the first number of weeks and this provides for a limited reduction in elective work during the early implementation period. Mrs McKay also assured members that in terms of service delivery a site co-ordination hub will be established and a Director will be there at all times. In addition she said in collaboration with other Trusts some patients may be redirected and all these arrangements have now been agreed and put in place.

4/25/11

### **MEDEDWEST ACADEMIC REPORT 2024/25**

Dr Lavery shared with members the MedEdWest Academic Report for 2024/25 for members' information.

Dr Lavery said during 24/25 there had been a significant period of change with the retirement of 2 key members of education staff – Dr Bayliss and Dr McNeill.

Discussion took place on the Graduate Entry Medical School and Dr McNeill's contribution to this and it was agreed that the Chair would write to her to acknowledge her contribution to this vital work.

4/25/12

### **GOVERNANCE COMMITTEE**

#### **12.1 Minutes of meeting held on 11 December 2024**

Dr McPeake referred to the minutes of a Committee meeting held on 11 December and said he had previously provided members with an update on this meeting at Trust Board on 6 February.

## **12.2 Verbal Update from meeting held on 26 March 2025**

Dr McPeake advised that a Committee meeting had taken place on 26 March. He said while there were no issues for escalation to Trust Board there were a number of items which he wished the Trust Board to note.

- Dr McPeake advised that the report on the Quality Assurance visit to the Trust's Breast Screening Unit in May 2024 and the associated Action Plan were presented to Committee. It was noted that the PHA Breast Screening QA lead attended the meeting and confirmed that the visit was very positive and the Trust had a well-functioning team who are committed to high performance. Dr McPeake said the report contains 29 recommendations and acknowledged a number of areas of good practice.
- Dr McPeake advised that Mr Marzouk, Clinical Lead for General Surgery, presented an analysis of the audit findings on patient transfers from SWAH following the RQIA Review of Emergency General Surgery.
- Dr McPeake advised that recent correspondence from the "Save our Acute Services" campaign group in response to RQIA's review of the temporary transfer of EGS from SWAH was discussed and all Non-Executive Directors were given an opportunity to join the meeting for this discussion. Dr McPeake advised that members had a robust discussion and recognised that some of SOAS's points were directed to the DoH. He said one of their views was that RQIA had altered the terms of reference for the review and he said following consideration the Non-Executive Directors were able to satisfy themselves that the Terms of Reference was a restatement and believed this made no material difference to the Review. Dr McPeake said the Committee also took the view that contrary to SOAS's suggestion, Non-Executive Directors felt they were well informed about the process and up to speed on the issues associated with the transfer and the Committee took assurance from their conclusion that they were not blinded by the views of others.

## **12.3 Terms of Reference**

Dr McPeake referred members to revised Terms of Reference for consideration and approval. He said the Oversight of the Perinatal Mortality Review Tool outcomes and a review of the bi-annual report from the Equality Oversight Board and progress on the Trust Equality Action Plan have been added.

Following consideration members unanimously approved the revised Terms of Reference.

The Chair commended the diligence of the briefing report of the previous meeting and provided sufficient detail without seeing the minutes.

The Chair referred to industrial relations issues in respect of children's services and sought clarity from Dr Cassidy in relation to this issue. Dr Cassidy advised that industrial action is ongoing in 3 of the 5 HSC Trusts, but to date had not involved the Western Trust. He said there have been ongoing negotiations between the DoH and NIPSA and the Labour Relations Agency has also recently been involved and a settlement has been reached. Dr Cassidy said the Executive Directors of Social Work are engaging with the DoH on the issues identified by NIPSA in order to agree a solution and achieve an agreement that will end the industrial action.

4/25/13

## **PEOPLE COMMITTEE**

### **13.1 Minutes of meeting held on 10 December 2024**

Mrs Laird referred to the minutes of a Committee meeting held on 10 December and said she had previously provided members with an update on this meeting at Trust Board on 9 January 2025.

### **13.2 Verbal Update from meeting held on 11 March 2025**

Mrs Laird referred to a Committee meeting held on 11 March. She said a matters arising from a previous Trust Board meeting was that Mrs Hargan and she would meet with the Chair to discuss how Trust Board members can remain sighted on workforce challenges. She advised that following this meeting it was agreed the Committee will share specific papers that the People Committee feel are relevant to all members after People Committee meetings for information.

Mrs Laird advised that in advance of the Committee meeting on 11 March a restricted agenda was agreed to take account of HR&OD being in business continuity mode due to preparedness for the implementation of encompass, equip design and build and to protect essential HR functions. Mrs Laird referred to the magnificent detail of information provided in respect of encompass and said Mrs Hargan and Mrs Molloy and their teams were to be commended.

Mrs Laird advised that the Committee received significant reports on the following which it felt Trust Board should have sight of and these were circulated by email:

- encompass update;
- equip update;
- Attendance Improvement Plan – update on progress

Mrs Laird advised members that the Trust had achieved a 12% reduction in long term absence which was encouraging and she said she hoped this trend would continue. She noted that 26% of all absence is related to anxiety and stress. Mrs

Laird said the Committee expressed some concern that with HR & OD being in business continuity mode that employee relations and in particular disciplinary matters which are less than gross misconduct, may not be dealt with in a timely manner and therefore could have an impact on staff physical and mental health and wellbeing due to the completion of the relevant processes being more protracted.

Mrs Laird advised that despite significant efforts to improve appraisal processes, documentation and recording arrangements, rates of compliance remained disappointingly low. She said figures reported at the meeting were 45% completed in the last 12 months as at 15 January 2025 and 37% since April 2025. Mrs Laird said this issue would be revisited again in early autumn.

The Chair referred to discussion on the Health and Wellbeing Strategy. Mrs Hargan advised that significant work is being done in this area and that the Trust is trying to maximise what it can do within the available resources.

4/25/14

## **IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE**

### **14.1 Meeting of meeting held on 12 September 2024**

Mrs Laird referred members to Committee minutes of 12 September 2024. She explained that the lateness of the minutes coming to Board was due to the December meeting of the Committee being cancelled and rearranged for January but this meeting was postponed because of storm Eowyn. Mrs Laird said however that Trust Board had received a report of the meeting at Trust Board at its meeting on 7 November.

### **14.2 Verbal update from meeting held on 20 March 2024**

Mrs Laird referred to a meeting of the Committee held on 20 March.

Mrs Laird advised that there were now 290 completed/current Involvement Projects across the Trust recorded since the formation of the Committee. She said 45 new projects have been recorded since the previous Committee meeting in September 2024 with 75% of projects involving service users, 15% involving staff and 10% involving carers. Mrs Laird said within the 290 projects, more than 28,000 people had been involved with a growing trend for projects to involve full co-production processes. She added that key to this progress was the 6 monthly updates to the Corporate Management Team and Involvement staff attendances at Directorate Senior Management Team meetings.

Mrs Laird shared with members a dashboard of improvement statistics for members' information.

Mrs Laird said she would like to commend all the staff involved in this work and said progress was very encouraging.

Mrs Laird advised that the Cancer Connected Communities West project was presented to the Committee and she would commend this as a future presentation to the Board. She said this presentation was inspirational and the role service users played in this was to be commended.

4/25/15

### **PERFORMANCE REPORT**

Mrs Molloy referred members to the Trust's performance report for the period January – March 2025 which included the 2024/25 end of year report. She said the report provided the year end position against the Service Delivery Plan, which had set the formal performance targets for the Trust.

Mrs Molloy advised that this was the final report the Board would see in this format, as all Trusts will transition from this point to the new System Oversight Measures (SOMs). She said for those Trusts which are live on encompass, the expectation is that SOM reporting will begin at the end of Quarter 1. For the Western Trust which will go live in May, Mrs Molloy said the expectation is that the Trust will be able to provide some SOM reports from Quarter 2. Mrs Molloy said this will be subject to data validation and the ongoing work on SOM reporting which is already being taken forward by the EPIC and the encompass central team. Mrs Molloy said she would keep the Finance and Performance Committee briefed on performance and activity reporting in the months after encompass go live. Members were advised that the SPPG Director of Performance will attend the F&P Committee to take the Committee through the new SOM processes on 1 July.

Referring to 24/25 performance overall, Mrs Molloy said she did not have the data at this point to enable comparisons to be made across all Trusts as the regional report on NI HSC Performance is not yet available. In addition she said not all Trusts had been able to submit returns for the full 24/25 year due to the new reporting processes bedding in with encompass.

Mrs Molloy referred to the full year report for the Trust and said most performance targets in the SDP were based on activity and because of this she had therefore focussed her report on whether there had been improvements from the start of the year.

Mrs Molloy said areas which started the year with a clear underperformance and recovered to target for the year were:-

- Elective Inpatients;
- Community dental general anaesthetic cases;

- MRIs; and
- Echocardiograms

Mrs Molloy said members would see that there were a range of areas where the Trust levels of activity in 24/25 improved compared to the previous year. She detailed these as she said she believed a simple RAG rating would not give members the necessary detail in relation to these areas. Mrs Molly said that for example in elective outpatients, the Trust had delivered 11,000 more appointments than the previous year; in respect of dementia, an additional 2,000 appointments had been provided; in CAMHS an additional 1,000 appointments had been delivered; and 14,000 more scans were performed in 24/25 than had been commissioned and funded.

Mrs Molloy said the Trust has services which continually perform above target for example children's social care, diagnostic services, and some mental health services. In overall terms she advised that there had been a solid performance, and in some services a continued excellent performance across the year.

Mrs Molloy said it was important that the Board is provided with updates on access and waiting lists and therefore she said her report also provided members with the waiting list position as it had changed for planned care services between this year and last. Mrs Molloy said the Board had reflected its concern on the scale of waiting lists many times and said it was important to formally say the Trust would wish patients not to have to wait in this way, and to again assure the public that our service teams are always seeking to identify ways to improve the current position.

Mrs Molloy said members would see within the report that the Trust had made good steady progress in reducing waiting lists for inpatient and day case appointments - 17,000 to 13,000 over 13 weeks. She added that there was impressive improvement made within endoscopy services where that team had reduced the waiting list from almost 5,000 to less than 1,800 patients. Mrs Molloy said that the Trust had also seen significant reductions in people waiting for 3 of the 4 mental health services for example dementia patients waiting >9 weeks for their assessment had reduced from 717 patients to 278 patients.

Mrs Molloy said of course there were areas where demand continued to outstrip capacity or the Trust's service delivery level with the most significant being in elective outpatients where patients waiting >9 weeks had grown, again by 10,000 patients and that there were now 72,000 patients over 9 weeks. Also, she said that the waiting list for CAMHS had also increased even though that service is performing at 115% of the target set for that service.

Mrs Molloy added that in order to reduce the waiting times for our most time critical patients, the Trust also delivered a considerable programme of waiting list initiatives, with around 30,000 care interventions being delivered and important work has also

been completed to validate the quality and accuracy of waiting lists. Mrs Molloy said the DoH supported this work with an investment of £12m this year.

Mrs Molloy moved to the 2 areas of the SDP where targets are based on timeliness of access, namely cancer and unscheduled care. She said in respect of cancer services, the Trust's performance against the 62 day standard was 42% this year and 43% last year, indicative of the levels of red flag demand which is clearly still well above the Trust's current capacity. In relation to the 31 day and 14 day standards, Mrs Molloy said performance was unchanged overall compared to last year with both delivering excellent access to assessment and treatment for cancer patients, with 97% of patients receiving their service within the required timeline for their cancer pathway.

Mrs Molloy advised that unscheduled care remained a "challenged service", and the HSC system focus remains on freeing ambulance capacity, improving internal hospital processes and addressing barriers to discharge for those who are medically fit. She said performance against the SDP had remained well below the targets set, and unscheduled care was now the Trust's single level 3 area which is receiving significant attention internally and with SPPG under the new Support and Intervention framework.

Concluding her report Mrs Molloy said she wanted to reflect on the context within which service teams had operated this year. She reminded members that there had been junior doctor strikes in the early part of the year, extreme storms disrupting services in the latter part of the year, and a significant call on the energies and efforts of clinical and care teams since October as the Trust added to their workload in order to prepare thoroughly for the introduction of encompass. Mrs Molloy said against this context she would commend Service Directors and their teams for delivering such a solid performance in 24/25.

Dr McGinley asked who sets the targets and are targets reviewed throughout the year. Mrs Molloy advised that targets are set externally for the Trust by the SPPG and this is then underpinned by a review process by SPPG. She said the Trust was being asked to provide activity above Covid levels in the past 2 years and in the past the Trust has queried targets an example of this being the HCAI targets which are as a result now being reconsidered by the PHA.

Mr Telford remarked that there were clearly a number of services being improved significantly and noted a range of positive trends and trajectories across other services. He said he hoped that the new format after encompass, would measure trends as well activity which he believed would provide a more complete insight. Mrs Molloy said she would take this suggestion forward in regional discussions.

4/25/16

### **FINANCE AND PERFORMANCE COMMITTEE – TERMS OF REFERENCE**

Mr Hegarty referred members to revised Terms of Reference for the Finance and Performance Committee. He referred members to sections 4, 5 and 8 of the Terms of Reference which had been updated.

Following discussion the updated Terms of Reference were unanimously supported by the Board.

4/25/17

### **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 MARCH**

Ms McCauley referred members to the Trust's financial report for the period ended 31 March 2025. She said she was very pleased to report that the Trust concluded the 2024/25 financial year having achieved a "break-even" position however as always she added the caveat that what she was reporting today was subject to the outcome of an external audit.

Ms McCauley said she had outlined in the executive summary of the report the timelines that would now be followed with regard to the approval process of the Trust's Annual Report and Accounts 24/25. She advised that the Trust will be submitting its draft report to the DoH and NIAO on 2 May and the external auditor, Deloitte, will commence its audit week beginning 5 May. Ms McCauley said she will present the draft Annual Report and Accounts to the Audit and Risk Assurance Committee at its meeting scheduled for 12 May 2025.

Ms McCauley said the Northern Ireland Audit Office is required to provide its draft "Report to Those Charged with Governance" to the Trust by 16 June 2025. She said the Trust's Audit & Risk Assurance Committee is scheduled to meet on 23 June 2025 to receive a draft report from Deloitte for the Board's consideration and approval of the recommendations relating to the Annual Report and Accounts. Ms McCauley said the exceptional Trust Board meeting has been scheduled for 26 June 2025 where she will present the Annual Report and Accounts to members. She noted that the Trust's final Accounts must be submitted to DoH before Wednesday, 2 July 2025 and the NIAO will provide the final "Report to Those Charged with Governance" by 31 July 2025.

Moving to the Trust's financial performance report, Ms McCauley said she was pleased to advise that, subject to audit, the Trust was reporting a break-even position against both its RRL and CRL targets. She said the Trust was reporting "amber" in relation to prompt payment, with an out-turn of 88% cumulative for the year and 80% for the month of March.

Moving to the tables, Ms McCauley said members would note from Table 2 that the Directorate level sub-total position had reduced from the prior month to 4.4%. She said the first report to members which was for the period to 31 May 2024, reported a Directorate sub-total variance of 4.5%, and so the Trust ends the year marginally below this position, demonstrating she said the grip and control of expenditure which has been in place across Directorates, albeit that we are 1.1% up from our adjusted closing position in March 2024. Ms McCauley said the Trust's bottom-line reported position was a small surplus of £52,000 which against a budget of £1.1bn, was considered to be "break-even".

Referring to table 3, Ms McCauley apologised to members as the table contained some erroneous data. She said the growth column from the prior period was incorrect and she apologised that the normally robust quality assurance processes had not identified this error before the report was issued. Contrary to the figures reported, Ms McCauley said the Trust's total flexible payroll cost in the period had increased by 1.4% and was not a decrease as indicated. Ms McCauley said this increase should be understood in the context of the pay award and arrears which were paid in March and which would specifically have impacted the total cost of overtime and bank staff and therefore a distortion to the run rate for the period being reported. Ms McCauley assured members that the other figures reported were correct and she could also assure members that the Trust did end the year with a reduction of 0.6% against the average spend during 2023/24. However, Ms McCauley said 0.6% was a "crude and understated figure" given that the specific cost of payroll related to flexible staffing, ie overtime and bank staff which had increased in 2024/25, as a consequence of the pay award. Ms McCauley assured the Board she would have the report corrected and reissued following the meeting.

Moving to Table 4 Medical Agency, Ms McCauley said the Trust ended the year having maintained a reduction in average hours and expenditure. She said as previously noted this outcome was possible due to a number of factors including extensive price negotiations by the HR Medical agency team, Director and senior team focus and the beginnings of benefits being realised following a very successful International Medical recruitment exercise. Ms McCauley added that during 25/26 the Trust expects to have a medical agency framework in place and an eradication of off-contract medical agency recruitment and this should have a further stabilising impact on price. However, Ms McCauley said since the finalisation of this report, the Trust had received clarification that the timescales for implementation of the new framework are likely to be November 2025 and not September as per her report.

Ms McCauley said in addition, the greater scale of savings from the IMR will be delivered over the course of the early months of 2025/26. She said Directors and their senior teams have continued to focus on their medical agency locums, in particular those which are of highest cost, and are prioritising other actions in order to find lower cost options and ultimately, stabilise that section of the workforce.

Referring to tables 5 and 6, Ms McCauley said members would note that spend for the year on nurse agency is £1m below that of the prior year and while total nursing spend had spiked in month 12, this related for its greatest part to the pay award for the year which was paid in March. Using the graph for the year as an indicator Ms McCauley said it highlighted that while the Trust was saving in agency expenditure, it will have increased spend in payroll costs.

In the case of both medical and nursing expenditure and against the context of savings targets, Ms McCauley said discussions at CMT are that more must be done during 2025/26 in order to deliver further savings. She said the Delivering Value Programme for 2024/25 had delivered a number of enablers for Directorates into 2025/26 which will support the Trust's focus on increasing our level of savings. Ms McCauley added that this includes dashboards, data analytics and data insights across services to inform targeted action. She noted that the implementation of the nurse governance framework by the Executive Director of Nursing, Midwifery and Allied Health Professionals and associated compliance reporting were also key. Ms McCauley said the Trust has also established focused meetings to discuss Directorate requirements for medical locums, chaired by Dr Lavery, with Directors and their senior teams supported by Mrs Hargan and herself along with senior members of both HR and Finance. However, Ms McCauley said most critically, together with these enablers and the other work-streams which support this agenda, there was also a commitment from Service Directors who fully understand the scale of the ask for 2025/26.

Ms McCauley referred to Table 10 Contingency savings and said this confirmed actual savings of £20.2m against a target of £23.1m. She said the savings gap had been addressed through other financial planning opportunities.

Continuing with Table 11 Capital expenditure, Ms McCauley said the Trust was reporting break-even against its budget of £42m.

Ms McCauley said members did not need to be reminded how financially challenging 2024/25 has been for the Trust. She said she would like to acknowledge the central role played by Directors in achieving this year's financial outturn - navigating the pressures and complexity of the past year had required significant leadership and resilience and the positive position achieved was clearly due to their collective effort. She said Directors had been challenged to manage their expenditure run rates and deliver savings at an unprecedented scale, all the while having to balance the achievement of the savings while continuing to deliver safe and effective clinical and social care services.

Ms McCauley said she would also like to recognise the valuable contribution of Trust Board, in particular those members of the Finance and Performance Committee, whose scrutiny, challenge and insight throughout the year had helped strengthen our confidence in the decisions which have been taken.

Ms McCauley said while the Trust was reporting financial break-even for 2024/25, it was important that members were reminded that while the management of run rates and savings targets have been critical factors in the achievement of our year end out-turn, the Trust continues to place reliance on the availability of non-recurrent funding from the DoH/SPPG in order to break-even and this had amounted to £31.5m in 2024/25. She said this was in recognition across our services that the Trust has been underfunded in 2024/25 against the service pressures and demands which it was required to deliver.

In relation to 2025/26, Ms McCauley said the Trust had yet to receive its budget allocation letter but she was hopeful that with the appointment of Ms Brigitte Worth to the role of SPPG Director of Finance effective from next week, the Trust should have a budget allocation soon.

Mr Hegarty commended Ms McCauley for her financial leadership and reminded members that she said the Trust would break even, and we have.

The Chair thanked Ms McCauley for her very comprehensive report. He said 25/26 will present even greater challenge but that there had been outstanding work done this year across all Directorates and that he would like to thank everyone involved. Concluding he said that the experience of managing the fiscal challenge in 24/25 would be helpful in meeting the financial challenge in 25/26.

4/25/18

#### **ENDOWMENT AND GIFTS COMMITTEE – REVISED TERMS OF REFERENCE**

Rev Canon McGaffin referred members to revised Terms of Reference for the Trust's Endowment and Gifts Committee. She said a number of minor amendments were made which included change of titles; frequency of meetings; and an addition to the Committee's role and responsibilities.

Following discussion the Board unanimously approved the revised Terms of Reference.

4/25/19

#### **BANK MANDATE - AMENDMENTS**

Ms McCauley sought approval to add a new member of staff, Ms Nuala McAdams, as an authorised cheque signatory on the Trust bank mandate. She said subject to approval the Bank will be advised of this revision.

Following consideration the Board unanimously approved the addition of Ms McAdams as an authorised cheque signatory.

4/25/20

**DECLARATION AND REGISTER OF INTERESTS – OUTSIDE INTERESTS 24/25**

The Chair advised that an important part of the Trust’s governance framework is the completion of an annual Register of Interests file. He said the Register had been updated for 2024/25 and was coming to Board today for noting.

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

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

Prof McKenna referred to conflict of duty/loyalty and said he would like an opportunity to discuss this at a later date.

4/25/21

**USE OF TRUST SEAL 2024/25**

The Chair referred members to a paper detailing the occasions that the Trust seal had been used in 2024/25 for information.

4/25/22

**ANY OTHER BUSINESS**

There were no further items of business.

4/25/23

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust will take place on Thursday, 5 June 2025 at 11 am.

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**Dr Tom Frawley CBE**  
**Chair**  
**5 June 2025**