

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2023

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 (as amended by the Audit and Accountability Order 2003) by the Department of Health

On

6 July 2023

Contents

	PAGE
Foreword from the Chair	3
Foreword from the Chief Executive	4
Performance Report	6
Performance Overview	8
Directorate Performance	18
Accountability Report	
Governance Report	51
Directors' Report	51
Non-Executive Directors Report	52
Statement of Accounting Officer's Responsibilities	54
Governance Statement	55
Remuneration and Staff Report	102
Assembly Accountability and Audit Report	114
Financial Statements	
Consolidated Accounts	122
Notes to the Accounts	128
Accounts of monies held on behalf of patients and residents	174

Please see web link to Charitable Trust Fund Accounts –

<https://westerntrust.hscni.net/about-the-trust/corporate-information/financial-information/>

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FOREWORD FROM THE CHAIR

I am pleased to present the Western Health and Social Care Trust Annual Report for the year 2022/23. The Report gives a comprehensive outline of the business and services of the Trust in what has been another unprecedented and challenging year for all staff, patients, carers and their families.

I express my huge gratitude and admiration for the way our staff, our volunteers and indeed the wider community support services have worked selflessly to maintain services in our hospitals and communities. I would like to commend their professionalism, dedication and commitment to deliver safe and effective care for so many on a daily basis, sometimes at great personal cost and risk, thank you so much.

The Trust continued to be led in a most competent and proactive manner by our Chief Executive, Neil Guckian, and a strong team of Directors, who stepped up to meet the challenges of the COVID-19 pandemic.

The Annual Accounts indicate the effects the COVID-19 pandemic has had on all aspects of the Trusts professional operations in our hospitals and community and the imaginative and innovative ways in which services have responded to maintain and rebuild services in its wake. They also indicate the continued progress towards the Trust’s three year Recovery Plan, with financial stability being a key goal for the Trust.

I commend this report to you as a statement of the work of the Western Health and Social Care Trust.



SAM POLLOCK
CHAIR

FOREWORD FROM THE CHIEF EXECUTIVE

The best way to describe the 2022/23 year was one of rebuild to a new normal following the COVID-19 pandemic.

We began 2022/23 with continued high numbers of COVID-19 patients in our hospitals and with a significant number of nursing and residential homes, along with supported living units and day centres, in outbreak. In addition, we have seen additional patients in our acute inpatient mental health beds and community services. I want to pay tribute to all our staff who, in so many ways, continued to protect each other and our population during the pandemic.

During 2022/23 Dr Catherine McDonnell retired as Medical Director and Deirdre Mahon retired as Executive Director of Social Work/Director of Women and Children's Services. Also in April 2023 our Chair Sam Pollock will retire. I pay tribute to them for their significant contribution to the Trust – for their leadership and value base which have been immense. I welcome Dr Brendan Lavery as our new Medical Director, and both Eimear McCauley, Director of Finance, Contracting and Capital Development, and Tom Cassidy, Executive Director of Social Work/Director of Women and Children's Services who were appointed substantively to their posts during the year.

We have begun to implement a new organisational structure to initially separate planned (elective) work in acute hospitals, from the unscheduled aspects. I congratulate Mark Gillespie on his appointment as Interim Director of Planned Services in February 2023.

This year presented many challenges for the Trust as we rebuilt our services post pandemic. We saw the introduction of Service Delivery Plan targets and the monitoring of activity against trajectories. The biggest challenges we faced were in our workforce with increased vacancies in many areas, increased waiting lists and times, and delays in patient flow through some of our services.

From December 2022 we saw the temporary unplanned cessation of emergency general surgery in the South West Acute Hospital. The public consultation process which concluded on 10 April, has highlighted public concerns for this change however we must ensure pathways are safe and effective for the population of Fermanagh and West Tyrone.

During the year we also experienced periods of industrial action. This has had major impact on services and I would like to thank all staff, including staff side officers, for the partnership working in agreeing derogations so that our patients in greatest need continued to receive services wherever possible.

Despite the many challenges, Trust staff demonstrated excellent innovation, resilience and commitment across all programmes and services during the year.

I want to acknowledge all the external organisations who work in partnership with the Trust and who help the Trust deliver services to our patients and clients.

A small selection of our achievements in 2022/23 are:

- In June 2022 the Trust became a provider of GP services for the first time. The Trust team stabilised the service in Dromore and Trillick and have increased confidence in the service while expanding the offering for patients.
- The Trust received substantial investment from the Department of Health to expand the elective capacity within the Omagh Hospital and Primary Care Complex, making it the second regional day procedures centre for Northern Ireland. Also, the designation of South West Acute Hospital as a regional overnight elective centre will underpin the capacity of the hospital into the future. Both these developments will help us address our waiting lists.
- At a time of national shortage of qualified social work staff, the social services team set-up a pilot in Enniskillen. This pilot challenged historic views of roles to create a more flexible skill mix designed to support children in greatest need. An early evaluation of the pilot has demonstrated its success and has seen the pilot being extended to Limavady and is an example for other services who struggle to retain sufficient qualified staff.
- This year was a special year for the Graduate Entry Medical School at Ulster University. This year saw the first cohort of student placements from Magee coming into the Trust. It represents the culmination of much work over the past decade and will underpin our medical staffing in the next few decades.
- The neonatal service in South West Acute Hospital has struggled in recent years to recruit suitably trained staff. During 2022/23 the team worked relentlessly and the service is open again. I pay tribute to the full team for their leadership over this difficult period.
- During 2022/23 our Staff Recognition Awards made a very welcome return. We had an excellent day celebrating all the very many innovative services, teams and individuals that do their best day and daily.

Finally I want to acknowledge that we are presenting accounts which show a break even position. This is the first time in many years that the Trust has delivered balanced accounts, and I want to pay tribute to all teams for the work done to achieve this challenging requirement. Special acknowledgement for the leadership and direction provided by our Finance Directorate. Going forward finances will continue to be difficult, but we have now delivered on our Recovery Plan and we are ready to move on with all Trusts to address regional financial targets.

I want to finally place on record my thanks to all Western Trust staff for your commitment during 2022/23. Our local population are fortunate to have such teams of people to deliver health and social care services. I continue to be humbled by all you do every day.

On behalf of Trust Board and the Corporate Management Team, I thank you.



NEIL GUCKIAN
CHIEF EXECUTIVE

PERFORMANCE REPORT

Purpose

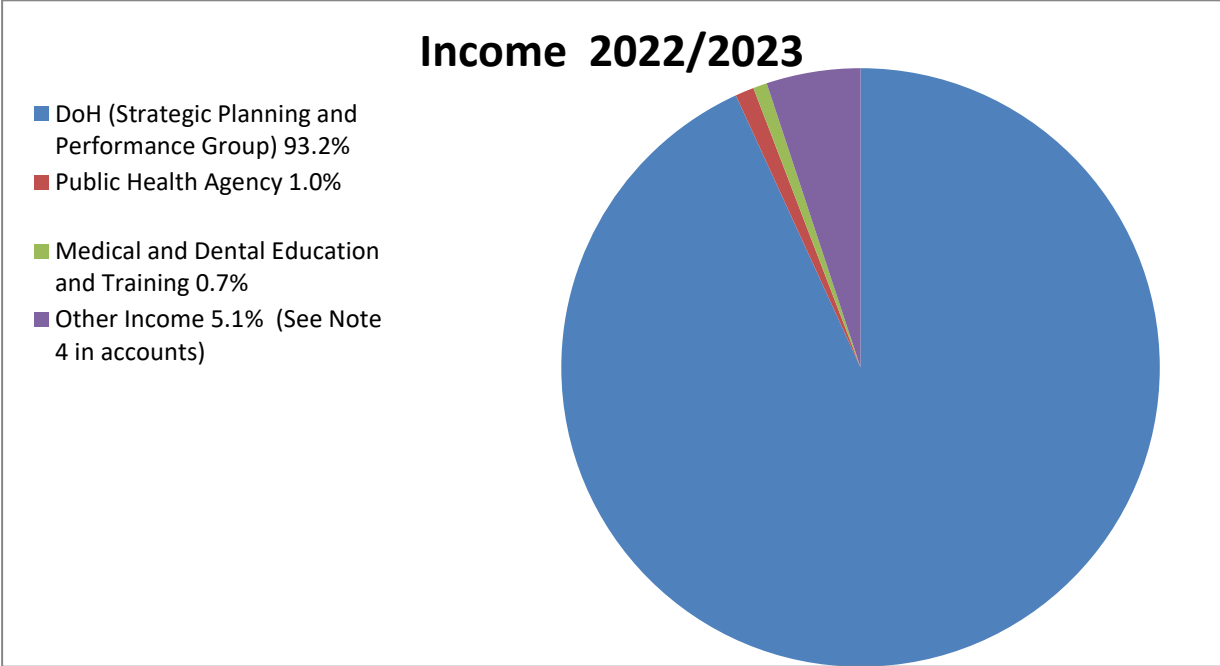
This section of the report presents the corporate perspective on the Western Health and Social Care Trust's (the "Trust") performance over the period 2022/23. It also summarises the purpose and activities of the Trust and provides a brief description of the business model and operating environment, organisational structure and strategies. Key issues and risks that could affect the organisation in delivering against its objectives are identified and the section concludes with an outline of performance over the reporting period.

The Western Health and Social Care Trust

The Trust is a statutory body which is responsible for the delivery of safe and effective health and social care services to a population of approximately 300,000 people across the western part of Northern Ireland, covering a geography that stretches from Limavady in the north to Fermanagh in the south. The Trust also provides a range of specialist acute services to the northern part of the Northern Trust and to north Donegal through specific commissioning arrangements

The Trust employs approximately 11,700 staff and in 2022/23 had an annual income of £974m (2021/22 £959m).

The chart below illustrates the various sources from which the Trust receives its funding.



Operating Service Model

The Trust provides services across 4,842 sq. km of geography and delivers services from a number of hospitals, community based settings and directly into individuals'

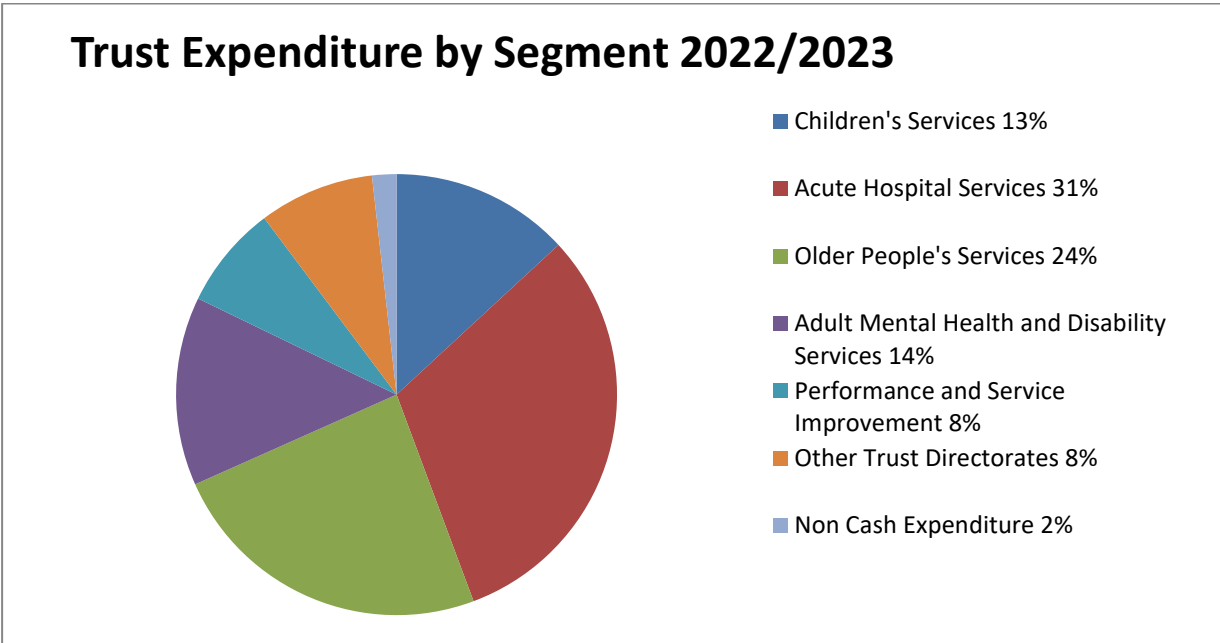
homes. This comprehensive range of services is provided through the following operational Directorates:

- Acute Services,
- Adult Mental Health and Disability Services,
- Primary Care and Older People’s Services, and
- Women and Children’s Services.

The Service Directorates are supported by the:

- Chief Executive’s Office,
- Finance, Contracting and Capital Development Directorate,
- Human Resources Directorate,
- Medical Directorate,
- Performance and Service Improvement Directorate.

The expenditure incurred in each of the above areas is shown in the chart below.



Acute hospital services are delivered in Altnagelvin Hospital, and the South West Acute Hospital (SWAH). Omagh Hospital and Primary Care Complex (OHPCC) provides a range of rehabilitation and palliative care hospital services as well as locally based diagnostic, urgent care and community support services. Lakeview (a learning disability hospital), Grangewood (a mental health inpatient unit), and Waterside Hospital (a rehabilitation and mental health facility for older people) are all based in Gransha Park. The Tyrone and Fermanagh Hospital provides a range of acute mental health inpatient services for adults and older people.

Social services and many other Trust services are delivered in community-based settings, often in partnership with organisations in the private, community and voluntary sectors.

In support of “Health and Wellbeing 2026 - Delivering Together” the Trust aims to deliver the following outcomes:

- High quality and safe services,
- Services that are financially sustainable and effective,
- Delivery of contracted activity and performance targets and
- Supported by a skilled and effective workforce.

Further information on the services provided by the Trust can be obtained from the website: <https://westerntrust.hscni.net>

Vision and Values

The Trust’s aim is “to provide high quality patient, people centred services through highly valued and engaged staff”.

The Trust has been working to revise and refresh its Mission and Vision during 2022/23, and this will be launched in April 2023.

Performance Overview

In the three year time period from the onset of the COVID-19 pandemic, the priority for Health and Social Care organisations has been to stabilise and restore service delivery. As a result, the 2019/20 Department of Health (DoH) Commissioning Plan Direction (CPD) and Health and Social Care Board (HSCB) Commissioning Plan (CP), which sets out the commissioned services, priorities and targets, were rolled forward into the years 2020/21, 2021/22 and subsequently 2022/23.

At the end of March 2022, the closure of the HSCB saw its functions transfer to the DoH as the Strategic Planning and Performance Group (SPPG). SPPG continue to monitor and report our performance against the CPD, however, it is recognised that many of the Targets and Standards remain challenging. In order to provide the Health and Social Care Performance and Transformation Executive and Advisory Boards with an overview of how we are performing and utilising our resources, SPPG proposed that monitoring would focus on the following key areas;

1. CPD Summary / Access to HSC Services
2. HSC Service Delivery Plan (SDP)

Performance against the Access Targets and Service Delivery Plan is reported on a monthly basis to SPPG, the Trusts’ Corporate Management Team, Finance & Performance Committee and Strategic Change Board. The Trust Board Performance Report is presented to Trust Board on a quarterly basis and published on the Western HSC Trust website at [Our priorities and performance | Western Health & Social Care Trust \(hscni.net\)](#).

















A detailed assessment of the Access Targets and Service Delivery Plan performance for 2022/23 is provided below:

CPD Summary / Access to HSC Services

The end-of-year position on the Trust's performance against the Commissioning Plan Direction targets are summarised below.

The red (R) status denotes Not Achieving Target, Amber (A) denotes Almost Achieved Target and Green (G) denotes Achieving Target.

Summary of Trust Performance against Commissioning Plan Targets	2022/23 Cumulative Position	2022/23 Cumulative RAG
By March 2023, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	11%	R
By March 2023, all urgent diagnostic tests should be reported on within 2 days.	88%	R
During 2022/23, all urgent suspected breast cancer referrals should be seen within 14 days.	93%	R
During 2022/23, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	99%	G
During 2022/23, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	42%	R
By March 2023, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	19% < 9Weeks (Mar 23)	R
By March 2023, no patient should wait longer than 52 weeks for an outpatient appointment.	32,005 patients (Mar 23)	R
By March 2023, 75% of patients should wait no longer than 9 weeks for a diagnostic test	73% < 9Weeks (Mar 23)	A
By March 2023, no patient should wait longer than 26 weeks for a diagnostic test	676 patients (Mar 23)	R
By March 2023, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	27% < 9Weeks (Mar 23)	R
By March 2023, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	4,070 patients (Mar 23)	R
By March 2023, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment.	23% < 9Weeks (Mar 23)	R
By March 2023, no patient should wait longer than 52 weeks for inpatient/day case treatment	11,582 patients (Mar 23)	R
By March 2023, no patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional.	8,124 patients (Mar 23)	R
By March 2023, to establish a baseline of the number of hospital cancelled, consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2024 seek a reduction of 5%.	Awaiting year end validation	
By March 2023, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	49%	R

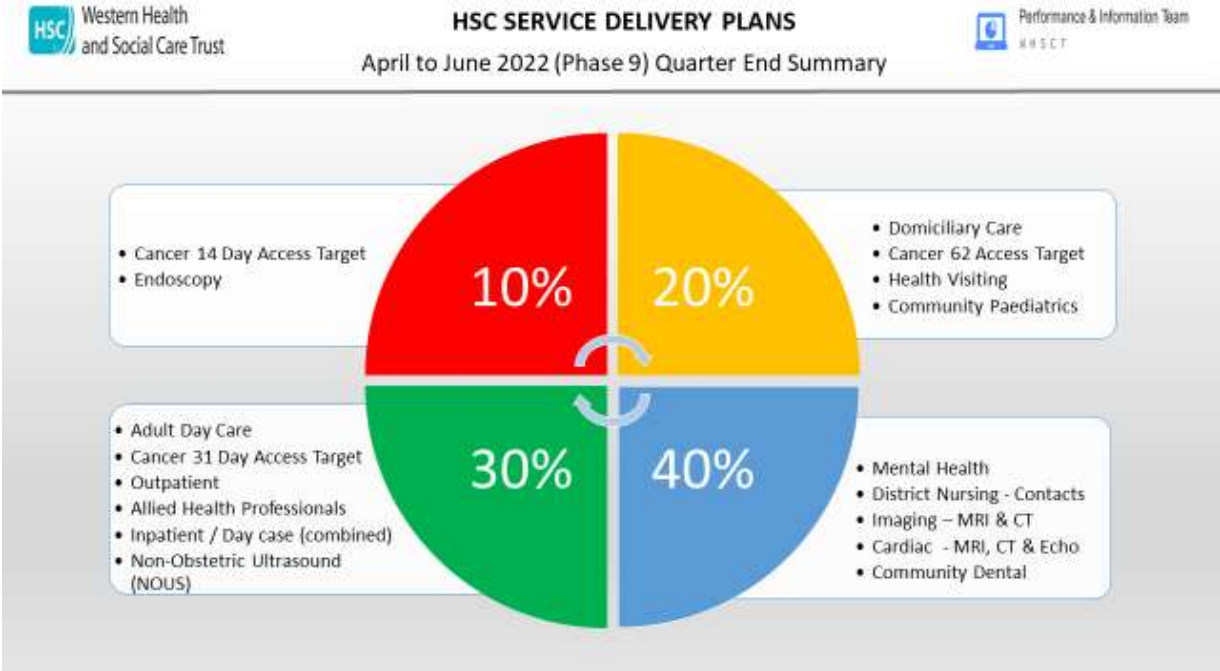
By March 2023, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	17,934 patients	
By March 2023, at least 80% of patients to have commenced treatment, following triage, within 2 hours	67%	
By March 2023, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	83%	
By March 2023, ensure that no complex discharge from an acute hospital takes more than seven days	305 discharges	
By March 2023, all non-complex discharges from an acute hospital to take place within six hours.	95%	
By March 2023, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	82%	
By March 2023, no patient waits longer than nine weeks to access adult mental health services.	443 patients (Mar 23)	
By March 2023, no patient waits longer than 9 weeks to access dementia services.	872 patients (Mar 23)	
By March 2023, no patient waits longer than 13 weeks to access psychological therapies (any age).	1,121 patients (Mar 23)	
During 2022/23, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge	88%	
During 2022/23, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge	2 discharges	
During 2022/23, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge	97%	
During 2022/23, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	31 discharges	
By March 2023, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	Awaiting service validation	
By March 2023, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).		
By March 2023, no patient waits longer than 9 weeks to access child and adolescent mental health services.	155 patients (Mar 23)	
By March 2023, secure a 10% increase (based on 2019/20 figures) in the number of direct payments to all service users.	1,707 (Mar 23) service users/carers	
By March 2023, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users.	2,649 assessments offered	
By March 2023, secure a 5% increase (based on 2019/20 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	99,733 Community based Short Break hours	

Phase 9 Rebuild Plan (April 2022 – June 2022)

In Quarter 1, 2022/23 (April – June 22) the process for Trust Rebuild Plans, which commenced in July 2020 and emulated from the Rebuilding Framework, continued with the submission of a Phase 9 Delivery Plan. The plan included activity projections for 20 metrics across 11 service areas.

The cumulative April to July 2022 RAG assessment outcome for the 20 metrics includes: 2 Red, 4 Amber, 6 Green and 8 Blue. 70% of the metrics either met or exceeded their projected trajectory; the individual service summary is provided below. This assessment is based on the key below as determined by SPPG. A variance of 5% is applied when comparing actual Service Delivery performance with expected performance.

less than -5%
between -5% and -1%
between 0% and 5%
greater than 5%



The summary below provides an overview of performance against the activity projections submitted within the Phase 9 plan. The activity reflects the 3 month time period from April to June 2022.

HSC SERVICE DELIVERY PLANS		CUMULATIVE ACTIVITY: APRIL - JUNE 2022				
		BASELINE	PREDICTED	DELIVERED	VARIANCE -v- PREDICTED	OVER / UNDER DELIVERY OF PREDICTED TARGET
		< - 5%				
		-5% to -0.1%				
		0% to 5%				
		> 5%				
ADULT SOCIAL CARE						
ADULT DAY CARE	ATTENDANCES	40,408	28,756	29,591	835	3%
DOMICILIARY CARE	STATUTORY HOURS DELIVERED	97,410	102,975	93,130	-9,845	-10%
	INDEPENDENT HOURS DELIVERED	362,516	336,315	326,705	-9,610	-3%
	TOTAL HOURS DELIVERED	459,926	439,290	419,835	-19,455	-4%
MENTAL HEALTH SERVICES						
MENTAL HEALTH SERVICES OVERALL (NEW & REVIEW)		21,923	21,470	23,334	1,864	9%
CANCER SERVICES						
14 DAY TARGET - ACCESS PERFORMANCE		100%	95%	76%	-19%	-19%
31 DAY TARGET - ACCESS PERFORMANCE		99%	96%	99%	3%	3%
62 DAY TARGET - ACCESS PERFORMANCE		61%	53%	51%	-2%	-2%
COMMUNITY NURSING						
DISTRICT NURSING CONTACTS		46,650	55,500	59,805	4,305	8%
HEALTH VISITING CONTACTS <small>SPPG MONITORING ENDED JUNE 2022. INTERNAL MONITORING CONTINUED.</small>		16,219	21,800	20,990	-810	-4%
COMMUNITY PAEDIATRICS						
OUTPATIENTS OVERALL (NEW & REVIEW) <small>SPPG MONITORING ENDED JUNE 2022. INTERNAL MONITORING CONTINUED.</small>		997	1,035	1,011	-24	-2%
OUTPATIENTS						
OUTPATIENTS OVERALL (NEW & REVIEW)		56,746	48,446	49,527	1,081	2.2%
ALLIED HEALTH PROFESSIONALS						
AHP OVERALL TOTAL (NEW & REVIEW)		56,989	48,893	51,119	2,226	4.6%
ELECTIVE CARE						
INPATIENT TOTAL (CORE & OTHER)		2,060	1,057	1,344	287	27%
DAYCASES (CORE & OTHER)		6,224	6,044	5,814	-230	-4%
INPATIENT & DAYCASE TOTAL		8,284	7,101	7,158	57	1%
ENDOSCOPY		2,796	2,400	2,119	-281	-12%
IMAGING DIAGNOSTICS						
MRI		3,909	3,500	3,728	228	7%
CT		8,017	8,085	8,655	570	7%
NON OBSTETRIC ULTRASOUND		11,152	9,600	10,006	406	4%
CARDIAC SERVICES						
CARDIAC MRI		81	60	74	14	23%
CARDIAC CT		181	170	257	87	51%
ECHO		2,602	1,416	1,859	443	31%
COMMUNITY DENTAL						
TOTAL CONTACTS (NEW & REVIEW)		3,300	2,550	3,203	653	26%

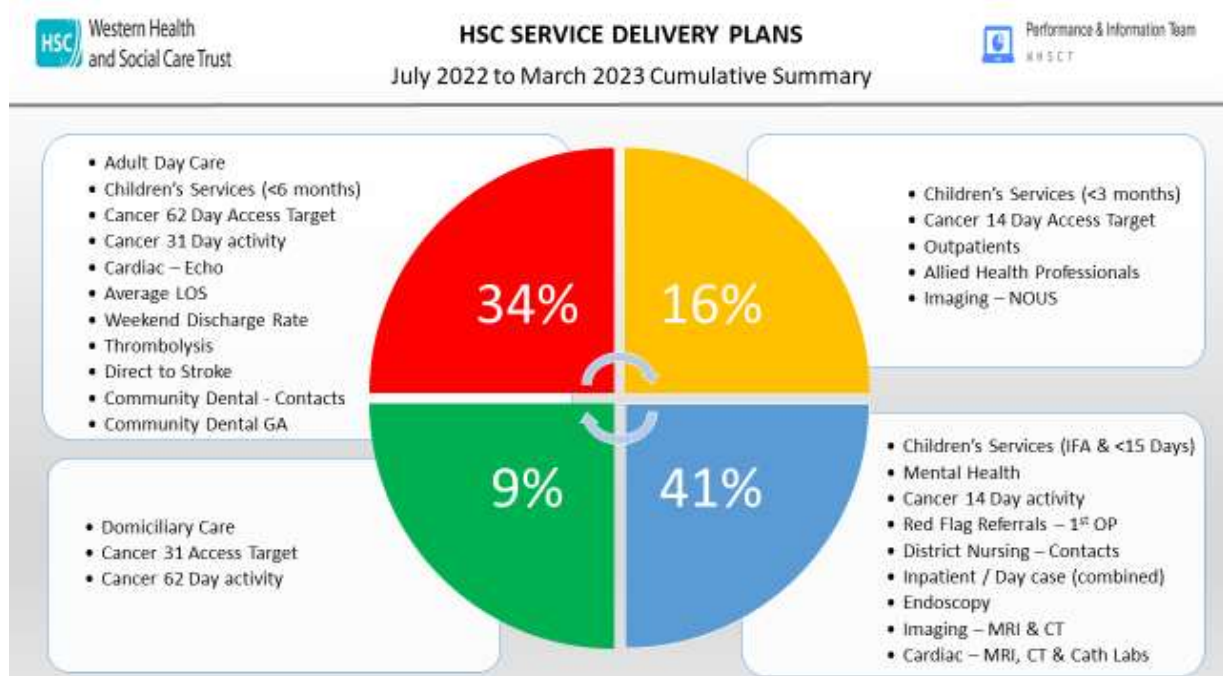
1. HSC Service Delivery Plan (July 2022 – March 2023)

The HSC Delivery Plan was finalised in July 2022 and included 35 performance metrics, delivery trajectories, baseline and expected timescale for achievement across 14 service areas. SPPG determined the expected activity levels required with the primary focus of returning to pre-pandemic levels of service provision by the end of September 2022 (Quarter 2) or as soon as possible but no later than end of March 2023.

The Quarter 2 to 4 (July 2022 to March 2023), Service Delivery Plan incorporated additional service areas to monitor; these included Adult Short Breaks, Children’s Services (4 metrics), Cancer Services activity, Cath Labs, Unscheduled Care (2 metrics), Stroke, Dental GA and Specialist Services.

2019/20 was selected as the Baseline activity year with some exceptions.

The cumulative July 2022 to March 2023 RAG assessment outturn for 32 of the 35 metrics includes: 11 Red, 5 Amber, 3 Green and 13 Blue. 50% of the metrics either met or exceeded their cumulative expected trajectory; the individual service summary is provided below. The Cancer 31 and 62 Activity and RAG assessment outturn is expected to improve on completion of validation. Three metrics are unassessed at this stage.



Service Area Summary

The summary below provides an overview of performance against the cumulative SDP expected trajectory and pre-pandemic activity levels. The activity reflects the 9 month time period from July 2022 to March 2023.

HSC SERVICE DELIVERY PLANS	CUMULATIVE ACTIVITY: JULY 2022 - MARCH 2023				VARIANCE -V- EXPECTED	OVER / UNDER DELIVERY OF EXPECTED TARGET	VARIANCE -V- BASELINE	OVER / UNDER DELIVERY OF BASELINE ACTIVITY
	BASELINE	EXPECTED	DELIVERED					
ADULT SOCIAL CARE								
ADULT DAY CARE								
ATTENDANCES	101,610	97,093	82,143	-14,950	-15%	-19,467	-19%	
DOMICILIARY CARE								
STATUTORY HOURS DELIVERED	266,382	243,569	244,287	718	0.3%	-22,095	-8.3%	
INDEPENDENT HOURS DELIVERED	1,023,902	943,400	980,765	37,365	4%	-43,137	-4%	
TOTAL HOURS DELIVERED	1,290,284	1,186,969	1,225,052	38,083	3%	-65,232	-5%	
CHILDRENS SOCIAL CARE								
INITIAL FAMILY ASSESSMENTS COMPLETED	504	504	914	410	81%	410	81%	
INITIAL CHILD PROTECTION CASE CONFERENCES HELD WITHIN 15 DAYS			165					
TOTAL	87%	84%	170	13%	13%	10%	10%	
% WITHIN 15 DAYS	87%	84%	97%	13%				
REVIEW CHILD PROTECTION CASE CONFERENCES HELD WITHIN 3 MONTHS			123					
TOTAL	73%	85%	149	-2%	-2%	10%	10%	
% WITHIN 3 MONTHS	73%	85%	83%	-2%				
SUBSEQUENT CHILD PROTECTION CASE CONFERENCES HELD WITHIN 6 MONTHS			246					
TOTAL	78%	89%	313	-10%	-10%	1%	1%	
% WITHIN 6 MONTHS	78%	89%	79%	-10%				
MENTAL HEALTH SERVICES								
MENTAL HEALTH SERVICES OVERALL (NEW & REVIEW)	59,824	57,184	64,185	7,001	12%	4,361	7%	
CANCER SERVICES								
14 DAY TARGET - CORE ACTIVITY	747	747	1,297	550	74%	550	74%	
31 DAY TARGET - ACTIVITY	1,391	1,391	1,297	-94	-7%	-94	-7%	
62 DAY TARGET - ACTIVITY	775	775	797	22	3%	22	3%	
14 DAY TARGET - ACCESS PERFORMANCE	100%	100%	98%	-2%	-2%	-2%	-2%	
31 DAY TARGET - ACCESS PERFORMANCE	98%	98%	99%	1%	1%	1%	1%	
62 DAY TARGET - ACCESS PERFORMANCE	95%	95%	40%	-55%	-55%	-55%	-55%	
RED FLAG REFERRALS (EXCLUDING BREAST)	6,088	6,088	7,730	1,642	27%	1642	27%	
COMMUNITY NURSING								
DISTRICT NURSING CONTACTS	128,286	109,044	188,446	79,402	73%	60,160	47%	
OUTPATIENTS								
OUTPATIENTS OVERALL (NEW & REVIEW)	165,390	159,809	159,627	-182	-0.1%	-5,763	-3%	
ALLIED HEALTH PROFESSIONALS								
AHP OVERALL TOTAL (NEW & REVIEW)	168,161	162,963	157,173	-5,790	-4%	-10,988	-7%	
ELECTIVE CARE								
INPATIENT / DAYCASE (COMBINED)	23,237	21,599	22,736	1,137	5.3%	-501	-2%	
ENDOSCOPY	7,135	6,692	7,035	343	5.1%	-100	-1%	
IMAGING DIAGNOSTICS								
MRI	11,610	11,325	12,089	764	7%	479	4%	
CT	24,902	25,658	27,806	2,148	8%	2,904	12%	
NON OBSTETRIC ULTRASOUND	31,810	31,664	31,097	-567	-2%	-713	-2%	
CARDIAC SERVICES								
CARDIAC MRI	219	196	241	45	23%	22	10%	
CARDIAC CT	388	353	376	23	7%	-12	-3%	
ECHO	7,001	6,169	4,973	-1,196	-19%	-2,028	-29%	
CATH LABS PROCEDURES	1,538	1,391	1,472	81	6%	-66	-4%	
UNSCHEDULED CARE								
WEEKEND DISCHARGE RATES								
ALTNAGELVIN	15%	25%	14%	-11%	-11%	-1.2%	-1.2%	
SOUTH WEST ACUTE	14%	24%	9%	-15%	-15%	-5%	-5%	
AVERAGE LOS								
ALTNAGELVIN	7.7	7.5	8.2	-0.7	-9%	-0.5	-7%	
SOUTH WEST ACUTE	10.1	9.9	11.7	-1.8	-18%	-1.6	-16%	
STROKE SERVICES								
THROMBOLYSIS RATE								
ALTNAGELVIN	15%	15%	8%	-7%	-7%	-7%	-7%	
SOUTH WEST ACUTE	24%	14%	14%	-0.3%	-0.3%	-0.3%	-0.3%	
% ADMITTED <4 HOURS								
ALTNAGELVIN	39%	32%	21%	-11%	-11%	-18%	-18%	
SOUTH WEST ACUTE	92%	88%	77%	-11%	-11%	-15%	-15%	
COMMUNITY DENTAL								
TOTAL CONTACTS	12,970	11,733	11,113	-620	-5.3%	-1,857	-14%	
GENERAL ANAESTHETIC CASES DELIVERED								
TOTAL G A DELIVERED	567	397	274	-123	-31%	-293	-52%	

Factors Impacting Performance - 2022/23

Throughout 2022/23, whilst continuing to meet the expected monthly trajectories and work toward pre-pandemic activity levels, performance was impacted by a number of factors as follows:

- Service capacity continues to be affected by workforce availability. The recruitment and retention of appropriately trained staff is a key focus for the Trust. The regional recruitment process contributed to delays in service areas filling vacant posts which limited available capacity. The Human Resource Department supported services with a temporary internal promotion process; this enabled some increase in capacity whilst regional recruitment progressed.
- Trust Board were briefed throughout 2022/23 on the impact from Industrial Action across our services. The service areas affected include Outpatients, Inpatients, Day Case, Day Care, Domiciliary Care and Children's Service.
- The availability of resources (Elective beds, Theatre capacity) continues to impact performance. The Theatres Efficiency Programme was developed, as part of the Trust's Working Together Delivering Value project, to ensure ongoing improvement and optimum utilisation of theatre capacity and resources across facilities.
- Unscheduled Care capacity and the number of Delayed Discharges across both sites remains challenging. There is a continued focus on expediting complex delayed patients across the HSC system; with a 10 Week Overview Plan, developed by all Trusts, to manage flow across acute sites. Additional external support for improvement work has been secured regionally for 2023/24.
- Subsequent COVID-19 infections throughout the year continued to impact workforce availability and the patients/clients availing of our services.
- The ongoing impact from the pandemic has resulted in increasing demand across acute and community services:
 - Cancer Access performance impacted by an increase in red flag referrals (**99%** increase in March 2023 compared to March 2020). **5,968 (35%)** additional red flag referrals received in 2022/23 (April to March) compared to the same period 2019/20.
 - Children's Autism Service received 905 referrals for Diagnostics Assessment in 2022/23 compared to 688 in 2019/20; an additional 217 referrals (**32%** increase).

Performance - Other Issues

Long Term Liabilities

The most significant long-term liabilities of the Trust arise in two areas:

1. *Private Financing Initiatives (PFI)*

The Trust has two existing PFI contracts in place. The first was entered into to provide the financing for a new Laboratory and Pharmacy building at Altnagelvin Hospital and the second was for the construction of the South West Acute Hospital. The charges to the Trust under both contracts depend on movements in the Retail Price Index for interest rate changes.

The present value of the PFI liability, excluding interest and service costs, for the two contracts as at 31 March 2023 was £106m (31 March 2022 £110m). Further details of the PFI details can be found in Note 18 to the Accounts in Section 3 of this document.

2. Provisions greater than 1 year

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. Discounting future liabilities converts amounts due to an equivalent value due at the reporting date. At 31 March 2023, the Trust had £91m (31 March 2022 £109m) of non-current provisions.

Public Sector Payment Policy

The DoH requires that Trusts pay their non HSC trade payables in accordance with applicable terms and appropriate Government Accounting guidance. The Trust's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

Public Sector Payment Policy – Compliance	2023 Number	2023 Value £000s	2022 Number	2022 Value £000s
Total bills paid	298,590	632,950	267,705	585,793
Total bills paid within 30 days of receipt of an undisputed invoice*	256,142	587,317	244,368	565,208
% of bills paid within 30 days of receipt of an undisputed invoice*	85.8%	92.8%	91.3%	96.5%
Total bills paid within 10 day target	211,229	521,078	203,335	504,108
% of bills paid within 10 day target	70.7%	82.3%	76.0%	86.1%

* Late payment legislation (Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the new legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice.

The amount of compensation paid for payment(s) being late was nil for the year (2021/22 Nil). One of the key performance indicators of the Trust is the prompt payment of invoices. The DoH Prompt Payment target is to pay 95% of invoices within 30 days and the Trust has achieved 85.8% against this target (2021/22 91.3%).

Employee issues & Disability Policies

The Trust positively promotes the objectives and principles of equality of opportunity and fair participation and observes its statutory obligations in relation to all of applicants and staff throughout all stages of their employment lifecycle through our policies and procedures.

- Trust Recruitment & Selection Framework - gives full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities;
- Managing Attendance at Work Policy - provides detailed guidance on supporting employees who developed a disability in the course of their employment.

Training for managers on both these policies is conducted regularly.

Accounts and Audit

The Trust has prepared a set of accounts for the year ended 31 March 2023 which have been prepared in accordance with Article 90(5) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health. The Trust accounts are set out in Section 3 of this document.

The Trust's External Auditor is the Comptroller and Auditor General who sub-contracted the audit to Deloitte (NI) Limited for the year. The notional cost of the audit for the year ended 31 March 2023 which pertained solely to the audit of the accounts was £138,000, being £128,000 for Public Funds and £10,000 for Endowments and Gifts (2021/22 Public funds £122,000 and Endowment and Gifts £10,000). An additional amount of £2,700 was paid to the Audit Office in respect of work carried out on the National Fraud Initiative. This is reflected within miscellaneous expenditure within Note 3 Operating expenses in the accounts.

DIRECTORATE PERFORMANCE

Acute Services

Cancer and Diagnostics

The Cancer and Diagnostics Hospital Management Team have worked together to further develop the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients.

The Directorate has built on last year's achievements, maintaining accreditations across Pathology, Radiology, Radiotherapy and Medical Physics. We continue to work closely with our colleagues in the Republic of Ireland to deliver cross border radiotherapy.

Rising demand with rebuild of services have made it challenging to meet cancer waiting time standards particularly the 62 day pathway. Work continues to ensure diagnostic capacity and associated staffing are in place to meet rebuild demand. Consultant workforce challenges exist within Radiology and Pathology services and the Trust continues to work with Strategic Planning & Performance Group (SPPG) and DoH to address workforce gaps.

The directorate continues to utilise every opportunity to redesign and modernise services to meet the growing demand.

The Trust Ultrasound team won the Society of Radiographers Award for NI Radiology Team of the year.

SWAH / OHPCC

Throughout the year, the two hospitals balanced the reset of services in an attempt to return to pre-pandemic levels. This was achieved by maintaining safe COVID-19 pathways in admissions and discharges across both sites, whilst elective surgery continued to reset through this period.

During October 2022 the Trust recognised the fragility of the Emergency General Surgery rota within the South West Acute Hospital and continued to explore all avenues through HR and recruitment processes. Despite best efforts Emergency General Surgery was suspended on the South West Acute Hospital site from 5 December 2022. The Trust embarked on hosting consultation meetings for public and staff with sessions held virtually and in person with the final staff meeting taking place on 16 March 2023. All the information collated as part of the consultations will be taken forward to Trust Board in July 2023. During this temporary suspension, pathways have been established to manage patients within the Southern Sector of the Trust who require emergency surgical assessment and treatment. This includes collaborative working with Northern Ireland Ambulance Service and the establishment of an Emergency Surgical Ambulatory Unit at SWAH.

The new Day Procedure Centre (DPC) in Omagh has been established which will provide an additional 7 day case sessions for regional general surgery and urology patients. The DPC concept is predicated on high throughput of low complexity surgeries positively impacting the regional waiting list.

In January 2023 the South West Acute Hospital was announced as the next Elective Overnight Surgical Centre (EOSC) in the region. The Trust is currently re-building theatre capacity to the funded level with a view to facilitating 5 inpatient lists per week for general surgery patients who require an overnight stay, the procedures being targeted are hernia repair and laparoscopic cholecystectomy. The EOSC model of care is predicated on targeting long waiting patients across the region with a view to having a positive impact on the regional waiting list for a number of identified procedures.

Although recruitment and retention continues to be a challenge, the Trust has stabilised the ED with the recruitment of an eighth consultant.

The relationship has continued with Musgrave House Healthcare who continue to provide orthopaedic service on the SWAH site.

Pharmacy

Pharmacy has continued to provide safe and effective services throughout the year and installed a new dispensing robot in our Dispensary & Store in Altnagelvin. This will further increase the efficiency of medicines supply with a state-of-the-art, more reliable robot. This also allowed us to redesign workflow in this area. Over 490,000 items were supplied from the three hospital pharmacy dispensaries. We appointed a Principal Pharmacist to lead on developing new pharmacy systems as part of the Encompass Programme. The pharmacy procurement service continued to purchase medicines to meet the needs of our patients within the challenging context of global supply-chain disruption.

The Aseptics Service operated above its capacity plan due to a number of specialist staff being promoted or leaving the Trust. Maintaining safe staffing within a capacity plan is part of the quality management process for the Unit's MHRA Manufacturing License. The Service continued with its pharmaceutical isolator replacement programme as well as installing a new cold room.

Pharmacy is not funded to provide a 7-day service and this, along with the increasing busyness of our hospitals, has resulted in greater pressures on on-call and late-night services. Gaps continue to be identified in our service and during the year, temporary funding allowed us to develop new services to acute mental health and learning disability wards as well as specialist cardiology services in Altnagelvin and cardio-metabolic services in the South West Acute Hospital. The clinical pharmacy service continued to focus especially on the safe and timely supply of medicines on discharge, supporting patient flow. They also worked on getting medicines right when patients are admitted, with pharmacy teams working in ED, ACU and AMU (Altnagelvin) and MASU and Same Day Surgical Assessment Unit in the South West Acute Hospital. Our anti-microbial pharmacist continues to work alongside other clinical staff, reinforcing good

antimicrobial stewardship. Our three Consultant pharmacists led specialist clinical services, with a focus on pharmacist-led outpatient services to patients with cancer, asthma, frailty and compliance needs.

Pharmacy continue to provide COVID-19 -related services including supporting vaccination programmes and providing COVID-19 therapies to inpatients and patients at home in a timely way.

Pharmacy staff form a professional, dedicated and responsive team. National pharmacy recruitment challenges have been particularly apparent and we invest in training and developing our own staff. More pharmacists are becoming independent prescribers, completing postgraduate programmes; technicians are developing their skills, with eight new student pharmacy technicians completing their qualifications and eight new pharmacy support workers completing NVQ2. Staff have also presented their work at national conferences. Engagement with local schools, colleges and universities has taken place to attract more students to work in the Trust.

Psychology

Clinical Health Psychology Services, Acute, continue to be impacted by increasing demand, which have resulted in longer waiting list times, alongside ongoing Psychology workforce issues, due to sick leave, staff resignations, and staff absences, which have been significantly affected by difficulty in recruiting to posts with temporary funding. There is a difficulty in securing agency cover due to NI rates being lower than those in Great Britain. An overall downturn in activity against projected figures (based on 90% 2019/20 figures) reflects reduction in staffing compliment for the year.

Altnagelvin

The Altnagelvin site has continued to experience an unprecedented level of demand, particularly within unscheduled care. This has led to very long waits in ED for patients awaiting admission to wards, often with over 40 patients falling into this category. Various actions have been taken to mitigate against congestion within the ED including approval of the Full Capacity Protocol, Non-designated Bed Protocol and pilot of a Discharge Lounge. The Ambulatory Surgical Assessment Area has been enhanced to assist in redirecting surgical patients from ED.

The Trust is re-building elective capacity to pre-COVID-19 levels, however, this remains a challenge due to staff recruitment and retention within theatres.

Adult Mental Health and Disability Services (AMHD)

Throughout the year staff and managers have demonstrated high levels of commitment to ensuring the delivery of high quality services to the population served by the AMHD Directorate. This has been achieved in the midst of growing demand for services, increasing levels of presenting need and high levels of complexity for numerous individuals. At the outset we would therefore strongly acknowledge and commend our workforce for their diligence and resolve to help maintain services. Staff have

demonstrated due attention to maintaining standards associated with our regulated services and delegated statutory functions, and in reaching out to individuals and their carers, in as safe and effective way as possible throughout this year.

We would note the backdrop of industrial action which has been an additional consideration in planning the delivery of services and also the ongoing financial pressures and constraints which have needed to be addressed.

With regard to the latter efforts have had to be robustly made to support the alignment of professional assessment of need with the potential allocation of financial resource to meet that need. To that end discussions with SPPG and DoH remain live and robust. The challenges associated with delayed discharges from hospital and securing suitable community placements with an appropriate level of care and support across all client groups continues to be a significant issue requiring resolution at both regional and local level.

Throughout the year, 12 early alerts have been submitted to the DoH. A number of these have been particularly pertinent in respect of bed pressures and staffing pressures in the nursing and psychiatry workforce across our Adult Learning Disability Hospital and our Adult Mental Health hospitals. These facilities have been consistently working over capacity and have been impacted also by stresses in crisis services, home treatment and acute hospital emergency departments. The level of risks associated specifically with the ongoing workforce challenges in Lakeview hospital, most of which are beyond our immediate control, have led to acceptance of this facility as the highest service risk across the region.

Notwithstanding the team in place continue to show high levels of commitment to this population. In this regard it is important to note also the ongoing robust improvement project which remains underway in Lakeview hospital following the unannounced inspection of the facility by the Regulation & Quality Improvement Authority (RQIA) in August 2021 which resulted in RQIA issuing 2 improvement notices with regard to 'Failures to Comply' in two areas: safe and effective care / ensuring safe practice and the appropriate management of risk. Considerable progress was noted during the RQIA unannounced inspection in October 2022 when significantly revised improvement notices were re-issued. Efforts remain to achieve compliance by 30 April 2023.

While important progress has been made a number of challenges remain which require significant regional attention regarding the appropriate model of assessment, treatment and care for the Learning Disability population. That work has now begun in March 2023, led by the DoH with an anticipated minimum 6 month timeframe.

By way of overview it is important to state that staffing pressures also exist in varying degrees for community services. In mental health and addiction services, this has been significant with regard to one of our recovery teams having experienced a reduction to

emergency cover only and a reduction in beds in the regional in patient complex detox unit.

The Approved Social Work service has also experienced staffing pressures with regard to managing the rota and keeping the service covered safely. While this has been achieved at local level the situation has been compounded with additional stresses in the Regional Emergency Social Work Service (RESWS). A review of the ASW service model is underway.

AMHD Services have developed processes, along with finance colleagues, to identify complex client pressures and to share these with commissioners, to advise of the relevant funding requirement and so support these clients as they transition into AMHD services, as their needs change, to prevent family breakdown and to prevent delayed discharge.

In addition the service areas would draw particular attention to the following:

Adult Mental Health Services

The Trust continues to experience significant demand, in line with the region, for mental health services, including adult mental health, psychological therapies and child and adolescent mental health services (CAMHS). With raised acuity, this has had a particular impact locally and across the region on acute inpatient beds. Rathview was reconfigured as a Mental Health Hospital to support inpatient pressures during COVID-19. It is now in the process of being reregistered as a Nursing Home to support flow by providing stepdown from Acute Adult Mental Health facilities.

Our Mid-Year assurance report noted compliance with RQIA requirements following the review of PICU services. At that time we noted challenges with ongoing demand and acuity within the inpatient environment compounded with COVID-19 risks and community restrictions. This continues to be the case.

Psychological Therapies

Psychological Therapies remains an area of concern across the region and work is ongoing in this area as we seek to explore reformed ways of working and consider a model which enables appropriate skills mix given difficulties in recruitment.

There is significant staffing pressures within the Personality Disorder Service and this has had a direct impact on ways of working with affected individuals including support for management of these patients within the acute emergency departments. There has been some resolution to this with some of the posts now appointed to.

Adult Learning Disability Services

Work to redress the identified underfunding in Adult Learning Disability Services has now been completed. That work had an important PPI/Co-Production process associated with it which has been independently reviewed. The Local Engagement

Partnership (established under Phase 2 SW Strategy) has been identified as providing increased potential not only as a valuable opportunity for multi-agency and partnerships working to enhance the experiences of service users and carers across the Trust area partnership but also for further service user and carer involvement.

Physical Disability, ASD, Brain Injury, Sensory Support and Self Directed Support Services which operate within this sub directorate remain challenged in terms of financial and human resource to meet need and deliver sustainable services in certain areas some of which the sub directorate is not commissioned to provide. This is particularly notable with regard to the ARBI service which has generated a significant amount of activity and has placed considerable pressure on resource in terms of high cost enhanced placements. Waiting lists also continue to grow for diagnostic assessments for ASD and for post diagnostic support.

This sub directorate has seen some good developments particularly with two new groups operating within Sensory Support, a Hearing Empowered Group and the quarterly Deaf User Group.

Improvement Work and Developments

While noting the considerable challenges faced by the individual sub directorates the Directorate has also retained a focus on Quality Improvement Work, the development of its Governance processes and work specifically linked to the Trust's Working Together Delivering Change initiative.

Ongoing workstreams commenced linked to key areas of service include:

- Reconfiguration of Supported Living in AMH
- Managing Absenteeism
- Lakeview Incidents
- PICU (Reopened)
- Complaints Management (Pilot)

The following workstreams under Quality Improvement were also completed in year with good and improved outcomes associated with the work::

- SAI's
- Adult Psychological Therapies Waiting Lists
- Spruce House (Short Breaks)
- Workforce Review – AMH & ALD
- Mental Health Service Review
- ED - Strengthening the Mental Health pathway through the ED through standardisation of documentation and training/education for staff.

Primary Care and Older People's Services

Rapid Response Nursing Service

The Mayor of Derry City and Strabane Council hosted a civic reception in March 2023 for the Trust's Community Rapid Response Nursing Team in recognition of all their continuous hard work in the Derry and surrounding districts. Their dedication and enduring commitment to excellence in practice was commended and a heartfelt gratitude was extended by the Mayor Mrs Duffy to all the team on behalf of everyone across the north-west.

District Nursing

The District Nursing service continued to meet and exceed set targets on service delivery plan contacts. In addition, quality improvement targets on SSKIN bundles for pressure ulcers and compliance with all elements of MUST were met and exceeded. However, the service continued to face a range of challenges including short-term sickness absence and industrial action. The number of Palliative/End of Life patients on syringe drivers has been increasing by approximately 14% year on year, which requires extensive district nursing input for each individual client.

Enhanced Care Panel

The Directorate has established a panel to address the eligible, equitable and fair allocation of resources based on the assessed needs of older people across the Trust. The purpose of this panel is to consider all requests for care above the regional rate in Nursing/Residential Homes and above regional rate minus personal contribution for Self Directed Support (SDS) packages of care.

Specialist Palliative Care Pharmacist

The Specialist Palliative Care (SPC) Service has secured funding to recruit specialist pharmacists to ensure compliance with regulatory requirements for medication/controlled drugs/ medical gases, formulary management and prescribing policy.

National End of Life Care Audit (NACEL)

Event March 2023 – NHS Benchmarking identified the Western Trust as an example of good practice initiatives supporting end of life care in our hospitals.

The Post Covid Syndrome (PCS) Service

This service was established in March 2022 for patients with symptoms of fatigue, breathlessness, muscle pain, disturbed sleep, brain fog, loss of taste/smell and speech and language issues including swallowing difficulties. The team consists of Occupational Therapist, Respiratory Nurse, Clinical Psychology, Physiotherapy, Dietetics and Speech & Language Therapy. The team has received over 700 referrals to the service and have assessed almost 400 patients. The Multidisciplinary element of the service then developed 6 week rehab group programmes which have proved very successful with good outcomes for patients.

Adult Integrated Care Project

The Trust's Corporate Management Team (CMT) gave its approval for the implementation of a Project Group to consider the future of care home provision for older people, domiciliary care and direct payments, pathways and structures in the Trust. An interim Assistant Director has been appointed to lead on the delivery of the project. The role of the Project Group includes:

- The development of a commissioning model to address the Trust's future need for care home bed provision for older people across the three main categories of care as registered by RQIA;
- Devise a Commissioning Plan for Residential / Nursing and EMI & Enhanced EMI services, based on demographic need, being particularly mindful of rural service needs;
- Improve the process for the approval of placements at an enhanced rate;
- Engage with Department of Health colleagues to consider the establishment of a regional rate for EMI / Enhanced care provided to older people with increased acuity and complexity;
- Develop a system for "real time" information on useable vacant bed capacity in each home by category of care;
- Develop an Intermediate Care Programme that will address the 4 pillars of Home Based Rehab, Bed Based Rehab, Crisis Response and Reablement;
- Develop and oversee the review of Domiciliary Care and Direct Payment processes, Pathways in and out of hospitals, and structures to reduce silo working;
- Improve capacity to meet the out-of-hospital care needs for people whose discharge has been delayed across all sites by working in partnership with Trust, Independent Sector Providers and other colleagues and;
- Monitor and report on the number of people who have avoided admission across our hospitals from the following community services Hospital at Home, Rapid Response, OPMHT, Community Respiratory Team and other community services as appropriate.

Women and Children's Services

Family Support

The Trust developed a dedicated family response service which is providing targeted interventions for young people on the edge of care. A skills mix approach has been utilised with the employment of youth workers and family support workers. The service provides a viable wrap around service to include availability of support in the evenings and at weekends. As well as providing intensive support to young people, the service also offers a package of family support services to support front-line teams, particularly in the provision of early intervention parenting supports. The service continues to work collaboratively with key partner agencies, such as PSNI, Youth Justice Agency, North West Youth Services as well as with internal Trust leads, such as child sexual exploitation lead and therapeutic services. This has allowed for improved communication in high risk situations and has created step-down packages of care,

when risks have significantly reduced. Feedback from young people, families and social workers has been very positive. Outcomes have improved as a result of the dedicated input to building supportive relationships with young people and their families.

Safeguarding

All statutory visits are taking place directly with children and families despite staffing difficulties. Support services also remain in place with all cases including those currently unallocated. Cases are reviewed regularly in terms of risk and need and all child protection cases are being worked. Currently there is an ongoing staffing crisis in the Enniskillen area, social workers are being supported with extra support staff and staff from other areas are currently undertaking tasks to ensure a safe service can be provided. There is a high level of need given the cost of living crisis particularly in high deprivation areas.

Health Visiting and School Nursing

The health visiting team have returned to full programme for the delivery of Health Child, Healthy Future. The multi-disciplinary health visiting Team are working towards reducing caseloads to the recognised regional PHA model of 180 cases which remains a challenge. Proactive community development work is progressing with the embedding of well baby clinics within the Derry/Strabane areas. Co-production between health visiting teams and the North West Breastfeeding and Perinatal support successfully continues accumulating in such events as the Big Latch. Recruitment and embedding of the new Infant Feeding Lead teams continue to develop and support the sustainability of breast-feeding within the Trust. The team successfully revalidated in the Southern Sector of the Trust for UNICEF Gold Accreditation. The Northern Sector of the Trust are in the process of applying for the same accreditation.

The school nurse service is delivering on the Enhanced School Nurse Programme, which places a named school nurse within the school environment on a regular basis. This continues to be well received. The regional pilot for 'Text a Nurse' service aims to ensure children and young people are empowered and assisted to take care of their emotional health and wellbeing. This service has now been extended to parents and teachers offering advice and support.

The service is concerned regarding the level of training places offered for health visiting/public health nursing which does not meet the demands of the service.

The Trust Human Milk Bank

The human milk bank continues to successfully provide donor breast milk to neonatal units throughout Ireland. A recent media campaign has been instigated to ensure the ongoing donation of human milk. A task & finish group has been established to continue with the modernisation of the service. This group is currently working on the delivery of an electronic tracking system for donor expressed milk allowing more efficient tracking of donor milk from mother to recipient. A service level agreement remains in

place with hospitals in the Republic of Ireland which facilitates uninterrupted supply of donor breast milk following Brexit.

Sexual & Reproductive Health

Waiting lists remain for the long acting reversible contraception (coil insertion) specifically in the Tyrone and Fermanagh areas. Implementation of the waiting list initiative continue to reduce these numbers. March 2023 saw the reintroduction of the young peoples sexual health clinics with the newly built South West College, Enniskillen Campus. Moving forward it is hoped to introduce this clinic in the Omagh Campus. Workforce and active succession planning continues to be developed within this service. Online ordering of contraception is now available to clients within the Trust.

Sexual Health & HIV

The service continues to deliver Pre-exposure Prophylaxis (PrEP) to clients. This was previously only available through the Sexual Health/HIV services in Belfast and there were long waiting lists for PrEP services. Funding has now been secured on a recurrent basis. The service has also continued with SH24 testing ensuring that diagnosis and treatment can be delivered promptly and therefore onward transmission rates of STIs are reduced. From May 2022 to date, the team have addressed and continue to support the needs of our Monkey Pox clinics with the introduction and continuation of the Monkey Pox vaccination/treatment. The team are working across directorates to support work into the Homeless Project.

Children and Young People's ASD Service

The early intervention service was officially launched in April 2022 in line with the Emotional Health and Wellbeing Framework. This service is now fully operational and continues to offer support to all children, young people and their families at point of referral. From the service commenced on 1 February 2022 to 31 March 2023, 906 parents/guardians have been offered tier one early intervention Support. A further 667 families/children/young people have been offered tier 2 early intervention support.

The referral rate for autism diagnostic assessment continued to increase with the service accepting 903 referrals. This is a 21% increase from the previous year and 91.5% increase from 2016/17. As at the 31 March 2023, 1,577 children/young people remain on diagnostic assessment waiting list.

The service has capacity to commence 420 assessments per year. Up to 31 March 2023, 544 diagnostic assessments have commenced. The additionality has been achieved through a range of initiatives including overtime, purchasing of private assessments from the independent sector and the introduction of new pilot project with our colleagues in community paediatrics for children aged 4 and under who have been accepted onto the diagnostic assessment waiting list.

The service has successfully maintained a no breach position in relation to the post diagnostic specialised intervention waiting list target. This means that families receives

initial support and intervention in a timely manner. However the service has seen an increase in the number of historical cases presenting for ongoing support and intervention, many of which are complex. This has placed increased pressure on the service which has not received any additional investment to support the increased number of children who have a confirmed diagnosis of autism.

The service established a clinical helpline during the COVID-19 pandemic which has been maintained due to its success and the service has supported 483 calls via the clinical helpline this year.

Child and Adolescent Mental Health Services (CAMHS)

Referral demand continues to be 16% higher than pre-covid data levels. This is also reflected in a 12% rise in young people presenting with an acute mental health crisis requiring emergency mental health assessment and follow up during 2022/23.

Recruitment remains challenging however staffing levels have stabilised and many senior positions vacant during 2022 within the service has now been recruited to. Further recruitment is progressing to backfill vacant positions which have been created supported by funding from SPPG.

Significant focus with respect to the reduction of breaching to meet access targets has continued throughout the year. Staff and managers have worked to reduce breaching by 52% since May 2022 to April 2023 and overall waiting list by 42%.

There are currently 312 young people on overall CAMHS waiting list of which 177 are breaching. Treatment and intervention tails have become longer due to acuity and chronicity and this affects capacity. We also have lengthy waiting times for ADHD diagnosis.

Pressures relating to bed availability within Beechcroft Adolescent unit remains challenging and demand continues to outstrip capacity resulting in continued pressure on community CAMHS. The CAMHS service shares 16% of the overall admission figure however the length of stay is the 2nd highest in the region. Eating disorders and psychosis are the primary reasons for admissions and length of stay.

The CAMHS/Youth Justice Agency partnership whereby a CAMHS mental health practitioner works within the Youth Justice Agency has delivered mental health screening of 124 young people involved with Youth Justice. This resulted in 42 professional consultations and 14 young people involved in direct work with the CAMHS mental health worker. This pilot project has been delivered in the Southern Sector of the Trust only, however there are plans to expand this to the Northern Sector also.

Healthcare

Within community paediatrics, the Trust has introduced a nurse specialist who can review children on unlicensed medication for sleep. These children require annual review, and have been getting a medical review prior to this. Due to vacant posts in

community this was challenging to achieve and this skill mix enables us to achieve this objective. The nurse is a non medical prescriber.

Early Medical Abortion services have been introduced into the Trust. At present the Trust are providing a service up to 9+6 weeks and will progress soon to 11+6 when staffing stabilises. There was investment to commission this service regionally. Additionally funding has been made available to improve the sexual health and family planning services within the Trust where long waiting lists have been experienced.

Resources have been reconfigured to create 2 part time Band 7 palliative care posts to support children in the community. This was a development that was taken forward as the contract with the NI Children Hospice was not renewed. This will allow families support locally and timely.

Our community now have access to a part time Family liaison officer (FLO) who supports families of babies born prematurely in the Omagh and Fermanagh area. This is an additional post to the FLO in Altnagelvin. This was funded initially from slippage from SPPG as part of the SWAH neonatal Project.

Children With Disabilities

Children's disability services experience continued demand for specialist therapeutic services. At 31 March 2023 there were 28 clients awaiting psychiatry assessment and 239 awaiting psychology assessment. The psychology service lacked a consultant psychologist until August 2022 however this post is now filled and the service has begun work to triage the existing waiting list and increase capacity via external assessments from private providers. The psychiatry waiting list has been substantially reduced through triaging of the current list and review of the referral pathway.

At 31 March 2023 there were 113 unallocated social work cases. This wait for social work intervention and support will be addressed through an on-going review of caseloads and a remodelling and restructuring of community social work services in early 2023/24.

Short Break services are paused in the Southern Sector of the Trust. The Avalon House facility in Omagh is currently being used to accommodate 3 children who require medium to long term care following family breakdown. Reduced provision continues in our Rosebud Cottage facility in the Northern Sector due to staffing issues. Recruitment to achieve full complement of staffing is ongoing.

Jasmine Lodge which is a medium to long term unit for Children with complex needs continues to be occupied by a young adult. Our service is working collaboratively with colleagues in the Adult Directorate to take forward a transition plan for this young adult to move to his permanent home.

Challenges remain regarding placement options for young people with complex needs. This is recognised regionally and work is ongoing at strategic level to address this area of need. Our service have identified plans within our existing facilities such as Jasmine to meet some of our current need and is working with SPPG and RQIA to take this forward.

Medical

Quality and Safety

Corporate issues

The key quality corporate issues co-ordinated by the Quality and Safety Team continue to be managed through the Safety and Quality Management System Action Plan.

Governance Review

At March 2023 there are currently 45 out of 49 actions complete from an external Governance review 2021, with a projected completion and sign off date of September 2023.

Risk Management

Implementation of the agreed risk appetite model for the Trust was fully adopted at a Trust Board Workshop in April 2022 and was applied to the Corporate Risk register. A deep dive has been carried out on five corporate risks during the year. Adoption of the internal audit risk assurance model is being taken forward for 2023/24 along with roll out of the risk appetite across all Directorate risk registers.

Complaints

The Trust achieved a reduction of 31% in re-opened complaints in year due to the adoption of a revised assurance process. A process review pilot resulted in improved response times and is being rolled out. The complaints forum has been re-instated into the assurance framework, in order to help mitigate and manage risk related to the failure to comply with response.

Research and Development

Personalised Medicine Centre Project

A visionary healthcare project aimed at meeting urgent local and global healthcare needs by embracing the potential of personalised medicine. The Trust is one of the key delivery partners of the City Deal, led by Derry City and Strabane District Council, along with C-TRIC and Ulster University and is funded from the Inclusive Future Fund.

The main areas for investment are as follows:

- Centres of Excellence; that fall under the umbrella of chronic conditions and all use a personalised medicine approach to the research using a mix of lead academics, clinician partners and a mix of research governance, research

administrators, and research nurses, post-doctoral staff, PhD students and study support officers. Specialty areas: cardio-metabolic research, cancer research, respiratory research

Community And Research Enterprise Cooperative (“CARE-Co”)

A CARE-Co will be created to act as a non-profit social enterprise in the form of a health research company modelled on the hugely successful credit union business whereby participating members would become shareholders and beneficiaries of CARE-Co. Members of the public would volunteer as research participants and would donate some biological samples (blood, saliva, urine etc.) and give consent for CARE-Co to use their medical records for research purposes. CARE-Co would partner with pharmaceutical, commercial and academic clients who would pay a fee to lease samples and get data access for particular pools of patients (disease specific and data would be anonymised prior to being released). Members will earn ‘civic dollars’ for their participation.

Precision Diagnostic Lab and Multi-Omics

The Precision Diagnostic Lab and Multi-Omics facility creates a ‘Hybrid’ lab for both the Trust and UU with staff on joint appointments between the organisations. This allows the facility to carry out accredited testing on patient samples – nutrient and vitamin testing, cellular pathology work and point of care evaluations. There will also be capacity to do more research based work and develop towards genetic and genomic testing – single cell, pharmacogenomics and other omic work. With bespoke lab space and highly experienced staff available there is potential for growth regarding commercial studies and projects due to the geographical uniqueness of the facility, and the ready access to an NHS affiliated hospital, and an on-site team of experts. Space can also be rented out to other life and health science companies to generate more income opportunities within the facility.

Infection Prevention & Control

Meticillin-Resistant Staphylococcus Aureus (MRSA) Bacteraemia Surveillance

The DoH did not set a reduction target for MRSA bacteraemia but surveillance continued. As of 28 March 2023 seven cases have been reported, with four of those being categorised as healthcare-associated.

In 2019/20 (last year reduction targets were set) total of four cases were recorded. All four of those cases had occurred by mid-March 2020. By contrast, this year’s performance is showing an increase of 75% against both the mid-March figure and the whole year figure.

The PHA releases regional comparator information on a quarterly basis. The most recent data available covers up to the end of December 2022. The Trust had the highest rate per 1,000 bed days for the first quarter of the year when compared to the rest of the region and slightly above the NI rate in the third quarter have been reported.

Clostridium Difficile Infection Surveillance

The DoH did not set a reduction target for clostridium difficile associated infection but surveillance continued. As of the 28 March 2023 81 cases have been reported, with 49 of those being categorised as healthcare-associated.

As a point of comparison, the total number of cases recorded in 2019/20 (last year reduction targets were set) was 63. All 63 of those cases had occurred by mid-March 2020. There were a total of 80 cases recorded for 2021/22 with 48 categorised as a healthcare-associated infection. This year's performance is currently in excess of both the mid-March figure and the whole year figure with a 1.25% increase from 2021/22 and an increase of 28.57% from 2019/20 (comprising an increase in healthcare-associated infection cases of 32.43% and an increase in community-acquired infection cases of 23.08%).

The PHA releases regional comparator information on a quarterly basis. The most recent data available covers up to the end of December 2022. The Trust has the highest rates of clostridium difficile per 1,000 bed days for the first 3 quarters when compared to the rest of the region.

An action plan has been to address increase in clostridium difficile rates. The antimicrobial management team leads on antimicrobial stewardship improvement plans to implement internal audit recommendations and antimicrobial stewardship plans to address areas of concern.

The IPC team continue to collaborate regionally regarding the reduction of healthcare associated infections.

Enhanced Gram-Negative Bacteraemia (GNB) Surveillance

The DoH did not set a reduction target for the Trust for healthcare-associated GNBs (specifically escherichia coli, klebsiella species and pseudomonas aeruginosa). However, surveillance remained mandatory. As of the 28 March 2023 a total of 37 healthcare-associated GNB cases were reported. In 2019/20 (last year reduction targets were set) a total of 59 cases were recorded. All 59 of those cases had occurred by mid-March 2020 and, by comparison, this year's performance is currently showing a reduction of 37.29% against that figure.

Caesarean Section Surgical Site Infection (SSI), Orthopaedic SSI and Critical Care Device Associated Infection Surveillance

The Trust's c-section SSI rate remained below the NI average and the rate for orthopaedic SSIs remained below 1%. There have been no critical care device associated infection reported since 2018.

Infection Prevention and Control Training

Infection Prevention & Control (IPC) Induction Training and mandatory update Training have continued to be delivered via an e-learning programme. This was developed

regionally for use by all health and social care organisations in Northern Ireland. Training must be completed every two years.

Between 1 April and 31 December 2022, the total number of staff who completed the training is 2,668. The attendance target for each year is 50% of the total number of staff who require training (i.e. 6,047 out of 12,094 applicable staff). The actual attendance rate is 27.65% for the 12 months ending December 2022. That is 22.35% less than required.

As attendance at IPC Training is required on a biennial basis, the attendance rate over a 24-month period has also been calculated. As of the end of December 2022 it is 59.19%.

COVID-19 Response

The IPC team continued to be significantly involved with the management of any suspected or confirmed cases of COVID-19, the continued development of patient pathways, reset/ rebuild of services, contact tracing processes and outbreak management.

As a result of the increased demands upon the team and within the current available IPC resources, there are challenges in attending to other core work. This has impacted on the ability to achieve other HCAI reductions, update of policies/guidelines, and participate in mandatory surveillance and improvement programmes. The Trust is managing the risk through the risk register process and develop a recovery plan when workforce stabilises and capacity allows.

Compliance with IPC standards of practice

The IPC team continue to monitor staff compliance with hand hygiene, the use of PPE and other high impact intervention audits. Support and education is provided to staff at the time of auditing and results are communicated to the ward/department managers and senior managers for action. The audit results are also reported through the Chief Executive HCAI accountability forum and normal directorate governance arrangements. The IPC team continue to collaborate with the service areas to develop local ownership and improvement plans regarding compliance with IPC practice.

Appraisal and Revalidation

The Trust continued to support our doctors with annual appraisal catch up, where delays in completion were as a direct result of pandemic pressures. Catch up is now complete the annual appraisal cycle and deadlines have returned to normal. There were 82 recommendations submitted on behalf of doctors working with the Trust, all recommendations were approved by the General Medical Council.

The Trust continues to work collaboratively with the other HSC organisations on appraisal & revalidation matters, with opportunities to share expertise, learning, policy development and continued development of the regional appraisal system.

Medical & Dental Education

MedEdWest continues to be a dynamic innovative medical education department with a seamless undergraduate, foundation and postgraduate structure. The Trust is extremely proud of our 'work smarter, not harder' approach to medical education and continues to harness the enthusiasm for education and learning by being somewhat different to other education providers by offering additional opportunities and providing a truly positive experience, which has been evident in feedback from our stakeholders.

Since the pandemic we have continued to adapt to the new normal in delivering medical education in a different way which has been very challenging. Hybrid teaching has become the norm. Simulation and Virtual Reality (VR) has grown from strength to strength, MedEdWest are proud of the new innovative methods of teaching and training and fly-high well above the other education centres in the region in providing extra-curricular education and training and faculty. These innovative cultures reportedly enhance the creation and implementation of new ideas and working methods and provide a truly positive experience at an early stage in their career as a great place to work.

With the announcement of the new graduate entry medical school (GEMS) in Ulster University's Magee campus and the training of physician associates under the umbrella of MedEdWest the Trust has begun to cultivate a strong relationship with Ulster University to ensure medical education continues to thrive in this part of the region. We were excited to welcome the first cohort of 70 medical students who joined the Trust on clinical placements in September 2022. This is a landmark occasion for the Trust. Student numbers will increase year-on-year through to graduation in 2025.

The Queens University Belfast (QUB) new C25 curriculum was introduced in 2022. This change was a huge challenge for MedEdWest, as this new format was implemented two years early with little time to plan or negotiate funding from QUB/DoH to support the change in addition to providing separate curricular for GEMs and RCSI. However, this has been a very successful change with the Trust scoring very highly in the quality of education received by the students. We will continue to plan and deliver C25 which will be fully implemented in 2025.

MedEdWest are proud of our STEP/FIRST Steps programme. This leadership programme also provides training in QI skills and supports each trainee to undertake a quality improvement or patient safety initiative. Since its inception in September 2016, 164 trainee doctors have completed this programme. Cohort 7 (32) are currently on track to complete in June. A total number of 196 doctors trained in this programme. The MedEdWest "Teach the Teacher" programme has been accredited by NIMDTA for 6 CPD for maintaining recognition status as a GMC trainer.

MedEdwest continues to support and facilitate initiatives that engage school age children from all academic, social and ethnically diverse backgrounds to consider future

careers in the healthcare system. This widening participation approach will continue with new and evolving initiatives to engage future medical professionals through engagement with programmes aimed at promoting access to these careers at an early stage in all schools future events making medicine an option for all.

Considering the substantial changes this year, medical education continues to be in a great place and will continue to adapt, place innovation, engagement and professionalism at the heart of what we do. Our continued growth, innovation and vision translates to consistently frantic but creative education centres.

MedEdWed were proud to receive a nomination to be considered for a Leadership Award demonstrating accountability, selflessness, actively contributing to change, influencing decision making and motivating others.

Finance, Contracting and Capital Development

The Directorate provides a range of high quality professional services to enable the Trust to meet its overall aim of delivering safe and effective services to patients and clients.

The Directorate has supported the Trust in the delivery of its services and in meeting key financial targets in line with the Trusts financial plan for 2022/23. It has also developed meaningful dashboards to support project based data analytics to aid decision making and the changing needs of the Trust.

The Directorate supports the Trust in managing its contracts.

The Directorate provides support to securing funding through the development and monitoring of robust business cases which delivers value for money in relation to the strategic direction of the Trust.

The Directorate has prepared its statutory accounts including the achievement of break-even in 2022/23 for the first time in five years which confirms the Trust's financial position for 2022/23 and supports the Trust in managing effective utilisation of its resources.

During the year the Directorate has been able to formally close the Trust Financial Review plan and is reinforcing structures for the challenging fiscal position to come in 2023/2024.

Capital Development have made continued progress on its 4 key priority investment areas including:

- Approval received May 2022 to develop a paediatric facility at Altnagelvin and design now well progressed with the target being to commence construction during 2023/24.

- Revised approval received for Lisnaskea Health & Care Centre with land purchased, development design completed, planning application in process to enable progress to construction tender, design and commencement during 2023/24.
- Revised approval received for Cityside Health & Care Centre with land purchased, development design in process to enable completion of development design and planning application process during 2023/24
- Outline Business Case for Mental Health at Omagh refreshed and forwarded to Department of Health to enable approval to be given for the development of mental health inpatient care for Fermanagh and parts of Tyrone in collaboration with Grangewood Hospital at Gransha.

In addition, Capital Development is working in conjunction with a number of key partners in developing projects within the Derry City & Strabane District Council's City Deal programme.

These are Strabane Health & Care Centre, Teaching Accommodation at Altnagelvin for Ulster University Medical Students and Personalised Medicine Workstreams.

Human Resources Directorate

Workforce stabilisation shaped the work of the Human Resource Directorate during 2022/23 with a growing focus on agency reduction, locum efficiency and improving retention. The Directorate supported a number of significant service changes and led the response to Industrial Action. Additionally there were substantial regional activities which the Directorate contributed to including the procurement and design of the new Learning Management System, the ongoing replacement of HRPTS system through the equip programme, the development of the workforce strategy for encompass and the establishment of regional structures aligned to the revised HSC workforce strategy.

This meant that business as usual work was impacted across all HR services. However in spite of this the Directorate achieved significant progress against the HR Directorate Plan in all 4 strategic areas as outlined below.

Strategic HR Theme 1: Looking After Our People

Staff Health & Wellbeing Fund

Applications for the Trust's Health and Wellbeing Fund opened in April 2022 and closed in May 2022. There were 224 applications received, with 108 successful applications progressed. There were two Trustwide schemes developed which provided a physical activity programme and outdoor improvements through the installation of picnic benches for staff. 50% of the applications received were for team building and support initiatives. The Organisation and Workforce Development team designed and aligned a new team support model to the 58 applications to deliver sessions on the themes Learn, Connect and Support. These sessions commenced at the end of 2022/23 with three teams complete to date and the remaining sessions scheduled for delivery in 2023/24.

Occupational Health Service Modernisation

The Occupational Health service, fundamental in supporting the health and wellbeing of Trust staff, developed considerably during 2022/23 with the appointments of an

Occupational Health Head of Service and a Lead Consultant Clinical Psychologist. Since then, there has been steady progress with implementation of the Occupational Health Modernisation Programme which includes establishment of a psychological support service within Occupational Health, development of a range of additional supports for managers, a fast-track OH pathway to support stabilisation in critical services and progress with digitisation of the service. Service improvements have enabled a reduction in waiting times to six weeks for Occupational Health assessment.

Supporting Attendance through Staff Well-being

Dedicated attention continued on supporting improved attendance at work during the year with 334 managers trained in the Attendance at Work Policy and Procedures. Intensive support was provided to managers within Support Services and targeted workshops were facilitated in PCOP and AMHLD Directorates. Bespoke “Managing your People” training sessions were delivered for a number of areas within the Acute and Women and Children’s Directorates. Additionally temporary amendments were made to the Attendance at Work Policy to improve workforce stability in critical areas and services were supported through the implementation of the changes to COVID-19 arrangements from 1 October 2022.

Pay & Conditions

The Trust introduced new provisions for both Fertility Treatment Leave and Fostering Leave to support Trust employees and their partners in their fertility treatment and fostering journeys. Work is ongoing to clear the historical backlog of long service awards, general public holidays accrued during maternity leave, historical overpayments issues, incremental credits queries and backlog of job evaluation pay assimilations. The pay awards for both Agenda for Change and Medical and Dental staff were successfully completed and a streamlined process was developed for relocation/ excess travel eligibility for Junior doctors in Training.

Strategic HR Theme 2: Growing for the Future

Workforce Stabilisation

Workforce stabilisation has been a growing focus. Improvements were evident in the reduction in the number of temporary staff with more than four years' service trustwide (89% Northern Sector and 51% Southern Sector). In order to respond to the Trust's significant reliance on flexible staffing through agency and locum use, a Workforce Stabilisation Steering Group was established with the key aims to improve workforce stabilisation, reduce agency usage and improve retention and efficiency.

The Growing for the Future group, with representatives across directorates, has supported a Support Services pilot programme in partnership with Derry City & Strabane District Council to develop a pathway to employment programme in local communities. The Trust is a member of the Labour Market Partnership across local council areas and will evaluate outcomes of this approach for applicability to other areas in 2023/24.

Training and Development

84 Managers successfully completed the Leader and Manager Framework across levels 1 and 2 (Bands 3 – 7). A further 111 managers are currently progressing their development in 2023/24. There were 16 students who graduated upon completion of the Post Graduate Diploma in HSC with 10 students currently progressing through year 1. There were 50 virtual training sessions delivered on non-core mandatory training, covering 392 staff and there were 104 students upskilled in Vocational Training. An Appraisal Autumn campaign was run over 6 weeks to improve Trust appraisal rates with a Trust completion rate of 43%.

Recruitment

The Trust received and processed 2,747 recruitment requisitions. Targeted campaigns for a range of services where recruitment was exceptionally challenging were also launched for services such as Neonatal, Learning Disability, Lakeview Hospital, Social Work, Encompass, Pharmacy, Support Services, Theatres and exceptional recruitment for GP practice. The Trust was also involved in development of regional campaigns for student nurses and new social workers.

The HSC Workforce Appeal closed on 31 October 2022 and approximately 1,800 additional temporary staff have been recruited since March 2020. Of those, some 932 have been added to existing bank resources and will continue to support services and reduce reliance on agency staffing post pandemic. Following the success of the Workforce Appeal, in November 2022, the Trust led in the development and implementation of a new recruitment platform to support rebuild of services post COVID-19. The pilot, running until July 2023, targets high volume entry level positions and provides a streamlined on line process which seeks to reduce the time to fill vacancies with over 138 staff appointed to date. This works alongside HSCNI JOBS to complement traditional recruitment and aims to improve attraction, recruitment processes and experience for candidates and managers.

Medical Recruitment

There were 97 medical appointees including 26 consultants, 13 specialty doctors and 52 junior doctors. In addition, the international recruitment project continued and were successful in recruiting 33 medical staff. The development of the new SAS contract continues with 16 staff transferred and 28 new starts.

Strategic HR Theme 3: Belonging in the Western Trust

Partnership Working

The Trust is deeply committed to effective partnership working with Trade Unions and this continued throughout the year to achieve various service improvements. The Trust Joint Negotiating Forum and Consultation Group was stood down in November 2022 due to industrial action however these effective partnerships allowed effective and safe management of the periods of industrial action from November 2022 to March 2023.

Just Culture

The Trust launched the Just Culture Initiative in 2022 which aims to promote a culture of fairness, openness & learning culture when things don't go as planned. A working group has been established to embed the just culture principles throughout all areas in the Trust. Awareness and training sessions were completed across a wide variety of forums and policies were updated to support and enable the culture change. Policies updated and launched include the Disciplinary policy, the Grievance Policy and the Attendance at Work Policy.

Trust Vision and Mission Development

Staff at all levels were involved in multiple forums throughout the year to develop the Trust's vision and mission statement. Both the vision and mission were approved in March 2023 and will be launched at various events in 2023/24.

Job Evaluation

There has been a strong focus on developing service improvements to ensure that the job evaluation programme is responsive to the needs of the Trust. Some of the developments include a Job Evaluation Training Programme designed and delivered in partnership with Trade Union colleagues, a Panel Toolkit to support panels with the job matching process, a screening process which streamlines the job evaluation process and training for managers as part of the Manager Framework, also delivered in partnership with Trade Union colleagues.

Staff Equality, Diversity & Inclusion

Through the Equality and Diversity campaign, the Trust has continued to encourage staff to update their equality details. The Trust submitted the Article 55 return and Fair Employment return during 2022/23. The Ethnically Diverse Staff Network continued throughout the year and developed an action plan to support staff from ethnically diverse backgrounds working within the Trust. Derry City and Strabane Council hosted a Mayor's reception for staff to celebrate diversity in health care and thank staff for their dedication to the WHSCT. The International Medical Peer Group ran throughout the year on an ad hoc basis to support medical colleagues who have relocated to work with the Trust.

Strategic HR Theme 4: New Ways of Working

Review of Trust Structures

A review of the Trust Directorates was undertaken during the year. Proposed structures were designed through significant staff engagement workshops with a 5 week consultation period in August and September 2022. Changes were made to the proposal following the consultation process and the final structure was published in November 2022. The new structure will see the creation of two new Directorates through the division of both Acute Services and Primary Care Older People's / Nursing. The HR Directorate are leading the workforce transition phase to align staff to new roles to allow the operationalisation of the new structures in early 2023/24.

Workforce Dashboards

The HR Directorate focused on improving the access and usability of workforce data during 2022/23 with the development and publication of corporate dashboards showing workforce profile, medical agency, absence, leavers, mandatory training and appraisal.

Delivering Value

The Trust Delivering Value Workforce Project for Unscheduled Care continued with the aim to improve workforce stabilisation. It launched a pilot of a rotational Band 5 nursing programme and dedicated recruitment campaign.

Flexible Working

The Trust rolled out the regionally agreed Agenda for Change Flexible Working terms and conditions and associated culture change programme with an updated policy and guidance, dedicated flexible working resources for both managers and employees and manager briefing sessions held across the organisation.

Performance and Service Improvement

Facilities Management Division:

The Facilities Management Division is comprised of estates services and support services to the Trust, with the exception of the hard FM services delivered in the South West Acute Hospital, which are within the PFI Contract.

Estates developments

The Estates Minor Capital Works Projects department received over £12m capital investment during 2022/23 to support delivery of a range of key service developments and improvements across the organisation.



Over £1m of Invest to save schemes were delivered including the installation of PV panels on the Omagh Hospital and Primary Care Complex, the first PV panels to be installed in the Trust's Estate.

Approximately £500k of specific funding for upgrade works in a number of Mental Health facilities were completed to support management of risk and complex patients in these environments. Other major projects include refit of former ward in Waterside Hospital, residential accommodation upgrades on the Trust's sites and the development of the remaining uncommissioned "shell" space in the Omagh Hospital & Primary Care Complex to make ready for new service developments expected in coming years. The Trust also completed a new Medical on Call Centre on the Altnagelvin site. The new facility incorporates comfortable and modern surroundings for medical staff while on call.

Extensive works were completed to the Altnagelvin Laundry service, including replacement of a range of aging equipment. This major scheme has also introduced complete segregation of linen in line with IPC recommendations. The development was completed without interruption to laundry services on the Altnagelvin hospital site, which is a tribute to the local team who deliver these services, as it required a considerable upheaval to work schedules, and new processes and machinery to commission and staff training.

Catering

The Trust's Catering Team has introduced the new Nutritional Standards in Health and Social Care Standards (2022), by helping staff to make healthier food choices. These standards are modelled on the Eat Well Guide and are aimed at supporting staff to have affordable, healthy and sustainable food.

The roll out of the new standards commenced in South West Acute Hospital in July 2022 and Altnagelvin in November 2022, in the Staff Restaurants and it continues to be implemented in all other Trust catering outlets.

Transport

The Transport Team has continued with its sustainable fleet management strategy to reduce environmental impacts of the Trust's transport fleet, through a combination of cleaner vehicles and fuels, and fuel efficient operation and driving. During the year a further 4 diesel vehicles were replaced with fully electric vehicles. In total 11 vehicles (5% of vehicle fleet) are now fully electric, as the Trust moves forward with its sustainability targets. In addition the Transport Department completed the installation of vehicle tracking units on all vehicles, promoting efficient operation of the fleet and improved driver safety.

Environmental Sustainability

The Trust was delighted to achieve a Silver award in the 2022 Northern Ireland Environmental Benchmarking Survey. The NI Environmental Benchmarking Survey is an annual event that scores organisations on the measures they take to improve their environmental impacts. Over 100 organisations from a range of sectors including: General Manufacturing; Local Authority; Education; Utilities; and Construction; took part in the Survey in 2022. The Survey scores, and recognises organisations that are going above and beyond their legal environmental requirements. The Trust has been successfully winning awards in this category for over 10 years.



South West Acute Hospital PFI Contract Management Division:

This division manages the Trust's PFI contract for the South West Acute Hospital, which is the only "whole hospital" PFI in Northern Ireland. The PFI is now 10 years into the 30 Year contract with PFI Partners Northern Ireland Health Group (NIHG) and their Facilities Management contractor Mitie FM. 2022/23 has featured the re-setting of service delivery post the pandemic and teams have been successful in maintaining business continuity across all PFI services.

The Trust continues to implement a robust system of contract monitoring to monitor PFI service provision compliance with core statutory and contractual obligations essential to maintain the safety and quality standards necessary for an acute hospital. The status is formally reviewed twice per year through a PFI Assurance Report. Whilst the level of statutory compliance are generally considered satisfactory, a focus during 2022/23 has been the continued Fire Stopping rectification programme based on survey and identification of defects in the buildings by Mitie FM. A performance improvement plan is currently under review with a newly appointed team in NIHG to address areas of performance failures.

Projects delivered during 2022/23 include the installation of new CT and MRI scanners, the second of which required the installation of a temporary Mobile MRI to maintain this service at the hospital, and the installation of two new endoscopy washers, new bedpan washers and new dishwashers for the satellite kitchens and main production kitchen – all of which were delivered under the PFI lifecycle replacement scheme and therefore at no additional cost to the Trust.

The team has also focused on the delivery of energy projects where a range of efficiency measures have been introduced, and all the external lighting at South West Acute Hospital has been replaced with LED lights. The outcome from these efficiency projects has been a reduction in both energy consumption and carbon emissions. Further projects are planned for 2023/24 as part of the SWAH PFI Savings and Efficiency Programme.

Performance and Service Improvement Division:

The Performance and Service Improvement Division provides a range of corporate services to the Trust including corporate planning, information services, health improvement, equality and involvement, emergency planning and information governance and records management. During the year the division assumed responsibility for the overall programme management to deliver the Encompass programme in the Trust.

Encompass

The Encompass programme is a HSC-wide initiative that will introduce a digital integrated care record to Health and Social Care in Northern Ireland (HSCNI).

All NI Trusts will work jointly with the central DoH programme team and with the new supplier Epic to deliver the programme. During 2022/23, decisions were made on the running order for Trusts across NI to adopt and implement the programme. The Trust will go-live in April 2025 alongside Southern Trust, as part of the final phase of the implementation of the Epic system in NI. The project will then focus on optimisation of the new systems and processes which have been introduced. During 2022/23, the Trust appointed its project team who will support the delivery of the project in the west, including professional specialists and change agents who will work to support the delivery of the Encompass project. Subject Matter Experts from across the Trusts services are also working closely with Epic to finalise standardised workflows and pathways for patients and service users.

Information Services

Work continued to make increased use of digital data analytics technology within the financial year 2022/23, supporting the Trust to be a data-driven organisation.

Using Qlik Sense and Power BI, the service has moved to increasing the level of readily available real-time data to Trust decision-makers, providing new data insights, consolidating and visualising data from diverse sources. Examples include:

- Automating data reports that were traditionally labour intensive
- Providing operational and clinical staff with access to real-time hospital data and insights for Unscheduled Care.
- Providing new healthcare insights for Trust decision-makers by consolidating data from disconnected patient information systems into a central repository, providing staff with the ability to view real-time potential and confirmed discharges by ward, and supporting the oversight of patient flow.

Health Improvement, Equality and Involvement

The Health Improvement, Equality and Involvement Department (HIEI) has continued to work in partnership with Trust staff, community and voluntary groups, multi-agency partners, service users and carers with the core aim to reduce health inequalities and improve our population's health.

Staff wellbeing remains a priority for the department. The 'We are With You' staff wellbeing project was launched in 2022/2023. Funded by NHS Charities, the project will recruit, train and support staff health champions to promote health and wellbeing across our Trust.

A range of specialist programmes were delivered to the public during 2022/23 which included:

- The Traveller Health and Wellbeing Programme supported travellers to access a broad range of services. Six traveller cultural awareness sessions have been delivered to Trust staff, other statutory agencies and a range of groups from the community/voluntary sectors.
- In partnership with Local authorities and community & voluntary organisations, 5 autism "Social Café's" were provided across the Trust geography, hosting 104 stalls, 11 workshops and providing service users and carers the opportunity to meet support organisations face to face outside of clinical settings. A total of 279 families and 171 organisations attended these events.
- Working with Trauma and Orthopaedics to support patients on waiting lists, an innovative project has been developed to utilise a social prescribing approach, referring patients to a community based wellbeing project to help them maintain or improve their wellbeing as they wait for surgery. Having launched in November 2022, 6 programmes have been delivered supporting 73 patients within their local community.

Training and capacity building initiatives have continued to grow and reach pre-COVID-19 levels. A hybrid approach to training and capacity building had been adopted to meet the needs of attendees. The department has used online and face to face approaches to facilitate 42 training/capacity building initiatives to 524 people.

The Equality team promote and deliver training for staff including Disability Awareness, Deaf Awareness, Visual Awareness and sessions of the regional HSC 'Making a Difference' programme, and Equality, Good Relations and Human Rights E-learning programme. During 2022/23 HSC Trusts also launched a Rural Needs Toolkit for Health and Social Care. The HSC Equality Action Plan and Disability Action Plan for 2023 – 2028 was approved by Trust Board in March 2023.

Emergency Planning and Business Continuity

The Trust has reviewed its Business Continuity Plans to ensure that Cyber Security and Industrial Action contingency planning is included with impact assessments and mitigations in place, and is continuing to work with service directors and their teams on preparedness in these areas. The effort which could be dedicated to this during the year was affected by the need to provide support to the corporate preparedness for industrial action in the latter part of the year.

The Trust responded to 23 incidents (4 resulting in the activation of the Emergency Support Centres in the community, 1 fire, 1 cyber incident and 17 adverse weather incidents).

The Trust has also undertaken 16 training sessions/workshops and 6 practical exercises to validate and test Emergency and Business Continuity Plans.

Communications

The Corporate Communications Department supports the Trust in its messaging and engagement with patients and service users, the public, public representatives and the Trusts own staff.

The communications team is building each year on its established platforms for communicating with staff. Eleven editions of the staff newsletter NOW were published and circulated, with 25 to 30 stories each month. A new dedicated QI Newsletter (QI West Connect) has also been developed. The communications team facilitate the Senior Leaders Forum meetings, which is a critical forum for engaging with our senior staff, and a monthly forum has taken place since September 2022, with approximately 60 to 80 senior leaders attending each month. StaffWest, the staff intranet, is updated on a regular basis with 187,953 visits for 2022 - 15,662 per month, equating to 6,625 users per month.

Following a pause due to COVID-19, the Staff Recognition Awards were reinstated, and were re-launched in September 2022 with the Awards ceremony to take place April 2023.

Throughout 2022/23 Corporate Communication supported:

Media Queries	923
Press Releases / Good News Stories	202
Facebook	61,820 followers an engagement of 17,304 per month and a reach of 1,099,653 per month.
Twitter	15.7k followers and has a monthly average impression of 191,583.
Instagram	10k subscribers and an average of 12,329 video views per month.
YouTube	5.1k subscribers with an average of 52,749 monthly video views
Western Trust Website	The site currently has approximately 27.7k users each month.

In keeping with the corporate aim to keep elected representatives in the West well informed, the communications team attended and facilitated formal and informal briefings with MLAs, MPs and councillors, including supporting the Trust’s senior team at a number of council meetings held in public. This support was supplemented by the

presence of our Public Representatives online hub which provides access to information and updates on Trust business and the issue of important urgent update briefs on key issues, which remains ongoing.

Information Communications Technology (ICT) Division:

The ICT Department is a corporate resource supporting the smooth running of corporate and service functions, and managing the delivery of regional digital programmes at a local level.

The regional Digital Health and Care Northern Ireland (DHCNI) programme includes flagship systems planning and implementation for HSC, such as Encompass, which aims to introduce a digital integrated care record for HSC, and the Equip project for Finance and HR systems replacements. The ICT Department has refreshed applications and infrastructure to maintain the “protect and defend” technical measures which mitigate the risk or impact of a cyber incident. This had a heightened focus across services but has been affected by the need to support the corporate processes to support preparedness for the repeated days of industrial action in the latter part of the year.

The ICT team continue to work with regional and third party stakeholders to manage the Trust’s cyber security programme. The cyber threat remains high and the team are working with services on their cyber/business continuity arrangements while at the same time ensuring all Trust end points are fully protected.

Digital Developments

The Technical Enablement Programme (TEP) programme is primarily concerned with ensuring that all staff have access to the digital device and office software most suited to the way they work and to be digitally mobile where appropriate. It aims to standardise and regionalise the collaboration tools used today for communication across HSCNI using MS Teams (voice/video/chat) and MS Exchange Online (email), as well as refreshing devices no longer under warranty and ensuring that MS Office software is licensed and available.

- 98% of devices has been deployed successfully with a view to start a new round of deployment in April.
- 100% of all trust devices have MS Teams installed. Currently we have 34% of staff registered using MS teams. A campaign is underway to promote the uptake of MS Teams across all directorates.
- 100% of email within scope has been successfully migrated to the cloud.

Pathfinder and the transition to Integrated Care Systems

Whilst the work of the Pathfinder population health project commenced within the Southern Sector of the Western Health and Social Care Trust, planning has begun to extend that, and to explore how we will work with partners across the Trust geography

in the development and implementation of the new model for Integrated Care Systems (ICS).

The establishment of ICS in NI Health and Social Care is part of a DoH change programme, replacing current commissioning structures with a new approach to planning and commissioning, involving local partnership board structures, including the local Trust, to come together to plan collaboratively to improve population health and reduce health inequalities in their geography. Regional and specialised services will be planned, managed and delivered at a regional level under this model. DoH has already consulted on this change, it has been endorsed by the NI Assembly Health Committee and a test site has been agreed for the Implementation of the Area Integrated Partnership Board (AIPB) in the Southern Trust area. It is expected that an AIPB will be established in the West during 2023/24.

This new ICS model will subsume the Trust's "Pathfinder" programme in Fermanagh and West Tyrone, and a transition to ICS is planned during 2023/24.

Pathfinder will continue in the interim to progress a number of initiatives, focused on the Fermanagh and West Tyrone geography:

- collaboration with the local education authorities with the aim of developing a local workforce who are skilled and can develop careers within health and social care.
- piloting an integrated system to focus upon effective models of care for those with multi-morbidities.
- development of an Integrated Wellbeing Network with test sites identified in Omagh town and Erne East, with a representative from Pathfinder as a member of the Integrated Wellbeing Network Management Board.
- Pathfinder collaborated closely alongside partners in CAWT to develop joint applications for Special EU Programmes Body (SEUPB) funding under the theme of "Healthy and Inclusive Communities". Funding applications for CAWT/Peace Plus in partnership with RoI and Southern Trust submitted and awaiting official launch date
- the key themes of the Pathfinder Extension of Community Healthcare (ECHO) from late 2021 remain valid and work continues on these areas with actionable insights for: Carers and care in the community; developing a single point of access for those requiring community supports; developing services suited to caring for those with multi-morbidities; and research and audit to support new models of avoiding hospital admission for older patients who reside in care homes.

This Pathfinder approach and commitment to co-production will be embedded with the wider development of new models of planning, commissioning and delivering integrated care and is expected to transition to the ICS model during 2023/24.

Environmental Issues (Sustainability Report)

The Trust is committed to ensuring that the risks from installing, maintaining and operating the Trust estate are minimised, and operates a trustwide ISO14001 Environmental Management System to support this agenda, alongside a robust Environmental Waste Management Policy which outlines how the Trust effectively manages the activities that may have a potential impact on the environment, including

monitoring of emissions and discharges, management of energy and water, management of waste, management of biodiversity, transport and car parking, procurement of goods/services and work, maintenance of buildings, plant and equipment, and grounds maintenance.

Actions taken to reduce energy / water use / emissions

The Trust has invested significantly in energy efficiency projects over the years and has been able to minimise the impact of a huge growth within the 3 major hospital sites. However further major investment is required to reduce the carbon footprint significantly. The Trust invested £1.13m in a range of energy efficiency improvement and carbon reduction projects through LED lighting upgrades, Photo Voltaic panels to provide a renewable source of electricity on the Omagh hospital site as well as electric vehicle charging installation for Trust transport vehicles and the implementation of Automatic Meter Reading (AMR) to allow real live energy data visibility. Completion of these schemes is forecasted to deliver £218k annual revenue savings. The associated carbon emission reduction in the delivery of these schemes amounts to 471 tonnes of carbon per year with 905,874kWh less energy consumption per annum. The Trust are actively working towards its objective of lowering net energy consumption by 30% by 2030 in accordance with the Management Strategy and Action Plan for Northern Ireland. The Energy team is currently on target to deliver a Heat, Light & Power (HLP) KPI improvement of 1.0%, measured against the previous year.

The Trust has put a significant investment into our AMR system and proactively monitors and targets our energy and water performance levels. The Trust established a baseline within the system for each of our facilities and can very quickly identify discrepancies such as a water leak causing water consumption during times of no occupancy or an increase in gas or electricity consumption.

The Trust have also achieved “Good Quality Combined Heat & Power Quality Assurance (CHPQA)” for the calendar year 2022 which has achieved financial savings of £246k on climate change levy for the CHP engines in Omagh and Altnagelvin.

The Transport Department is developing a sustainable fleet management strategy to reduce environmental impacts across the Trust, through a combination of cleaner vehicles and fuels, and fuel efficient operation and driving.

The Transport Department currently operates a fleet of 240 vehicles to deliver goods/freight and passenger services across the Trust. The Trust has an ongoing programme of replacing old diesel vehicles with new electric vehicles. There were 4 diesel vehicles were replaced with fully electric options during the year. A total of 11 vehicles (5% of vehicle fleet) are now fully electric.

Environmental Waste Management

The Trust's Waste Management Plan aims to minimise waste and the amount sent to landfill. During the year the Trust achieved its target of recycling/recovering over 85% of non-hazardous waste. The extra demands on clinical waste caused by the management of IPC at this stage of the COVID-19 pandemic have continued. While tonnages have reduced they still exceed amounts pre COVID-19 and the cost for treating and disposing of clinical waste has greatly increased nationally. Efforts to return to pre COVID-19 levels of waste segregation, using all available waste streams have been targeted across services, with the aim to reduce the amounts of this waste unnecessarily disposed of as clinical waste.

Proposed Work to establish a carbon baseline and Climate Action Plan

The Trust has a duty of care to minimise energy consumption and the associated carbon footprint. Furthermore it is legally obliged to report annual carbon emissions for Altnagelvin Hospital under UK Emissions Trading Scheme to NIEA (Northern Ireland Environment Agency).

Within the last 12 months the Department of Health have been working on the development of a Regional Sustainability Plan for Healthcare Northern Ireland. The aim is to ensure that regional strategic planning policy on renewable and low carbon energy remains fit for purpose and up-to-date to inform decision-making in relation to development proposals for this subject area. The Trust has been contributing to the development of this plan and has developed sustainability proposals to feed into this overarching strategy.

The Trust is in the process of recruiting an Estates professional who will lead on the development of sustainability policies and action plans. The lead will also aim to establish the current carbon footprint of the Trust including Tier 1, 2 and 3 emissions and will provide direction in terms of the Climate Action Plan for the Trust.

Essential Business Relationships

The Trust has contractual arrangements in place with a number of organisations whose performance is essential to the smooth and effective running of the Trust. The principal relationships are with the following:

- Department of Health as the sponsor department and primary policy maker in the NI Health Sector.
- SPPG and the Public Health Agency as the Trust's main commissioners and providers of the vast majority of its funding.
- NI Ambulance Trust which plays such a key role in ensuring the Trust's acute services are accessible to the population of the Western area.
- Other HSC Trusts and agencies for the provision of specialist services and staff to our residents.
- The Business Services Organisation for the provision of the following support services;

- Internal Audit,
- Procurement and Logistics Services,
- Legal Services,
- Pension Services, and
- Shared Services Centres for income, payments, payroll and recruitment.
- Private sector bodies as well as community and voluntary sector bodies who deliver services on behalf of, or in support of, the Trust.
- Northern Ireland Audit Office and any sub-contracted external audit provider.



Mr Neil Guckian
Chief Executive and Accounting Officer

22 June 2023

Date

ACCOUNTABILITY REPORT

Governance Report

DIRECTORS REPORT

The role of the Trust Board is to consider the key strategic and operational issues facing the Trust in carrying out its statutory and other functions. During the year the Trust Board of Directors was comprised of the following members:-

Name	Position on the Board
Mr S Pollock, CBE	Chair
Ms R Laird	Non-Executive Director
Dr J McPeake	Non-Executive Director
Mr S Hegarty	Non-Executive Director
Prof H McKenna	Non-Executive Director
Rev Canon J McGaffin	Non-Executive Director
Mr N Guckian	Chief Executive
Dr C McDonnell	Medical Director (retired 23 June 2022)
Dr B Lavery	Medical Director (from 24 June 2022)
Mrs D Mahon	Executive Director of Social Work and Director of Women and Children's Services (retired 6 May 2022)
Mr T Cassidy	Executive Director of Social Work and Director of Women and Children's Services (from 7 May 2022)
Mrs D Kennan	Executive Director of Nursing and Director of Primary Care and Older People's Services
Mrs G McKay	Director of Acute Services
Mr M Gillespie	Acting Director of Acute Services (from 22 November 2022 until 14 February 2023) and Interim Director of Planned Services (from 15 February 2023)
Ms K O'Brien	Director of Adult Mental Health and Disability Services
Dr L Brady	Acting Director of Adult Mental Health and Disability Services (from 26 September 2022 until 31 March 2023)
Mrs T Molloy	Director of Performance and Service Improvement
Mrs K Hargan	Director of Human Resources and Organisational Development
Ms E McCauley	Executive Director of Finance, Contracting and Capital Development

The Trust maintains a Register of Interests covering Directors and key management staff and operates procedures to avoid any conflict of interest. On the basis of a review of this Register, it has been confirmed that none of the Board members, members of the key management staff or other related parties had undertaken any material

transactions with the Western Health and Social Care Trust during the year. The Register can be viewed by contacting the Chief Executive's Office. Further detail is provided in Note 21 to the Accounts at Section 3 of this document.

The Trust is required to report data security / information breaches to the Information Commissioners Office (ICO). Further detail has been included in the associated disclosure of this internal control issue in the Governance Statement.

All Directors have confirmed that there is no relevant audit information of which the Trust's auditors are unaware. They have confirmed that they have taken all the steps that ought to have been taken as Directors in order to make themselves aware of any relevant audit information and to ensure that the auditor is aware of that information.

NON-EXECUTIVE DIRECTORS' REPORT

During 2022/23 the Western Health and Social Care Trust has continued to face unprecedented challenges as a result of the COVID-19 pandemic with the need to continue to provide safe services during a pandemic while developing new ways of working, dealing with workforce and continuing financial pressures and delivering on strategic capital developments.

During the year the Non-Executive Directors have provided support, challenge and guidance to assist the Trust to continue to deliver safe services for its population and help assure the achievement of its objectives, through engaging with key stakeholders and contributing to the leadership of the organisation.

The Trust completed Board Governance Self-Assessment Tool on 6 October 2022 and an action plan has been developed to monitor same. This included measuring the impact of the Board using a case study approach. The Trust scored Satisfactory in all areas.

The work of the Board and its Committees is outlined in some detail within the Governance Statement. Non-Executive Directors' commitment and dedication to their roles is clearly evident from the Committee reports, minutes and assurances.

The Audit and Risk Assurance Committee, Governance Committee, Remuneration Committee, Finance and Performance Committee, Endowments and Gifts Committee, Improvement through Involvement Committee, People Committee, and Adoption Committee have all met their Terms of Reference during 2022/23.

The Board had many areas to focus on during 2022/23 including:

- Planning and oversight of the response to the COVID-19 pandemic and rebuilding of services.
- Assurances on quality and safety of services and performance and finance.
- Serious Adverse Incident (SAIs) Management

- Oversight of standards of care in a range of care homes in the Independent Sector.
- Risk Management and Governance Review oversight.
- Commitment to the Regional (and local) response to the Hyponatraemia Report.
- Assurances over the Delivering Value Programme.

Non-Executive Directors will continue to review the agenda for Trust Board and its Committees to ensure appropriate balance and assurance. Particular attention will be given to information flows and formats to make sure assurance levels are appropriate.

Financial Recovery Plan Programme

It is widely acknowledged that there are unprecedented financial challenges facing the HSC system. As a result the Trust, in common with other HSC Trusts is carrying a significant recurrent underlying deficit.

The Trust had expected to be allocated a control total for 2022/23 however the Trust has been advised of a further funding allocation to bring the Trust to a break-even position. The Trust has been able to achieve breakeven having delivered a balanced position during the year.

The Trust Financial Recovery Programme of which 2022/23 was the final year, has made significant progress, with £33.3m of the £39m Recovery Plan now delivered. This has been achieved through a combination of cash savings, regional funding and management / prevention of pressures.

Financial management and control through the recovery plan period has been maintained through the Delivering Value Management Board, Chief Executive Assurance meetings, Directorate Finance Focus meetings and regular collaboration with senior finance and directorate staff. Trust Board oversight has been provided via updates to the Finance and Performance Committee.

Any remaining cash savings projects have now been extended into 2023/24 and will continue to be monitored and programme managed through the Trust's overall savings plan monitoring arrangements.

STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed the Western Health and Social Care Trust to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Western Health and Social Care Trust and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by the Department of Health, including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in Financial Reporting Manual have been followed and disclose and explain any material departures in the accounts;
- prepare the accounts on a going concern basis, *and*
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and takes personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland, has designated Mr Neil Guckian of Western Health and Social Care Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSC's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the Western Health and Social Care Trust auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

GOVERNANCE STATEMENT

Scope of Responsibility

The Trust Board is accountable for internal control. As Accounting Officer and Chief Executive of the Trust, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the DoH.

For services commissioned from the Trust by the SPPG and other HSC organisations, accountability for delivery of services is via service and budget agreements which detail the quantity, quality and cost of services. However, with regard to financial control, governance and overall organisational performance the Trust is directly accountable to the DoH and the Minister of Health.

Trust senior executives meet regularly throughout the year with colleagues in the DoH and the SPPG / PHA and other Trusts and have continued to participate in a wide range of other meetings, including accountability meetings with the DoH and performance management meetings with the SPPG. They also take part in regional meetings such as Adult Safeguarding Board, Performance and Transformation Executive Board (PTEB), Directors' meetings and other work streams, which enable collaboration and establishment of consistent approaches to strategic planning, service improvement, transformation, commissioning, contracting and e-health matters in accordance with regional policy direction.

The Trust also has effective partnership arrangements in place with organisations including local councils, Health Service Executive, a wide range of community and voluntary sector organisations and public representatives. The Trust is committed to involving and engaging with service users, carers and the wider public and there are also effective patient and client forums in place for a wide range of services to maximise the involvement of patients and clients in determining the manner of delivery of their own treatment and care through a range of local projects, the transformation agenda and the pathfinder project.

Compliance with Corporate Governance Best Practice

The Trust Board applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements by undertaking continuous assessment of its compliance with corporate governance best practice.

The Trust Board assesses its performance using the Board governance self-assessment tool, which is based on the structure issued by the DoH and has scored satisfactory in all areas. The Board also commissions Internal Audit to review the effectiveness of its internal controls and the Trust has implemented 91% of its internal audit recommendations at 31 March 2023.

Governance Framework

The Trust adopts an integrated approach to governance and risk management, enabling Directors to provide co-ordinated sources of information and assurance to the Trust Board on all aspects of governance including financial, organisational, clinical and social care through its governance structures including its Audit and Risk Assurance Committee, Remuneration Committee, Governance Committee, Endowment and Gifts Committee, Improvement through Involvement Committee, People Committee, and Finance and Performance Committee.

In March 2021 a senior manager was seconded to take forward the recommendations of the 'Governance Review' report that was received in July 2020. Forty five of the forty nine recommendations have been completed with the remainder being progressed and monitored through a clear action plan via the Safety Quality Management System. The remaining four recommendations are in the final stages of completion, with an anticipated completion date of September 2023.

The Trust Board

The Trust Board has corporate responsibility for ensuring that the Trust fulfils its aims and objectives and for promoting the efficient, economic and effective use of staff and other resources by the Trust. This includes:-

- establishing the overall strategic direction of the Trust within the policy and resources framework,
- constructively challenging the Trust's executive team in their planning, target setting and delivery of performance,
- ensuring that the DoH and SPPG is kept informed of any changes which are likely to impact on the strategic direction of the Trust or on the attainability of its targets and determine the steps needed to deal with such changes,
- having oversight of patient safety and quality of services,
- ensuring that any statutory or administrative requirements for the use of public funds is complied with, that the Trust Board operates within the limits of its statutory authority, and any delegated authority agreed with the DoH,
- ensuring that the Trust Board receives and reviews regular financial information concerning the management of the Trust, is informed in a timely manner about any concerns in relation to the activities of the Trust and provides positive assurance to the DoH that appropriate action has been taken, and
- demonstrating high standards of corporate governance at all times.

The Chief Executive is accountable to the Trust Board for the quality of care and services provided across the Trust. The Trust Board receives assurance on quality and safety of services, performance and finance from the assurance framework and reports from its supporting Committees. The Medical Director and Director of Social Work are the designated lead Directors accountable to the Trust Board for Clinical and Social Care Governance arrangements respectively and the Executive Director of Nursing provides professional advice and assurance to the Trust Board on all nursing matters.

The Trust Board met 12 times in this financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes and the detail is included in the table below. Standing items on Trust Board agenda include Quality and Safety, Infection Prevention and Control, Corporate Risk Register and Board Assurance Framework, Performance Management and Financial Performance.

Name	Title	Meetings to attend	Meetings attended
Mr S Pollock	Chair	12	11
Mr N Guckian	Chief Executive	12	12
Mr S Hegarty	Non-Executive Director	12	10
Ms R Laird	Non-Executive Director	12	12
Dr J McPeake	Non-Executive Director	12	11
Prof H McKenna	Non-Executive Director	12	11
Rev Canon J McGaffin	Non-Executive Director	12	11
Mrs D Mahon	Executive Director of Social Work and Director of Women and Children's Services (retired 6 May 2022)	1	1
Mr T Cassidy	Executive Director of Social Work and Director of Women and Children's Services (from 7 May 2022)	11	8
Mrs D Keenan	Interim Executive Director of Nursing and Director of Primary Care and Older People's Services	12	12
Ms E McCauley	Executive Director of Finance, Contracting and Capital Development	12	12
Dr C McDonnell	Medical Director (retired 23 June 2022)	2	2
Dr B Lavery	Medical Director (from 24 June 2022)	10	7
Mrs T Molloy	Director of Performance and Service Improvement	12	11
Mrs K Hargan	Director of Human Resources and Organisational Development	12	10
Mrs G McKay	Director of Acute Services	9	8
Mr M Gillespie	Acting Director of Acute Services (from 22 November 2022 until 14 February 2023) and Interim Director of Planned Services (from 15 February 2023)	3	3
Ms K O'Brien	Director of Adult Mental Health and Disability Services	5	3
Dr L Brady	Acting Director of Adult Mental Health and Disability Services (from 26 September 2022 until 31 March 2023)	7	6

Audit and Risk Assurance Committee

The Audit & Risk Assurance Committee met four times during the year with 100% attendance. The Committee is comprised of three Non-Executive Directors with a quorum of two Non-Executive Directors required for any meeting. The role of the committee is set out in formal terms of reference and includes:

- Oversight of the maintenance of effective governance and internal financial control arrangements.

- Ensuring an effective Internal Audit function is in place.
- Oversight of the arrangements for the completion and external audit of the Trust's Annual Report and Accounts.
- Oversight of the adequacy of the Trust's arrangements for securing value for money.

The Trust's internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Committee follows the best practice guidance set out in the Audit and Risk Assurance Committee Handbook (NI) (April 2018) and assesses its performance by reviewing its compliance with this guidance on an annual basis. The Chair of the Committee briefs the Trust Board following each Committee meeting and the Trust Board receives an annual report on the performance of the Committee.

Governance Committee

The Governance Committee met three times during the year with 74% attendance. The meeting scheduled for December 2022 did not take place due to industrial action. The Committee is comprised of two Non-Executive Directors (one of which is Chair), Executive Directors and members of staff with a corporate quality and safety remit.

The Committee has responsibility for the establishment and maintenance of an effective system for governance across the whole of the organisation's activities in line with the DoH Q2020 strategy. This will support the achievement of the Trust's objectives, minimising the exposure to corporate, financial, human resource and clinical and social care risks. The Governance Committee provides a second line of assurance to the Board and will ensure that robust governance, risk management and assurance processes are in place across the organisation to promote the delivery of key corporate objectives. The Chair of the Committee briefs Trust Board following each meeting.

There are three formal sub-committees of Governance Committee.

1. The **Corporate Governance Sub-Committee** is chaired by the Director of Planning and Performance, meets quarterly and provides assurance to the Governance Committee that assurance and risk management arrangements relating to corporate governance are effective.
2. The **Clinical and Social Care Governance (CSCG) Sub-Committee** is jointly chaired by the Medical Director and the Executive Director of Nursing. Its work is to provide strategic direction and oversight of risk management arrangements relating to clinical and social care governance in the Trust. The Sub-Committee core members meet monthly and receive reports from the Chairs of the reporting Clinical and Social Care Governance Working Groups on a quarterly basis. The joint Chairs report to the Trust Governance Committee on a quarterly basis advising on any escalating pertinent corporate issues. A Rapid Review Group (RRG), which is a sub-committee of CSCG, meets weekly to monitor and assess the review of SAls, red incidents, high risk complaints, claims and inquests to maximize the potential for identifying and sharing learning, as quickly as possible, across the organisation and where appropriate the region.

3. The **Quality and Standards Sub-Committee** is chaired by the Executive Director of Social Work, meets quarterly and oversees the implementation of clinical and social care standards and guidelines throughout the Trust and provides assurance to the Governance Committee that appropriate systems are in place to monitor standards relating to quality of care.

Individual directors have a responsibility for governance arrangements within their respective Directorates and they have established Directorate Governance Groups. These met regularly to progress the governance agenda and provide Directorate assurance. Directors formally report to Governance Committee using an agreed reporting template.

Remuneration & Terms of Service Committee

The Remuneration Committee met six times during the year with the overall attendance level of members at 91%. The Remuneration Committee's terms of reference including membership was revised in January 2023. The Committee is chaired by the Chair of the Trust Board and membership includes two non-executive director members of Trust Board. The purpose of the Committee is to advise Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Directors. It is also responsible for managing and overseeing the performance management process for Senior Executives.

Finance and Performance Committee

The Committee had eight scheduled meetings during the year however due to Non-Executive availability and limited scope for rescheduling within the same month, one Committee meeting was cancelled (June 2022). The Finance and Performance Committee met seven times during the year with 90% attendance. The Committee is comprised of two Non-Executive Directors and attendees including the Directors of Finance, Contracts & Capital Development and Performance and Service Improvement as well as the Assistant Directors of Financial Management and Performance & Service Improvement.

A revised terms of reference for the Committee was approved at Trust Board on 5 May 2022, reducing the number of Committee meetings per financial year to 8 (4 formal meetings and 4 confidential sessions). This arrangement commenced from 7 June 2022.

The Committee is a delegated Committee of the Trust Board with oversight responsibility to support the Board in delivering its statutory responsibility to support the break-even or approved financial control total and to deliver on the performance targets required by Commissioners. During the year that took the form of a Service Delivery Plan, with performance targets for a range of services selected by DoH. The Chair of the Committee is asked to comment at each Board meeting on any issues relating to the finance and performance reports, which need to be highlighted. The Committee fulfilled the requirements of its terms of reference during the year.

Endowments and Gifts Committee

The Endowments & Gifts Committee met five times during the year with 86% attendance. The Committee is comprised of two Non-Executive Directors and the Trust Chair and is supported by a number of Trust officers. The role of the Committee is to oversee and fulfil the responsibilities of the Board as Trustees of Endowments and Gifts Funds. The Chair of the Committee briefs Trust Board following each meeting. The Committee had agreed an action plan for the year and received an update against actions at every meeting. The Committee is satisfied with its performance against the action plan for the year and met the requirements of its terms of reference.

Improvement through Involvement Committee

The Improvement through Involvement Committee is scheduled to meet quarterly. It met three times during the year with 76% attendance. The meeting scheduled for December 2022 did not take place due to the pressures of industrial action. The Committee also convened a number of workshops to identify its strategic priorities for the next planning period and to take an in-depth look at particular matters. The Committee comprises two Non-Executive Directors, one of whom is the Chair, and a number of Executive Directors

The Committee has responsibility to provide assurance to the Board on the effectiveness of the Trust's arrangements for co-production and learning from experience in order to transform services and deliver improvements. The Committee Chair briefs Trust Board following each meeting drawing attention to any issues which necessitate either disclosure to the Board or executive action.

The Committee produces an annual report of its work, presenting achievements and challenges, and providing assurance with regard to statutory obligations and Departmental requirements in respect of the involvement of patients, service users and staff. The Committee developed a detailed work plan for the year and received a report of progress against agreed objectives at each meeting.

During the year the Committee received regular updates on Involvement projects undertaken across all areas of the Trust, and developed statistical data in the form of a 'dashboard' to indicate the breakdown of projects per Directorate; the level of user involvement including engagement, consulting, co-design and co-production; and the qualitative and quantitative impact of involvement activity as detailed in case studies and assessed using the Outcomes Framework.

At each meeting the Committee received presentations showcasing creative and innovative Involvement initiatives across a range of topics and areas including children's safeguarding, adult mental health and learning disability services, and Integrated Care Services. Members were briefed on specific SAIs where learning from a patient's experience would enhance future engagement and improve outcomes; complaints which promote positive action to improve services and prevent recurrences; developments in Quality Improvement training to help service users contribute fully to

projects they are involved in. The Committee considered Care Opinion reports and reviewed the common themes arising from service user feedback.

The Committee met the requirements of its Terms of Reference and is satisfied with its performance against the 2022/23 work plan.

People Committee

The People Committee met five times during the year with members attendance rate at 92%. The Committee is comprised of two Non-Executive Directors (one of whom is the Chair) and a number of Trust officers. However, due to the reduced number of Non-Executive Directors on Trust Board there has only been one Non-Executive Director on the Committee this year. The Committee's remit provides oversight and assurance to Trust Board on the effectiveness of the Trust's arrangements across a comprehensive people agenda including workforce and organisation development; workforce strategy; employee resourcing; HR governance arrangements; workforce information; occupational health and wellbeing; training and development; employee relations and partnership arrangements; equal opportunities; the Trust's Raising Concerns process; and HR governance arrangements. The Chair of the Committee briefs Trust Board following each meeting.

Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the Trust's plans at all levels within the organisation.

Correspondence from the Permanent Secretary of 4 March 2022 set out expectations of Arm's Length Bodies (ALB's) in relation to corporate plans for the year. ALBs were asked to roll forward their Corporate Plan in 2022/23 for a further one year period. In line with the Permanent Secretary's correspondence and the approach being adopted by other Trusts, a "light touch" review and refresh of the roll forward plan for 2021/22 was undertaken.

A HSC Service Delivery Plan was produced by the SPPG setting out the expected activity targets to return on a phased basis to pre-pandemic levels. Delivery is monitored on a monthly basis both internally via the Trust's performance management and accountability arrangements and regionally via the DoH PTEB. Performance against the ministerial targets contained in the 2019/20 Commissioning Plan Direction continues to be monitored and reported periodically.

The Trust Board also receives a comprehensive quarterly report, supplemented by exception reports in intervening months. The quarterly reports are considered by the Finance and Performance Committee which also meets during the year in confidential session to be briefed on and scrutinise focused areas of service performance. Accountability mechanisms with DoH and Commissioners have been re-established, with performance oversight against the Trust Service Delivery Plan being undertaken

through the PTEB. A summary of performance in relation to Service Delivery Plans and CPD targets is provided in the performance section above.

Business Case Approval

The Trust has a formal structure and process in place for development and approval of business cases to support significant areas of expenditure.

Direct Award Contracts

The Trust has a Direct Award Contracts (DAC) Register which is maintained by the Director of Finance's office. A total of 79 DACs were completed by the Trust during the year with a combined value of approximately £21.3m.

Publication returns have been completed throughout the year to BSO PaLS in respect of DACs with an individual value in excess of £30,000. The Trust's Audit and Risk Assurance Committee and Trust Procurement Board were routinely updated in relation to the Trust DAC Register during the year.

Risk Management

The Trust's Risk Management Policy is in line with the regional approach to risk management using the ISO31000 Risk Management Standard, and was formally approved by Trust Board in July 2019. The policy is currently being revised to incorporate the new risk appetite model adopted for the Trust.

Risks are identified at all levels of the organisation using a variety of means including the risk assessment process, incidents reports, serious adverse incident reviews, complaints, claims, inspections, audit, monitoring of performance and financial management systems, regulatory and legislative requirements. Individual Directorates/Wards/Departments/Specialties and Service Areas are required to identify and prioritise their risks. The policy has a statement on risk appetite and provides guidance for managers when considering new and emerging risk. The policy makes it clear that consideration must also be given to risks which are managed from outside the Trust and are owned elsewhere. Managers must ensure that appropriate governance and contractual arrangements are in place to reduce and monitor risks which are outside of the Trust's direct control.

As part of the Board-led system of risk management, the corporate risk register is reviewed on a monthly basis by the CMT and Trust Board. Directorate risk registers are a standing item on the agenda of all Directorate Governance meetings. Current risks are reviewed and new risks for inclusion on the register are considered at these meetings. Directors are required to report on a quarterly basis to the Governance Committee on significant risks within their areas of responsibility.

Any material changes to the Corporate risk register must be approved by the CMT and the Trust Board. The Corporate risk register is reviewed quarterly by the Governance Committee. It is also tabled at Audit and Risk Assurance Committee which has

responsibility to provide oversight assurance on the framework of management for corporate risks. The risk register is published with Trust Board papers and is posted on the Trust intranet site for access by employees.

Implementation of the agreed risk appetite model for the Trust has been completed. A risk appetite model based on University Hospitals Birmingham risk appetite model (which aligns appetite to a range of target scores based on the outcome of each risk), was implemented following a Trust Board workshop in April 2022. Subsequently a process of risk review was carried out and a number of risks were merged and others de-escalated. Risk descriptors were revised to ensure they captured the cause, event and outcome. Categories and sub-categories were defined to allow setting a risk appetite target score based on the adopted model (each sub-category has a defined target score). The risk appetite process prompted a number of Corporate risks for deep dive review at Governance Committee during the year.

Future monitoring and assurance of Corporate risk performance and decisions on risk tolerance will be assisted by the identification and reporting against key performance indicators for each risk. The risk register was last presented to Trust Board on 2 March 2023.

The Trust actively encourages the reporting of incidents and risks and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organisation as a whole. Ensuring that learning from SAIs, incidents, complaints, litigation and inquests is effective is a continual challenge and the Trust has continued to work to develop systems to ensure that learning is highlighted and escalated. The Trust has a range of tools for sharing such learning including a quarterly governance report which is shared with each Directorate Governance Group, the 'Share to Learn' newsletter which is published twice a year and a "lesson of the week", which is uploaded to the Trust intranet site and is accessible on the front screen. Ward staff are encouraged to use the lesson as part of their safety brief. Where there is evidence that learning should be shared regionally, the Trust's RRG will consider and approve the learning letter prior to submission to the SPPG.

The Quality and Safety Team provides quarterly reports for Directorate Governance Groups. This includes information on serious adverse incidents, incidents, complaints, litigation, health and safety, NICE guidance, RQIA reviews and other quality and safety indicators for discussion by the groups.

A Quality and Safety Corporate Dashboard, which includes trends in relation to incidents, claims and complaints, is also considered by the Governance Committee quarterly. During the year, the information provided to Governance Committee has reflected the 'Quality Health Check' information provided to Teams and Directors and for Chief Executive Assurance meetings with Service Directors.

The Quality and Safety team completed roll out of the risk register and dashboards modules on the web based Risk Management IT system (Datixweb) to maximise potential for immediate access to reports on current risks and the registers they relate to.

Information Governance Records Management (Including the ‘Freedom of Information Act’ and the ‘UK General Data Protection Regulation’ (GDPR))

A systematic and planned approach to the governance of information is in place that ensures the organisation can maintain information in a manner that effectively services its needs and those of its stakeholders in line with appropriate legislation. The Trust has a corporate Information Governance Steering Group (IGSG), which reports to the Trust’s Corporate Governance Sub-committee, to monitor compliance of data protection legislation and the Trust’s UK GDPR corporate risk in line with the Trust’s governance assurance framework.

The Trust has delivered training to Information Asset Owners; increased information governance training across all staff and has begun installing a new intelligent file inventory tracking (IFIT) record tracking system into the SWAH. In respect of mandatory information governance training, the Trust has attained a compliance rate which equates to 75% of staff in the Trust (an increase of 7% on the previous year).

Freedom of Information (FOI)

The Trust complies with the requirement to process FOI requests within the legislative timeframe. This is monitored on a calendar year basis and the 2022 position is set out below:

FOI performance				
Year	Requests received	Compliance with 20 working day deadline	Missed deadline	Overall compliance
2022	482	237	245	49%

The Trust has seen an increase in the total number of FOI requests received. The Trust’s FOI performance against the statutory deadlines has had some responses delayed due to the need for relevant staff to prioritise patient and client-facing duties and the subsequent availability of the appropriate staff to respond to information requests. Whilst the ICO had recognised the unprecedented challenges that public authorities were faced with during this time, the Trust is now refocusing its efforts on improving response rates and overall compliance with FOI legislation.

Data Protection Subject Access Requests / Access to Health Records

The right of access under data protection legislation, commonly referred to as subject access request (SAR), gives individuals the right to obtain a copy of their own personal data. Under UK data protection legislation UK GDPR the timeframe for responding to most SARs is one month, however this can be extended by a further two months if the request is complex or the Trust has received a number of requests from the individual.

Similar processes are in place under the Access to Health Records (NI) Order (AHRO) which provides limited access to health records of the deceased.

Performance is monitored on a calendar year basis and the 2022 position is set out below:

SAR / AHRO performance (requests for patient/client records)					
Year	Total Requests received	Total processed within 30 days	Total processed between 30 and 90 days	Total exceeding 90 days to process	Overall compliance (% within 90 days)
2022	4,005	2,586	538	881	78%

The Trust’s Information Governance Department received a total of 4,005 requests for copies of patient/client records. This is an increase of 12% in requests received from the previous calendar year. The Trust continues in its efforts to meet the information rights of individuals and to respond to requests in a timely manner with most requests processed within the statutory timeframes.

Information Risk

The Trust has policies in place to ensure the secure handling of sensitive personal data and business sensitive information, as required by data protection legislation and records management requirements under Freedom of Information Act 2000. This applies to both manual and electronic information. As such, the Trust has controls in place to protect electronic information from risk and has a number of ICT controls and contractual arrangements with third parties (Contractual terms and conditions, Data Access Agreements, Data Sharing Agreements) which will mitigate against any threat or accidental loss or destruction of this information.

The Trust has a UK GDPR risk on the Corporate risk register and this is monitored within the Trust’s governance framework. The risk has been subject to a substantive review to ensure it is focused on mitigating or reducing any gaps in assurance. Updates and progress on the risk are recorded via the IGSG which reports into Corporate Governance Sub Committee which will escalate progress through to Trust Board. The IGSG also has standing agenda items to review and assess progress of audit recommendations and to respond to incident trends or learning from SAI Reviews.

Records Management

The management of information is a key priority for the Trust and there have been substantive measures taken to address the secure storage of records whilst additional record storage facilities are being scoped. In response to disposal embargos from public inquires, the Trust has a substantive number of records which are past retention and must be held as they are pertinent to the Inquiries. The Trust has secured these records off-site, to ensure their integrity and availability.

Serious Adverse Incidents (SAIs)

The Trust reported 67 SAIs to the SPPG which was a reduction of 10 from the previous year. 26.87% related to unexpected serious risks, 32.84% related to serious injury or unexpected/unexplained death, 35.82% related to incidents involving suicide, 1.49% related to incidents of serious self-harm or assault, 1.49% related to serious incidents of public interest and 1.49% related to an unexpected or significant threat to provide a service. All draft SAI reports are subject to quality assurance in the form of multi-disciplinary review at RRG. This forum also monitors the implementation of recommendations and reports on performance to the Governance Committee.

Trust managers have a responsibility to ensure that learning from SAIs occurring within their areas of responsibility is communicated and applied. This is monitored through the action plan for each SAI. The Trust, with direction from RRG, has been working to reduce the number of outstanding SAI reports although it continues to be a challenge due to the clinical commitments of investigation team members. There is ongoing monitoring at RRG, Directorate Governance groups and at corporate level on progress of overdue reports. A report on outstanding SAIs is provided to Trust Governance Committee along with a briefing from RRG on progress and assurance each quarter.

The Trust accepts that its patients and clients have a right to expect openness in the delivery of their health and social care. The Trust is committed to providing candour in relation to SAIs and is working with the DoH and partners to progress the Inquiry into Hyponatraemia Related Deaths (IHRD) recommendations to help achieve this.

The Trust's Being Open policy and regional SAI procedures requires that when an SAI has been reported, the patient/client/family should be engaged with at the earliest opportunity. The SPPG on behalf of the DoH monitor Trust compliance with the family engagement checklist twice yearly. The RRG also monitors compliance with engagement requirements monthly.

Training on the SAI process is provided as a section of the incident reporting training to all staff. Online training has been developed in-year in response to the challenges of COVID-19 and is available monthly with extra sessions on demand. On-line SAI specific training sessions are also provided on an ad-hoc basis. Training on carrying out SAI reviews continues to be provided by external providers with over 160 staff trained since 2017. Detailed guidance in the form of a Chairs pack has been updated in year and is provided to all Chairs on beginning an SAI review.

Regional learning from SAIs, including Safety Quality Alerts issued from the SPPG and PHA, is disseminated and monitored by the Quality and Safety Team. These learning letters are recorded on a database and a lead officer is identified to co-ordinate implementation of any actions. The Trust provides assurance to the SPPG/PHA regarding implementation. The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. The Trust also publishes a 'Lesson of the week' to ensure learning is shared in an immediate and accessible

format on the Trust Intranet. The Trust also generates regional learning through SAI reviews and from other sources through the regional learning template. RRG raised two learning templates for sharing regionally to SPPG/PHA.

Significant progress has been made to complete and submit SAI reports. Work is continuing to improve further with additional resources recruited to support SAI Chairs. The Trust is actively engaged with an external SAI review provider to ensure we are supported in progressing the longest overdue SAI reviews.

The Trust Morbidity and Mortality (M&M) Outcome review Group, a sub-group of Clinical and Social Governance sub-committee and chaired by the Associate Medical Director on behalf of the Medical Director continues to work to ensure the systematic and continuous review of patient outcomes across the Trust, including M&M and monitors progress. Any relevant SAI reports are also considered at M&M meetings and learning from M&M reviews are shared through RRG for onward sharing Trust wide as appropriate.

Fraud and Suspected Fraud

The Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. The Trust's Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, defines staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. The designated Fraud Liaison Officer of the Trust promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel in relation to fraud reporting arrangements. All staff are invited to participate in fraud awareness training in support of the Fraud Policy and Fraud Response Plan. Fraud update reports are provided to the Audit and Risk Assurance Committee. The Trust has 18 suspected fraud cases being investigated at the 31 March 2023.

Public Stakeholder Involvement

The involvement of service users, carers, the public and staff remains a high priority in all levels and programmes of work across the Trust. The Trust has incorporated the new regional outcomes framework monitoring tool to ensure involvement activity across all our programmes of work, is recorded and reported within our governance structures and to the public health agency. The Trust has continued to progress the objectives of our Integrated Involvement Plan which has created closer working practices across Quality Improvement, Patient Client Experiences, Personal and Public Involvement and Human Resources.

The Improvement through Involvement Committee provides assurance to the Trust Board on the effectiveness of the Trust's arrangements for involvement and learning from experience. The Committee receives reports including a baseline mapping exercise and reporting dashboard that highlights involvement activity and initiatives across the organisation.

The Trust has embarked on a public consultation which is on the temporary withdrawal of Emergency General Surgery in South West Acute Hospital.

The Trust continues to engage with patients, service users and carers, local community/voluntary representatives and statutory partners, to develop our network of consultees. The Trust has now created a consultation list of over 2400 people to support our involvement and engagement initiatives.

Assurance

The Board Assurance Framework which was developed in accordance with the DoH guidance 'An Assurance Framework: a Practical Guide for Boards of DoH Arm's Length Bodies', is updated on a quarterly basis and submitted to Governance Committee for approval.

The Trust Integrated Governance and Assurance Framework document sets out the Trust vision and values aligned to the Corporate plan and HSC accountability arrangements. It notes the development of ICS and how organisational structures may change to meet the needs of an evolving model of care delivery within a partnership approach. The document also sets out the Trust Corporate Management arrangements and organisational chart and explains the Trust risk management and assurance process referencing regional and national guidance. The document also sets out the Trust organisational arrangements related to the assurance framework and explains the roles of Committees, Sub-Committees, Directorate groups and other reporting groups in providing assurance to the Board. The Governance Assurance Framework organisational chart demonstrates the levels of assurance provided by the various Committees. It includes Directorate governance and the process for approving and reviewing the corporate risk register and assurance framework. Accountabilities and responsibilities for Trust governance and assurance arrangements is included along with employee responsibilities. The document also notes the monitoring requirements of the framework. The narrative is reviewed annually to reflect organisational and regional changes to governance arrangements so that the document can remain live and up to date.

Newly formed groups in the period include the Policy Group and the Standards, Audit and Quality Improvement Group (SAQI) which have been added to the assurance framework in 2022/23. The Complaints Forum has been re-instated into the assurance Framework, with the first meeting scheduled for April 2023.

The Non-Executive Directors bring a broad range of experience and skills from their previous professional and business backgrounds. They have had significant exposure to the Trust's business and have a sound knowledge of the services the Trust provides. They draw on this experience and knowledge in assessing the reasonableness and integrity of the information that is shared with them as Board members. The Non-

Executive members also rely on the results of independent reviews carried out such as those by Internal Audit and RQIA.

The Trust has a PFI contract relating to the SWAH. A six monthly assurance report is produced which is presented routinely to the Corporate Governance Sub-Committee, with escalated issues reported at the next Governance Committee. An update on SWAH PFI assurance was last provided as part of the Corporate Governance Sub-Committee briefing at the Governance Committee on 15 March 2023.

A key source of assurance is the reports from Internal Audit from the audit plan which is based on key risks and systems within the organisation. Internal Audit completed an assurance mapping exercise and provided a briefing note on the assessment to the Trust. This was tabled at CMT where it was agreed to initiate a review on how best the process / templates can be utilised, further developed and populated in the Trust’s developing approach to its assurance framework. This work is ongoing, and is to be completed in 2023/24 and will include full integration of the 3 lines of assurance model within all corporate risks.

In addition to the assurance framework, the Governance Committee receives quarterly governance reports from Directors highlighting key risks, performance and planned actions.

Self-assessment against Assurance Standards

The Trust utilises a self-assessment process against the assurance standards. Any significant control divergences, together with an outline of action plans in place to address these divergences have been identified. The outcome of the process for this year is summarised in the table below:

Area	Trust Level of Compliance
Buildings, land, plant and non-medical equipment	Substantive
Decontamination of medical devices	Substantive
Emergency Planning	Substantive
Environmental Cleanliness	Substantive
Environmental Management	Substantive
Fire Safety	Substantive
Fleet and Transport Management	Substantive
Food Hygiene	Fully
Human Resources	Substantive
Infection Control	Substantive
Information Communication Technology	Substantive

Area	Trust Level of Compliance
Management of Purchasing and Supply	Substantive
Medical Devices and Equipment Management	Non-compliant
Medicines Management	Substantive
Information Management	Substantive
Research Governance	Substantive
Security Management	Fully
Waste Management	Substantive

Budget Position and Authority

The Northern Ireland Budget Act 2023 was passed by Parliament and received Royal Assent on 8 February 2023 which authorised the cash and use of resources for all departments and other bodies for the full 2022/23 year, and also included a Vote on Account for the early months of the 2023/24 financial year. This will be followed by a further Budget Bill which the Secretary of State will bring to Parliament in due course, following the 2023/24 Northern Ireland Budget which he set in his Written Ministerial Statement on 27 April 2023.

The Written Ministerial Statement has enabled the Department of Health to issue opening allocations for 2023/24 which will enable essential services to continue. However, despite plans to deliver significant efficiencies, the budget allocation provided has resulted in a significant funding gap. The Department of Health and its Arm's Length Bodies are currently working on the development of further savings measures to bridge the gap. However, it is clear that, if the Department of Health does not receive significant additional funding, the implementation of high impact savings will be required, with adverse consequences for an already highly pressurised health and social care system which would be very damaging for service delivery.

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources;

Internal Audit

The Trust utilises an internal control function which operates to defined standards and whose work is informed by an analysis of the risks to which the Trust is exposed. The annual internal audit plan is based on this analysis. During the year, Internal Audit reviewed the systems as outlined in the table below. The Trust actively implements the recommendations contained in these reports within agreed timescales and is monitored against the implementation of the recommendations by Internal Audit.

Reports Issued	Assurance Provided
Finance Audits	
Payments to Staff	Limited
Non Pay Expenditure	Satisfactory
Cash Management in Cash Offices	Satisfactory
Client Monies and Cash and Valuables Handling in Social Services Setting	Satisfactory
Management of Client Monies in Independent Sector Homes	Satisfactory – Management of client monies in 8 of 10 homes visited Limited – Management of client monies in 2 of 10 homes visited
Management of PFI Contract	Satisfactory
Patients Private Property – Acute, AMHD and Central Finance	Satisfactory – Patients' private property in sampled acute and adult mental health & learning disability wards Limited – Management of patients private property accounts
Management of Private Patients & Change of Status Patients	Satisfactory – Management of private patients Limited – Management of change of status patients
Co-Operation and Working Together (CAWT)	Satisfactory – Financial and governance arrangements Limited – Recruitment processes
Corporate Risk Based Audits	
Patient Flow - Diagnostics	Limited
Management of Medical Locums	Limited
Mental Capacity Act (MCA)	Limited
Management of Medical Devices	Limited
Governance Audits	
Risk Management	Satisfactory
Board Effectiveness	Satisfactory
ICT Audit (regional audit)	Satisfactory – Vulnerability management Limited – Engagement and training for cyber security awareness
Absence Management	Limited
Recruitment	Limited
Claims Management (regional audit)	Satisfactory

In its annual report, the Head of Internal Audit has provided satisfactory assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. The Head of Internal Audit, in forming the overall annual opinion, took into account the outcome of the year end follow up on the implementation of previous Internal Audit recommendations, the outcome of BSO financial / recruitment shared service audits and the outcome of recent previous audit assignments in the context of the 3-year internal audit plan.

Although overall Satisfactory assurance has been provided, it is important to note that Limited assurance has been provided in a considerable proportion of audit areas during the current financial year. The weaknesses that were identified which gave rise to the limited assurance in a number of audit areas were:

- Payments to Staff – Limited assurance was provided on the basis the Trust has not fully aligned staff contracts to their provision of 24/7 service within laboratories.
- Management of Client Monies in Independent Sector Homes – Limited assurance was provided due to the inability to fully reconcile all withdrawals from 2 residents bank accounts in 2 of the 10 homes visited.
- Patients Private Property – Acute, AMHD and Finance – Limited assurance was provided on the basis that the patient property balance reports do not provide a useful control to ensure that patient account balances for wards, residential and nursing homes and adult supported living facilities are being appropriately managed and controlled.
- Management of Private Patients & Change of Status Patients – Limited assurance was provided on the basis that there are not sufficient controls in place to ensure that change of status patients are appropriately identified, approved and monitored to provide assurance that these patients are placed on the appropriate place on the HSC waiting lists.
- Co-Operation and Working Together (CAWT) – Limited assurance was provided in relation to CAWT recruitment processes, given that the implementation of the recommendations associated with the significant recruitment findings in the 2020/21 audit report are ongoing and planned process improvements are not yet operational.
- Patient Flow – Diagnostics – Limited assurance was provided on the basis that there are no turnaround targets set or reported covering all stages of a samples journey. There is also no formal audit trail in place to monitor the time from when samples physically arrive in labs to when the samples are subject to Patient Identifiable Demographic (PID).
- Management of Medical Locums – Limited assurance was provided on the basis that controls in relation to the requisitioning, sourcing, pre-employment checks and invoice approval are not operating effectively.
- MCA – Limited assurance was provided on the basis that for the sample tested, significant delays in processing MCA applications were identified and staff were not following due process by not completing all forms as required.
- Management of Medical Devices – Limited assurance was provided on the basis that systems in place to record medical devices and manage the delivery of servicing and maintenance are not adequate.
- ICT Audit (regional audit)– Limited assurance was provided on the basis that the mechanisms for providing ICT awareness are not delivering high enough uptake of training by staff.
- Absence Management – Limited assurance was provided on the basis that staff absences are not consistently processed fully in line with Trust policy.
- Recruitment – Limited assurance was provided on the basis that there are significant weaknesses in relation to recruitment processes.

BSO Shared Services Audits

A number of audits were conducted in BSO Shared Services, as part of the BSO Internal Audit Plan. The recommendations in these shared services audit reports are

the responsibility of BSO management to take forward and the reports were presented to BSO Governance and Audit Committees. Given that the Trust is a customer of BSO Shared Services, the final reports were shared with the Trust and a summary of the reports have been provided to the Trust’s Audit and Risk Assurance Committee. A summary of audits completed during the year is as follows:

Shared Service Audit	Assurance
Payroll Service Centre	Satisfactory – Elementary Payroll Process. Limited – SAP / HMRC RTI Reconciliation, Historic Sickness Absence, Net & Historic Overpayments Backlog, and Agenda for Change 13.9 and 14.4
Recruitment Shared Services Centre (RSSC)	Limited – HSC Recruitment Processes.
Accounts Payable Shared Service	Satisfactory
Business Services Team	Satisfactory

External Audit

The Report to those Charged with Governance in relation to the audit of the 2021/22 accounts was issued to the Trust on 7 September 2022. There were 3 recommendations (1 priority 1, 1 priority 2 and 1 priority 3). The Audit and Risk Assurance Committee oversees the implementation of these recommendations.

Business Services Organisation (BSO)

The Chief Executive of the BSO provides assurance regarding a range of services provided to the Trust. The Trust is currently awaiting the BSO report for 2022/23.

Regulation and Quality Improvement Authority (RQIA)

RQIA provide independent assurance to the Trust on the extent to which the services provided by the Trust, or those commissioned from third party providers, comply with applicable legislation and quality standards.

Arrangements for the implementation of accepted recommendations made by RQIA and other external review bodies are in place within the Trust. Progress on implementing recommendations from external reviews is monitored by Directorate Governance Committees and by the Quality and Standards Sub-Committee of the Governance Committee which is chaired by the Executive Director of Social Work.

The Governance Manager within Quality and Safety oversees the themes presented within the RQIA Quality Improvement Plans, and shares opportunities for support with relevant colleagues. The themes and learning opportunities are reported through to the Quality and Standards Sub-Committee. There is a draft Terms of Reference within the approval process in relation to the establishment of a ‘Dissemination of Learning Group’ in response to feedback received from RQIA in February 2023. This is proposed to

oversee learning themes, trends and dissemination and implementation of learning to relevant areas of the Western Trust, in order to provide assurance of same.

In response to the RQIA Improvement Notice issued to Lakeview Hospital on 3 March 2022, a formalised RQIA Improvement Notice process has been developed and approved on 13 February 2023 by the Audit and Risk Committee. This has now been adopted into the Western Trusts Assurance Framework.

The RQIA Review of the implementation of recommendations to prevent choking incidents across Northern Ireland commenced on 19 May 2022. There has been on-going work regionally in relation to this. The Trust has submitted a response to SPPG on 16 March 2023 in relation to this review with a proposed review date of May 2023.

The RQIA Review of Maternity Services in Northern Ireland commenced on 14 September 2022. RQIA have issued a draft report in relation to their findings.

Fire Enforcement

The Trust has not received any Fire Enforcement Notices during this year.

Other Assurance Sources

The Trust also receives independent assurance from the following additional sources:

- **Health and Safety Executive for Northern Ireland** on the extent to which the Trust is compliant with health and safety standards and legislation.
- **Northern Ireland Fire and Rescue Service** on the extent to which the arrangements in place in the Trust's facilities comply with applicable fire regulations.
- **Medicines and Healthcare Regulatory Authority** on the systems and processes in place to ensure standards are maintained in the manufacture storage and use of medicines and to monitor compliance of the systems for quality management and haemovigilance within the blood bank.
- **The Northern Ireland Adverse Incident Centre (NIAIC)** works closely with MHRA and helps provide assurance on appropriate actions and learning following incidents reported to NIAIC involving medical devices, non-medical equipment, plant and buildings used within the healthcare environment across Northern Ireland.
- **Clinical Pathology Accreditation (UK)** on the extent to which systems within the laboratory meet nationally agreed standards.
- **ARSAC (Nuclear Medicine Licences)** are licences held by the Radiation Protection Supervisor for Nuclear medicine and Medical Physics. The licences are valid for five years from the date of issue or earlier in the event that the scope of practice changes and are renewed annually and are subject to external inspection by DoH.
- **Hospital Sterilisation Decontamination Unit (HSDU) Surveillance Assessment Reports** are an Independent assessment of the quality of service provided by HSDU.
- **Comparative Health Knowledge System (CHKS)** in relation to ISO 9001 Certification that the Radiotherapy quality management system is being

maintained to an appropriate standard and Oncology Service Accreditation demonstrating that the Radiotherapy service is fit for purpose and adhering to recognised best practice.

- **General Medical Council** in relation to Appraisal & Revalidation. The GMC has accepted all the revalidation recommendations submitted by the responsible officer of the Trust, which is the Medical Director. The Trust Medical Director continues to meet with the GMC Employer Liaison Adviser on a quarterly basis to discuss local and regulatory developments, plans and issues of professional concern.
- **Network & Information Systems (NIS) Regulations** in relation to addressing the threats posed to network and information systems.

Review of the Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Western Health and Social Care Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their Report to those Charged with Governance and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Assurance Committee and the Governance Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

Throughout the year, the Board of the Western Health and Social Care Trust has been briefed on control issues by the Chairs of the Audit and Risk Assurance Committee and the Governance Committee. Within the context of the Audit and Risk Assurance Committee, the work of the Internal Audit and External Audit functions was fundamental to providing assurance on the on-going effectiveness of the system of internal financial control. In addition, the controls assurance standards and the annual self-assessment against the standards provided an important assurance to the Governance Committee.

Significant Internal Control Issues – update on previously reported issues that are now closed at 31 March 2023.

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department, the conditions and requirements set out in the MSFM, other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

1. CT Angiogram - Lookback review

The Trust previously reported that a patient presented with chest pain and had a CT angiogram in June 2020 which was reported as mild disease. The patient subsequently presented with chest pain and had angiography performed in May 2021 which showed severe cardiac disease requiring bypass surgery. A review of this case prompted a further review of 6 CT angiograms performed by the locum doctor. The Trust undertook a formal Lookback review, of the scans performed by the doctor. A Serious Adverse Incident identified and analysed any service or care delivery issues to ensure lessons were learnt and to reduce recurrence and propose recommendations on how learning should be implemented. This exercise has now been completed with the final report shared with CMT and Trust Board. The Trust considers this matter closed.

2. Early Medical Abortion (EMA) Service

The Trust previously reported that the Abortion Regulations (Northern Ireland) 2020 came into force on 31 March 2020 which allows registered medical professionals to terminate pregnancies lawfully on Health and Social Care premises. The Abortion Services Directions 2021 came into force on 23 July 2021. The Directions required the Department of Health to have commissioned abortion services in place by 31 March 2022. Other Trusts across the region were running additional clinics to cater for demand from the Trust whilst its EMA service was being established. The EMA service has commenced in October 2022. The Trust considers this matter closed.

3. HRPTS / HCL Axon

The Trust previously reported that a managed service is provided for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. This service was provided from servers hosted at data centres owned by a sub-contractor of the managed service supplier. This sub-contractor went into administration on 25 March 2022. By email on 1 April 2022, the supplier providing the managed service informed BSO of the administration and that the sub-contractor would continue to trade as normal while the Administrators were exploring options for the company's future. Contingency arrangements were invoked and meetings took place with the Minister, Permanent Secretary, Trade Unions and all stakeholders were informed of the situation. The company was subsequently bought by another provider and continues to operate. The Trust considers this matter closed.

4. Care Home, Limavady – Adult Safeguarding Investigation

The Trust previously reported that it had received a written statement from a member of staff working in an independently owned care home highlighting concerns about the standard of care in the home. In addition, the Trust received a number of Adult Safeguarding referrals. A series of strategy meetings were convened to decide if this would be treated as an institutional abuse investigation. The home was part of a group of care homes and care managers were conducting on-going enquiries regarding other care homes that are owned by this group.

The home has been subject of a Strategic Management Group (SMG) process under Adult Safeguarding and Protection Procedures since March 2022 in response to the number of safeguarding referrals that met the threshold for protection procedures and investigation under the Joint Protocol Trust/PSNI investigation process. There has been significant intervention by the Trust in collaboration with Northern Trust colleagues. Intervention has included ongoing investigations, unannounced visits, and engagement with residents, their families and with staff in the home. The home have worked with the Trust appropriately and proactively and it would seem that the ongoing investigations relate to two specific members of staff at two distinct times and are not related to the culture of the home or the organisation. Through unannounced and announced visits coupled with normal care management processes Trust staff are assured that the care being received is of good quality. A further SMG meeting was held on the 8 August 2022 where it was agreed that the investigation had made significant progress and received enough assurance to stand down the SMG and revert to 'normal business' i.e. ongoing protection investigations and care management procedures. The Trust considers this matter closed.

5. Multi-Channel Sleep Study - Lookback Review

The Trust previously reported having instigated a Lookback review following a concern over the accuracy of some of these studies to diagnose sleep apnoea. The Trust followed the Lookback process to identify all patients who required a review. An action plan was agreed and weekly accountability meetings took place to consider all findings and follow up actions required. The review was completed on 176 studies with a combination of outcomes including changed diagnosis, the requirement for repeat tests, no change to the original report and changed diagnosis. This piece of work is now complete and the final report has been shared with Trust Board. The Trust considers this matter closed.

6. Women and Children's Services - CAMHS Staffing Pressures/Shortages

The Trust has previously reported on the risks associated with workforce gaps in relation to Child and Adolescent Mental Health Services (CAMHS). The service have recruited to a number of posts within CAMHS and this no longer remains a pressure. The Trust considers this matter closed.

7. Infection Prevention and Control

The Trust has maintained a risk assessed approach to Infection Prevention and Control (IPC) standards monitoring for both Trust and the Independent Sector. Regional funding for senior IPC support to the COVID-19 response for Independent Nursing Homes ceased at the end of March 2022 however staff continued to support the Independent Sector. Monitoring of arrangements through governance structures remain and the current IPC staffing challenges is managed through the risk register process. The Trust considers this matter closed.

8. Trust Breakeven Position

The Trust has achieved a break-even position in 2022/23. This is as a consequence of the completion of the Trust financial Recovery programme during 2022/23 including cash savings, regional funding and management of pressures. The Trust now considers this outstanding internal control divergence to be closed.

9. Pacemaker – Field Safety Notice

The Trust received a Field Safety Notice (FSN) as part of a regional communication indicating potential device malfunction which might affect specific subset numbers of assurity and endurity pacemakers. Malfunction identified were loss of pacing, reduced battery longevity, devices reverting to back up mode, and/or loss of telemetry/communication.

As a result the Trust undertook a review of pacemakers with the relevant serial numbers outlined in the FSN and identified a total 13 patients who required urgent pacemaker box changes and these are now complete. A further 8 patients required a period of additional monitoring which completed in October. These 8 patients remain on a routine list for box change and will be monitored in line with business as usual arrangements. The Trust considers this matter closed.

10. Information Breaches

For the period 31 March 2022 to 1 April 2023 the Trust reported three data security incidents to the Information Commissioner's Office (ICO). Two incidents related to mishandling of information, whilst the third related to access to an electronic system. In all three incidents, the ICO has concluded the Trust had taken the appropriate actions and that no further action was necessary. The Trust has recorded one significant event audit in connection to an information governance incident, for the potential learning and procedure changes for the safe transfer of internal deliveries, to and from Trust premises. The Trust considers this matter closed.

11. Alcohol Related Brain Disease

The Physical Disability service are significantly challenged by referrals for individuals who have an alcohol-related brain disease and often present as delayed discharges in the acute hospital setting. They are not commissioned to meet the needs of these individuals who present as highly complex and often with behavioural challenges. The Trust continues to raise this issue at regional meetings and with commissioning

colleagues in SPPG and the impact from these referrals is kept under review in line with normal business. The Trust considers this matter closed.

Significant Internal Control Issues – update on previously reported issues that are not yet closed – as at 31 March 2023.

1. Staffing Pressures

All Directorates have been managing extreme staffing pressure/shortages for a sustained period of time due to unfilled vacancies, recruitment difficulties and increased absences due to sick leave.

This pressure had been experienced by nursing, medical, allied health professionals and social work staff in particular. Directorates have had to rely heavily on agency & locum cover to provide safe care for patients. Staffing shortages have created significant risk to the sustainability of services, financial stability (due to reliance on agency and locum – including off contract agency), and quality and safety. The Trust had previously reported risks associated with workforce challenges within Acute Hospital Services.

This divergence covers a range of services across a range of Trust health and social care settings including:

Hospital

- Emergency Departments
- Radiology
- Cellular Pathology
- Clinical Microbiology
- Northwest Cancer Centre (NWCC)
- Ophthalmology
- Neurology
- Cardiology
- Maternity & Gynaecology
- AHP
- Paediatric Ophthalmology
- Care of Older People's wards

Community

- Lakeview Learning Disability
- Family and Childcare frontline social work teams
- Dementia
- Specialist Palliative Care
- Psychiatry
- Older People's Mental Health Service

Workforce stabilisation continues to be a high priority for the Trust and also during the ongoing Industrial Action. Work continues to carefully manage services during periods of Industrial Action to ensure that patient and client quality and safety is not impacted. A Workforce Stabilisation Steering Group has been established which reports to the Trust Delivering Value Board. This Group provides oversight and direction to support three work streams:

1. Agency Reduction Programme
2. Medical Workforce Stabilisation
3. Workforce Stabilisation and Retention

A monitoring and reporting framework is under development to support Directorates and a series of actions both at regional and Trust level are in place to address issues including use of high cost agency, services which have high reliance on the requirement for agency staff, local recruitment and retention issues, sickness absence levels, international recruitment and any other factors which can help to stabilise the workforce.

Directorates continue to take a risk-based approach to the management of services to mitigate the risk for patient and client quality and safety including securing access or resources from other Trusts in the region where possible.

Specific updates on previously reported divergences include:

Restriction of Neurology

The Trust previously reported on the challenges with insufficient Neurology Consultant cover for Trust patients. This issue has arisen as a result of withdrawal of outreach Neurology Consultant services by Belfast Trust and this was further impacted by an unplanned absence of a consultant in the Trust. There are 72 young people with Epilepsy awaiting transfer to adult neurology from the paediatricians. These young people have had an introductory meeting with the adult epilepsy nurse but will remain under the paediatricians until they have their appointment with the adult neurologist. This risk is being further exacerbated as the consultant with a specialist interest in Epilepsy in SWAH is on long term sick and the consultant with a Specialist interest in Epilepsy in Altnagelvin has retired in April 2023, however, is returning part time in late June 2023 to fill this gap. The young people remain on the review waiting list for paediatrics, and can contact the paediatric epilepsy nurse if there is an immediate need for advice.

Learning Disabled Clients - regional hospital bed provision/community infrastructure

The Trust previously reported and continues to experience significant pressures with regard to recruiting and maintaining a suitable and stable workforce to meet the needs of the learning disability population, and to challenges with the availability of a robust community infrastructure with adequate workforce, to support those services users with the more complex behavioural and health related presentations to live fulfilled lives in the community. Particular workforce pressures continue to be experienced with the required availability of suitably qualified nursing registrants for Lakeview inpatient facility. An early alert was raised with the DoH in October 2022 and updated in January 2023 and described the major nursing and nursing assistant staffing deficits at

Lakeview Hospital. The resignation on 30 April 2023 by the only consultant psychiatrist working in Adult Learning Disability Services has added to the fragility of the provision of in-patient service at Lakeview hospital. The Trust is working with DoH and SPPG to develop plans to sustain services to the Learning Disability population in Lakeview Hospital and across the community. In January 2023, the Department of Health's Top Management Group (TMG) approved the draft Strategic Plan for Learning Disability. The plan seeks to address the growing pressures across learning disability services for children and adults, and to provide a focus for future strategic planning and regional commissioning. It will provide a finalised service model for adult learning disability services and a fully costed implementation plan.

Family & Childcare Services - Staffing Pressures/Shortages

Front line childcare services have been facing high vacancy rates at social work level with an inability to recruit to posts due to the extremely limited workforce availability. Work is ongoing with HR colleagues and regional colleagues to address this. The Trust continues to engage in the 'Regional Social Work Strategy'. The strategy is currently under review. The Trust have recently engaged in a child care services review focusing on the staffing and the associated challenges. In an attempt to mitigate the impact of the vacancy level, additional supporting roles have been recruited to assist the social workers within the team and other teams across all services in family & childcare have been providing additional support to higher risk teams. Services are continuing to report unallocated cases and a delay in progression of children's care plans. There is also a delay in the completion of initial assessments and pathway assessments for children and families who require a family support service.

Approved Social Worker (ASW) Pressures

The ASW workforce is currently at a deficit on a Trust-wide basis. The ASW service continues to meet service demands and its functions, however, it is very challenging as there has been increasing demand for acute inpatient beds which is impacting on available capacity for patients requiring an admission for assessment under the Mental Health (NI) Order 1986, which presents significant challenges for ASW's and Adult Mental Health. The increased demand for assessments has required, at times the implementation of a Trust wide ASW contingency response to support the demand. It has also been necessary to use agency staff. The service is further impacted by RESWS not being able to meet current demand out of hours and have been unable at times to accept referrals or take over from day time ASW service. Those referrals not accepted during the out of hours period poses a risk to patient care and impacts on the day time ASW service capacity. A cross directorate workshop has been held to review and consider options for the future ASW service model with DoH and commissioner engagement. Regional ASW workshops were held in relation to the challenges across the region. The Trust has commenced an independent review of the ASW service and contingency plans due to delays with RESWS response.

Challenges in recruiting Psychiatrists

The Psychiatry workforce remains at a critical level and has deteriorated further due to sickness absence and a resignation. There is an ongoing lack of senior locum support and there are continued substantive vacancies across all specialities and geographical areas. This perpetuates risks relating to patient safety and service continuity. The service continues to robustly explore recruitment opportunities. An early alert was raised with the DoH in January 2023 and updated in February 2023 in respect of the planned and subsequent resignation on 30 April 2023 by the only consultant psychiatrist working in Adult Learning Disability Services and this will add to the fragility of the provision of in-patient service at Lakeview hospital. Efforts remain ongoing, including with the engagement of the DoH, SPPG and the other Trusts to secure adequate psychiatry cover that extends across the Trust as well as the required service in Lakeview Hospital.

Consultant cover – Cardiology

The Trust previously reported that due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a six person on call rota has been depleted by 50% leading to potential gaps in the rota. Locum cover has provided relief, however, it was recognised that this is a somewhat unstable arrangement. Whilst there have been appointments made over the last few months, staffing remains fragile. The directorate has established a service team to review the cardiology service with a view to agreeing a work plan. This work plan will provide direction to support stabilisation of the service and, will have oversight from CMT Strategic Change Board. The Trust is engaging with SPPG on this issue.

Maternity and Gynaecology

The Trust previously reported that Maternity Services remain critically understaffed and that Neonatal units were experiencing unprecedented pressure relating to staffing levels. There was a high level of locum medical staff usage to support paediatric and obstetrics and gynaecology services. Maternity services continues to report challenges in recruiting to vacancies. An additional number of midwifery students to commence training in 2023 has been approved. Continuity of care is being adopted in the region, however within the Trust this will be on an incremental basis and the Trust is commencing with a focus on antenatal care. A project Board was established to oversee a number of groups looking at recruitment, governance and training, review of incidents and data, service user involvement, staff development and well-being.

Dementia Services

The latest figures for dementia waits at the end of March 2023 indicate that 1,037 patients are waiting on dementia assessment – 870 of these are breaching the 9 week access target, with the longest waiter at 2 years. The memory service in the Southern Sector remains stood down due to the ongoing medical staffing crisis. Only patients deemed urgent and at risk are prioritised, assessed and diagnosed. The Northern Sector memory assessment service is working at 50% capacity due to medical and

nursing shortages. The wait from referral to diagnosis in the Northern Sector is 19 months and over 3 years in the Southern Sector.

AHPs

The number of patients waiting more than 13 weeks from referral to commencement of treatment by an Allied Health Professional (AHP) remains high. This continues to be impacted by staff absences, unfilled vacancies and recruitment challenges across AHP services, with particular challenges in Speech & Language Therapy and Occupational Therapy. Recruitment continues however there remains challenges in securing staff for these posts.

Specialist Palliative Care Services

Specialist Palliative Care Services has 3.70wte medical staff in post resulting in a vacancy factor of almost 38%. Three of the current medical staff have indicated their intention to either retire or to reduce their contracted hours over the next eight months. This will reduce the staff in post to 1.50wte, increasing the vacancy factor to 75%. 50% of the time of one of the consultants is within the Foyle Hospice, leaving 1.00wte which will be unable to maintain the service within the Trust. This will present considerable risks to palliative care patients and will result in significantly reduced medical cover across Altnagelvin, SWAH, OHPCC and support for palliative patients being cared for in their own home. The palliative care on call rota will become unsustainable.

There is currently a contract in place with Western Urgent Care (WUC) to provide out of hours, weekend and bank holiday medical support to the palliative care ward. WUC are currently unable to fulfil their contracted commitment to provide out of hour's medical cover to the 8 inpatients in OHPCC beds. This has resulted in patients being transferred to SWAH to wait in ED for extended hours.

Recruitment attempts to secure permanent appointments have been entirely without any applications for the Palliative Care consultant posts, both local and international recruitment. The Trust has developed its own plan for a Clinical Fellowship programme that will train our own speciality doctors to be able to progress to consultant level. 2 posts are currently advertised, however, this is a 4 year programme.

Meetings have been held with WUC and the South West Federation to help secure the out of hour's service. Further to this, engagement is planned with interested GPs with appropriate experience who are interested in assisting with medical input to the 8 inpatient beds. The situation has been brought to the attention of the Trust at a senior level, with local focus on potential solutions, however regional intervention may be required.

Older People's Mental Health Service

The lack of Medical and Nursing input into Older Person's Mental Health Services has led to an increased risk of delay in diagnosis of dementia and the ability to treat patients effectively in the community. The pandemic had a significant impact on waiting times to

be seen by a consultant for memory feedback and staff absence levels also rose significantly during this period. There has also been a historic challenge in recruiting old age psychiatrist to the southern sector of the Trust. In addition, one consultant resigned from their post in the Northern Sector in May 2022.

The Older People's Mental Health Team is presently working through a three phase Trust-wide action plan in an attempt to resolve these challenges. The team has been successful in obtaining funding for a 3rd consultant in the southern sector and once this post has been approved by the Royal College of Psychiatrists for advertising, the team will run a bespoke advertising campaign for 5 consultant posts and two speciality doctor positions. The Assistant Director for OPMH presently attends the Medical Workforce Stabilisation working group and OPMH will be a priority for 2023/24.

Nurse recruitment is ongoing and the Band 6 nursing workforce in the Southern sector has been extended in an attempt to mitigate against the long memory waits. A bespoke nursing recruitment programme will also be developed during 2023/24. The team is hopeful that the action plan implementation process and recruitment drives will start to resolve the present challenges by March 2024.

Consultant and Nurse Endoscopist cover – Endoscopy

The Endoscopy service is delivered by gastroenterologists, colorectal surgeons and nurse endoscopists providing diagnostics and therapeutic interventions. There are vacancies within the gastroenterologist and the consultant's surgeon's workforce. The inability to recruit and retain consultants has had a direct impact on the ability to deliver the endoscopy service and budget agreement. There are 3.0 WTE consultant vacancies. To provide an element of the service, two locum GI consultants are in post however they are not trained to deliver endoscopy procedures. Recruitment of surgeons and GI consultants is ongoing but it has proved challenging to recruit in these posts in the last few years.

Omagh Hospital is one of the two regional endoscopy centers. It is currently delivering 10 funded sessions. Recurrent funding was received from SPPG to deliver a combined total of 20 sessions in Omagh Hospital. This investment will see the delivery of 10 additional regional endoscopy sessions per week delivering 3,000 additional patients per annum. The Trust has also been allocated further funding for a nurse endoscopist and a consultant gastroenterologist. The SPPG and the Trust have agreed to use this funding to recruit additional endoscopists both medical and nursing. A total recurrent allocation of £2.572m was received effective from 1 April 2023. It is hoped that the investment in this centre of excellence in Omagh will promote recruitment and retention of staff.

Three consultant gastroenterologist posts will be advertised, pending approval by the royal college not later than the 15 July 2023. The three GI posts include the new funding received through the regional Omagh hospital project. The Trust is also engaged on ongoing recruitment of consultant surgeons who also provide endoscopy sessions,

these posts have been offered to 2 candidates, however they have accepted fellowships overseas and are not due to commence their positions until 2024.

Nurse endoscopist are integral part of endoscopy services. There are currently vacancies reducing the staff from a funded establishment of 7.18 WTE to a staff in post of 4.38 WTE. A further temporary reduction in capacity (1.0 WTE) is due to commence maternity leave in June 2023, this may be difficult to backfill due to the specialist skillset required. The service is currently recruiting nurses to train as nurse endoscopists. This would not provide capacity in the short-term as it takes 2 years to complete the training.

The service is also utilising capacity from Independent sector providers. Capacity from the regional elective centre in Lagan Valley Hospital has been utilised from the 22 May 2023. However, the majority of patients from the northwest are refusing to travel to Lagan Valley, this has been escalated to SPPG. Red flag waiting lists are beyond expected time scales and cancer performance targets are not being met.

2. Direct Payments and Domiciliary Care

The Trust continues to experience significant increases in referrals to provide assessed care needs by either a direct payment or by a traditional domiciliary care service and the associated financial implications. There have been sustained efforts to improve patient flow in our hospitals in relation to domiciliary care. However, this has resulted in a worsening position in our community domiciliary care waiting list.

3. Child Care Services

The Trust previously reported on the challenges in Child Care Services, particularly the high number of Children in Need, the high number of children on the Child Protection Register and the challenges facing childcare services at the front door and this feeds pressure further into the system.

The demands within Corporate Parenting, and in particular the high number of Looked After Children entering the system continues to be a pressure. As part of the Delivering Value approach specific projects have been undertaken to understand and respond to the increasing numbers of Looked After Children. The focus of these projects is on pathway progress with enhanced support for those children who can return home or to their wider family of origin safely.

4. Unregulated Placements for Young People

The Trust previously reported on the challenges with unregulated placements for young people. This has been further compounded by the influx of separated and unaccompanied asylum seeking children.

The large increase of Separated Unaccompanied Asylum Seeking Children (S/UASC) coming into NI and the introduction of the subsequent regional rota has resulted in further placement pressure and an increased number of young people being accommodated within unregulated placements. A regional exercise has indicated that

the Trust could potentially have to accommodate 81 S/UASC by March 2025. The lack of suitable accommodation has, and will, impact on both unaccompanied young people and our indigenous population who are unable to access suitable regulated accommodation / placements due to lack of capacity and options within the Trust and community.

An options paper is being developed to support strategic planning for the management of risks and to identify suitable regulated accommodation options within the Trust's property portfolio, however this will be subject to availability of funding. Until resolved, unregulated placements will continue to be closely monitored and reported to SPPG by senior managers given the significant safeguarding risks in this area.

5. Elective Care Performance and Increased Waiting Times

The Trust continues to experience a significant gap between demand and capacity for Elective Care Services, resulting in lengthening waiting times. The Trust received an allocation of £17.3 million for waiting list initiatives to target red flag, urgent and time critical patients, however despite this investment lengthy waiting times continue. The Trust continues to make every effort to deliver against the Service Delivery Plan targets set by SPPG.

6. Report on Inquiry into Hyponatremia related deaths

The Trust previously reported on the challenges faced with the report on the inquiry into Hyponatremia-related deaths (January 2018). A scoping exercise, led by the IHRD (Inquiry into Hyponatraemia Related Deaths) programme manager has been completed which involved reviewing the recommendations and identifying those which can be considered actioned and those that require further work.

The DoH confirmed that 63 of the 120 actions arising out of the 96 recommendations in the IHRD report have been fully actioned. Whilst there has been progress, it has no doubt been impeded by COVID-19. A new Programme Management Structure, with the Department's Permanent Secretary as the SRO has been put in place to drive forward the work needed to complete implementation of all the recommendations. Within the Trust a Project Board remains in place to oversee the internal programmes of work taking place.

7. Mental Capacity Act (MCA)

The Trust previously reported challenges in meeting its statutory obligations under the Mental Capacity Act (NI) 2016 which came into effect on 2 December 2019. There has been more availability of suitably trained personnel to take forward the various roles related to the Mental Capacity Act. Focused effort has been maintained on progressing the required authorisations on Legacy Cases in respect of Day Care and people in their own homes and compliance was achieved by 31 March 2023.

General pressures continue to present for all teams affecting the ability of staff to prioritise MCA related work. There has been ongoing contact with staff-side colleagues

regarding localised solutions to presenting challenges. A myriad of pressures in the acute hospitals have had a negative impact on the progress of required MCA related activity in those areas. An operations group has been established to focus specifically on short term detention authorisations with input from the MCA Team. Progress has been made with an increase in identification of patients requiring short term detention authorisations, however challenges remain and an improvement plan is in place.

8. Estate Risks

The age, condition and nature of the estate continues to pose potential risks that are exacerbated by limited capital investment in major renewal and replacement projects. The estimated investment required to address immediate backlog maintenance liabilities is £272m, based on an independent survey completed in 2021/22 and updated in 2022/23. During 2022/23, continued significant pressures were also experienced on the revenue servicing and maintenance budgets, thus increasing potential risks to the safety of medical equipment, deterioration of the environmental condition of the Estate and also increased backlog maintenance deficits.

The Trust previously reported on the adherence to the PEL for leases. The Trust has implemented and is working within the revised policy PEL (11/01) in relation to leased accommodation. This has been implemented for all new leases and the Trust is continuing to work through existing leases that are “holding over” to ensure full compliance. Although the Trust has not been fully compliant as per the requirements of HSC(F)30/2022 the Trust are taking steps to correct this. The Trust endeavours to implement & maintain robust asset management systems and processes to ensure that critical lease / licence dates are effectively managed and proformas are submitted to the DoH in compliance with the policy including timeframes. The Trust report on PEL compliance in its annual Property Asset Management Plan, which was submitted to Trust Board and DoH for approval. In addition, the Trust has implemented the revised Departmental lease guidance issued in January 2023.

9. Lakeview in-patient assessment and treatment Hospital – RQIA inspection

The Trust previously reported that RQIA undertook a full unannounced inspection at Lakeview In-Patient Assessment and Treatment Hospital between 16 and 18 August 2021 with a follow up inspection in January 2022 which resulted in the Trust receiving two improvement notices from RQIA on 11 March 2022.

A comprehensive Improvement Plan continues to be actioned, the positive impact of which was noted in the Unannounced Inspection in October 2022. The Trust were deemed to have achieved compliance with the Quality Improvement Plan arising from the January 2022 Inspection and the Improvement Notices were reissued in an amended form to take account of the demonstrable improvements, with compliance to be achieved by 30 April 2023. RQIA have visited the Trust in May 2023 and await further communication to advise if all outstanding recommendations have been addressed satisfactorily.

10. Extreme Pressures across Northern Ireland's Emergency Care Network

The Trust previously reported that hospital systems continue to experience pressure due to managing increased numbers of attendees with complex care needs alongside COVID-19 pathways. Ensuring there is capacity to maintain clinically urgent cases along with red flag surgery adds to the complexity in the system where there are considerable IPC requirements and constraints. Pressures continue within unscheduled care, particularly within EDs with high number of patients awaiting for admission and long waits for patients to be seen. The full capacity protocol and non-designated protocols have now been approved and utilised to assist in de-escalating EDs at times of extreme pressure. Both hospital sites are utilising escalation beds and often using non-designated areas. This initially had a positive impact on de-escalating EDs and improving flow through the hospitals, however, diminished due to the need to extend activation period.

EDs have increasingly been experiencing challenges in managing patients awaiting assessment and/or subsequent transfer and admission to an in-patient mental health facility. Many of these patients have been attempting to self-harm within the department. A multi-agency group has developed a management plan regarding a cohort of patients who frequently attend the EDs and whose behaviour is challenging for staff to manage. This has been kept under active review. These patients continue to experience long waits in EDs following assessment. There has been improved collaboration across the ED and mental health services with a procedure in place for deploying mental health staff to support ED staff. The Trust is working with an independent consultant on the development of recommendations which can address some of the issues. These are being formalised into a plan which will be implemented by the newly formed Trust Unscheduled Care Board.

11. NISTAR

The Trust previously reported that the inability of Northern Ireland Specialist Transport and Retrieval Service (NISTAR) to facilitate adult and paediatric inter-hospital transfers has created a reliance on Trust anaesthetic and/or paediatric staff to take the role which has created a delay in critical care and providing sub-optimal services. NISTAR staffing remains challenged and the Trust have continued to engage with NISTAR and NIAS on incidents relating to delayed transfers. Delayed transfers require the patient to remain for longer periods in ICU or theatres. Training of our own Trust staff continues to ensure that we have a workforce that can undertake critical transfers as and when required.

12. Continuous Positive Airway Pressure (CPAP) Philips Alert

The Trust previously reported that a regional working group had been convened to work through issues associated with a CPAP Philips Alert relating to unstable material in fluctuating temperatures. This issue is still ongoing. Philips supply of machines for their swap and repair programme continues, similar to other Trusts in the region. Existing arrangements with an alternative company for the supply of CPAP machines for all new diagnosed patients is ongoing while awaiting full resolution of the Philips issue. This specific type of equipment will be subject to tender in 2023/24.

13. Child and Adolescent Mental Health (CAMHS) In-Patient Beds And Children's Disability Services Capacity and Short break Respite Provision

The Trust previously reported that it has suspended short break respite in the northern sector to accommodate the placement of a young person with severe complex behaviours and that there was also challenges to the provision of short break respite in the southern sector due to a number of beds being used to support young people awaiting long term placements. Demand for services continues with increasing referrals to the social work team which has resulted in an increased caseload and is impacting on the waiting lists. Reduced short break provision pressure remains in the northern sector due to staffing issues and recruitment of further staffing is ongoing. Short break services are currently paused in the southern sector due to the medium/long term placement of 3 children whilst seeking alternative suitable accommodation. The Trust also previously reported that the regional CAMHS in-patient facility Beechcroft is at full capacity and that it was impacting on community CAMHS staff. Pressures relating to bed availability within Beechcroft remains challenging and demand continues to outstrip capacity resulting in continued pressure on community CAMHS.

Children's Disability Services continue to experience demand for specialist therapeutic services. At 31 March 2023 there were 28 clients awaiting Psychiatry assessment and 239 awaiting Psychology assessment. At 31 March 2023 there were 113 unallocated social work cases. This wait for social work intervention and support will be addressed through an on-going review of caseloads and a remodelling and restructuring of Community Social Work Services in early 2023/24.

14. Older People Mental Health Service - Serious Adverse Incidents

The Trust previously reported that the Older People's Mental Health Service had two serious in-patient incidents during 2021/22 and agreed as SAIs by the Trust's Rapid Review Group. One investigation and report has been concluded with a number of key learning points and recommendations identified and the second report is pending completion.

15. Compliance with Department of Health Prompt Payment

The Trust previously reported that the prompt payment target continues to be challenging and had failed to meet the requirements of payment of at least 95% of all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods/services, whichever is the later. The compliance rate for the current year was impacted by a regional system outage for 11 days in August during which the Trust invoked business continuity arrangements to make appropriate off line payments to suppliers, however prompt payment performance across all suppliers was negatively impacted. A range of activities have been implemented and targeted support was given to managers in areas of low compliance and the Trust is continuing to improve against this target despite the challenges. The Trust's level of compliance with this target is 92.8% by value and 85.8% by volume at 31 March 2023.

16. ENT Head & Neck – Lookback review

The Trust previously reported that as part of the Trusts reset programme the ENT service undertook an extensive validation exercise of their inpatient and outpatient waiting lists which identified unexpected anomalies in patient assignment and waiting list management. A Lookback review was initiated in October 2021 and an SAI was reported in November 2021. All patients identified have had appropriate treatment completed. Prior to the introduction of FSSA categorisation during the COVID-19 pandemic all patients were added to the surgical waiting list as red flag, urgent or routine. There was no distinction between the urgent patients with indeterminate investigations findings requiring diagnostic surgery and the urgent patients requiring surgery for benign indications. Actions were identified specific to prevention of recurrence. The SAI process, under an Independent Chair, is now progressing to the final phase with a view to the production of a final report for same. The final report will be submitted to Trust Board.

17. Cardiology – Lookback review

The Trust previously reported that clinical concerns were raised about the decision making and clinical outcomes of a cardiologist. As a result seven cases were reviewed. The initial review concluded that in three cases clinical care was not of the standard deemed acceptable. These cases were reported as SAI's and a Lookback review was initiated in January 2022. The lookback review identified nine further patients which have now all been reviewed with appropriate assessment and treatment progressing. A final report has been completed and will be submitted to Trust Board.

18. Care Home, Enniskillen – Adult Safeguarding Investigation

The Trust previously reported that a number of incidents had occurred in this independently owned care home with a similar pattern relating to skin care and pain management. The home had a number of safeguarding referrals and as a result the home was subject of an ongoing improvement plan. In response to safeguarding concerns there was a number of unannounced visits to the home to assure Trust staff of the safety of residents, some residents were also reviewed by District Nursing where consent could be sought, communication and safeguarding workshops were also completed with staff. The Trust was made aware of allegations on 12 January 2023. The allegations relate to physical abuse, verbal abuse and inhumane and degrading treatment and have been made by a former staff member. The matter is being investigated by the Adult Safeguarding & Protection Team and the PSNI.

Significant Internal Control Issues arising during 2022/23 – at 31 March 2023

1. OMFS – Head and Neck

There is a temporary cessation to complex head and neck surgery in Altnagelvin due to sickness absence of a substantive surgeon. Subsequent to the initiation of an early

alert on 6 December 2022, there has been a retirement notification received for one of the Head and Neck OMFS Consultants. Patients are currently being transferred for their care to South Eastern HSC Trust. From April 2023, as a reciprocal arrangement, the Trust will manage a proportion of the South Eastern HSC Trust OMFS Trauma demand. Discussions are ongoing with SPPG.

2. Dromore/Trillick GP Practice

From 1 July 2022, the Trust has been managing the contract for the Dromore and Trillick GP Practice. This arrangement has been made under the Alternate Provider of Medical Services (APMS) contract. The SPPG continues to contract with the locum GPs employed in the practice and the Trust has taken on responsibility for management of the GP rota. There continues to be the regular cohort of GPs in place which means continuity of care is being provided to the patient. All GPs are very content with processes and management arrangements in place. SPPG has asked the Trust to continue to manage the practice until 30 September 2023.

After the Trust took over operational responsibility for the practice, a number of significant risks relating to the safe operation of the practice had been identified. In excess of 2,500 clinical correspondence documents relating to the period from 1 July 2022 have been reviewed and attached to the patient record. The report to date has concluded that no patient has come to serious harm as a result of the backlog.

The Trust had identified a risk associated with the reauthorisation of medication relating to a number of patients in the practice and Trust pharmacy staff are reviewing these patients. A number of these patients have also been booked in to the practice for repeat bloods. It is planned that this work will be completed by the first quarter of 2023. The practice has put in place an online repeat prescription service and has placed a mailbox at the front of the surgery for receiving repeat prescriptions.

In January 2023, a social worker took up post in the practice and is working closely with the GPs on a daily basis. The Trust has also appointed a pharmacist who has taken post on 1 April 2023 and will strengthen medication governance in the practice.

3. Adult Learning Disability Independent Sector Supported Living – Staff pressures

The Trust are aware of considerable workforce pressures across the Independent sector that are impacting on service delivery. A number of providers have made approaches to the Trust regarding staffing pressures as well as making requests for increased funding to support recruitment and retention efforts. These matters have been brought to the attention of the regional Learning Disability Assistant Director Forum to ascertain potential for a regional response. All relevant financial uplifts have been applied but the reality remains that the workforce is fragile.

4. MH pressures: Over-occupancy and impact on Emergency Departments

Since the end of the first COVID-19 lockdown, all mental health services have experienced an increase in demand and acuity. The Trust is currently commissioned for 56 beds, however in this year we have seen a steady increase in risk and acuity of patients leading to a higher demand of acute admission beds with escalation spaces now being occupied as a norm and capacity reaching 120% across both sectors.

There is continued direct impact on both quality of care delivered and the staffing levels required to care for additional patients. The service continues to work collaboratively across the Trust and region to ensure timely access to the appropriate bed. Other issues that have impacted on the availability of acute admission beds is the lack of low secure services across the region leading to patients remaining inappropriately placed within our services whilst we try to explore appropriate placements which could lead to ECRs to England.

There is a shortage of stepdown facilities for some patients whose risk or complex needs means that they cannot be placed within current available services leading to delayed discharges. These constraints result in the service needing to develop highly bespoke, and high cost, placements within the community to facilitate discharge and appropriately support their assessed needs and recovery. Ongoing work continues with multi-disciplinary teams to avail of appropriate placements.

Pressures for some patients awaiting admission to a mental health inpatient bed have increased in this past year. The waits can occur in a person's own home, with family and home treatment support but more usually patients await admission in the ED. This creates additional risks beyond the delay in each patient reaching a therapeutic mental health environment, and we endeavour to mitigate this by making staff available to support patients impacted by prolonged waits or for 3 + patients waiting at any one time. This has a significant impact on patient experience, as for the duration of their ED wait, they do not have access to facilities to meet their personal needs such as a shower, and often may have to wait on a chair for several days. This contingency in itself is limited by the availability of support staff, we currently have a review under way to review our entire on-call provision including bed managers, approved social workers and flexible provision of support staff to the emergency departments. Our crisis response home treatment teams and mental health liaison services provide expert assessment and advice throughout these periods, in consultation with senior psychiatrists.

5. General Surgery – Lookback review

Following the departure of a locum consultant surgeon in the Northern Sector of the Trust, a review highlighted concerns in relation to administrative processes including outstanding results and GP communications, a colorectal review list allocated to the surgeon on commencement of employment from a surgeon who had previously left the Trust dating back to 2014 and outside their clinically indicated time for review and the cohort of patients to now be reviewed by the remaining substantive consultant team.

The Trust has undertaken a review of the cases and all review patients have now attended and or have been reviewed by Trust General Surgeons with no adverse findings reported. The Trust is now progressing to the closure of this Look Back exercise, and a final report is currently being completed for submission to both CMT and Trust Board. The Directorate has developed guidance for clinical teams to ensure a consistent approach is in place to manage administration when a consultant leaves or is on sick leave. A learning has been shared across the Directorate and also by the Medical Director through internal processes.

6. Compliance with Statutory Requirement regarding Statementing Process

The Trust receives requests from the Education Authority (EA) for reports to assist with children's statementing process (for those with special educational needs). There is a statutory requirement that the Trust returns the information to the EA within 6 weeks. Due to a significant increase in the number of referrals and current staff vacancies this timeframe of 6 weeks is becoming increasingly challenging and in some cases, statementing is being completed without medical and social work advice for children who are previously unknown to the service. A number of actions have been implemented including valid exemption requests being submitted where appropriate; training and support provided regularly to ensure understanding of the statutory obligation; standardisation of pathways and reporting mechanisms. Despite these actions, the Trust continues to breach the statutory 6 week target. A QI project has been undertaken with the social work teams and this should result in improved compliance in 2023/24.

7. Continence Services

The Trust is providing adult continence services in different service pathways. There is a waiting list of women requiring pessaries/review of pessary. Following the retirement of a staff member, these patients will now transfer to the gynaecology service creating a further pressure. It is appropriate that these women are seen and treated by gynaecology staff but there is no capacity. The women on the waiting list for review are overdue and there is the risk of infection or other complications when a pessary is not reviewed in a timely manner. Additional pessary clinics are currently being funded on a non-recurring basis through elective care WLI funding. The service leads will continue to engage with commissioners to escalate the discussion around the pressures on women's health services and are training additional nurses within the Gynae team to take on the replacement and care of pessaries.

8. Blood Stock Levels – regional

Northern Ireland Blood Transfusion Service (NIBTS) aims to hold over 5 days' stock of all blood groups. In the last few months it has struggled to maintain above 3 days of O-, O+ and A+ consistently. By contrast, hospital blood banks are consistently holding in excess of 5 days' stock of these groups. Whilst NIBTS currently don't anticipate that stocks across the system will be sufficiently low to impact hospital activity in the immediate short term, if the system continues with its current level of demand, it may not be in a position to meet all requests for red cells. This is due to a significant reduction

in donor availability across NI as well as donor and staff availability across the UK system that provides mutual aid when a blood service has low stock. Therefore, whilst the system as a whole is relatively stable, NIBTS' ability to respond quickly to a major incident and/or mass casualty event is significantly limited when stock is dispersed through the system. In order to stabilise the system, NIBTS have requested that the Trust assist with the following:

1. Encourage blood bank staff, supported by transfusion committees, to hold no more than 5 days' stock of O-, O+ and A+ based on the past 12 months' activity
2. Follow the guidance issued by NIBTS and NITC regarding the appropriate use of O- red cells (O- to be reserved for children and females of child bearing age in emergency situations; all others receive O+ until cross-matched units available)
3. Ask Trust communications teams to encourage staff and those in our communities to donate blood when sessions are in their area.

The Trust is continuing to support the actions recommended.

9. Acute Surgical Consultant On-Call Rota at the South West Acute Hospital

The sustainability and continuing safe operation of the General Surgery Service in SWAH was identified as a key risk for the Trust since October 2021. That risk had been centred on the Trust's ability to have a sufficient number of general surgeons, who could provide the required standard and continuity of care for our patients. This risk was highlighted again by our clinical teams as part of the Minister's Regional Review of General Surgery. The early alert remains open and an update has been provided w/c 1 May 2023. The Regional Review formally introduced standards which hospitals would be required to meet to continue providing emergency and planned (elective) surgery and set expectations for Trusts in the delivery of General Surgery into the future. The evidence base for this included guidance from the Royal Colleges, Association of Surgeons of Great Britain and Ireland, other expert organisations, and regulatory bodies. SWAH is one of three hospitals in Northern Ireland that require fundamental changes to meet the standards and have significant gaps in two areas detailed below.

- Workforce - The emergency general surgery rota must be of a sufficient size and be sustainable with access to sufficient training opportunities.
- Clinical Dependencies - The services that must be in place 24/7 to support the delivery of a safe and efficient emergency general surgery service for patients and optimise outcomes i.e. Interventional Radiology, Bleeding Rota, Renal Medicine & Endocrinology.

The Trust did initiate a project in September 2021 in order to work towards a sustainable emergency general surgery service. This was in response to challenges to the delivery of a safe and sustainable general surgery service, and to address the particular challenges in maintaining 24/7 rotas to meet professionally mandated standards of care detailed above. It was expected at the conclusion of the Trust review, the Trust would

proceed to consult on a planned change to the provision of Emergency General Surgery across the Trust area.

This position changed at the beginning of October 2022 when the Trust experienced a number of critical staffing changes, which meant that the 24/7 rota for Emergency General Surgery at SWAH could not be sustained after 18 December 2022. This resulted in an unplanned and temporary change to Emergency General Surgery services at the South West Acute Hospital. During this temporary suspension, pathways were established to manage patients within the Southern Sector of the Trust who require emergency surgical assessment and treatment. These pathways included collaboratively working with the Northern Ireland Ambulance Service (NIAS), Southern Health and Social Care Trust and Northern Ireland Trauma Network.

In order to ensure pathways were appropriate, the Trust commenced its temporary change two weeks in advance of the rota becoming non-compliant, on 5 December 2022. This allowed testing of pathways in a safe environment and, during this period no changes were made. Furthermore, since the temporary change, we have made no amendments to the pathways.

In planning for the change, the Trust estimated, based on regional dashboard information, that approximately 5 patients per day could be affected by the temporary suspension of Emergency General Surgery at SWAH. The figures to date would indicate that the total number of patients admitted to Altnagelvin with a surgical presentation between 5 December 2022 and 31 March 2023, who may have previously been admitted to a surgical ward at SWAH, would equate to 2.4 patients per day. Also, information to date has not indicated a significant impact on Craigavon Hospital with regards to either ambulance arrivals or admissions. This has been confirmed by colleagues from Southern Health and Social Care Trust.

The Trust continues to have safety huddles twice weekly with representation from clinicians across both Northern and Southern sectors as well as senior managers. Project team meetings continue bi-monthly as well as project board meetings monthly, chaired by the CEO. We also report the data on a monthly basis to SPPG and, as part of demand management, the Trust meet NIAS monthly to review and discuss the impact of the change on their service.

The Trust launched a 12 week public consultation on 17 January 2023, which is a requirement within the Department of Health circular on “Change or Withdrawal of Services”, and which was confirmed by SPPG. During the consultation process the Trust provided considerable opportunity for local communities to engage on the temporary change, and 9 public events were held, 7 of which were face to face, and spread across the council geography, some of which were highly charged. The consultation is now closed and the Trust is preparing its report, which is expected to be presented to its Board in Summer 2023.

As a result of the Trust temporarily withdrawing Emergency General Surgery Services at SWAH, some staff in Obs & Gynae raised concerns about the safety of services within Maternity and Gynae. As a result there was a lot of public unease and staff concern. The Trust submitted an early alert to the DoH, as there were a number of doctors advising of potential resignation and the Trust was concerned for the ability to safely staff the rota. Currently there are 4 consultants on a 6 person rota and we have locums filling the gaps whilst we continue to recruit to the vacancies. The Trust are in discussions with the Southern Trust looking at the possibility of recruiting joint posts between the 2 Trusts.

10. Paediatric Orthopaedic Outreach Service

The paediatric orthopaedic surgical service is an outpatient only service and is provided as an outreach service by surgeons from Belfast HSC Trust since 2011. All inpatient and day case surgery is carried out in Belfast HSC Trust.

In recent years clinical provision has been reduced to 30 days (60 clinic sessions each year) when one of three consultants stopped his clinics at Altnagelvin. Of the remaining outreach capacity there were scheduled monthly joint clinics with the community paediatrician and orthoptist, for children with neuro-disability. Consultants provide support for the nurse led baby hip screening, assessment and treatment service. To make up the shortfall in consultant capacity nurse specialists in baby hip clinics have extended their role to cover approximately 6 days of activity each year.

There was a further resignation in the Belfast HSC Trust in August 2022 with no subsequent plan in place to cover clinics post 5 October 2022 which as a consequence resulted in a service provision gap. This further reduction in the outreach service has been escalated to SPPG with discussions ongoing at this time.

11. Cyber Security

The risks associated with cyber threats remain high, however the ICT Department continues to maintain robust cyber security through its continued focus on technical security measures, governance and compliance, in line with the Regional Cyber Security Programme Board. The Network & Information Systems Regulation (NIS) Cyber Assessment Framework (CAF) Stage 1 return was completed in January 2023 and a programme of work has been identified and will be agreed for the early months of 2023/24 and across the financial year, in particular to review and test business continuity plans for preparedness to respond to a cyber-incident. A local focus on the challenging area of Cyber Awareness Training uptake is also planned to ensure continual progress in this area. The Trust is continuing to review its corporate risk to take account of these developments.

12. Trust Regional Inpatient Complex Detox Unit - Reduced Consultant Input

The Trust regional inpatient complex detox unit Asha in Omagh was under extreme pressure from October 2022 due to reduced consultant input due to sick leave. Since the beginning of the leave period the locum consultant in the community Alcohol and Drugs Team has provided cover with assistance from the senior trainee. For this reason

a difficult decision was made to reduce our bed numbers from 8 to 4 beds to accommodate the limited capacity available from our community consultant. The consultant has returned to work in May 2023 and the Trust is in the process of incrementally increasing the beds open from 4 to 8. There are currently 5 beds open and it is anticipated 8 beds will be open in June 2023. The Trust will keep this under review.

13. Inability to recruit Foster Carers

The Trust along with regional colleagues are struggling to recruit foster carers to meet the demand for placements. This issue is compounded by the increasingly challenging complexity of children requiring foster care placements. These include children already in our system that we are trying to identify a long term placement for and children entering our system for the first time. The Trust is challenged to place all ages of children from babies, teenagers and children with a disability. The Trust completed a restructuring of the fostering service in recent years and part of this was to develop a standalone team to recruit foster carers. This team focuses on recruitment, assessment and retention of foster carers. This team is involved in numerous recruitment events on a monthly basis both within the Trust and as part of the regional fostering and adoption service.

The Trust are in the midst of an intensive focused campaign to recruit carers in this area and are holding fostering events in 4 areas throughout the Trust. The Trust will continue with the campaign and will need to consider other options if it is not successful.

14. Information Governance and Contract GDPR Compliance

The Trust is not in compliance with Data Protection Legislation in regard to the requirement for social care contracts to have specific UK GDPR compliance clauses when the Trust is sharing data, some of which is classified as sensitive. This is being progressed as a key priority within the Trust and is developing an information sharing agreement tailored to individual contracts which will be issued and signed by all contract providers during 2023/24.

15. Medical Devices

A survey of medical devices was conducted by Estates staff across the Altnagelvin site from November 2021 to April 2022 to confirm the accuracy of the Backtraq system which holds details of all medical devices held by the Trust. This exercise concluded that 3,822 (49%) of the 7,800 assets listed could not be located. These results were discussed at the Medical Device Working Group and also escalated to the Clinical Governance & Social Care Group and Governance Committee.

In addition, Internal Audit carried out an audit on the Management of Medical Devices during the year. Limited assurance was provided on the basis that systems in place to record medical devices and manage the delivery of servicing and maintenance are not being complied with. This is believed to be a consequence of the disruption that was experienced in our Acute Hospitals during the 2-3 years of the covid-19 pandemic.

The audit report identified that the inventory of medical devices was not up-to-date and the management of medical devices at departmental level was not compliant with the Trust Policy for the management of medical devices.

An action plan to verify and quantify the issue and to address the audit recommendations has been developed and progress will be monitored by the Medical Device Working Group in 2023/24.

16. Regional Shared Services - Recruitment

On 1 October 2022, the BSO Recruitment Shared Services Centre (RSSC) introduced a new system, Amiquis, designed to streamline the management and approval of pre-employment checks and stood down the previous system. However there were major difficulties with the implementation of the Amiquis system, coupled with resourcing challenges and a change in senior leadership within RSSC. These factors combined to create a significant disruption in the progression of pre-employment checks which was particularly acute during the period 1 October 2022 to 31 March 2023 however the underlying problem is not yet fully resolved. During this time there were also a significant number of pre-employment checks outstanding from the pre 1 October arrangements which needed to be addressed. These delays in the completion of pre-employment checks, led to exceptionally extended time to fill posts, with accumulating vacancies having the potential to impact safe service delivery. In particular this created challenges for high volume entry level roles such as support services and nursing assistants posts, roles which are critical to operational needs. At this time the candidate experience was also extremely poor and there was evidence that candidates were withdrawing from recruitment processes, and a consequent reputational risk to the Trust.

To seek to resolve the issues RSSC engaged with Trusts with a view to collaboratively implementing an interim solution while systems implementation and resourcing issues were being addressed. In the early weeks daily meetings were held between Human Resources Assistant Directors, HR service leads and RSSC, defining the difficulties, highlighting operational impacts and addressing the need for clear and meaningful information from RSSC.

The Trust contracted with Health Sector talent for the delivery of a temporary recruitment platform – Healthdaq. This was primarily to address the high volume entry level positions and to develop a resourcing pipeline. The Trust's in-house recruitment team continues to support recruitment across services utilising this platform.

At this time, the RSSC service has improved and RSSC report that pre-employment checks are within normal parameters. However, four of the five acute Trusts have engaged with Healthdaq for varying short term contracts to assist with local recruitment and there is a body of work which has not returned to RSSC. Concerns about the capacity of RSSC remain and while the outcome of a review of the recruitment model

is awaited, confidence in RSSC ability to deliver a full and effective service is still limited. We continue to meet regularly and monitor performance.

17. Elective Provision / Rebuild

As a consequence of the COVID-19 pandemic waiting times for access to outpatient and elective surgery have extended beyond levels that are acceptable. As a consequence of the pandemic outpatient clinic numbers were limited to ensure that the IPC requirements for social distancing could be met and to allow prioritisation of 'red flag' and 'clinically urgent' patients.

Pre-pandemic theatres across the Trust and region had significant vacancies in theatre nursing. This issue was compounded further by nurses being redeployed to ICU during the COVID-19 pandemic to support critical care. This approach delayed completion of mandatory national confidential enquiry into patient outcome and death training for new theatre recruits and as a result has delayed theatre rebuild post pandemic.

The Trust has engaged proactively with IPC colleagues to implement updated guidance to facilitate increase in clinic numbers to pre-pandemic levels. We have also worked with estates colleagues to enhance ventilation requirements to support our ability to maximise capacity. In working towards the rebuild of outpatient services across the Trust, the outturn performance for 2022/2023 would indicate that the Trust has made significant progress in delivering the pre-pandemic outpatient activity. The Trust Elective Care Group continue to monitor outpatient performance and meet with SPPG on a regular basis to provide an assurance and/or mitigation on any variation on performance will always be subject to local influences.

Nursing staff who were previously redeployed to COVID-19 areas have now returned to their substantive positions which has allowed for increased capacity. The Trust has therefore established a theatre rebuild plan across all three secondary care sites i.e. Altnagelvin, Omagh and South West Acute Hospitals. As an enabling factor to the rebuild plan, theatre scheduling has now been re-focused to the implementation of the 6 – 4 – 2 Meridian scheduling principles. The Trust has also developed an App which directly imports data from the Theatre Management System (TMS). Theatre utilisation is a focus of the rebuild plan in the context of incrementally building to pre-pandemic levels and using these sessions efficiently. In terms of rebuild the Altnagelvin site is now operating at 78% of inpatient operating capacity with 100% of all day case sessions currently running on weekly basis. The rebuild trajectory would indicate an incremental rise by a further 7 inpatient lists in July 2023 with a further 7 inpatient in October 2023. This equates to the Trust being at 87% of pre-pandemic inpatient operating capacity.

With regards to Orthopaedics, the Trust will seek guidance at a regional orthopaedic workshop in June in relation to how capacity should be allocated across specialities, given the pressure in 31 and 62 day cancer pathways. The Trust continues to operate in excess of 100% capacity for day case orthopaedics.

The Trust has been in the planning and implementation stage for the development of the Regional Omagh Day Procedure Centre (DPC) and the SWAH Elective Overnight Stay Unit (EOSC). The regional developments are also subject to a rebuild trajectory with a view that Omagh will be at full capacity of all day case sessions i.e. 30 (23 core Trust and 7 Regional DPC sessions). SWAH EOSC is currently at 80% of regional capacity, delivering 4 out of 5 General Surgery/Paediatrics EOSC lists per week. SWAH currently has capacity to run 12 sessions per week out of funded 19.5 sessions which equates to 61% of regional and core activity combined. The rebuild trajectory would indicate that SWAH will increase to the funded position of 19.5 sessions (10 inpatient and 9.5 day case sessions) with an indicative date of August 2023 for inpatient sessions and December 2023 for day case sessions.

18. Financial Balance – Regional

The 2023/24 budget allocation for Health & Social Care effectively represents a flat cash budget and therefore makes no allowance for the increasing costs of running services and demographic growth. Despite regional planning to deliver significant savings, the DoH projected position remains in material deficit. Consequently, 2023/24 will inevitably involve significant financial pressures across Health and Social Care that will have an impact on the Trust's financial balance. The Trust will link closely with DoH and SPPG as they assess the implications of the budget allocation and has developed plans to support the delivery of savings.

19. Social Care Procurement

Under Public Contract Regulations 2015, Trusts are required to procure health and social care services. In order to minimise the risk of non-compliance, all HSC bodies have extended Centre of Procurement Expertise to provide cover for social and healthcare services using the light touch regime. This is being taken forward via a formally constituted project Board called Regional Social Care Procurement Board, reporting to Regional Procurement Board. During 2022/23, the Regional Social Care Procurement Board was reconstituted and tasked with reviewing the current social care procurement plan. The current social care procurement plan aims to have all Trusts compliant with the PCR 2015 by 2028/29.

The Trust has made progress in developing its tender documentation for the re-tendering of its Domiciliary Care service and is also progressing a tender for Family Support Time out Service. Progress on a regional basis is being made across a number of social care areas. The Trust remains committed to supporting the work required regionally to work towards compliance.

Conclusion

The Western Health and Social Care Trust has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI).

Further to considering the accountability framework within the Trust, as detailed above, and in conjunction with assurances given to me by the Head of Internal Audit, I am

content that the Western Health and Social Care Trust has operated a sound system of internal governance during the period 1 April 2022 to 31 March 2023.

Signed



Neil Guckian
Chief Executive and Accounting Officer

22 June 2023

Date

REMUNERATION AND STAFF REPORT

Remuneration Report

Fees and allowances payable to the Chairman and other Non-Executive Directors are as prescribed by the Department of Health (DoH).

The remuneration and other terms and conditions of Senior Executives are determined by the DoH and implemented through the Remuneration and Terms of Service Committee. Its membership includes:

- Mr S Pollock, Chairman
- Prof H McKenna, Non-Executive Director
- Dr J McPeake, Non-Executive Director
- Mrs R Laird, Non-Executive Director

The recommendations of the Remuneration and Terms of Service Committee are ratified by a meeting of all the Non-Executive Directors. The Terms of Reference of the Committee are based on Circular HSS (PDD) 8/94 Section B.

For the purposes of this report, the pay policy refers to Senior Executives and is based on the guidance issued by the DoH on job evaluation, grades, and rate for the job, pay progression, pay ranges and contracts.

The contracts for Senior Executives are permanent and provide for three months' notice. There is no provision for termination payments other than the normal statutory entitlements and terms and conditions requirements.

The Remuneration Committee meets to assess the performance of Senior Executives. Its recommendations on performance are made to a meeting of Trust Board for approval. Senior Executives absent themselves for this item on the Trust Board agenda.

Senior Management Remuneration (This section has been subject to audit)

<u>Non-Executive Directors</u>		Salary	Bonus / Performance Pay	Benefits in kind (rounded to nearest £100)	Pension Benefits	TOTAL	Salary	Bonus / Performance Pay	Benefits in kind (rounded to nearest £100)	Pension Benefits	TOTAL
		2022/23 £'000s	2022/23 £'000s	2022/23 £	2022/23 £'000s	2022/2023 £'000s	2021/22 £'000s	2021/22 £'000s	2021/22 £	2021/22 £'000s	2021/22 £'000s
Mr S Pollock	Chairman	30-35	0	0	0	30-35	30-35	0	0	0	30-35
Dr J McPeake		5-10	0	0	0	5-10	5-10	0	0	0	5-10
Mr S Hegarty		5-10	0	0	0	5-10	5-10	0	0	0	5-10
Ms R Laird		5-10	0	0	0	5-10	5-10	0	0	0	5-10
Rev J McGaffin		5-10	0	0	0	5-10	5-10	0	0	0	5-10
Mr H McKenna		5-10	0	0	0	5-10	5-10	0	0	0	5-10
Mr J Campbell	Left 31/12/2021	0	0	0	0	0	5-10	0	0	0	5-10
Dr C O'Mullan	Left 30/09/2021	0	0	0	0	0	0-5	0	0	0	0-5

Non-Executive Directors are not members of the HSC superannuation scheme.

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Trust were as follows: (This section has been subject to audit)

		Salary	Bonus / Performance Pay	Benefits in kind (rounded to nearest £100)	Pension Benefits ***	TOTAL	Salary	Bonus / Performance Pay	Benefits in kind (rounded to nearest £100)	Pension Benefits ***	TOTAL	Real Increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31st March 2022	CETV at 31st March 2023	Real increase in CETV
		2022/23 £'000s	2022/23 £'000s	2022/23 £	2022/23 £'000s	2022/2023 £'000s	2021/22 £'000s	2021/22 £'000s	2021/22 £	2021/22 £'000s	2021/22 £'000s	2022/23 £'000s	2022/23 £'000s	2021/22 £'000s	2022/23 £'000s	2022/23 £'000s
Executive Directors																
Mr N Guckian (from July 2021 – former Director of Finance and Contracting)	Chief Executive	125-130	0	0	18	145-150	100-105	0	0	75	175-180	0-2.5	45-50 plus lump sum of 85-90	855	919	8
Dr A Kilgallen (retired June 2021) **	Chief Executive	0	0	0	0	0	40-45 (see note 2)	0	0	3	45-50	0	0	0	0	0
Ms E McCauley (from November 2021)	Executive Director of Finance, Contracting & Capital Development	80-85	0	0	25	105-110	30-35 (see note 1)	0	0	0	30-35	0-2.5 plus lump sum of 0-2.5	20-25 plus lump sum of 45-50	356	401	6
Mr P Quigley (from July 2021 until October 2021)	Executive Director of Finance, Contracting & Capital Development	0	0	0	0	0	25-30 (see note 1)	0	0	0	25-30	0	0	0	0	0
Mrs D Keenan (from December 2021)	Interim Executive Director of Nursing & Director of Primary Care & Older People Services	80-85	0	0	46	130-135	25-30 (see note 1)	0	0	80	100-105	2.5-5 plus lump sum of 2.5-5	35-40 plus lump sum of 110-115	777	867	25
Dr B Brown** (retired January 2022)	Executive Director of Nursing & Director of Primary Care & Older People Services	0	0	0	0	0	85-90 (see note 3)	0	0	18	105-110	0	0	0	0	0
Dr C McDonnell** (retired June 2022)	Medical Director	40-45 (see note 8)	0	0	7	45-50	170-175	0	0	47	220-225	0-2.5	60-65 plus lump sum of 180-185	1480	1,524	4
Dr B Lavery (from June 2022)	Medical Director	140-145 (see note 9)	0	0	13	155-160	0	0	0	0	0	0-2.5	195-200 plus lump sum of 80-85	825	869	1
Mrs D Mahon ** (retired May 2022)	Executive Director of Social Work & Director of Women & Children's Service	20-25 (see note 1)	0	0	0	20-25	80-85	0	0	47	130-135	0	0	0	0	0
Mr T Cassidy (from May 2022, and previously from November 2020 until November 2021)	Executive Director of Social Work & Director of Women & Children's Service	75-80 (see note 1)	0	0	23	100-105	50-55 (see note 1)	0	0	8	55-60	0-2.5	40-45 plus lump sum of 120-125	959	1,037	18
Other Board Members																
Mrs G McKay *	Director of Acute Services	95-100	0	2,400	0	100-105	80-85	0	1,200	0	80-85	N/A	N/A	N/A	N/A	N/A
Mr M Gillespie (from November 2022)	Acting Director of Acute Services (from November 2022 until mid February 2023) and Interim Director of Planned Services (from mid February 2023)	20-25 (see note 6)	0	0	20	40-45	0	0	0	0	0	0.2.5	40-45	472	516	3

Mrs T Molloy	Director of Performance & Service Improvement	120-125	0	0	17	140-145	100-105	0	0	31	130-135	0-2.5	30-35 plus lump sum of 60-65	662	705	9
Mrs K Hargan	Director of Human Resources & Organisational Development	90-95	0	0	27	115-120	70-75 (see note 1)	0	0	38	110-115	0.2.5	25-30	336	381	15
Mrs A McConnell** (retired March 2020)	Director of Human Resources & Organisational Development	0	0	0	0	0	5-10	0	0	0	5-10	0	0	0	0	0
Mrs M Ward** (From March 2021 until May 2021)	Acting Director of Human Resources & Organisational Development	0	0	0	0	0	10-15 (see note 4)	0	0	0	10-15	0	0	0	0	0
Mrs K O'Brien	Director of Adult Mental Health and Disability Services	85-90	0	0	13	100-105	75-80	0	0	27	105-110	0-2.5	25-30 plus lump sum of 45-50	511	543	5
Dr L Brady (from September 2022)	Acting Director of Adult Mental Health and Disability Services	60-65 (see note 5)	0	0	21	85-90	0	0	0	0	0	0-2.5 plus lump sum of 0-2.5	35-40 plus lump sum of 70-75	591	648	0
Mr A Moore ** (retired September 2021)	Director of Strategic Capital Development	0	0	0	0	0	35-40 (see note 7)	0	0	1	35-40	0	0	0	0	0

- Note 1 Full year effect 80-85
Note 2 Full year effect 130-135
Note 3 Full year effect 95-100
Note 4 Full year effect 70-75
Note 5 Full year effect 125-130
Note 6 Full year effect 90-95
Note 7 Full year effect 75-80
Note 8 Full year effect 165-170
Note 9 Full year effect 190-195

* No longer in pension scheme

** Not a Trust employee as at 31 March 2023

*** The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation and any increase or decrease due to a transfer of pension rights.

General Note: The figures in the tables are inclusive of the pay arrears paid in relation to 2018/19 & 2019/20. The payment of arrears to former directors who were not in post during 2021/22 & 2022/23 are excluded from the table above. An accrual has been made in the financial statements to reflect monies that may become due for pay awards for the three years up to 31 March 2023. These are not included in the senior employee remuneration tables.

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement, when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

Pension contributions deducted from individual employees are dependent upon the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

Benefits in kind are recorded in the period in which they are earned on an accruals basis.

Fair Pay Disclosures (This section has been subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce, excluding the highest paid director. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The agency staff have not been taken into account in the average, median, 25th percentile or 75th percentile salary figures quoted in the table below. In 2022/23, the highest paid Director was the Medical Director and 32 other employees received remuneration in excess of the highest paid Director. These would fall into the category of medical staff whose earnings would have additional allowances for their specialised roles and whose earnings can vary from year to year.

	2022/2023	2021/2022
Band of Highest Paid Director Remuneration	£190k - £195k *	£170k - £175k
% Change from Previous Year	10.85%	1.68%
25 th Percentile Remuneration	£23,177	£21,777
25 th Percentile Pay Ratio	8.31	7.98
Median Remuneration	£29,180	£27,780
Median Pay Ratio	6.60	6.26
Mean Remuneration	£33,507	£31,811
% Change from Previous Year	5.33%	4.13%
75 th Percentile Remuneration	£40,588	£39,027
75 th Percentile Pay Ratio	4.75	4.45
Range of Staff Remuneration	£20,270 - £192,500 *	£18,546 - £172,500

* In 2021/22 and 2022/23 the highest paid Director was the Medical Director. For the purposes of prior year comparison, the paid salary of the medical director has been pro-rated to reflect full year effect since he took up post on 24 June 2022.

The percentage change in the highest paid Director remuneration was due to a change in post holder of the Medical Director.

Staff Report

Details of the Senior Trust staff as at 31 March 2023 are as follows. For the purposes of this note, senior staff is interpreted as including staff at Tier 3 and Band 8c in the Trust.

Level	Post	Grade	No.
Tier 1	Chief Executive	Senior Executive Pay scale	1
Tier 2	Director	Senior Executive Pay scale	9
Tier 3	Senior Manager	Agenda for Change – Band 9	2
Tier 3	Senior Manager	Agenda for Change – Band 8d	2
Tier 3	Senior Manager	Agenda for Change – Band 8c	64
Total			78

The gender split of Trust staff was as follows:

	Directors*		Non-Executive Directors		Senior Staff**		Other Staff		Trust Total Headcount	
	No	As %	No	As %	No	As %	No	As %	No	As %
Female	6	60%	2	29%	49	49%	9,372	81%	9,427	81%
Male	4	40%	5	71%	51	51%	2,156	19%	2,211	19%
Total	10		7		100		11,528		11,638	

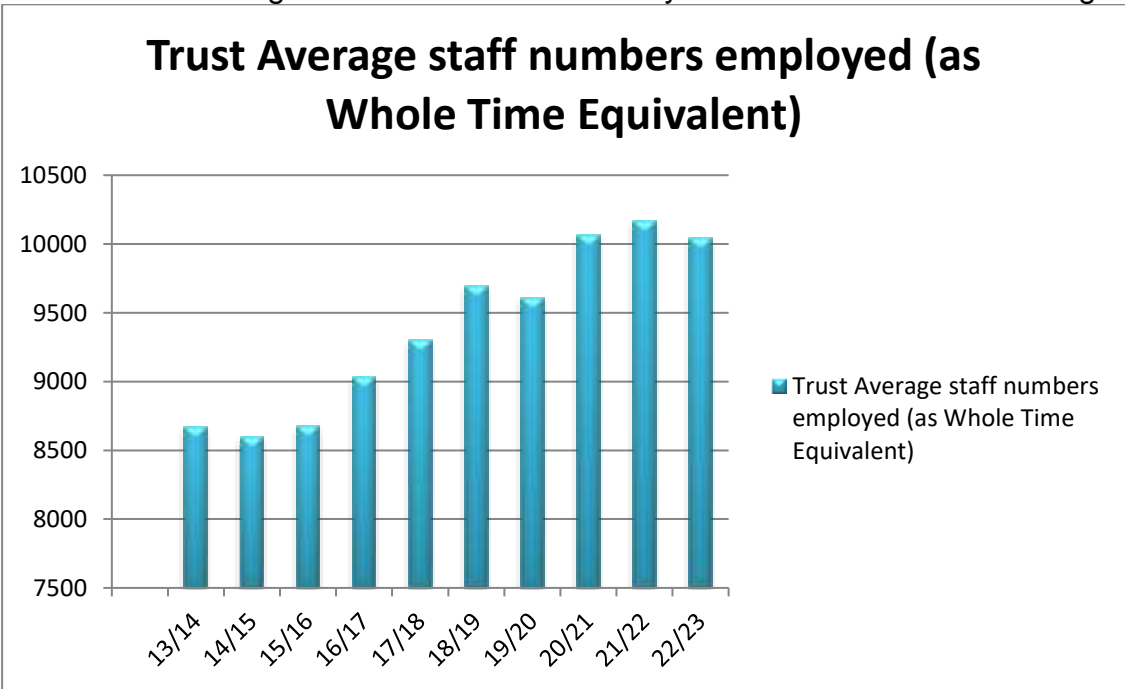
The average number of whole time equivalent persons employed during the year was as follows:

(The section below has been subject to audit)

	2023 Permanently Employed Staff No.	2023 Others No.	2023 Total No.	2022 Total No.
Medical and dental	431	138	569	582
Nursing and midwifery	3,750	435	4,185	4,277
Ancillaries	875	80	955	1,011
Administrative and clerical Works	1,717	65	1,782	1,789
	146	1	147	147
Other professional and technical	1,455	57	1,512	1,485
Social Services	1,703	94	1,797	1,784
Other	0	0	0	0
Total average number of persons employed	10,077	870	10,947	11,075
Less average staff number relating to capitalised staff costs	(27)	0	(27)	(25)
Less average staff number in respect of outward secondments	(9)	0	(9)	(5)
Total net average number of persons employed	10,041	870	10,911	11,045

Staff numbers relate to Western Health and Social Care Trust only. There are no staff employed by the Charitable Trust Funds.

The trend in staffing numbers over the last ten years is shown in the following chart:



Staff costs incurred by the Trust during 2022/23 comprise the following:
(The section below has been subject to audit)

	2023			2022
	Permanently Employed Staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	407,239	64,521	471,760	443,738
Social security costs	42,030	0	42,030	39,311
Other pension costs	76,969	0	76,969	72,951
Sub Total	526,238	64,521	590,759	556,000
Capitalised staff costs	(1,246)		(1,246)	(1,249)
Total staff costs reported in Statement of Comprehensive Net Expenditure	524,992	64,521	589,513	554,751
Less recoveries in respect of outward secondments			(699)	(505)
Total net costs			588,814	554,246

Total Net costs of which:	2023 £000s	2022 £000s
Western HSC Trust	589,513	544,751
Total	589,513	544,751

Staff costs exclude £1,246k charged to capital projects during the year (2022: £1,249k).

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme, both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the Department of Health. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme was updated to reflect current financial conditions (and a change in financial assumption methodology) has been used since 2017/18. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. The normal retirement age for this scheme is 60 years and it is a final salary scheme. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008

Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme. The normal retirement age for this scheme is currently 67.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Scheme accounts.

The table below sets out the member contribution rates that apply in both the HSC Pension Scheme and the HSC Pension Scheme 2015 from 1 April 2022 to 31 October 2022.

Tier	Full-Time Pensionable Pay used to determine contribution rate	Contribution rate (before tax relief) 2021/22
1	Up to £15,431.99	5.0%
2	£15,432.00 to £21,477.99	5.6%
3	£21,478.00 to £26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

A NEST (National Employment Saving Trust) Scheme had been brought into operation for eligible employees in 2016/17.

The Department of Health (DoH) has introduced changes to the amount members pay towards their HSC pension. The DoH has updated the pensionable pay ranges used to decide the contribution staff members make towards their pension, and the percentage of paid to be a member of the Scheme. The changes introduced help to reduce the gap between the different tiers of contribution rates. To give members time to adjust to the new rates, the DoH has phased in the new contribution rates in two stages, effective from 1 November 2022 with further changes planned in 2023.

The new rates as effective from 1 November 2022 are shown in the following table:

Pensionable salary ranges from 1 November 2022	Contribution rates from 1 November 2022 (based on actual annual pensionable pay):
Up to £13,246	5.1%
£13,247 to £16,831	5.7%
£16,832 to £22,878	6.1%
£22,879 to £23,948	6.8%
£23,949 to £28,223	7.7%
£28,224 to £29,179	8.8%
£29,180 to £43,805	9.8%
£43,806 to £49,245	10%
£49,246 to £56,163	11.6%
£56,164 to £72,030	12.5%
£72,031 and above	13.5%

Further details about the HSC pension arrangements can be found at the website <http://www.hscpensions.hscni.net>

Other information regarding Trust staff is as follows:

- The Trust made no off payroll payments to staff during 2022/23 (nil 2021/22).
- The Trust incurred no expenditure during the year on consultancy costs (nil 2021/22).
- The gender split for the Trust's workforce, from a headcount of 11,638 permanent and temporary staff as at 31st March 2023, is currently 81% female and 19% male (2021/22: 81% female and 19% male).
- The cumulative rate of absence for all Trust staff for 2022/23 was 7.83% (2021/22 7.32%).
- The Trust did not have any staff benefit schemes in 2022/23 or 2021/22.
- The Trust did not have any exit packages in 2022/23 or 2021/22.

Trust's Code of Practice on the Employment of People with a Disability

The Trust's Code of Practice on the Employment of People with a Disability outlines the employment processes to achieve the Trust objectives:

- to be recognised by the community as an employer which provides good employment opportunities for people with a disability.
- that people with a disability who apply for jobs in the Trust know that they will receive fair treatment and be considered solely on their ability to do the job.
- that people with a disability be integrated smoothly into work and any special needs that they may have concerning work or the working environment should be examined fairly and met, if at all possible.

- that employees who become disabled should be retained in suitable employment if at all possible.
- that the skills and potential of employees with a disability be developed to the full and they should be offered training and promotion opportunities according to their abilities.
- wherever practical, reasonable adjustments will be made to buildings, premises or working practices, which will enable employees with a disability to gain access and share their full use with employees without a disability.
- to be conscious of the opportunities that new technologies may provide to enable greater job participation by people with a disability.
- where possible, participation and involvement of people with a disability in normal work activities.

During the year the Trust was involved in regional work to develop the Disability Equality Policy. This policy contains an interactive disability toolkit for managers and staff to provide advice and guidance when considering disability issues in the workplace and is informed by best practice drawing upon the Equality Commission disability code of practice – employment and occupation, relevant case law and operational experience. This policy and toolkit will be launched in early 2023/24.

Staff Engagement

A HSC staff survey was not undertaken in 2022/23, therefore an engagement score is not available. The Trust is working at regional level as part of the HSC Workforce Strategy to develop and issue a HSC staff survey in 2023/24.

The Trust's Engagement & Involvement strategy continues to be implemented throughout the organisation through its integration as a module within the Leader and Manager Framework. The Trust have in place a number of engagement forums such as the Senior Leaders Forum and the award winning Working Safely Together Echo Network aimed at middle and junior managers. Senior Leadership visits continue regularly to Trust facilities by Directors and Non-Executive Directors to increase visibility and provide more opportunities for staff engagement.

Significant staff engagement work was undertaken to develop the Trust mission and vision statement through the senior leaders forum, focus groups, Trades Unions and the Organisation Development Steering Group. The mission and vision statement will be launched at numerous events during early 2023/24. Additionally during the year significant engagement was undertaken to scope and design new Trust structures. Proposed structures were launched for Trust-wide consultation over 5 weeks in August and September 2023 with final structures agreed for implementation in early 2023/24.

Staff Turnover

For a given period, the turnover figure is calculated as the number of leavers within that period divided by the average of staff in post over the period.

The Staff Turnover figure for the Western Health and Social Care Trust was:

2021/22 – 8.72%

2022/23 – 7.62%

Trust Management Costs	2023 £000s	2022 Restated £000s
Trust Management Costs	28,497	27,053
Income:		
Revenue Resource Limit	908,799	842,229
Income per Note 4	48,002	42,074
Total Income	956,801	884,303
% of total income	3.0%	3.1%

The above information is based on the Audit Commission’s definition of “M2” Trust management costs, as detailed in circular HSS (THR) 2/99.

Retirements Due To Ill-Health

During 2022/2023, there were 19 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £60k. These costs are borne by the HSC Pension Scheme.

ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Regularity of Expenditure (This has been subject to audit)

As part of his responsibilities as the Trust's Accounting Officer, the Chief Executive is accountable for the regularity of the public finances for which he is answerable. The Chief Executive discharges this accountability by having in place a robust financial governance framework that is tested regularly and on which annual independent assurances are obtained.

The key elements of this financial governance framework are as follows:

- Management Statement and Financial Memorandum with DoH;
- Standing orders that set out the governance structures in the Trust and rules on their operation;
- Standing financial instructions that set out the financial rules that all managers, staff, agents and representatives must follow in the conduct of their work for the Trust;
- A scheme of delegation that specifies the levels of financial authority that have been delegated to the Trust by the DoH;
- A schedule of delegated authority that clarifies how the Chief Executive's authority is delegated to managers within the Trust, and the levels of that delegation;
- A range of other financial governance policy documents covering areas such as fraud, bribery, procurement, gifts and hospitality;
- A suite of financial procedures that provide detailed guidance on the application of standing financial instructions;
- A professionally qualified and suitably experienced finance function to provide support and challenge to the Trust;
- The existence of an audit committee as a formal sub-committee of the Board with defined terms of reference; and
- An internal audit function that carries out an ongoing assessment of the effectiveness of the financial and corporate governance framework and provides an annual independent assurance on this to the Chief Executive.

Liquidity and Cash Flow (This has been subject to audit)

WHST, in common with other HSC Trusts, draws down cash directly from the Department of Health (DoH) to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and none of the public fund bank accounts earn interest. Any interest that would be earned is repaid to the DoH. The Trust's cash position during the year is summarised in the Statement of Cash Flows in the Accounts at Section 3 of this document.

Long term expenditure plans

Private Financing Initiatives (This has been subject to audit)

The Trust has two existing Private Financing Initiatives (PFI) contracts in place. One was entered into to provide the financing for a new Laboratory and Pharmacy building at Altnagelvin Hospital and the second was for the construction of the South West Acute Hospital in Enniskillen. The charges to the Trust under both contracts depend on movements in the Retail Prices Index for interest rate changes.

The overall PFI liability excluding interest and service costs, for the two contracts as at 31 March 2023 was £106m. Further details of the PFI for arrangements can be found in Note 18 to the Accounts in Section 3 of this document. The current net book value of the two relevant assets was £274m as at 31 March 2023.

Provisions greater than 1 year (This has been subject to audit)

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. At 31 March 2023, the Trust had £63m of non-current provisions (31 March 2022 £96m).

Losses and Special Payments (This has been subject to audit)

	2022/23	2021/22
Total number of losses	331	264
Total value of losses (£'000)	884	973

Special payments

	2022/23	2021/22
Total number of special payments	87	80
Total value of special payments (£'000)	4,013	9,608

Special Payments over £250,000	2022/23 £'000	2021/22 £'000
Compensation payments		
- Clinical Negligence	2,900	8,626
- Public Liability		
- Employers Liability		
- Other		
Ex-gratia payments		
Extra contractual		
Special severance payments		
Total special payments	2,900	8,626

Note	2022/23 £'000
Clinical Negligence Cases Over £250,000	
Case 1 – Perforated bowel	500
Case 2 – Laparotomy	1,975
Case 3 – C-Section	425
Total	2,900

Fees and charges (This has been subject to audit)

The Western Health and Social Care Trust does not have material income generated from fees and charges.

Remote Contingent Liabilities (The has been subject to audit)

All contingent liabilities which the Trust is aware of are stated in Note 19 to the Accounts at Section 3 of this document.

Notation of gifts

No notation of gifts over the limits prescribed in Managing Public Money Northern Ireland were made in 2022/23 or 2021/22.

Going Concern (This has been subject to audit)

The consolidated financial statements of the Trust as at 31st March 2023 have been prepared on a going concern basis.

Complaints

The Trust welcomes and actively encourages compliments and complaints about our services. On occasion individuals, or families, may feel dissatisfied with some aspect of their dealings with the Trust and, when this happens, it is important that the issue is dealt with as quickly as possible. We recognise that everyone has a right to make a complaint and we can learn valuable lessons from them – a complaint may well improve things for others.

Complaints provide us with lessons to help us learn how to improve our services. Whilst we aim to give the best service to all our patients and service users, we wish to know when things do not go well so that we can take the appropriate remedial action to prevent it happening again.

During the 2022/23 year a total of 660 formal complaints were received by the Trust. This compares with 523 complaints received during the previous financial year.

The Trust's Complaints Department also collates information relating to compliments received by Trust staff. During the 2022/23 year a total of 2,363 compliments were received. This compares with 2,184 compliments received during the previous financial year.

The Trust Complaints Policy was updated and endorsed in June 2021. One of the changes included a template to capture learning from complaints which is reviewed and shared through various forums.

Staff have developed an online investigating officer training package, which was launched during 2022/23.



22 June 2023

Neil Guckian
Chief Executive & Accounting Officer

Date

WESTERN HEALTH AND SOCIAL CARE TRUST – PUBLIC FUNDS

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Western Health and Social Care Trust for the year ended 31 March 2023 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of Western Health and Social Care Trust's affairs as at 31 March 2023 and of the group's and the Western Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Western Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work I have performed, I have not identified any material uncertainties relating to

events or conditions that, individually or collectively, may cast significant doubt on the Western Health and Social Care Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Western Health and Social Care Trust is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Trust and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate and report. The Trust and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Western Health and Social Care Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Trust and the Accounting Officer are responsible for

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- ensuring the annual report, which includes the Remunerations and Staff Report, is prepared in accordance with the applicable financial reporting framework; and
- assessing the Western Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Western Health and Social Care Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

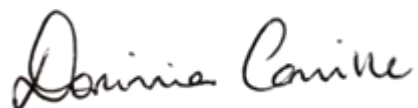
- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance the Western Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Western Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: posting of unusual journals and management bias in accounting estimates;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business; and

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.

A handwritten signature in black ink, reading "Dorinnia Carville". The signature is written in a cursive, flowing style.

Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU
4 July 2023

ANNUAL ACCOUNTS

Western Health and Social Care Trust Annual Accounts for the Year Ended 31 March 2023

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 122 to 179) which I am required to prepare on behalf of the Western HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Western HSC Trust and with the accounting standards and policies for HSC bodies approved by the Department of Health.



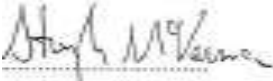
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Director of Finance

22 June 2023

Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 122 to 179) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

22 June 2023

Date



Chief Executive

22 June 2023

Date

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2023

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	Note	Trust	CTF	2023 £000s Consolidated Adjustments	Consolidated	Trust	CTF	2022 £000s Consolidated Adjustments	Consolidated
Income									
Revenue from contracts with customers	4.1	38,195	0	0	38,195	32,706	0	0	32,706
Other operating income	4.2	9,807	442	(55)	10,194	9,368	546	(52)	9,862
Total operating income		48,002	442	(55)	48,389	42,074	546	(52)	42,568
Expenditure									
Staff costs	3	(589,513)	0	0	(589,513)	(554,751)	0	0	(554,751)
Purchase of goods and services	3	(281,341)	0	0	(281,341)	(262,661)	0	0	(262,661)
Depreciation, amortisation and impairment charges	3	(27,318)	0	0	(27,318)	(37,472)	0	0	(37,472)
Provision credit / (expense)	3	9,771	0	0	9,771	(35,003)	0	0	(35,003)
Other expenditures	3	(75,791)	(613)	55	(76,349)	(69,966)	(518)	52	(70,432)
Total operating expenditure		(964,192)	(613)	55	(964,750)	(959,853)	(518)	52	(960,319)
Net operating Expenditure		(916,190)	(171)	0	(916,361)	(917,779)	28	0	(917,511)
Finance income	4.2	0	97	0	97	0	99	0	99
Finance expense	3	(10,052)	0	0	(10,052)	(10,305)	0	0	(10,305)
Net expenditure for the year		(926,242)	(74)	0	(926,316)	(928,084)	127	0	(927,957)
Adjustment to Net Expenditure for Non-cash items		17,520	0	0	17,520	73,726	0	0	73,726
Net Expenditure funded from RRL		(908,722)	0		(908,722)	(854,358)	0	0	(854,358)
Revenue Resource Limit (RRL)	22.1	908,799	0	0	908,799	842,229	0	0	842,229
Add back charitable trust fund net expenditure		0	74	0	0	0	(127)	0	0
		908,799	0	0	908,799	842,229	0	0	842,229
Surplus / Deficit against RRL		77	0	0	77	(12,129)	0	0	(12,129)

	Note	Trust	CTF	2023 £000s Consolidated adjustments	Consolidated	Trust	CTF	2022 £000s Consolidated adjustments	Consolidated
Items that will not be reclassified to net operating costs:									
Net gain on revaluation of property, plant and equipment	5.1/5.2/8	42,705	0	0	42,705	34,172	0	0	34,172
Net (loss) gain on revaluation of charitable assets	6.1/6.2/8	0	(215)	0	(215)	0	189	0	189
Total comprehensive expenditure for the year ended 31 March		(883,537)	(289)	0	(883,826)	(893,912)	316	0	(893,596)

The notes on pages 128 to 173 form part of these accounts. All donated funds have been used by Western Health and Social Care Trust as intended by the benefactor. It is for the Endowments and Gifts Committee within Trusts to manage the internal disbursements. The Committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, departmental guidance and legislation. All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2023

This statement presents the financial position of the Western Health and Social Care Trust. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and Tax payer's equity and other reserves, the remaining value of the entity.

	Note	2023 Trust £000s	Consolidated £000s	2022 Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	851,708	851,708	793,239	793,239
Intangible assets	6.1/6.2	5,694	5,694	7,501	7,501
Financial Assets	7	0	2,799	0	3,014
Total Non Current Assets		857,402	860,201	800,740	803,754
Current Assets					
Inventories	11	8,053	8,053	8,187	8,187
Trade and other receivables	13	28,450	28,389	25,642	25,648
Other current assets	13	134	134	105	105
Cash and cash equivalents	12	4,992	8,569	4,632	8,297
Total Current Assets		41,629	45,145	38,566	42,237
Total Assets		899,031	905,346	839,306	845,991
Current Liabilities					
Trade and other payables	14.1	(150,349)	(150,294)	(141,303)	(141,329)
Other liabilities	14.1	(4,745)	(4,745)	(4,233)	(4,233)
Provisions	15	(28,460)	(28,460)	(13,325)	(13,325)
Total Current Liabilities		(183,554)	(183,499)	(158,861)	(158,887)
Total Assets less Current Liabilities		715,477	721,847	680,445	687,104
Non Current Liabilities					
Provisions	15	(62,615)	(62,615)	(96,198)	(96,198)
Other payables > 1 year	14.1	(100,957)	(100,957)	(105,702)	(105,702)
Total Non Current Liabilities		(163,572)	(163,572)	(201,900)	(201,900)
Total assets less total liabilities		551,905	558,275	478,545	485,204
Taxpayers' equity and other reserves					
Revaluation Reserve		258,537	258,537	225,395	225,395
SoCNE Reserve		293,368	293,368	253,150	253,150
Other Reserves - Charitable Funds		0	6,370	0	6,659
Total equity		551,905	558,275	478,545	485,204

The notes on pages 128 to 173 form part of these accounts. The financial statements on pages 117 to 120 were approved by the Board on and were signed on its behalf by:



Signed (Chairman): Date: 22 June 2023



Signed (Chief Executive): Date: 22 June 2023

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2023

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Trust during the reporting period. The statement shows how the Trust generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the Trust. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Trust's future public service delivery.

	Note	2023 £000s	2022 £000s
Cash flows from operating activities			
Net operating expenditure		(926,316)	(927,957)
Adjustments for non cash costs		14,058	72,106
(Decrease)/(increase) in trade and other receivables		(2,770)	1,354
Decrease/(increase) in inventories		134	(172)
Increase/(decrease) in trade payables		4,732	(14,815)
Less movements in payables relating to items not passing through the Net Expenditure Account:			
Movements in payables relating to the purchase of property, plant and equipment		(166)	7,518
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other services concession arrangement contracts		4,233	(446)
Use of provisions	15	(8,677)	(5,282)
<i>Net cash outflow from operating activities</i>		(914,772)	(867,694)
Cash flows from investing activities			
(Purchase of property, plant and equipment)	5	(36,530)	(43,948)
(Purchase of intangible assets)	6	0	(364)
Proceeds on disposal of property, plant and equipment		289	68
Net cash outflow from investing activities		(36,241)	(44,244)
Cash flows from financing activities			
Grant in aid		956,000	920,500
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(4,715)	(4,263)
<i>Net financing</i>		951,285	916,237
Net increase in cash and cash equivalents in the period			
Cash and cash equivalents at the beginning of the period	12	8,297	3,998
Cash and cash equivalents at the end of the period	12	8,569	8,297

The notes on pages 128 to 173 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

FOR THE YEAR ENDED 31 MARCH 2023

This statement shows the movement in the year on the different reserves held by Western Health and Social Care Trust, analysed into the SoCNE Reserve (i.e. that reserve that reflects a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of the Western Health and Social Care Trust, to the extent that the total is not represented by other reserves and financing items.

For the year ended 31 March 2023

	Note	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2021		260,416	191,419	6,343	458,178
Changes in Taxpayers' Equity 2021-22					
Grant from DoH		920,500	0	0	920,500
Other reserves movements including transfers		196	(196)	0	0
(Comprehensive expenditure for the year)		(928,084)	34,172	316	(893,596)
Auditors remuneration	3	122	0	0	122
Balance at 31 March 2022		253,150	225,395	6,659	485,204
Changes in Taxpayers' Equity 2022-23					
Grant from DoH		956,000	0	0	956,000
Other reserves movements including transfers		10,332	(9,563)	0	769
(Comprehensive expenditure for the year)		(926,242)	42,705	(289)	(883,826)
Auditors remuneration	3	128	0	0	128
Balance at 31 March 2023		293,368	258,537	6,370	558,275

The notes on pages 128 to 173 form part of these accounts.

Other reserve movements include:

The revaluation reserve has decreased by £9,325k and the SoCNE reserve has increased by £9,325k in respect of 2021/22 due to the reanalysis of upward indexation and revaluation adjustments on assets which have previously been impaired through the SoCNE.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Statement of Accounting Policies

These financial statements have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and liabilities.

1.2 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under Construction. This includes donated assets.

Recognition

Property, plant and equipment *must* be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; *and*
- the item has a cost of at least £5,000 *or*
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; *or*
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as "under construction" are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation

All Property, Plant and Equipment are carried at fair value.

Fair value of Property is estimated as the latest professional valuation revised annually by reference to indices supplied by Land and Property Services.

Fair value for Plant and Equipment is estimated by restating the value annually by reference to indices compiled by the Office of National Statistics (ONS), except for assets under construction which are carried at cost, less any impairment loss.

Royal Institute of Chartered Surveyors (RICS), IFRS, International Valuation Standards (IVS) & HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS.

The last asset revaluation was carried out on 31 January 2020 by Land and Property Services (LPS) with the next review due by 31 January 2025.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; *and*
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

Since the last revaluation exercise was undertaken, the risks to the client's land and building portfolio as a result of ongoing impact of the COVID-19 pandemic have lessened considerably. However, new global fiscal, economic and political factors have come to the fore, including persistently high inflation, rising interest rates, the cost of living and energy cost crises, increasing material costs, the fallout from the mini budget in 2022 and the ongoing Russia-Ukraine conflict. All have the potential to negatively impact on the local property market. However, at the present time, most sectors across the Northern Ireland property market are experiencing sufficient levels of transactional activity on which to base opinion, and this is reflected in the latest indexation figures provided for the period 2022/2023. For the time being, the levels of subjectivity required to assess value have reduced and the requirement to declare Material Uncertainty within any of the client asset classifications has abated. Whilst the need for an asset revaluation prior to the next scheduled date in January 2025 cannot be ruled out, under current market conditions, it is not currently required.

Modern Equivalent Asset

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Assets classified as "under construction" are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed five years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.3 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used:

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.4 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Trust's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.5 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; *and*
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value. Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.6 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset through appropriate marketing at a

reasonable price and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non-depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.7 Inventories

Inventories are valued at the lower of cost and net realisable value and are included exclusive of VAT. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.8 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the five essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of the Trust and is recognised on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Income is stated net of VAT.

1.9 Grant in aid

Funding received from other entities, including the Department of Health, are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.10 Investments

The Trust does not have any investments. The Western HSC Trust Charitable Trust Fund investments are stated at market value as at the balance sheet date and have been consolidated.

1.11 Research and Development expenditure

Research and development (R&D) expenditure is expensed in the year it is incurred in accordance with IAS 38.

Following the introduction of the 2010 European System of Accounts (ESA10), and the change in budgeting treatment (from the revenue budget to the capital budget) of R&D expenditure, additional disclosures are included in the notes to the accounts. This treatment was implemented from 2016-17.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.13 Leases

Under IFRS 16 Leased Assets which the Trust has use/control over and which it does not necessarily legally own are to be recognised as a 'Right-Of-Use' (ROU) asset. There are only two exceptions:

- short term assets – with a life of up to one year; and
- low value assets – with a value equal to or below the Department of Health's threshold limit which is currently £5,000.

Short term leases

Short term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short term lease. The lessee must not exercise an option to extend the lease beyond 12 months. No liability should be recognised in respect of short-term leases, and neither should the underlying asset be capitalised.

Lease agreements which contain a purchase option cannot qualify as short-term.

Examples of short term leases are software leases, specialised equipment, hire cars and some property leases.

Low value assets

An asset is considered "low value" if its value, when new, is less than the capitalisation threshold. The application of the exemption is independent of considerations of materiality. The low value assessment is performed on the underlying asset, which is the value of that underlying asset when new.

Examples of low value assets are tablets and personal computers, small items of office furniture and telephones.

Separating lease and service components

Some contracts may contain both a lease element and a service element. Trusts can, at their own discretion, choose to combine lease and non-lease components of contracts, and account for the entire contract as a lease. If a contract contains both lease and service components IFRS 16 provides guidance on how to separate those components. If a lessee separates lease and service components, it should capitalise amounts related to the lease components and expense elements relating to the service elements. However, IFRS 16 also provides an option for lessees to combine lease and service components and account for them as a single lease. This option should help Trusts where it is time consuming or difficult to separate these components.

The Trust as lessee

The ROU asset lease liability will initially be measured at the present value of the unavoidable future lease payments. The future lease payments should include any amounts for:

- Indexation;
- amounts payable for residual value;
- purchase price options;
- payment of penalties for terminating the lease;
- any initial direct costs; and
- costs relating to restoration of the asset at the end of the lease.

The lease liability is discounted using the rate implicit in the lease.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

The difference between the carrying amount and the lease liability on transition is recognised as an adjustment to taxpayers' equity. After transition the difference is recognised as income in accordance with IAS 20.

Subsequent measurement

After the commencement date (the date that the lessor makes the underlying asset available for use by the lessee) a lessee shall measure the liability by;

- Increasing the carrying amount to reflect interest;
- Reducing the carrying amount to reflect lease payments made; and
- Re-measuring the carrying amount to reflect any reassessments or lease modifications, or to reflect revised in substance fixed lease payments.

There is a need to reassess the lease liability in the future if there is:

- A change in lease term;
- change in assessment of purchase option;
- change in amounts expected to be payable under a residual value guarantee; or
- change in future payments resulting from change in index or rate.

Subsequent measurement of the ROU asset is measured in same way as other property, plant and equipment. Asset valuations should be measured at either 'fair value' or 'current value in existing use'.

Depreciation

Assets under a finance lease or ROU lease are depreciated over the shorter of the lease term and its useful life, unless there is a reasonable certainty the lessee will obtain ownership of the asset by the end of the lease term in which case it should be depreciated over its useful life.

The depreciation policy is that for other depreciable assets that are owned by the entity.

Leased assets under construction must also be depreciated.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting

periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term

The Trust will classify subleases as follows:

- If the head lease is short term (up to 1 year), the sublease is classified as an operating lease; otherwise
- the sublease is classified with reference to the right-of-use asset arising from the head lease, rather than with reference to the underlying asset.

1.14 Private Finance Initiative (PFI) transactions

DoF has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including replacement of components; *and*
- c) Payment for finance (interest costs).

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within operating expenses.

PFI Asset

The PFI asset is recognised as property, plant and equipment, when it comes into use. The asset is measured initially at fair value in accordance with the principles of IFRS16. Subsequently, the asset is measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI asset and is subsequently measured as a finance lease liability in accordance with IFRS16.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IFRS16, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

For PFI assets funded principally by third party usage, the following alternative policies should be used:

- Where there is a unitary payment from the Trust in respect of part of the asset, the following paragraph should replace the first paragraph above for the PFI liability; *and*
- A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IFRS16.

The following policy is needed for the deferred income balance:

- Where there is also a liability;

"On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the Trust through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis”;

- or if there is no initial liability;

“On initial recognition of the asset, an equivalent deferred income balance is recognised, representing the future service potential to be received by the Trust through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis”:

If you have any off-Statement of Financial Position PFI, provide an accounting policy note, including the nature and business purpose of the arrangement and the financial impact on the Trust;

If you sub-lease a PFI property to another NHS body, then you will need to provide appropriate accounting policies in addition to those above; or

If you sub-lease a PFI property from another NHS body, then you should provide accounting policies based on those above, but incorporating any local changes.

1.15 Financial instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

The Trust has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

Financial assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the Trust’s assessment at the end of each reporting period as to whether the financial instrument’s credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role in creating risk than would apply to a non-public sector body of a similar size, therefore the Trust is not exposed to the degree of financial risk faced by business entities.

There are limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing its activities. Therefore the Trust is exposed to limited credit, liquidity or market risk.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. There is therefore low exposure to currency rate fluctuations.

Interest rate risk

The Trust has limited powers to borrow or invest and therefore there is low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, there is low exposure to credit risk.

Liquidity risk

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

Provisions

In accordance with IAS 37, provisions are recognised when there is a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the relevant discount rates provided by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain

that reimbursements will be received and the amount of the receivable can be measured reliably.

1.16 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.17 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2023. It is not anticipated that the level of untaken leave will vary significantly from year to year. [Untaken flexi leave is estimated to be immaterial to the Trust and has not been included]

Retirement benefit costs

Past and present employees are covered by the provisions of the HSC Pension Scheme.

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years.

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. Whilst the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting the demographics assumptions.

1.18 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

1.19 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.20 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.21 Charitable Trust Account Consolidation

Trusts are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. The Trusts have accounted for these transfers using merger accounting as required by the FReM.

However the distinction between public funding and the other monies donated by private individuals still exists.

All funds have been used by Health and Social Care Trust as intended by the benefactor. The Gifts and Endowments/Charitable Trust Fund Committee within Trusts manage the internal disbursements. The committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with

the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

1.22 Accounting Standards issued but not yet adopted

The International Accounting Standards Board have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

IFRS 17 Insurance Contracts:

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2025.

Management currently assess that there will be minimal impact on application to the Trust's consolidated financial statements.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non-Executive Directors, Chairman and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts. The information disclosed reflects the realignment of directorates that took place in 2009/10 therefore making meaningful comparison from year to year limited.

Directorate	2023			2022		
	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s
Women & Children's Services	94,489	33,395	127,884	93,436	30,837	124,272
Acute Services	227,277	76,618	303,895	207,955	68,281	276,236
Primary Care & Older People's Services	115,475	118,434	233,909	105,549	101,595	207,144
Adult Mental Health and Disability Services	70,092	64,803	134,895	67,446	56,137	123,583
Performance & Service Improvement	44,624	29,271	73,895	41,431	25,656	67,088
Other Trust Directorates	37,556	44,824	82,380	38,934	60,363	99,297
Expenditure for Reportable Segments net of Non Cash Expenditure	589,513	367,345	956,858	554,751	342,868	897,620
Non Cash Expenditure			17,386			72,539
Income (Note 4)			(48,002)			(42,074)
Net Expenditure			926,242			928,085
Adjustment to Net Expenditure per Note 22.1			(17,520)			(73,726)
Net Expenditure funded from RRL			908,722			854,359
Revenue Resource Limit			908,799			842,229
Surplus against RRL			77			(12,130)

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

Information that the Chief Executive uses for decision making includes monthly Financial Performance Reporting using the Directorate structure referred to above.

Acute Directorate

- Cancer and Diagnostics (includes Laboratory & Radiology Services)
- Surgery and Elective Care
- Medicines and Unscheduled Care
- Pharmacy

These services are delivered at the Acute Hospital Sites at Altnagelvin Area Hospital, South West Acute Hospital and Omagh Hospital & Primary Care Complex.

Directorate of Adult Mental Health & Disability Services

- Provides a range of hospital and community services for Adult Mental Health, Learning Disability & Physical Disability clients including social services, community nursing, home treatment, crisis response, and specialist teams.

Directorate of Primary Care and Older People's Services

- Domiciliary care, residential and nursing care and dementia support
- District nursing, social services and allied health professionals supporting the elderly population
- Specialist services such as, continence and GP out of hours and minor injuries units and all aspects of supporting people in the community
- Partnership working with Voluntary and community organisations

Directorate of Women and Children's Services

- Includes all health services provided for children and adolescents, paediatric wards and special care baby units located in Acute facilities
- Children's' Disability services including respite, CAMHS, Children Community nursing of complex needs, Dental services
- Corporate Parenting
- Family support, Early Years, Health visiting and school nursing are included together with all Sure Start Projects.
- Social Services Training Unit

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2022

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

Directorate of Performance and Service Improvement

- Estate Services
- Support Services
- Emergency Planning
- Health Improvement, Equality and Involvement
- SWAH PFI contract monitoring
- Transformation
- Corporate Communications

Other Trust Directorates

- Office of the Chief Executive
- Finance, Contracting & Capital Development
- Human Resource Directorate, (including Occupational Health)
- Medical Directorate (Governance Patient/Client Safety, Research & Development, Medical & Dental Education and Infection Prevention & Control)

WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL ACCOUNTS 31 MARCH 2023
NOTE 3 OPERATING EXPENSES

	Trust £000s	2023 CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	2022 CTF £000s	Consolidation adjustments £000s	Consolidated £000s
3.1 Operating Expenses are as follows:-								
Staff Costs								
Wages and salaries ^	470,514	0	0	470,514	442,489	0	0	442,489
Social security costs	42,030	0	0	42,030	39,311	0	0	39,311
Other pension costs	76,969	0	0	76,969	72,951	0	0	72,951
Purchase of care from non-HPSS bodies	180,723	0	0	180,723	161,822	0	0	161,822
Revenue grants to voluntary organisations	1,124	0	0	1,124	1,288	0	0	1,288
Personal social services	19,032	0	0	19,032	18,220	0	0	18,220
Recharges from other HSC organisations	2,976	0	0	2,976	2,672	0	0	2,672
Supplies and services – Clinical	65,671	0	0	65,671	60,763	0	0	60,763
Supplies and services – General	15,707	0	0	15,707	23,193	0	0	23,193
Establishment	8,367	0	0	8,367	7,827	0	0	7,827
Transport	2,840	0	0	2,840	2,438	0	0	2,438
Premises	33,033	0	0	33,033	31,988	0	0	31,988
Bad debts	2,504	0	0	2,504	1,129	0	0	1,129
Interest charges	10,052	0	0	10,052	10,305	0	0	10,305
Contingent rental	3,848	0	0	3,848	2,436	0	0	2,436
PFI and other service concession arrangements service charges	5,072	0	0	5,072	4,904	0	0	4,904
BSO services	7,344	0	0	7,344	6,871	0	0	6,871
Training	1,545	0	0	1,545	1,079	0	0	1,079
Patients travelling expenses	687	0	0	687	323	0	0	323
Other Charitable Expenditure	0	613	(340)	273	0	518	(52)	466
Miscellaneous expenditure	6,820	0	0	6,820	5,610	0	0	5,610
Non-cash items								
Depreciation	34,597	0	0	34,597	29,421	0	0	29,421
Depreciation - On Balance sheet PFI (funded by notional non cash RRL)	6,036	0	0	6,036	5,679	0	0	5,679
Amortisation	2,188	0	0	2,188	2,232	0	0	2,232
Impairments	(15,503)	0	0	(15,503)	140	0	0	140
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(289)	0	0	(289)	(60)	0	0	(60)
Loss on disposal of property, plant & equipment (including land)	0	0	0	0	2	0	0	2
Increase in provisions (provision provided for in year less any release)	5,531	0	0	5,531	23,926	0	0	23,926
Cost of borrowing of provisions (unwinding of discount on provisions)	(15,302)	0	0	(15,302)	11,077	0	0	11,077
Auditor's remuneration	128	10	0	138	122	10	0	132
Add back of notional charitable expenditure	0	(10)	0	(10)	0	(10)	0	(10)
Total	974,244	613	(340)	974,517	970,158	518	(52)	970,624

^Further detailed analysis of staff costs is located in the Staff Report on pages 102-113 within the Accountability Report.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 4 INCOME

4.1 Revenue from Contracts with Customers

	Trust £000s	CTF £000s	Consolidation adjustments £000s	2023 Consolidated £000s	Trust £000s	2022 CTF £000s	Consolidation adjustments £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	4,199	0	0	4,199	4,308	0	0	4,308
HSC Trusts	384	0	0	384	389	0	0	389
Non-HSC-Private Patients	492	0	0	492	336	0	0	336
Road Traffic Accident income	1,656	0	0	1,656	1,001	0	0	1,001
Client contributions	25,453	0	0	25,453	22,398	0	0	22,398
Secoded staff	0	0	0	0	0	0	0	0
Other income from non-patient services	6,011	0	0	6,011	4,274	0	0	4,274
Total	38,195	0	0	38,195	32,706	0	0	32,706

4.2 Other Operating Income

	Trust £000s	CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidation adjustments £000s	Consolidated £000s
Other income from non-patient services	8,374	0	(340)	8,034	7,675	0	(52)	7,623
Supporting people	1,340	0	0	1,340	1,260	0	0	1,260
Charitable and other contributions to expenditure by core trust	0	0	0	0	0	0	0	0
Donation / Government grant / Lottery funding for non-current assets	93	0	0	93	433	0	0	433
Charitable Income received by Charitable Trust Fund	0	442	0	442	0	546	0	546
Investment Income	0	97	0	97	0	99	0	99
Total	9,807	539	(340)	10,006	9,368	645	(52)	9,961
TOTAL INCOME	48,002	539	(340)	48,201	42,074	645	(52)	42,667

**WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL ACCOUNTS 31 MARCH 2023**

NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2023

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2022	47,568	704,181	22,742	4,292	123,003	10,719	69,853	18,873	1,001,231
IFRS 16 Opening balances	0	1,467	0	0	1,329	0	0	0	2,796
Indexation	0	43,232	1,590	0	15,143	627	0	214	60,806
Additions	1,689	9,842	1,012	7,617	9,790	1,259	4,085	1,971	37,265
Donations / Government grant / Lottery funding	0	0	0	0	74	15	4	0	93
Reclassifications	0	0	0	0	65	0	(65)	0	0
Transfers	250	637	0	0	83	0	0	0	970
Revaluation	320	0	0	0	0	0	0	0	320
Reversal of impairments (indexation)	0	15,208	295	0	0	0	0	0	15,503
Disposals	0	0	0	0	(3,547)	(1,310)	0	0	(4,857)
At 31 March 2023	49,827	774,567	25,639	11,909	145,940	11,310	73,877	21,058	1,114,127
Depreciation									
At 1 April 2022	0	45,554	1,769	0	97,587	6,431	47,897	8,754	207,992
Indexation	0	5,195	209	0	12,522	383	0	112	18,421
Transfers	0	124	0	0	77	0	0	0	201
Disposals	0	0	0	0	(3,543)	(1,285)	0	0	(4,828)
Provided during the year	0	23,312	1,012	0	7,916	954	5,867	1,572	40,633
At 31 March 2023	0	74,185	2,990	0	114,559	6,483	53,764	10,438	262,419
Carrying Amount									
At 31 March 2023	49,827	700,382	22,649	11,909	31,381	4,827	20,113	10,620	851,708
At 31 March 2022	47,568	658,627	20,973	4,292	25,416	4,288	21,956	10,119	793,239
Asset financing									
Owned	49,827	423,153	22,649	11,909	30,267	4,827	20,113	10,620	573,365
Finance leased	0	3,223	0	0	1,114	0	0	0	4,337
On B/S (So FP) PFI and other service concession arrangements contracts	0	274,006	0	0	0	0	0	0	274,006
Carrying Amount									
At 31 March 2023	49,827	700,382	22,649	11,909	31,381	4,827	20,113	10,620	851,708

Of which:	£000,000
Trust	852
Charitable Trust Fund	0

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under PFI agreements is £6,036k (2022: £5,603k).

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of leased assets is £650k (2022: N/A).

The fair value of assets funded from the following sources during the year was:

	2023 £000	2022 £000
Donations	93	88
Government grant	0	345
Total	93	433

The valuation policy for the Trust is referred to in note 1.2.

**WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL ACCOUNTS 31 MARCH 2023**

NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2022

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2021	47,511	658,501	19,765	2,291	109,483	9,366	60,540	16,497	923,954
Indexation	0	33,636	1,008	0	7,236	280	0	401	42,561
Additions	57	111,576	1,969	2,368	7,720	1,748	9,509	1,953	36,900
Donations / Government grant / Lottery funding	0	101	0	0	284	0	26	22	433
Reclassifications	0	367	0	(367)	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	(150)	0	(150)
Disposals	0	0	0	0	(1,720)	(675)	(72)	0	(2,467)
At 31 March 2022	47,568	704,181	22,742	4,292	123,003	10,719	69,853	18,873	1,001,231
Depreciation									
At 1 April 2021	0	22,896	854	0	86,706	6,154	43,165	7,197	166,972
Indexation	0	1,952	75	0	5,973	192	0	197	8,389
Impairment charged to the SoCNE	0	0	0	0	0	0	(10)	0	(10)
Disposals	0	0	0	0	(1,718)	(668)	(73)	0	(2,459)
Provided during the year	0	20,706	840	0	6,626	753	4,815	1,360	35,100
At 31 March 2022	0	45,554	1,769	0	97,587	6,431	47,897	8,754	207,992
Carrying Amount									
At 31 March 2022	47,568	658,627	20,973	4,292	25,416	4,288	21,956	10,119	793,239
At 1 April 2021	47,511	635,605	18,911	2,292	22,777	3,212	17,375	9,300	756,982
Asset financing									
Owned	47,568	400,614	20,973	4,292	25,416	4,288	21,956	10,119	535,226
On B/S (SoFP) PFI and other service concession arrangements contracts	0	258,013	0	0	0	0	0	0	258,013
Carrying Amount									
At 31 March 2022	47,568	658,627	20,973	4,292	25,416	4,288	21,956	10,119	793,239
Asset financing									
Owned	47,511	384,938	18,911	2,291	22,777	3,212	17,375	9,300	506,315
On B/S (SoFP) PFI and other service concession arrangements contracts	0	250,667	0	0	0	0	0	0	250,667
Carrying Amount									
At 1 April 2021	47,511	635,605	18,911	2,291	22,777	3,212	17,375	9,300	756,982

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2023

	Software Licences £000s	Information Technology £000s	Development Expenditure £000s	Total £000s
Cost or Valuation				
At 1 April 2022	15,285	1	150	15,436
Additions	381			381
Donations / Government grant / Lottery funding	0	0	0	0
At 31 March 2023	15,666	1	150	15,817
Amortisation				
As at 1 April 2022	7,784	1	150	7,935
Provided during the year	2,188	0	0	2,188
At 31 March 2023	9,972	1	150	10,123
Carrying Amount				
At 31 March 2023	5,694	0	0	5,694
At 31 March 2022	7,501	0	0	7,501
Asset financing				
Owned	5,694	0	0	5,694
Carrying Amount at 31 March 2023	5,694	0	0	5,694

Any fall in value through negative indexation or revaluation is shown as an impairment. The fair value of assets funded from the following sources during the year was:

	2023 £000	2022 £000
Donations	0	0
Government grant	0	0
Total	0	0

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2022

	Software Licence £000s	Information Technology £000s	Development Expenditure £000s	Total £000s
Cost or Valuation				
At 1 April 2021	14,945	1	150	15,096
Additions		0	0	
Donations / Government grant / Lottery funding	340	0	0	340
At 31 March 2022	15,285	1	150	15,436
Amortisation				
At 1 April 2021	5,552	1	150	5,703
Provided during the year	2,232	0	0	2,232
At 31 March 2022	7,784	1	150	7,935
Carrying Amount				
At 31 March 2022	7,501	0	0	7,501
At 1 April 2021	9,393	0	0	9,393
Asset financing				
Owned	7,501	0	0	7,501
Carrying Amount				
At 31 March 2022	7,501	0	0	7,501
Asset financing				
Owned	9,393	0	0	9,393
Carrying Amount				
At 31 March 2021	9,393	0	0	9,393

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 7 INVESTMENTS

Market value of investments as at 31 March 2023

	Charitable Trust Fund £000s	2023 Non-current assets £000s	2022 Non-current assets £000s
Balance at 1 April	3,014	3,014	2,825
Revaluation	(215)	(215)	189
Balance at 31 March	2,799	2,799	3,014

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 8 IMPAIRMENTS

	2023	Property, plant & equipment £000s	Total £000s
Total Impairments credited to Statement of Comprehensive Net Expenditure for 2023		(15,503)	(15,503)
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)		0	0
Total value of impairments for the period		(15,503)	(15,503)

	2022	Property, plant & equipment £000s	Total £000s
Total Impairments charged to Statement of Comprehensive Net Expenditure for 2022		140	140
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)		0	0
Total value of impairments for the period		140	140

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 9 FINANCIAL INSTRUMENTS

As the cash requirements of Western Health and Social Care Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed too little credit, liquidity or market risk.

	2023	2022
	Non-current assets £000s	Non-current assets £000s
Balance at 1st April	3,014	2,825
Revaluations	(215)	189
Balance at 31st March	2,799	3,014
Trust Charitable Trust Fund	2,799	3,014
	2,799	3,014

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

The Trust had no assets held for sale at 31 March 2023 or 31 March 2022.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 11 INVENTORIES

Classification	2023		2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Pharmacy Supplies	4,941	4,941	4,702	4,702
Theatre Equipment	402	402	334	334
Building and Engineering Supplies	255	255	269	269
Fuel	367	367	467	467
Community Care Appliances	482	482	508	508
Laboratory Materials	576	576	430	430
X-Ray	47	47	45	45
Stock held for resale	9	9	9	9
Other	974	974	1,423	1,423
Total	8,053	8,053	8,187	8,187

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 12 CASH AND CASH EQUIVALENTS

	2023			2022		
	Core Trust £000s	CTF £000s	Consolidated £000s	Core Trust £000s	CTF £000s	Consolidated £000s
Balance at 1st April	4,632	3,665	8,297	3,485	513	3,998
Net change in cash and cash equivalents	360	(88)	272	1,147	3,152	4,299
Balance at 31st March	4,992	3,577	8,569	4,632	3,665	8,297
The following balances were held at 31st March were held at						
Commercial banks and cash in hand	4,992	3,577	8,569	4,632	3,665	8,297
Balance at 31st March	4,992	3,577	8,569	4,632	3,665	8,297

NOTE 12.1 RECONCILIATION OF LIABILITIES ARISING FROM FINANCING ACTIVITIES

In accordance with amendments to IAS 7 disclosures required, the changes in liabilities arising from financing activities, including both cash and non-cash changes, are shown below:

	2022			2023		Total £000s
	£000s	Opening balance adjustment £000s	Restated (leased liabilities only) £000s	Cashflows £000s	Non- cash changes £000s	
Lease Liabilities	0	2,796	2,796	(479)	2,191	4,508
PFI Liabilities	109,935	0	109,935	(4,233)	0	105,702
Total liabilities from financing activities	109,935	2,796	112,731	(4,712)	2,191	110,210

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER CURRENT ASSETS

	2023				2022			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
Amounts falling due within one year								
Trade receivables	8,417	0	0	8,417	8,642	0	0	8,642
VAT receivable	7,463	0	0	7,463	6,360	0	0	6,360
Other receivables - not relating to fixed assets	12,570	141	(202)	12,509	10,640	18	(12)	10,646
Trade and other receivables	28,450	141	(202)	28,389	25,642	18	(12)	25,648
Prepayments	134	0	0	134	105	0	0	105
Other current assets	134	0	0	134	105	0	0	105
Total trade and other receivables	28,450	141	(202)	28,389	25,642	18	(12)	25,648
Total other current assets	134	0	0	134	105	0	0	105
Total Intangible current assets	0	0	0	0	0	0	0	0
Total receivables and other current assets	28,584	141	(202)	28,523	25,747	18	(12)	25,753

The balances are net of a provision for bad debts of £7,531k (2022: £5,186k).

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER CURRENT LIABILITIES

Note 14.1 Trade payables and other current liabilities

	2023				2022			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
Amounts falling due within one year:								
Other taxation and social security	30,203	0	0	30,203	19,249	0	0	19,249
Trade capital payables – property, plant and equipment	6,367	0	0	6,367	5,440	0	0	5,440
Trade revenue payables	42,239	86	(141)	42,184	46,901	38	(12)	46,927
Payroll payables	56,362	0	0	56,362	53,226	0	0	53,226
Clinical negligence payables		0	0		1,124	0	0	1,124
Other payables	4,463	61	(61)	4,463	3,887	0	0	3,887
Accruals - relating to property, plant and equipment	10,715	0	0	10,715	11,476	0	0	11,476
Trade and other payables	150,349	147	(202)	150,294	141,303	38	(12)	141,329
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	4,745	0	0	4,745	4,233	0	0	4,233
Other current liabilities	4,745	0	0	4,745	4,233	0	0	4,233
Total payables falling due within one year	155,094	147	(202)	155,039	145,536	38	(12)	145,562
Amounts falling due after more than one year								
Imputed finance lease element of PFI contracts and other service concession arrangements	100,957	0	0	100,957	105,702	0	0	105,702
Total non current payables	100,957	0	0	100,957	105,702	0	0	105,702
Total trade payables and other current liabilities	256,051	147	(202)	255,996	251,238	38	(12)	251,264

14.2 Loans

The Trust did not have any loans payable at either 31 March 2023 or 31 March 2022.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2023

	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2022	95,221	14,302	109,523
Provided in year	11,121	15,636	26,757
(Provisions not required written back)	(16,352)	(4,874)	(21,226)
(Provisions utilised in the year)	(7,549)	(1,128)	(8,677)
Cost of borrowing (unwinding of discount)	(15,314)	12	(15,302)
At 31 March 2023	67,127	23,948	91,075

Provisions have been made for five types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Employment Law and Holiday Pay. Public liability claims include personal injury claims. Employer liability claims include legal costs which have to be borne by the Trust and relate to accident or injury caused due to faults in the fabric of a Trust building and other damages including fair employment and industrial tribunal cases. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision, for each individual case, based on professional legal advice with PPO calculations based on estimated life expectancy data provided by professional legal advisors. For Holiday Pay the Trust has estimated an appropriate level of provision on the basis of the duration of the claims and the application of a regionally agreed estimated payment percentage of the total expenditure incurred on affected allowances.

Other provisions above include a provision for Holiday Pay shortfall liability previously treated as an accrual in 2021-22. Following consideration of the position for the 2022-23 accounting year, whilst the Trust maintains the accounting treatment in 2021-22 was appropriate given the information available at the time, it has become clear that this issue will not now be resolved as swiftly as anticipated previously. Given that the level of uncertainty around the timing of the liability has increased, it is therefore deemed more appropriate to treat the liability as a provision under IAS 37, rather than as an accrual at 31 March 2023. The best estimate of the value of the liability is still considered to be in line with the principles set out in the original accounting treatment, with discounting to present value applied as appropriate.

Comprehensive Net Expenditure Account charges

	2023 £000s	2022 £000s
Arising during the year	26,757	26,517
Reversed unused	(21,226)	(2,591)
Cost of borrowing (unwinding of discount)	(15,302)	11,077
Total charge within operating costs	(9,771)	35,003

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	Total £000s
Not later than one year	26,101	2,359	28,460
Later than one year and not later than five years	18,536	14,683	33,219
Later than five years	22,490	6,906	29,396
At 31 March 2023	67,127	23,948	91,075

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2023 (Cont'd)

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. The rate is currently -1.5% as set (with effect from 22 March 2022) by the Government Actuary under the Damages Act 1996 as amended by the Damages (Return on Investment) Act (Northern Ireland) 2022.

A review of Clinical Negligence cases has been undertaken during 2022/23 to assess the impact on cases that have not yet settled in order to establish the increase in liability. This increase has been quantified as £3.5m which is included within the above figures (2021/22 £14m).

PROVISIONS FOR LIABILITIES AND CHARGES- 2022

	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2021	66,363	13,439	79,802
Provided in year	24,420	2,097	26,517
(Provisions not required written back)	(2,216)	(375)	(2,591)
(Provisions utilised in the year)	(4,365)	(917)	(5,282)
Cost of borrowing (unwinding of discount)	11,019	58	11,077
At 31 March 2022	95,221	14,302	109,523

Provisions have been made for four types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit and Employment Law. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision, for each individual case, based on professional legal advice with PPO calculations based on estimated life expectancy data provided by professional legal advisors.

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	Total £000s
Not later than one year	11,295	2,030	13,325
Later than one year and not later than five years	33,675	1,588	35,263
Later than five years	50,251	10,684	60,935
At 31 March 2022	95,221	14,302	109,523

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 16 CAPITAL AND OTHER COMMITMENTS

NOTE 16 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements are:

	2023	2022
	£000s	£000s
Property, plant & equipment	6,603	9,952
Total	6,603	9,952

These commitments include £3.95m relating to Strategic Capital Development Projects, such as Altnagelvin Redevelopment Phase 5.1 and the Cityside and Lisnaskea Health & Care Centres, equipment of £0.48m and other Trust Estates managed capital schemes of £2.17m.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Right of use assets

Buildings	Buildings £000s	Plant and Machinery £000s	Total £000s
As at 1 April 2022	1,467	1,329	2,796
Additions	2,191	0	2,191
Depreciation expense	(435)	(215)	(650)
As at 31 March 2023	3,223	1,114	4,337

17.2 Lease Liabilities

	2023 £000s
Buildings	
Not later than 1 year	547
Later than 1 year and not later than 5 years	1,587
Later than 5 years	1,250
	3,384
Less interest element	(123)
Present value of Obligations	3,261
	2023 £000s
Plant and Machinery	
Not later than 1 year	426
Later than 1 year and not later than 5 years	814
Later than 5 years	34
	1,274
Less interest element	(27)
Present value of Obligations	1,247
Total Present Value of Obligations	4,508
Current Portion	936
Non-current portion	3,572

IFRS 16 was implemented within the Trust with effect from 1 April 2022, therefore there are no 2021-22 comparatives reported in this first year of implementation.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 17 LEASES (Cont'd)

17.3 Elements in the Statement of Comprehensive Net Expenditure

	2023
	£000s
Other Lease payments not included in Lease liabilities	387
Sub-leasing income	0
Expenses related to short term leases	276
Expenses related to low value asset leases (excluding short term leases)	1
	664

17.4 Total cash outflow for leases

	2023
	£000s
Total cash outflow for leases	517

IFRS 16 was implemented within the Trust with effect from 1 April 2022, therefore there are no 2021-22 comparatives reported in this first year of implementation.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 PFI and other service concession arrangement schemes deemed to be off-balance sheet (SoFP)

The Trust had no off balance sheet (SoFP) PFI contracts as at 31 March 2023 or 31 March 2022.

18.2 "Service" element of PFI and other service concession arrangement schemes deemed to be on-balance sheet (SoFP)

There are two PFI buildings operated by the Trust; South West Acute Hospital, Enniskillen and the Laboratories and Pharmacy Building at Altnagelvin Hospital. In relation to these PFI assets, the Trust is committed to make the following payments during the next year:

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of on-balance sheet (SoFP) PFI or other service concession transactions was £5,072k (2021-22:£4,904k). Total future obligations under on-balance sheet PFI and other service concession arrangements are given in the table below for each of the following periods:

	2023 £000s	2022 £000s
Minimum lease payments:		
Due within one year	14,433	14,243
Due later than one year and not later than five years	50,843	52,776
Due later than 5 years	153,085	164,531
Total	218,361	231,550
Less interest element	112,659	121,615
Present value	105,702	109,935
Service elements due in future periods:		
Due within one year	5,266	5,072
Due later than one year and not later than five years	22,644	21,806
Due later than five years	92,497	98,119
Total service elements due in future periods	120,407	124,997
Total Commitments	226,109	234,932

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 19 CONTINGENT LIABILITIES

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2023 £000s	2022 £000s
Clinical negligence	1,530	1,700
Public liability	113	41
Employer's liability	122	115
Total	1,765	1,856

Additional points to note:

19.1 Backdated Holiday Pay

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and while the hearing concluded on 15 December 2022, the date has not yet been set for the hand down of the judgement. A provision has been calculated by HSC management for the liability at 31 March 2023, based on the position in the NHS in England, Scotland and Wales, and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation will rely on the outstanding Supreme Court judgement and will have to be agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

19.2 Clinical Excellence Awards

The Clinical Excellence scheme recognised the contribution of consultants who show commitment to achieving the delivery of high quality care to patients and to the continuous improvement of Health and Social Care. There were 12 levels of award, lower awards (steps 1-8) were made by local (employer) committees, and higher awards were recommended by the Northern Ireland Clinical Excellence Awards Committee (NICEAC). Self-nomination was, however, the only method of application within the scheme. After consultations, the Department of Health (DoH) decided that from the 2013/14 awards round and onwards, no new clinical excellence awards (higher or lower) would be made to medical and dental consultants. This decision has been subject to legal challenge. An agreement has been reached through mediation for the design and implementation of a future scheme. The Department is continuing to work on this in conjunction with the BMA. Any scheme will require Ministerial approval and a period of public consultation prior to introduction. Whilst the current litigation has been paused, it has not been withdrawn, and therefore the legal case has continued to be treated as a contingent liability at 31 March 2023. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

19.3 Payment of part time staff who work additional hours whilst on annual leave and sick leave

The Trust has identified an issue in relation to the payment of part time staff who work additional hours when on annual leave or sick leave. Initial assessment in the Trust has indicated that not all part time staff who work additional hours are paid in line with Sections 13.9 and 14.4 of the Agenda for Change Handbook. A project team was established to scope out the current position within the Trust and developed a proposed response plan in order to meet the obligations as set out within the Agenda for

Change Handbook. The programme of work will therefore focus on establishing the historical financial liability regarding the issue, propose an agreed solution and a future standard process and system fix. As at 31st March 2023, however, it is not possible to accurately quantify the additional liability given the significant scale of the work entailed.

19.4 Employment Tribunals

HSC Trusts are aware of employment tribunal cases being lodged by Trade Unions on behalf of a number of their members. A single test case is underway. However, based on information received to date it has not been possible to establish whether the HSC has a liability in this regard, or if so, what any quantum would be. This matter will be kept under close review as the case progresses during 2023/24.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 20 RELATED PARTY TRANSACTIONS

The Trust is an arm's length body of the Dept. of Health and as such, the Dept. of Health is a related party from which the Trust has received income during the year of £957m consisting of £909m RRL (note 22) and £48m other income (note 4).

The Trust is required to disclose details of material transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 Related Party Disclosures. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

Non-Executive Directors

Some of the Trust's non-executive directors have disclosed interests with organisations from which the Trust purchased services during 2022/23. Set out below are details of the amounts paid to these organisations. In none of the cases listed did the non-executive directors have any involvement in the decisions to procure the services from the organisations concerned.

Name and Organisation	Role	Amount paid by Trust during 2022/23 £	Amount paid by Trust during 2021/22 £
Dr Catherine O'Mullan, North West Regional College	Non-Executive Director	Nil	£6,894
Rev Judi McGaffin, Extern	Non-Executive Director	Nil	£1,237,540
Rev Judi McGaffin, School of Nursing, Ulster University Magee	Non-Executive Director	£220,053	£162,646
Sean Hegarty, Culmore Community Partnership	Non-Executive Director	Nil	£2,470
Professor Hugh McKenna, Alzheimer's Society	Non-Executive Director	£324,447	£312,253
Professor Hugh McKenna, Ulster University	Non-Executive Director	£220,053	£162,646
Professor Hugh McKenna, RQIA	Non-Executive Director	£15,439	£17,403

Neil Guckian, Chief Executive

Mr Guckian's brother is a Board member of Foyle Hospice.
During 2022/23, the Trust received income from Foyle Hospice of £71k.

Donna Keenan, Interim Director of Nursing/PCOP

Ms Keenan is a nurse advisor to WUC.
During 2022/23, the Trust made payments of approximately £514k to WUC and received income of £33k. The Trust was owed £48 from WUC at 31st March 2023.

Karen Hargan, Director of Human Resources

Mrs Hargan's spouse works for Northern Ireland Ambulance Service (NIAS).
During 2022/23, the Trust received income of approximately £287k and was owed £196k from NIAS at 31st March 2023.

Other Senior Managers

Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2022/23. The details are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned.

Anita McConnell, Contract Lead SWAH

Ms McConnell is a Voluntary Director with Badoney Development Partnership and Owenkillew Development Company. During 2022/23, the Trust made payments of approximately £4k to Badoney Development Partnership and £264 to Owenkillew Development Company.

Joanne Gallagher, Clinical lead Psychology service within Occupational Health

Ms Gallagher has research interests with Ulster University and Queen's University. During 2022/23, the Trust made payments of approximately £220k to the University of Ulster and received income of £102k. The Trust was owed £11k from the University of Ulster at 31st March 2023. The Trust also made payments of approximately £37k to Queen's University Belfast and received income of £106k at 31st March 2023. The Trust was owed £1k from Queen's University Belfast at 31st March 2023.

Lyle Simpson, HR Administrator (ad hoc)

Mr Simpson has general admin duties with Cornfield care centre. During 2022/23, the Trust made payments of approximately £4.9m to Cornfield care centre.

Ms Sandra McNeill, Consultant

Ms McNeill is a casual lecturer for University of Ulster. During 2022/23, the Trust made payments of approximately £220k to the University of Ulster. The Trust also received income of approximately £102k from the University of Ulster and was owed £11k from the University of Ulster at 31st March 2023. During 2021/22, the Trust made payments of approximately £162k to the University of Ulster. The Trust owed £90 to the University of Ulster at 31st March 2022. The Trust also received income of approximately £45k from the University of Ulster and was owed £578 from the University of Ulster at 31st March 2022.

Ms McNeill is also Honorary Senior Lecturer for Queen's University Belfast. During 2022/23, the Trust made payments of approximately £37k to Queen's University Belfast and received income of £106k. The Trust was owed £1k from Queen's University Belfast at 31st March 2023. During 2021/22, the Trust made payments of approximately £87k to Queen's University Belfast and received income of £52k. The Trust owed £2,185 to Queen's University Belfast at 31st March 2022 and was owed £1,627 at 31st March 2022.

Ms McNeill is also a coach for NIMDTA. During 2022/23, the Trust made payments of approximately £14.2m to NIMDTA and received income of £1k.

Ms McNeill is also a facilitator for Derry Well Woman Centre. During 2022/23, the Trust made payments of approximately £134k to Derry Well Woman Centre.

Ms McNeill is also a volunteer for Waterside Women's centre. During 2022/23, the Trust made payments of £400 to Waterside Women's centre.

Dr Nicola Herron, GPAMD Western Trust

Dr Herron is a director with Southwest federation. Dr Herron is also a GP Partner with Glendermott medical practice. During 2022/23, the Trust received income of approximately £74k from Southwest federation and was owed £6k at 31st March 2023. During 2022/23, the Trust made payments of approximately £328 to Glendermott medical practice. The Trust also received income of approximately £2k from the Glendermott medical practice.

Brendan McGrath, Assistant Director Nursing

Brendan McGrath is a Nurse Advisor with Western Urgent Care. Brendan McGrath is also a surveyor with CHKS.

During 2022/23, the Trust made payments of approximately £514k to Western urgent care. The Trust received income of approximately £33k from Western urgent care and was owed £48 at 31st March 2023. During 2022/23, the Trust made payments of approximately £42k to CHKS.

John-Paul McGinley, AD, Older person's secondary care

John-Paul McGinley is a women's senior team media officer with Derry City Football Club. During 2022/23, the Trust made payments of £625 to Derry City Football Club.

Caragh McLaughlin, HOS for community social work, PCOPS

Ms McLaughlin's partner is a staff nurse providing training to Ann's nursing care. Ms McLaughlin's partner also provides training to Grouse care home. During 2022/23, the Trust made payments of approximately £228k to Ann's nursing care. During 2022/23, the Trust also made payments of approximately £720k to Grouse care home.

Ms Cathy Magowan, Carer's Coordinator

Ms Magowan is a voluntary board member (Chair) with Fermanagh Community Transport. During 2022/23, the Trust made payments of £220 to Fermanagh Community Transport. During 2021/22, the Trust made payments to Fermanagh Community Transport of approximately £203.

Keith Hegarty, AD, Strategic Capital Development division

Mr Hegarty is School Governor with Foyle College, Derry. During 2022/23, the Trust made payments of £1.9k to Foyle College, Derry.

Tara Boyle, Project Manager, capital development

Ms Boyle is a Director of the Tara Centre, Omagh. Ms Boyle is also a Director with Derry Well Women Centre. During 2022/23, the Trust made payments of approximately £55k to Tara Centre, Omagh. The Trust also made payments of approximately £134k to Derry Well Women Centre.

Brian McFetridge, Assistant Director Acute Services (Nursing)

Mr McFetridge is an Honorary Fellow of Ulster University School of Nursing. During 2022/23, the Trust made payments of approximately £220k to University of Ulster. The Trust received income of approximately £102k from University of Ulster and was owed £11k at 31st March 2023.

Carol Reid, Interim AD Nursing SWAH & Omagh

Ms Reid is the Chairperson of First Steps Children's Centre, Killen, Castlederg. During 2022/23, the Trust made payments of approximately £12k to First Steps Children's Centre, Killen Castlederg.

Dr Danny Acton, Clinical Lead - T & O

Dr Acton has a clinical position with Kingsbridge North West. During 2022/23, the Trust made payments of approximately £375k to Kingsbridge North West. The Trust received income of approximately £479k from Kingsbridge North West and was owed £79k at 31st March 2023. Kingsbridge North West is part of the Kingsbridge Healthcare Group. 3Fivetwo Healthcare is also part of the Kingsbridge Healthcare Group. The Trust has made payments of approximately £4.359m to 3Fivetwo in 2022/2023.

Dr Paul Farry, Consultant Radiologist

Dr Farry is a Radiologist with Kingsbridge North West. During 2022/23, the Trust made payments of approximately £375k to Kingsbridge North West. The Trust received income of approximately £479k from Kingsbridge North West and was owed £79k at 31st March 2023. Kingsbridge North West is part of the Kingsbridge Healthcare Group. 3Fivetwo Healthcare is also part of the Kingsbridge Healthcare Group. The Trust has made payments of approximately £4.359m to 3Fivetwo in 2022/2023.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 21 THIRD PARTY ASSETS

The assets held at the reporting period date to which it was practical to ascribe monetary values comprised £3,467k. These third party assets relate to Patient and Resident monies held by the Trust and are set out in the table below.

	2023 £000s	2022 £000s
Monetary assets such as bank balances and monies on deposit	3,467	3,360
Total	<u>3,467</u>	<u>3,360</u>

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 22 FINANCIAL PERFORMANCE TARGETS

22.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend.

Following the implementation of review of Financial Process, the format of Note 22.1 has changed as the Department has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. Western Health and Social Care Trust has remained within the budget control limit it was issued. From 2022-23 onwards, the materiality threshold limit excludes non-cash RRL.

The Revenue Resource Limit (RRL) for Western HSC Trust is calculated as follows:

RRL Allocated from:	2023 Total	2022 Total (restated)
	£000s	£000s
DoH (SPPG)	892,150	826,110
PHA	9,562	8,740
Other – SUMDE & NIMDTA	7,087	7,379
Total	908,799	842,229
RRL to be accounted for	908,799	842,229
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	926,242	928,084
Adjustments		
Research and Development under ESA 10	62	0
Depreciation / Amortisation	(36,785)	(31,653)
Impairments	15,503	(140)
Notional Charges	(128)	(122)
Movement in Provisions	9,771	(35,003)
PPE stock adjustment	0	(1,620)
PFI and other service concession arrangements/IFRIC 12	(6,036)	(5,679)
Other (Income for Donations/Government Grant/Lottery funding for non current assets)	93	433
Profit / Loss on disposal of assets*	0	58
Total adjustments	(17,520)	(73,726)
Net expenditure Funded from RRL	908,722	854,358
Surplus / (Deficit) against RRL	77	(12,129)
Break-even cumulative position (opening)	(78,746)	(66,617)
Break-even cumulative position (closing)	(78,669)	(78,746)

*As a result of non-cash adjustments, Profit/Loss on disposal of assets is excluded from Note 22.1 from 2022/23, however, has been included within 2021/22 as a one off adjustment.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 22 FINANCIAL PERFORMANCE TARGETS (Cont'd)

22.1 Revenue Resource Limit

Materiality Test:

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2022/23 Total %	2021/22 Total (restated) %
Break even in year position as % of RRL	0.01%	-1.44%
Break even cumulative position as % of RRL	-8.66%	-9.35%

The Trust breakeven position has been described in more detail in the Governance Statement, included in this document on page 75.

The Trust had an approved control total of £12m in 2021/22.

22.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2023 Total £000s	2022 Total £000s
Gross Capital Expenditure	37,646	37,240
Less IFRIC 12/PFI and other service concession arrangements spend	(1,014)	(642)
Receipts from sales of fixed assets up to net book value	(25)	(68)
Net capital expenditure	36,607	36,530
Capital Resource Limit	36,545	36,532
PHA R&D Income	62	0
Underspend against CRL	0	(2)

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2023

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having a material effect on the accounts.

NOTE 24 DATES AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 4 July 2023.

WESTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/RESIDENTS' MONIES ACCOUNTS
YEAR ENDED 31 MARCH 2023

STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Trust is required to prepare and submit accounts in such form as the Department of Health may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

WESTERN HEALTH AND SOCIAL CARE TRUST - PATIENTS' AND RESIDENTS' MONIES

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on account

I certify that I have audited Western Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2023 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of Western Health and Social Care Trust for the year ended 31 March 2023 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the account statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the account section of this certificate. My staff and I are independent of Western Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2019, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Western Health and Social Care Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities of the Trust for the account

As explained more fully in the Statement of Trust's Responsibilities in relation to patients'/residents' monies, the Trust is responsible for:

- the preparation of the account in accordance with the applicable financial reporting framework and for being satisfied that they properly present the receipts and payments of the monies held on behalf of the patients and residents;
- such internal controls as the Trust determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Western Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust anticipates that the services provided by Western Health and Social Care Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the account

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust through discussion with management and

application of extensive public sector accountability knowledge. The key laws and regulations I considered included Health and Personal Social Services (Northern Ireland) Order 1972, as amended;

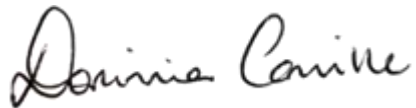
- making enquires of management and those charged with governance on Western Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Western Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: posting of unusual journals and management bias in accounting estimates;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

Report

I have no observations to make on this account.

A handwritten signature in black ink that reads "Dorinnia Carville". The signature is written in a cursive style with a large initial 'D'.

Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU
4 July 2023

WESTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2023

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

Previous Year £	Receipts	£	£
	Balance at 1 April 2022		
2,812,919	1. Investment (at cost)	10,029	
309,470	2. Cash at Bank	3,338,848	
11,500	3. Cash in Hand	11,600	
			3,360,477
1,664,697	Amounts received in the year		1,471,982
46	Interest Received		11
4,798,632	Total		4,832,470
	Payments		
1,438,155	Amounts paid to or on behalf of patients / Residents		1,365,868
	Balance at 31 March 2023		
10,029	1. Investments (at cost)	10,040	
3,338,848	2. Cash in Bank	3,439,762	
11,600	3. Cash in Hand	16,800	
			3,466,602
4,798,632	Total		4,832,470

Cost Price £	Schedule of investments held at 31 March 2023 Investment	Nominal Value £	Cost Price £
10,029	Bank of Ireland	10,040	10,040

I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.

Director of Finance:



Date:

22 June 2023

I certify that the above account has been submitted to and duly approved by the Board.

Chief Executive:



Date:

22 June 2023

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