

Minutes of a meeting of the Western Health & Social Care Trust Board to be held on Thursday, 6 February 2025 at 9.30 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 G McKay, Director of Unscheduled Care, Medicine, Cancer and Clinical Specialties
Mrs D Keenan, Executive Director of Nursing, Midwifery and Allied Health Professionals
Dr M O'Neill, Interim Director of Community and Older People Services
Ms K O'Brien, Director of Adult Mental Health and Disability Services
Dr T Cassidy, Executive Director of social work/Director of Children and Families
Mrs T Molloy, Director of Performance, Planning and Corporate Services
Ms E McCauley, Director of Finance, Contracts and Capital Development
Mrs K Hargan, Director of Human Resources and Organisational Development

IN ATTENDANCE

Mrs M McKenna, Assistant Director Health Care
Mr O Kelly, Head of Communications
Mrs M McGinley, Office of the Chair/Chief Executive
Ms Michaela O'Hagan, Emotional Health & Wellbeing Team Leader and Sarah McGee, CAMHS Head of Service (for agenda item 2/25/6 only)

2/25/1

CONFIDENTIAL ITEMS

2/25/2

APOLOGIES

The Chair advised that apologies had been received from Mr Mark Gillespie, Director of Surgery, Paediatrics and Women's Health. He said he was being represented by Mrs Mary McKenna, Assistant Director Health Care.

2/25/3

DECLARATION OF INTERESTS

There were no declaration of interests advised.

2/25/4

MINUTES OF PREVIOUS MEETING – 9 JANUARY 2025

The Chair referred to the minutes of the Trust Board meeting held on 9 January 2025 and asked members if they would approve them as a true and accurate record of the discussion at the meeting.

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

2/25/5

MATTERS ARISING

The Chair referred to the matters arising from the previous meeting.

- Rev Canon McGaffin referred to the Trust's Community and Hospital Ethics Committee and as requested was provided with a list of the Committee's current membership.
- The Chair advised that Mrs Laird, Mrs Hargan and he will meet on 13 March to discuss how best Trust Board can remain sighted on workforce challenges.
- Trust Board members will be briefed at March Trust Board meeting on the new performance management framework and its assessments going forward.

- The Chair referred to Mr Telford's request for more information on the monitoring of the Trust's savings target. It was noted that Ms McCauley will provide this information in the monthly Financial Performance Report.
- The Chair confirmed that Dr O'Neil shared with members the briefing given to the Finance and Performance Committee on the Rota Optimisation Review.
- The Chair noted members provided to Ms McCauley with comments on the detail of the Financial Performance Report.

Dr McPeake asked that a paper on the "Matters Arising" is shared with members in advance of the meeting going forward. The Chair agreed to do this.

2/25/6

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the February meeting of the Trust Board in Altnagelvin. Again he reminded the public that Trust Board meetings would be held in Altnagelvin until September when the Trust will have completed the implementation of the encompass system.

The Chair said joining the meeting remotely was Rev Canon McGaffin.

The Chair shared a report of his commitments since the last meeting in January.

- On 10 January the Chair advised that he completed the training prescribed for members who Chair a Trust's Organ Donation Committee. He said he joined this training on line with other Organ Donation Committee Chairs from across the UK. He said it was a very interesting day and what he found reassuring was that from his experience in Northern Ireland we are very much at the leading edge of developments in this vital service and he hoped we will continue to maintain this position.

The Chair also thanked the local media for picking up his message following the last Trust Board meeting encouraging individuals to discuss with family members their intention whether to donate or not donate their organs so that if the situation arises when an individual's intentions are unclear there is an awareness at least of what that individual would have wished to have happened had they been in a position to make that decision themselves.

The Chair said he was pleased that today there was a public launch of the "On Call" exhibition, which having been in Strabane and Belfast over the past 4 weeks, is now located at Enniskillen Castle from 3-14 February. The Chair encouraged everyone in Fermanagh to view this exhibition as it promotes

paediatric organ donation which is an area of organ donation that requires particular attention.

On 13 January the Chair added that he joined the Regional Organ Donation Steering Group where they reviewed progress across Northern Ireland in relation to organ donation activity. He said in discussions they highlighted the challenge faced by the health service in publicising organ donation at a time when there is now no longer any funding for major publicity initiatives, particularly in the media. The Chair said this circumstance now demands that we collectively in health and social care promote this most important and vital service. He said at this meeting he also made the point that we need to begin to think about the implications of the discussions around “assisted dying” for services like organ donation because there is the potential for significant public misunderstanding of these different areas so it is very important we are clear in our communications as we move forward.

- On 16 January the Chair, accompanied by Ms Kirsty McKelvey, Community Nurse/Learning Disability Nurse Manager, advised that he visited Benbradagh Day Centre and Stableyard Supported Living Facility, both in Limavady.

He said these were the most enjoyable and informative visits and he was impressed by the facilities at both facilities. He said in Stableyard people with a learning disability are supported in independent living by Trust staff. The Chair said what struck him is the need to provide more of this specialised service for this part of our community who currently have very limited availability to similar opportunities. Again the Chair commended the staff in both the Day Centre and the Supported Living Facility for the way in which autonomy and independence of the attendees and the tenants are being supported at these facilities.

- The Chair advised that on 22 January he attended with Dr O’Neil, a conference organised under the auspices of the Royal College of General Practitioners in Northern Ireland around the theme of “Working Rurally in Northern Ireland - Opportunities and Challenges”. He said this was a most interesting day where both local voices and leaders from across the UK spoke directly to those involved in General Practice and wider community services in Fermanagh and Omagh.

The Chair said he was particularly taken by the focus given to “social prescribing” and the potential of that initiative to form a central theme for our Integrated Care Partnerships going forward. He said there was also a very informative presentation on the satisfaction that younger GPs in training are experiencing in working in rural communities and said the view that was expressed was that as doctors they can get much closer to patients and as a result have a more complete awareness of the individual and the particular circumstances in which their patients are living.

The Chair said another benefit identified by speakers from the Acute Service and Primary Care was the close relationship between the local hospital at South West Acute Hospital and General Practice in Fermanagh and Omagh.

The Chair said the intent of the day was to encourage young doctors who are considering careers in general practice to look at rural settings as offering a very satisfying career at a time when clearly as we know from our own Trust experience it is extremely difficult to recruit doctors to rural settings. He said this was certainly the case in the Southern part of the Trust's area.

The Chair said it would be remiss of him if he did not also highlight the concern expressed during the day at the continued failure of our health and social care system to fund multi-disciplinary teams (MDTs) in the Southern part of this Trust's area and said it was an issue of equity which needs to be address.

- On 30 January the Chair said he was back in Fermanagh again demonstrating our focus on primary care. The occasion was the "sod cutting" at Lisnaskea Health and Care Centre, an event which was led by the Minister, Mr Nesbitt.

The Chair said this was a very major investment by health and social care in primary care and indeed community health in this part of Fermanagh, and said it was very important once the facility is operational that the Trust optimises its potential by testing how it might be utilised by our Integrated Care Partnership.

- On 3 February the Chair said with the Chief Executive and Mrs Molloy they attended the first formal meeting with SPPG within the new accountability arrangements detailed in the Support and Intervention Framework. While acknowledging this is a new initiative, the Chair said he was very impressed by the level of engagement by everyone involved and by the flexibility displayed to ensure that this is a supportive process which he hoped was an emphasis that the Trust will continue to experience going forward with this important initiative.
- On 4 February the Chair was pleased to be able to join with the Health Minister to meet with a significant number of Health Visitors based in the Northern Sector of the Trust at St Columb's Park House.

The Chair said the Health Visitors were able to demonstrate during the event the invaluable impact their work makes in the community, particularly to communities which have high levels of deprivation and which according to the Northern Ireland Statistics and Research Agency are classified as the "most deprived". The Chair said another important feature of their work is with refugees and Foreign Nationals in helping them navigate access to health and other critical services.

In addition to meeting staff the Chair said he also enjoyed meeting community groups and service users.

- Concluding his remarks, the Chair advised that yesterday with the Chief Executive they attended the launch of the Cultural Competency Framework. The Chair said at the launch they heard about the initiatives that Health and Social Care Trusts are developing together to support a Cultural Competency Framework that will assist in supporting staff recruited from overseas to settle and establish their roles in health and social care. During the event Trusts presented their experiences and the insights developed out of this work, highlighting best practice based on the contributions of staff and service users who reflected in a very positive way on this development work. The Chair said clearly the challenge will be how Trusts take this important work forward both internally and externally.

2/25/7

CHIEF EXECUTIVE'S REPORT

Mr Guckian shared his report with members with regard to critical issues which had arisen since the previous Trust Board meeting.

General Pressure

Mr Guckian advised that over the last week the Trust's Emergency Departments had a slightly lower number of patients waiting for a bed and said this reflected a reduction of Flu and Covid in the community. Mr Guckian again apologised to all patients who have been waiting extended periods to access services.

Mr Guckian said a key feature of our acute hospitals is the number of patients whose discharge has been delayed. He said the main issue with this was capacity in care homes especially capacity for specialist dementia places within care homes. Mr Guckian said he would encourage families to support discharge of their loved ones where even part of a domiciliary care package is in place, as an acute hospital is not an appropriate setting for patients who are medically fit for discharge.

Encompass Project

Mr Guckian advised that the Trust will have its 90 day "go live" Readiness Assessment on 7 February. He said Super Users training had begun as these roles are pivotal to the success of the Trust's implementation as they will support colleagues in teams across the Trust. Mr Guckian explaining the size of the project for the Trust advised there are over 2,900 Super Users across the Trust who will be trained in the coming weeks.

Mr Guckian said every member of staff will require training on encompass as it will not be possible to interface with patients/clients or service users without being trained and said he would encourage everyone to enrol in the training relevant to their role in the Trust.

Storm Éowyn

Mr Guckian placed on record his appreciation to all staff who ensured that services continued through the “red level” storm Éowyn. He said from hospital staff who ensured all shifts were covered through to community teams – District Nursing, Older People’s nursing, mental health and disability and our homecare teams (in Trust and providers), they all ensured service users were kept safe despite the personal risks to their own safety.

Mr Guckian added that Estates Teams ensured Trust facilities were kept open and he wanted to acknowledge the job done over that weekend by Mr Chris Curran, Communications, and Dr O’Neill, who had been the Director on Call. He said it had been a long weekend for both of them but the Trust was very well served by their knowledge, expertise and experience of Emergency Planning.

Boston Scientific Recall

Mr Guckian referring to the previous briefing at last month’s Board meeting where he provided members with an update in relation to Boston Scientific who had issued an urgent “field safety notice” on 12 December regarding a subset of their Accolade family of pacemakers.

Mr Guckian advised members that all high risk patients had been identified and had “box change” procedures carried out with the exception of one patient in the Belfast Trust area and 1 patient who did not want the replacement. He said the “low risk” group has now also been identified and was being managed appropriately.

Mr Guckian said he was pleased to confirm that no patient had come to any harm as result of the “recall”.

Consultation on ‘Being Open’ Framework and Duty of Candour launched

Mr Guckian said as he advised last month, the Department of Health (DoH) launched a public consultation in December 2024 asking for views on its draft ‘Being Open’ Framework and the establishment of a Duty of Candour in Northern Ireland.

Mr Guckian said the Framework aims to address some of the recommendations made in the 2018 report from the Inquiry into Hyponatraemia Related Deaths (IHRD) by Sir John O’Hara KC, in relation to the Duty of Candour.

Mr Guckian said a Framework has been developed involving statutory, voluntary and community stakeholders, as well as service users, carers, staff from HSC organisations and independent health sector organisations. He said to support the consultation process, and to allow the DoH to gather Health and Social Care staff feedback, the Trust was facilitating a Staff Engagement Event on Monday, 10 February between 3pm and 4pm virtually over MS Teams.

Mr Guckian said if any member would like to attend the appropriate link could be shared with them via his office.

Consultation – Hospitals Network Configuration

Mr Guckian advised that on 15 January the Department of Health hosted a consultation event in relation to its document “Hospitals - Creating A Network For Better Outcomes”. He said Mrs Molloy represented the Trust on the Panel at the event and had presented how hospitals in the Western Trust operated as part of a system.

Mr Guckian said the public who attended were primarily focussed on the status of the South West Acute Hospital with a particular focus on Emergency General Surgery.

Mr Guckian said the Trust will await the outcome of this Departmental consultation before the way forward will be decided.

RCN Corridor Beds Report

Mr Guckian advised that the Royal College of Nursing (RCN) published a Report entitled “On the frontline of the UK’s Corridor Care Crisis” on 16 January 2025. He said the report related to hospitals across the UK, not just Northern Ireland, and made a number of wide ranging recommendations particularly around reporting and classifying corridor care at operational and Departmental levels. He said the report had also recommended increased funding to support the expansion of the nursing workforce.

Mr Guckian said in Northern Ireland there was reference to high vacancy rates in nursing and related staffing levels with poor nurse to patient ratios. He assured members that due to the Trust’s initiatives around nurse staffing, vacancies for adult nursing (excluding mental health and disability) across the Trust were low with the Trust no longer having reliance on off-contract nurse agency staff. In addition Mr Guckian said Mrs Keenan’s team had developed a nurse staffing toolkit for escalated (corridor) beds which was currently being implemented.

Mr Guckian assured members that all wards carry out a risk assessment in relation to patients being cared for in escalated beds however he added that as a Trust we accept that escalated beds inevitably adversely impacted on the privacy and dignity of patients for which he apologised.

Foyle Women’s Aid/Family Justice Centre

On 17 January Mr Guckian said he was pleased to accept an invitation from Foyle Women’s Aid to visit the Foyle Family Justice Centre. He advised that this had

been an excellent opportunity to see first-hand the work that is being done and to hear future plans in relation to this important challenge. Mr Guckian said he has liaised with Dr Cassidy and his team to support this group in their bid to change how family law cases are handled particularly for parents with addictions.

All Ireland REO/CEO

On 21 January Mr Guckian said he joined another meeting of the All Ireland Regional Executive Officers (Republic of Ireland) and Chief Executives (Northern Ireland) Group. He advised that as a collective they have begun to identify areas of learning, support and mutual benefit for our services.

Mr Guckian said at the opening workshop they developed a number of workstreams which include CEO Learning, Productivity, Leadership Development, Inequalities and Primary Care. Mr Guckian said initially the group is scoping how each jurisdiction operates with the objective of assessing how successful these initiatives were and then using the assessment to underpin future decisions regarding options for learning.

Senior Leaders' Presentation

Mr Guckian advised that on 28 January he held the latest Senior Leaders' Forum event with a range of presentations and updates. He said one of the most impactful presentations he had recently heard was delivered by the Trust's Domestic Violence Support Team which included anonymised feedback from a member of staff who had had direct experience of domestic violence.

Mr Guckian said research statistics suggest that the Western Trust could have as many as 3,300 victims of Domestic Violence and Aggression, in its widest definition, within its workforce. Mr Guckian advised that the Trust has developed a policy and toolkit for managers and staff to raise awareness and support those affected whilst trying to reduce the stigma associated with acknowledging you were a victim of domestic violence.

Publication of RQIA Report - A Review of the Pathways Associated with the Temporary Suspension of Emergency General Surgery at South West Acute Hospital

Mr Guckian advised that on 29 January, the Regulation and Quality Improvement Authority issued its report on its Review of the Pathways Associated with the Temporary Suspension of Emergency General Surgery at the South West Acute Hospital. Mr Guckian said this issue would be discussed in greater detail later in the meeting.

“Sod Cutting” Lisnaskea Health and Care Centre

As previously mentioned in the Chair’s remarks, Mr Guckian advised that on 20 January the Chair and he joined the Minister for Health for the official “sod cutting” ceremony to mark the commencement of the construction of the new £32.4m state-of-the-art Lisnaskea Health and Care Centre. Mr Guckian said the construction contract was signed with Lowry Building & Civil Engineering in late 2024 and work on the site commenced in early January 2025.

Mr Guckian said the new health and care centre will replace the existing Lisnaskea Health Centre, Drumhaw Day Care and leased facilities, providing a range of services from one location which will include a GP practice, Community Care (Allied Health Professionals, Midwifery, Health Visiting, District Nursing, Dental and Mental Health services) and older people’s day care.

Mr Guckian said he was delighted that this milestone has been reached. He said the new Health and Care Centre will provide a range of accessible and integrated services to improve the health and wellbeing of 30,000 patients and service users in the South East Fermanagh community. He added that the new build, which is due to complete in late 2026, will provide staff and patients with excellent facilities and will expand the range of services available to the local community.

Mr Guckian said the significant sod cutting had been achieved through the collaborative working of GP representatives, Trust staff and DoH personnel with a focus on meeting the needs of patients and clients living in Lisnaskea and the wider area and he expressed his thanks to everyone involved.

Support and Intervention Meeting

Mr Guckian advised that the Chair, Mrs Molloy and he met with SPPG colleagues for the second meeting of the Support and Intervention process on 3 February. He said whilst some HSC issues are extremely complex and long term, the Trust was able to demonstrate reasonable progress on a number of escalated areas to the extent that they have been de-escalated.

Mission Cup

Mr Guckian said he had the wonderful task of informing the Acute Speech and Language service that they are the latest winners of the Trust’s Mission Cup having been nominated by the current holders, the Acute Learning Disability Team. He reminded members that this cup is awarded to Teams who are recognised by their peers for delivering the Trust’s Mission and Values.

Mr Guckian said the Chair and he will meet the team in the coming weeks to pass on the cup and to congratulate them in-person.

Financial Plan for 2025/26 and Beyond

Mr Guckian reminded members that the draft budget for 2025/26 is currently being consulted upon. He said the budget represented a significant challenge for all Trusts, given that the savings requirements will be almost double the level for 2024/25, which was the highest level the Western Trust has ever faced. He said if the full level of savings are required, it will have a serious impact on front line services.

Mr Guckian said the Trust has prepared a range of proposals which could technically achieve breakeven next year, in addition to a core savings plan higher than this year. He added that the Trust will continue to maximise opportunities for savings and will continue to maintain the “grip and control” achieved in recent years. Mr Guckian said the Trust will also continue to work with DoH colleagues in the coming weeks to finalise the Trust’s financial plan for next year which included the delivery of an ambitious savings plan.

2/25/8

IMPROVEMENT STORY - EMOTIONAL WELLBEING TEAMS IN SCHOOLS

The Chair moved to the “improvement story” and said this was an area not directly in the Trust’s remit but was hugely relevant because of issues in respect of services which are available for young people. He said there appeared to be significant issues for society in relation to the emotional wellbeing for our young people and that he had had the opportunity to hear this presentation in Fermanagh recently and he thought members would welcome the opportunity to also hear it.

Dr Cassidy introduced Ms Sarah McGee, CAMHS Head of Service and Ms Michaela O’Hagan, Emotional Health & Wellbeing Team Leader to the meeting who he explained would present the pilot in respect of the Western Trust Emotional Wellbeing Team for post primary schools. He said his Directorate was very proud of this collaboration between health and the Education Authority and he welcomed the opportunity to showcase this service today.

Ms McGee and Ms O’Hagan introduced themselves to the Board. Ms McGee said she was delighted to come to Trust Board to talk to members about CAMHS Emotional Wellbeing in Schools. She said she was passionate about the development of Emotional Wellbeing Teams which she said had been “conceived” in the West.

She said the Trust developed a proposal in collaboration with Ulster University and the Western Trust CAMHS team a number of years ago and this collaborative work between health and education developed this project that adds value to young people’s lives and equally teacher’s lives through the development of a service that would provide a “seamless transition” for a young person to secondary education.

She said the proposal was put forward through the CAMHs Commissioner to the Department of Health and Department of Education and they supported it and it has now been rolled out across the Region. Ms McGee said the project is a pilot however in its early implementation the pilot has been achieving significant results.

Ms O'Hagan thanked members for the opportunity to attend today. She said Emotional Wellbeing Teams in schools is a regional approach. She said these Teams had been developed from the Emotional Health and Wellbeing Framework which had been published in 2021 by the Department of Education. She said the Department of Education had moved to work collaboratively with the Department of Health and had developed a regional operational group. Ms O'Hagan said the unique selling point of Emotional Wellbeing Teams is where it sits within the Stepped Care Model and coming from a health perspective into schools to work with young people. She said she was very passionate about the work in schools on trauma informed practice and had worked with the Safeguarding Board for Northern Ireland and the regional trauma network and said the EWTS staff have been trained to deliver trauma informed training in schools.

Ms O'Hagan said EWTS sits within early intervention and prevention. She said EWTs core offer is about building awareness and the capacity of school staff and also young people, their carers and families. She acknowledged the systematic impact of trauma and its effect on young people and said she was passionate about giving young people a voice. She added that the service aims to provide champions and networks. She advised that since 2018 she has been working as one of the lead partners for the Western Trust to make Derry the first UNICEF child friendly city and she was very proud to be part of this initiative.

Ms O'Hagan referred to the EWT Team and said the Team's skills are extensive with each member bringing a different skill set. She said the work they do is commendable and the results of the pilot have been down to their commitment and hard work.

Ms O'Hagan shared with members the Project overview and said it was about building capacity. She said education is under resourced and the EWTs is highlighting the benefits that teachers and staff are delivering while also enabling them to develop the skills in others to do this. She said they encourage teachers to develop a shared culture, system and language ensuring all teachers and staff have consistent messages. Ms O'Hagan said the legacy of EWTs is that the teachers and staff will be able to continue this work when the EWT team withdraws. She added that EWTs is keen to build connections with community and collaboration with other projects recognising that partnership working is key.

Ms O'Hagan said when considering the sustainability of EWTs it was important to look at what makes EWTs different and attractive for funders. She said a "Social and Emotional Learning" model is used in England in all education systems. She said CCEA use this model in Northern Ireland but not all schools use it. She

explained that the model has 5 components supported by external factors including health literature, policy and framework, psychoeducation and support networks. Ms O'Hagan said this model is welcomed by schools and teachers and is helping teachers to connect with the child and help schools to make onward referrals for a child where it is judged necessary.

Ms O'Hagan referring to the timeline for the pilot said in November 2023 she took up post and in January 2024 the EWT was introduced into 8 post primary schools, with this increasing to 14 schools in September 2024. She said the pilot is due to end in July 2025.

Ms O'Hagan said it was really important to understand the outcomes of the pilot from the perspective of school staff, parents/carers and young people and said it was interesting that all groups identified the same issues affecting the young people - anxiety, confidence and general mental health and wellbeing. She said an interim thematic analysis was undertaken and the outcomes showed that for our young people in a post Covid society that there was an emotional and relationship impoverishment, there were gaps in meaningful provisions where young people were experiencing anxiety/anxious feelings and lack of confidence and children were asking for a social and emotional health promotion programme from the child's rights approach in schools.

Moving to the project outcomes Ms O'Hagan advised that since the project became operational in January 2024, there have been 23 schools who had registered an interest. She said 14 schools are currently live with the EWT and 6 schools on the waiting list. She said there has been a total of 17,815 pupils engaged and 2,361 staff attended workshops. She said that engagement with parents had been modified at their wishes but attendance had been poor and needed to be reconsidered.

Ms O'Hagan referred to "next steps" and said this was achieving sustainability through future funding when the pilot ends in July 2025 and reporting on the EWTs outcomes to department and wider framework group.

Ms O'Hagan concluded the presentation by sharing with members QR codes for members to access some additional resources.

Dr Cassidy thanked Ms McGee and Ms O'Hagan for their presentation and said the period of Covid had impacted adversely on young people and that he had recently recorded a podcast with the Consultant Lead Clinical Psychologist for CAMHS in which they had explored the topic of children's mental health. Dr Cassidy encouraged members to listen to this.

Prof McKenna commended the presentation and welcomed that it was embedded in public health. He said he believed the adage that "it is easier to build strong children than to fix broken adults" and he asked Ms O'Hagan if she found that children took

the health promotion messages back to their parents. Prof McKenna also referred to peer support as one of the preventative measures and he asked if this was evident in schools.

Ms O'Hagan said some parents feel they do not understand the language which health care providers use. In addition she said the Western Trust is seeing an increase in new comers and the population is changing and when she looked at the 2021 census information, it showed the diversity in the population and as a result the literature is provided in the top 8 common languages. She said that in a teacher's feedback from a parent was that following the completion of a 6 week programme the parent felt they got their child back.

Ms O'Hagan said suicide and self-harm prevention is very important and said it is important we understand who our partners in the community are. She said Belfast has done research and there is a study that shows that 226 young people died as a result of suicide last year. She said the Team is hearing from young people particularly seniors in school that we should remove the suicide focus in schools which means there needs to be more understanding.

Ms McGee said the project outcomes were very helpful from a population base assessment to see what the issues are emerging from children. She said in respect of referrals to CAMHS, anxiety/low mood accounts for 50% of referrals with self-harm/suicidal ideation accounting for 30% of referrals. She said the preventative work being undertaken by EWTs is very important. Ms McGee also referred to the high level of poverty and deprivation, and the number of children in need in the Western Trust she said she was hopeful that this work would make a difference to the level of referrals to CAMHS and said the number of children being seen was amazing and that she would be keen that the project is supported beyond the pilot stage.

Mrs Laird said she liked the "multiplier effect" and asked in the trauma work was the Team picking up multi-generational issues. Ms O'Hagan replied yes and said it was important the Team does not re-traumatise children when they do their training. She said there is significant multi-generational trauma coming through.

The Chair commended Ms O'Hagan and Ms McGee for their leadership of this pilot and said their commitment was so powerful. He said he welcomed that they are in schools doing such inspirational work with our young people. The Chair said he had asked Rev Canon McGaffin for her views on an issue for a different agenda item as the Trust's Children's Advocate, and she said that Teams have told her the problems that require social work intervention with families continues across generations. He added that Rev Canon McGaffin said a particular social worker had shared that he was working with the great grandchildren of children that he first encountered as a young social worker and that the Trust cannot underestimate the huge societal cost of this.

The Chair thanked Ms McGee and Ms O'Hagan for their presentation and asked them to continue their hard, dedicated work and said he would welcome hearing of the pilot's progress in 9/12 months' time.

2/25/9

**RQIA REVIEW OF THE PATHWAYS RESULTING FROM THE TEMPORARY
SUSPENSION OF EMERGENCY GENERAL SURGERY AT SOUTH WEST
ACUTE HOSPITAL**

Mr Guckian presented a report from RQIA in relation to its Review of the Pathways associated with the Temporary Suspension of Emergency General Surgery at the South West Acute Hospital. Mr Guckian said that the Trust welcomed the Report and its 10 recommendations. He said the Trust had been fully engaged in the Review process and was reassured that the Review supported the Trust's findings and that there have been no patient safety concerns arising from the introduction of the temporary patient pathways. Mr Guckian said he was pleased to report that work was already underway to implement the 10 recommendations arising from the Review and good progress was being made in this regard.

Mr Guckian stressed to members that this change had not been without its challenges for both the local population and Trust staff, particularly given the immense pressures the entire Northern Ireland hospital network has been under for quite some time. Mr Guckian thanked patients for their understanding and paid tribute to all staff at the South West Acute and Altnagelvin Hospitals who provide high quality care to our patients.

Mr Guckian said the Trust is aware from its own engagement, and as stated in the RQIA report, that access to 'direct to ward' admission is the area of greatest concern for South West Acute emergency general surgery patients. He said the Trust had continued to reduce the numbers of patients who transfer by ambulance from SWAH ED, but need to go through ED at Altnagelvin, before being admitted to a bed.

Mr Guckian said since May 2024, an average of 79% of General Surgery patients who came to Altnagelvin Hospital from the ED at South West Acute Hospital go directly to a bed. However, he said it was important that all decisions to admit patients are based on clinical priority, and the "sickest patients" will always be allocated beds preferentially. As a result of our improvements over the past number of months, Mr Guckian said only very small numbers of patients experienced a transfer from one ED to another.

Mr Guckian confirmed that the Trust has also now implemented a policy of equalisation of waits which means that the wait in SWAH ED is counted when being assessed chronologically for admission.

Mr Guckian reminded the public that the Trust did not make the decision to suspend emergency general surgery lightly. He said the service could no longer be safely maintained without permanent Consultants. Mr Guckian added that the Trust would have preferred a planned and managed change rather than the emergency suspension of a service, and in these circumstances there would be learning to take forward for the Region.

Mr Guckian said it was important that the Trust looks at outcomes for patients when assessing the impact of the change. He said while patient experience was important for all our services however the over-riding priority as healthcare providers was to keep patients safe and ensure their clinical outcomes are not adversely affected as a result of service change. He said this was something that had been carefully monitored throughout the past 2 years and which will continue to be monitored. Mr Guckian said the independent data that the Trust has examined indicates that emergency general surgery patients who come to Altnagelvin for their general surgery treatment have had good outcomes, and these have not worsened as a result of the temporary change.

Mr Guckian said he would like to reassure everyone that the Trust, supported by the Department of Health, remains committed to the long-term sustainability and development of the South West Acute Hospital. He said the Trust will continue to work collaboratively at local and regional level to build its elective capacity, developing a safe and sustainable model for general surgery across the Trust. He said the Trust is pleased to have secured new appointments on Trust wide contracts to provide a stable and resilient General Surgical Consultant workforce for the first time in many years.

Mr Guckian said on the afternoon of 29 January along with senior colleagues he met with the SWAH Staff Engagement Forum to provide them with an update on the RQIA Review report. He said the following day, 30 January, the Trust issued an open invitation to all staff based in SWAH to meet with Mr Gillespie and other senior leaders who provided an update on the Report. Later that day on 30 January, Mr Guckian said along with colleagues he met with the SWAH Strategic Development Group, the SWAH All Party Group and the Health Committee of the Fermanagh and Omagh Council to share with them the RQIA Review report and the Trust provided all parties with a full response to the RQIA Review report and confirmed that the Trust is working to implement all outstanding recommendations.

Mr Guckian referring to the Review Report's recommendations said there were a number of themes. Referring to ED to ED transfer and capacity within the Northern Ireland Ambulance Service, Mr Guckian said in the meetings of the All Party Group and the Strategic Development Group, the DoH and Prof Mark Taylor were in attendance and it was very interesting to hear that in relation to the issue of additional funding for the Ambulance Service, the DoH will not give additional funding until the temporary change is made permanent. Mr Guckian reminded

members that the Western Trust has the “shortest” NIAS hand over times in Northern Ireland.

Mr Guckian said there has been significant discussion about the information being used by the CMT and Trust Board in providing oversight of the temporary change. He reminded members that the dashboard and KPIs which come to Trust Board were agreed by the former Health and Social Care Board now the SPPG as it wanted to ensure there was a regional context to the information provided. He said RQIA has been critical of this information and now with SPPG colleagues the Trust will refine the KPIs and the data being shared. Mr Guckian said in Mr Gillespie’s presentation in December he was very clear in outlining the outcomes information that is available. Mr Guckian said initially more detailed information had been provided to Trust Board which had been refined to an infographic over time but this will now be reviewed. Mr Guckian said this was learning and anything that gives Trust Board more oversight and insight into this significant change which is important to the population will be taken on board.

Mr Guckian referred to public engagement and said the Trust engaged Care Opinion to gather feedback from the public. He acknowledged feedback from members of the public was very low and RQIA has highlighted this. Mr Guckian said the Trust needs to enhance its efforts to seek feedback going forward and will take responsibility for this to ensure it maximises feedback from patients on our services.

Dr McGinley welcomed Mr Guckian’s acknowledgement on the oversight and accountability issues as she was concerned to read this in RQIA’s report. She said the Trust was in a crisis situation admittedly but there is a strong criticism about the amount of information that was coming to Trust Board for members to fulfil the oversight role. Dr McGinley said looking at what is reported, and again in respect of communication, the recommendation for additional funding for NIAS, and that the change needs to be permanent for this to happen, she felt the public has a right to know that this is the case. She said if we move into further consultation without this openness, honesty and transparency the public will be critical of us. Dr McGinley said the data and information that both the Board and public receive is important and asked what the communication plan is going forward. She added that she has mentioned the “vision” for the hospital in the past and feels this needs to be done in parallel so that when the Trust is consulting with the public we are clear. Dr McGinley said it was important to secure a sense of what we are asking people to support going forward.

Mrs Laird asked if it would be possible for members to have a brief on how the Trust would improve engagement going forward as she felt this would be good learning.

Mr Guckian said there was some talk in the media about the delay in the report being published. He said the DoH responded to this in the All Party Group and confirmed that this had nothing to do with the Trust. The DoH official stated a key member of staff had been on unplanned leave and this delayed its response to the report. Mr

Guckian said the DoH also confirmed from when the report was received by the DoH to when it had been published, there were no changes or amendments to the report.

2/25/10

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK –

Dr Lavery referred members to the Trust's Corporate Risk Register which has 25 risks as approved at Trust Board on 7 January 2025.

Dr Lavery advised that there were no new risks or material changes for consideration and approval. He confirmed that all corporate risks have been updated within the previous quarter and action plans have been updated.

2/25/11

QUALITY IMPROVEMENT MONITORING REPORT – FALLS

Mrs Keenan referred members to the quarterly Quality Improvement Monitoring report in respect of Falls.

Mrs Keenan advised members that work continues to reduce the number of falls through the Trust's Slips, Trips and Falls Group and there is ongoing work to develop a 3 Year Falls Strategy.

Mrs Keenan said in Quarter 3, there had been a decrease in the number of falls reported from Trust inpatient settings with 471 falls reported compared with 499 falls reported in quarter 2. She said this was a slight decrease compared to the same quarter in 2023 when there were 480 falls reported.

Mrs Keenan advised that the median number of falls reported from Trust inpatient settings in quarter 3 was 160, a slight increase from 156 in the previous year. She said the increase in the median number of falls in inpatient settings may be associated with the increasing numbers of patients living with frailty and dementia or confusion admitted to hospital. Mrs Keenan said the overall Trust compliance with the Fallsafe Bundle for December 2024 was 94% Part A and Part B.

Mrs Keenan advised that since re-configuration of resources within the Older Persons Assessment and Liaison Service (OPALS), there was currently not a referral pathway to a single point of contact multi-disciplinary team where patients can receive a comprehensive assessment in relation to their risk of falls. She said the impact of this could be seen in Emergency Department (ED) attendances following a fall. Mrs Keenan advised that currently space, resources and time affect the ability of staff within ED to support a comprehensive falls assessment at the time of ED attendance. She noted that there had been no investment in the provision of a multi-disciplinary falls/frailty service to support the provision of an alternative referral

pathway to ED attendance. Mrs Keenan said the numbers of patients having falls within the ED, Altnagelvin Hospital, was significantly higher than the numbers having falls within the ED, South West Acute Hospital. She said some of these falls had resulted in serious and “catastrophic” injuries for patients.

Mrs Keenan said the reasons for these falls were multi-factorial with over-crowding, high numbers of ED attendances, patient flow and environmental differences between the 2 departments being some of the identified contributing factors. She said overcrowded EDs with staffing challenges made patient observation and care provision challenging and that there are high numbers of confused patients who are acutely unwell waiting long periods in EDs. Mrs Keenan said this contributed to patients deconditioning and deteriorating especially for people living with frailty, which increases their risk of falling.

Mrs Keenan said within the community, collaborative work between the GP Primary Care Multidisciplinary Team Social Workers, Care Home Support Team, Healthy Living Centres, Health Improvement, community and voluntary sector, were making improvements and increasing public awareness of actions which can reduce risk of falls including harm is ongoing. She said the lack of funding in the community to provide rehabilitation and support for people living with frailty and long-term conditions affects hospital services. Mrs Keenan said the capacity within primary care to support primary prevention was dependent on resources. She added that hospital waiting lists also affect falls eg patients waiting on cataract surgery or orthopaedic surgery. Mrs Keenan said if a person’s ability to exercise or mobilise is impacted by pain, the person’s mood may be impacted; medications are prescribed to manage pain and/or mood and these medicines have side effects, which can increase the risk of falls, and so a cycle continues without intervention to make improvements.

Concluding her report Mrs Keenan took members through the statistics within her report.

The Chair thanked Mrs Keenan for her update and said what he found disturbing was the narrative in respect of the environmental differences in the EDs in Altnagelvin and SWAH and the impact this has on the number of falls. He sought clarity on “catastrophic” injuries. Mrs Kennan advised that falls are classified within 5 ranges each with a definition for each category and said this was Regional terminology.

Mr Guckian referred to the number of falls per 1,000 bed days and Mrs Keenan said the Trust was comparable with other hospitals in the Region.

Prof McKenna said he was pleased with the reduction in falls between quarters 2 and 3. He referred to the environment in Altnagelvin and SWAH EDs and asked if there was anything the Trust could do to reduce the risk of falls in our hospitals. Mrs McKay said the Trust is aware that the environment in Altnagelvin ED needs to be

improved and reminded members that the Trust has submitted a business case to the DoH. She said the Permanent Secretary has asked the Trust to consider what other measures can be done to improve the department and that in discussion with the clinical team in ED they have improved the lines of sight for elderly patients and are looking at ways to improve the physical environment with Mrs Molloy's estates team.

Mrs Keenan provided Dr McPeake with clarity on the median point and it was agreed that this would be made clearer in future reports.

2/25/12

ENCOMPASS UPDATE

Mrs Molloy shared an update report in relation to the implementation of encompass within the Trust.

Mrs Molloy reminded members that "Go-Live" will take place on 8 May 2025 in the Western and Southern Trusts, and a 90 day go live readiness assessment will take place on 7 February which will include an extensive number of people.

Mrs Molloy advised that almost 9,000 staff will need to be trained prior to "go live". She said currently the Trust has attained 73% of staff enrolled in either Super User or end user training, as indicated in the dashboard, and this area of the programme remains ahead of its project deadlines. She added that 97% of the Trust's community of Super Users have already booked Super User Training by 29 January 2025 which exceeded our target of 75% by 23 January 2025. Mrs Molloy said focus will remain on ensuring the remainder of staff book in line with our Plan, and the small number of staff who have not yet enrolled on training are being followed up by HR.

Mrs Molloy advised that Super User training commenced on 3 February 2025 and training rooms are equipped and ready for use.

Referring to "end user" training, Mrs Molloy advised that 6,175 "end users" require training delivered before go-live and some staff will require more than one training event due to their role. Mrs Molloy said currently 72% of staff have booked End User Training which has significantly exceeded our target of 25% by 23 January 2025. She said HR will manage this process and booking will be closely monitored against the Plan.

Mrs Molloy said a training dashboard has been developed to give managers full oversight of training progress within their areas of responsibility.

Mrs Molloy advised that end user deployment activity is well underway with 56% of devices deployed currently. She said focus will continue on deployment to prepare

for Technical Dress Rehearsal which commenced on 3 February 2025. She added that mobile device deployment has experienced some challenges which are being worked through with the support of service leaders, relating to the deployment of mobile phones and laptops directly to end users of these devices.

Mrs Molloy advised that the recruitment for Technical Dress Rehearsal Captains and Testers is complete with Trust staff taking up all the Captain roles and the majority of Tester roles. Mrs Molloy said TDR commenced this week and is on track.

Mrs Molloy advised that a number of Task and Finish groups have been established to progress the considerable body of work on manual data migration. She said owners have been identified for the various workstreams and the administrative input of manual records which cannot be electronically migrated will take place in March and April 2025 based on the Plan. Mrs Molloy said this will be an intensive task within the programme and require significant resource input from our services.

Referring to the electronic data migration, Mrs Molloy said large scale testing had commenced on 10 January 2025 and data migrated will include patient demographics, appointments, waiting lists and critical data sets from legacy systems will be migrated just before go-live.

Mrs Molloy said electronic data migration has been a successful part of the programme in other Trusts and is led by the encompass central team, with significant input from the Trust's Digital Team and legacy systems administrators. She added that this work is closely linked to MDM.

Mrs Molloy advised that testing and interfacing of third party systems commenced in November 2024 and has continued into 2025. She said this was being led by the regional encompass team who have worked with the third party vendors throughout each go-live process. She said no issues have been reported, however negotiations are ongoing with some suppliers that are impacted by 2 Trusts going live at the same time, and one supplier contract has been escalated for this reason to encompass central team for resolution.

Mrs Molloy advised that enabling works are nearing the final stage and further works are anticipated to be minor due to changes. She said the Trust will attempt to minimise any further change to avoid disruption during deployment and testing of devices.

Mrs Molloy said the second Go Live Readiness Assessment was held on 16 January 2025 and said this was 120 days GLRA and was attended by CMT and a wider range of professional and managerial leaders from across the Trust and key staff from the encompass regional team and Epic. Mrs Molloy said these events will be run over the coming months every 30 days to assess readiness, address any potential risks to the Plan and plan mitigations.

Mrs Molloy said the Go Live Planning Committee is established and has held its first meeting chaired by herself. She said this group will oversee a range of project activities which are essential for the planning of go-live.

Mrs Molloy highlighted that there are some risks that are unique to the Western Trust and these were reported previously and said these are being worked through with the central encompass team. She said the continuing difficulties some “live” Trusts are having with regulatory and operational reporting and the concerns that these will impact the Western and Southern Trusts has been escalated to the central Delivery Readiness Board, and additional input from Epic is in discussion on this issue.

Mrs Molloy said the geographical spread of the Western and Southern Trusts and the double Trust go-live and the mitigations required for these risks continue to be under discussion. She said additional mitigations are being put in place on the issues of highest concern and the reporting risk has gone to Permanent Secretary level and beyond and the SRO is giving this attention.

Concluding her report Mrs Molloy advised that internal discussions have commenced on the downturn and recovery of planned care. She said urgent/emergency and crisis care will continue without downturn although a level of mutual aid will be discussed with other Trusts, however this is likely to be limited although mutual aid discussions for Red Flag patients will commence at end February 2025.

Mrs Molloy said mechanisms to accurately monitor recovery will be challenging and processes are being worked through to enable the Trust to gather reliable information across services.

The Chair commended Mrs Molloy on all this work and the leadership she is showing in getting to this position.

Mr Telford referred to reporting of encompass and referred to the SOF/SOM and asked if this was inter-dependable. Mrs Molloy advised that there is a data agenda and that this will be considered by the DoH. Mr Telford said the more he reads of encompass the more he gets a sense of its scale being “huge”. He said he would like a longer session at a Board meeting before “go live”. Mrs Molloy agreed to this and invited all NEDs to attend any of the Go Live Readiness Assessments dates.

Mrs Laird referred to data migration and Mrs Molloy advised that there is significant progress being made. She said the reports are produced and sent to service areas. She said the reports go through a lot of reiterations and clarified that we are adopting a system which has different data definitions and that is an “interfering” process in the existing data quality system.

2/25/13

GOVERNANCE COMMITTEE

Minutes of Committee meeting held on 25 September 2024

Dr McPeake referred members to the minutes of a meeting of the Governance Committee held on 25 September 2024 for noting. He said a verbal update had previously been provided to members.

The Chair referred to discussion in relation to new corporate risk in respect of Alcohol Related Brain Disease which is a non-commissioned service within the Trust. Ms O'Brien said this was a significant issue for Trust and said these patients often end up in hospital and they stay for a long period of time. She said she has met with the SPPG and at its request the Trust has developed a business case to support a service for this client group. She said the SPPG has asked for further information which the Trust is developing and once shared with the CMT will be forwarded to the SPPG.

Dr McPeake reflected that quite often the problems we face are from services which the Trust is not commissioned to provide.

Rev Canon McGaffin said that further investment must be made in prevention.

Update from the meeting held on 11 December 2024

Dr McPeake referred to a meeting of the Governance Committee held on 11 December. He said there had been one item for escalation to the Board.

Dr McPeake advised that 4 red incidents were reported to the Rapid Review Group in relation to the Northern Ireland Ambulance Service (NIAS) as the Trust continues to experience problems with ambulance transfers out of hours and specifically ED to ED transfers. He said it was confirmed that interface issues were raised with NIAS when necessary and a flow diagram to help manage this issue had been developed and circulated to staff in SWAH and plans are in place to test this process. Dr McPeake said it was noted that this issue related to a failure in service provision and should be escalated to the NIAS Chief Executive

Dr McPeake highlighted a number of items for noting by Trust Board. Firstly Dr McPeake said a Deep Dive was presented regarding Corporate Risk ID1469 – health and safety risk to staff as a result of violence and aggression. Secondly, Dr McPeake said an emerging governance issue was highlighted in relation to the lack of formal governance oversight for the Equality Oversight Board. He said it was agreed that a report will be submitted to Governance Committee on a 6 monthly basis to provide an updated position on progress with the action plan. Mr Guckian said he would consider this.

2/25/14

IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE

Mrs Laird advised that due to storm Éowyn the Improvement through Involvement Committee meeting scheduled for Friday, 24 January had been cancelled.

2/25/15

FINANCE AND PERFORMANCE COMMITTEE

Minutes from Committee meeting held on 3 September 2024

Mr Hegarty referred members to the minutes of a Finance and Performance Committee meeting held on 3 September 2024. He said a verbal briefing had been provided to members following the meeting.

Update from Committee meeting held on 4 February 2025

Mr Hegarty advised members that a meeting of the Committee took place on 4 February.

Mr Hegarty said the Committee considered in detail and received assurances on the Financial Performance Report for Month 9 (December 2024) and the Performance Management Report for quarter 3 (October to December 2024). He said the Committee were given the opportunity to ask questions and seek further clarification on the reports presented.

Mr Hegarty said an update was provided to the Committee on the Trust's Delivering Value Programme (January 2025) and members were briefed on the Trust response to the Support & Intervention Framework assessment dated 13 November 2024. The briefing including the reporting arrangements of the framework through the Finance and Performance Committee.

Mr Hegarty said the next formal Finance & Performance Committee meeting is scheduled for 3 June 2025.

2/25/16

PERFORMANCE REPORT – QUARTER 3

Mrs Molloy advised that a full performance report for the quarter October to December 2024 (quarter 3) was in members' papers for today. She said normally she would add to the briefing but unfortunately the Trust did not have the Performance and Transformation Executive Board report for quarter 3 and therefore she could not confirm to the Board the Trust's position compared to other Trusts, nor the likely position on areas assessed by SPPG as "unacceptable".

Mrs Molloy said members would see that the Trust's metric which was assessed as "red" had increased to 48%. She said in quarter 2 the position was 43%, and that this reflected a deterioration against targets in a small number of areas, all of which are in community.

Mrs Molloy said in our hospitals, the position was largely unchanged. She said last quarter the Trust had 13 areas which were assessed as "red" and these had remained unchanged this quarter. Mrs Molloy said these were areas the Board was familiar with – unscheduled care, 62 day cancer, endoscopy, Day Procedures Unit, Outpatient assessments and inpatient treatments. Mrs Molloy said it was important to recognise that there were areas that recovered in the quarter and came back to meet their targets – 31 day cancer, cardiac MRI and productivity measure for scheduled theatre minutes. Mrs Molloy said it was also important to note that when we combine our outpatient, new and review appointment the Trust is performing at 101%.

Mrs Molloy advised that all ambulance handover measures have gradually deteriorated this year, except for the ambulance turnaround within 30 minutes which has stayed reasonably steady. She said this was consistent with other Trusts in the region and reflects the flow issues which members are familiar with. Mrs Molloy added that SPPG has also asked all Trusts to prioritise swift handover coming up to shift changes, and the Western Trust is the best in region at supporting this new requirement.

Moving to community services Mrs Molloy advised that the Trust has seen 5 areas deteriorate and now be assessed as "red" in quarter 3 – both community dental areas, physiotherapy, dietetics and podiatry. Mrs Molloy said speech and language therapy is now the only AHP area meeting its target. Mrs Molloy said Mr Gillespie and Mrs Keenan will require to work closely with their teams on improvement, and there is a strong link to workforce issues in both these areas.

Again, Mrs Molloy said the Trust has some areas which came back on track to meet their targets and both Adult Mental Health and the target for reducing domiciliary care unmet need recovered and were assessed "green" which is to be commended.

Mrs Molloy advised that there are 3 issues which she would like to highlight to Board. First she said members would see that activity levels were better than this quarter last year in most of the red areas, and all this gave a balanced picture of areas which are challenged but continue to strive to improve activity levels. She said members would see these in the executive summary and would notice that areas such as CAMHS, dementia and endoscopy services were all improving and delivering more than they did last year, which should be recognised.

Secondly, Mrs Molloy said members would see that in November and December the Trust supported the Northern Trust with mutual aid for their breast cancer referrals

due to their encompass go live. She said with the agreement of SPPG, our Board report reflected our breast cancer performance for Western Trust patients only – only 1 lady was seen outside the required 14 days and we were therefore 99.9% but assessed as “amber”. When the patients referred from the Northern Trust were included the Trust’s performance fell to 83%.

Thirdly, Mrs Molloy advised that the Trust remains in discussion with PHA on the public health targets. She said members were aware from previous briefings that the Trust queried the data and the setting of the baselines in these measures and 4 public health targets are currently assessed red. Mrs Molloy said the Trust has now been advised that these will be deferred assessment to allow those discussions to progress, and they will not be assessed red in the PTEB report for quarter 3. Mrs Molloy said when they are removed the Trust’s percentage of red falls to 42%.

In overall terms Mrs Molloy said quarter 3 presented a challenging picture with significant work to do in some areas.

Concluding her report Mrs Molloy said that as Director of Performance she was pleased with what she viewed to be satisfactory and steady progress on the Support and Intervention Framework and the meetings the Trust has had with SPPG so far. She thanked her colleague Directors for their focus on the areas which have been escalated by SPPG and said the Trust meetings and correspondence with SPPG seemed to be a solid foundation for this new approach. Mrs Molloy said she had provided the first presentation to the Finance & Performance Committee on the developing picture this week and she would be providing a fuller briefing on this area to Trust Board at the March meeting.

The Chair thanked Mrs Molloy for her report.

2/25/17

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 DECEMBER 2024

Ms McCauley briefed members on the Trust’s financial report for the period ending 31 December 2024. She said by way of opening summary, the Trust continues to be on target to deliver against its end of year forecast break-even position in what has been the most challenging financial year for the Trust to date. She said this continued to be a risk managed and mitigated position, especially considering the very significant challenges that are being experienced across our acute hospitals and community social care services, and particularly for the month of December where we expect to see an increased cost associated with annual leave cover during a time when services are challenged.

Ms McCauley said however, as previously advised, in our forecasting she takes account of forecast growth in cost over the winter period, recognising the

considerable pressures which we experience and so where growth has been experienced in this month, it is within the forecast that we have made. Ms McCauley said she was pleased to report that across all Directorates for the month, variance remained at the same percentage as it was in the previous month and therefore there was no deterioration to our planned outcome.

Ms McCauley said she was taking the report as read and she would take members through the highlights. She said there was no change to the Trust's performance against statutory financial performance targets in this period with us remaining on target to deliver against both our capital and revenue budgets. She said prompt payment has unfortunately slipped to 84% this month and there is a reduction to our cumulative performance to 91%. Ms McCauley said the Trust's very small nurse bank and agency team continues to be challenged by the volume of invoices to be processed and has experienced sickness absence over the period.

In relation to the Trust's position at 31 December Ms McCauley said the Trust was reporting break-even for the period in line with our forecast and therefore no change. However, she said Directors must continue to ensure that expenditure trajectories continue to remain in line with forecasts and this remained a risk for the remainder of this year.

Ms McCauley said members would note with reference to Table 2, the message she had previously referenced, that Directorate net performance had remained at 4.6% in line with the performance in the previous month. She said members would note however small increases in both Acute Hospital based Directorates as well as in Adult Mental Health & Disability. Ms McCauley said this would be no surprise given the scale of service challenges which were being experienced in these services over the December period however, performance across other Directorates was a net reduction in spend, therefore netting off the rises indicated.

Moving to Flexible Payroll, Mrs McCauley noted positively that the Trust has reduced its spend on flexible staffing in this month by 0.8% by comparison to the prior month which was surprising for a holiday month. She said the total spend in December however was £64m, with £44m in agency, £24m of which was medical and £16m of which was nursing. Ms McCauley said bank expenditure was £16m and overtime £3m.

Ms McCauley referred to Medical Agency spend and said this continued to present a very positive message with the Trust starting to experience a downward trajectory in spend. She said the volume of medical agency usage in December remained below that for the prior year, for a second month running and the expenditure graph demonstrated a continued downward trajectory which also reflected the work of the Medical Locum engagement team in parallel to drive down market driven rates to just 1% above last year's levels. Ms McCauley said members should also note that the Trust has confirmed that 24 of the 40 offers made as part of the recruitment

campaign in India have been accepted and we have 17 of those appointments scheduled to commence in employment with us by the end of March.

With reference to tables 5 and 6, Ms McCauley said members would note a reduction again to the level of nurse agency costs for the period. She said the total nurse costs remained largely flat since around June of this year, demonstrating the effectiveness of the mechanisms which are in place to manage nursing requirements across wards and services. Ms McCauley said the nurse governance framework introduced this year by the Executive Director of Nursing continued to support managers with a deeper understanding of their nursing variation and this change process will be much more embedded by the time we move into 2025/26.

Ms McCauley continued by referring to Table 7, Independent Homes, and said this expenditure continued to provide assurance that there are no significant financial growth factors to be concerned about albeit that our demand pressures would dictate that this is an area we would prefer to see rising in cost associated with our challenge to have more capacity in the community to support hospital flow.

Continuing on Table 8 Contingency savings, Ms McCauley said the Trust was able to report actual savings of £14.4m against a profile of £15.7m. She said the narrative in this report had been expanded to recognise the risk being managed through other opportunities of the financial plan to deliver against the savings target of £27.5m. Ms McCauley added that while high cost cases, nurse agency and medical locum savings had not materialised at an earlier stage of the year and would not deliver in full for this year, the Trust does have solutions for these gaps which are noted.

Ms McCauley said members of the Finance & Performance Committee earlier this week were content with the updates to the report in relation to the risk management arrangements of the financial plan.

In closing, Ms McCauley advised that the Trust is reporting break-even for the period to 31 December 2024 in line with our forecast but for all of the reasons stated actual performance will continue be extensively monitored between now and the end of this financial year.

Members commended Ms McCauley on the detail of her report and Dr McGinley said the report showed how well managed the Trust's financial performance is that when additional savings are needed the Trust is able to flex to achieve them.

2/25/18

ANY OTHER BUSINESS

There were no other business.

2/25/19

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 6 March 2025 at 11 am in the Lecture Theatre, Trust Headquarters, Altnagelvin Hospital, Londonderry.

Dr Tom Frawley CBE
Chair
6 March 2025