

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2025

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

07 July 2025

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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 2024/25. The report offers a comprehensive outline of the services provided by the Trust in what has been yet another year of unprecedented pressures and challenges for all staff, patients, carers, families and the public who have needed to engage with health and social care during the year.

Can I begin by expressing my thanks and appreciation for the way our staff, our volunteers and indeed the wider community have worked so selflessly to maintain services in our hospitals and communities. I would also like to commend our staff for 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, again thank you so much.

It is important that I also acknowledge that the Western Trust continues to have the benefit of being managed by an outstanding senior team under the leadership of Chief Executive, Neil Guckian.

I commend this report to you as a detailed account of the work undertaken by the Western Health and Social Care Trust during the financial year 2024/25.

A handwritten signature in black ink, appearing to read 'Dr Frawley', with a stylized flourish at the end.

DR TOM FRAWLEY CBE
CHAIR

FOREWORD FROM THE CHIEF EXECUTIVE

The demands on Trust Services have continued in 2024/25 and I want to commend the commitment and innovative approaches by all staff throughout the Trust. Everyone should be immensely proud of their contribution to the Health and Wellbeing of our population.

We have completed our organisational restructuring at Corporate Management Team (CMT) level. I congratulate our latest Directors to be permanently appointed, Mr Mark Gillespie, Director of Surgery, Paediatrics & Women's Health, Mrs Donna Keenan, Executive Director of Nursing, Midwifery & AHP's and Dr Maura O'Neill, Director of Community & Older People's Services. I commend the work done by CMT over the past year to focus on delivery of services.

Despite the serious constraints (particularly workforce gaps, finance shortfalls and demand / capacity gaps), the Trust had some significant achievements. A small selection of the Trust's achievements in 2024/25 are:

- Supporting the stabilisation of 5 GP Practices across the Trust's geography. I pay tribute to the team in our Community and Older People's Directorate, along with the corporate teams for stepping up to ensure patient services have been sustained.
- Our Rota Optimisation Project within Domiciliary Care continued its excellent work to focus on maximising our homecare services. In 4 years, this work has sourced services for over 1,000 additional clients and saved over £10 million. I want to acknowledge the partnership work between external providers and the Trust teams. This work has made a significant impact on the number of patients waiting in Altnagelvin waiting for Homecare services.
- We have been able to expand our community services capacity to start to address the gaps in this area. We have created an additional 37 places across a wide range of services and sectors, from Trust Residential Homes to Independent Sector Homes. This is the first phase of a medium-term strategy to address the significant shortfalls in community capacity.
- We have worked tirelessly to plan for the implementation of a single electronic Health & Social Care Record, which went live on 8 May 2025. Northern Ireland has now a single electronic record for all its population and all staff in Trusts will have access to all records required to deliver safe and effective care for patients and clients.
- In relation to our hospital elective performance, we ended the year in an extremely positive position of 102.8% of theatre delivery. Elective surgical activity in South West Acute Hospital improved from 457 sessions delivered last year to 635 sessions delivered in 2024/25.
- By introducing a new pathway, we have significantly reduced Mental Health patients waiting times in Emergency Departments, thereby reducing risk. This

has involved the implementation of a new side by side model, with a new assessment centre within the Rathview Centre in Omagh. I commend the work of the staff in the Mental Health Programme for this innovative approach to make services safer and a better experience for patients.

- I want to welcome our international recruits to our medical workforce. We have worked in partnership with the Medical School in Mumbai, India and have had successful recruitment to many medical vacancies. These medical staff will underpin the stability of many of our acute services over the medium-longer term. I want to highlight the work done by our International Medical Recruitment team.
- The Trust has seen a significant increase in user feedback through the Care Opinion platform – 1,245 patient / client stories, with 154,815 views which represents an increase of 26% on last year. Feedback continues to be very positive, with less than 1% strongly critical of Trust services.
- Ulster University Graduate Entry Medical School have now achieved final approval from the General Medical Council, which now enables approval of medical degrees as an organisation. The first cohort will graduate this summer and this represents many years of close working between the Trust and University.
- Finally, I want to commend the work done by all Directorates on financial stability. This Annual Report reflects a breakeven position, which is a key statutory duty of the Trust. We have been very ably supported in this work by our excellent Finance Directorate.

One area that we need to do further work on is our complaints. We have some way to go to become more responsive to our service users, and this will be a priority in 2025/26.

Health & Social Care is delivered through so many different environments and organisations. I want to acknowledge all the external organisations who work in partnership with the Trust and who help us deliver services to our patients and clients.

I want to place on record my thanks and admiration to all Western Trust staff for your continued commitment in 2024/25. I continue to be humbled by all that you do every day in such challenging circumstances.

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

A handwritten signature in blue ink, appearing to read 'Neil Guckian', with a stylized flourish at the end.

NEIL GUCKIAN OBE
CHIEF EXECUTIVE

PERFORMANCE REPORT

Purpose

This section of the report presents the Western Health and Social Care Trust's (the "Trust") performance over the period 2024/25. It also summarises the purpose and activities of the Trust and provides a brief description of the planning and operating environment, organisational structure and strategies. Key issues and risks that could affect the organisation in delivering against its corporate 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 an extensive rural and urban geography. The Trust also provides a range of specialist acute services to the population of the northern part of the Northern Trust area, and to people in north Donegal through specific commissioning arrangements. The Trust employs approximately 12,065 staff (2023/24 11,760 staff approx).

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:

- Adult Mental Health and Disability Service,
- Children and Families Service,
- Community and Older People's Service,
- Unscheduled Care, Medicine, Cancer and Clinical Service, and
- Surgery, Paediatrics and Women's Health Service.

The Service Directorates are supported by the corporate Directorates, which are:

- Chief Executive's Office,
- Performance, Planning and Corporate Services Directorate,
- Finance, Contracts and Capital Development Directorate,
- Human Resources and Organisational Development Directorate,
- Medical Directorate, and
- Nursing, Midwifery and Allied Health Professionals Directorate.

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.

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

Vision and Values

The Trust mission and vision, which is set out below, links directly to the HSC core values and has been incorporated into the Trust's three-year Corporate Plan for 2024/27.



Performance Overview

This section provides an update for Hospital and Community Services on progress for the full year 2024/25 (1 April 2024 to 31 March 2025). Information is provided on the Trust's performance against targets set out by:

















- DoH Commissioning Plan Direction (CPD); rolled forward from 2019/20 and
- HSC Service Delivery Plan (SDP) 2024/25; (version 3, 17th July 2024)


Performance against the Service Delivery Plan targets is reported on a monthly basis to SPPG, the Trusts' Corporate Management Team via its Strategic Change Board. It is reported quarterly at the Finance & Performance Committee (a Committee of Trust Board), and specific service areas are selected for scrutiny by the Committee. The Trust Board Performance Report is presented to Trust Board on a quarterly basis, and each month the Director of Planning, Performance & Corporate Services can highlight any significant issues which need to be drawn to the attention of the Board. The report is published on the Western HSC Trust website at [Our priorities and performance | Western Health & Social Care Trust \(hscni.net\)](#).

CPD Summary / Access to HSC Services

Since 2020, targets for performance have been contained in the SDP, however the ministerial standards for access remain and 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 Target Achieved.

| Summary of Trust Performance against Commissioning Plan Targets | 2024/25 Cumulative Position | 2024/25 Cumulative RAG |
|--|---|--|
| By March 2025, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate. | ALT : 9% of patients SWAH: 15% of patients |   |
| By March 2025, all urgent diagnostic tests should be reported on within 2 days. | EOY validation ongoing |  |
| During 2024/25, all urgent suspected breast cancer referrals should be seen within 14 days. | 97% patients seen within 14 days |  |
| During 2024/25, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. | 97%* patients received first treatment within 31 days |  |
| During 2024/25, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days | 42%* patients received first treatment within 62 days |  |
| By March 2024, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment. | 15% < 9Weeks (Mar 25) |  |
| By March 2025, no patient should wait longer than 52 weeks for an outpatient appointment. | 48,669 patients waiting > 52 weeks (Mar 25) |  |
| By March 2025, 75% of patients should wait no longer than 9 weeks for a diagnostic test | EOY validation ongoing |  |
| By March 2025, no patient should wait longer than 26 weeks for a diagnostic test | EOY validation ongoing |  |
| By March 2025, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. | EOY validation ongoing |  |
| By March 2025, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test. | EOY validation ongoing |  |
| By March 2025, 55% of patients should wait no longer than 13 weeks for inpatient or day case treatment. | 26% < 9Weeks (Mar 25) |  |
| By March 2025, no patient should wait longer than 52 weeks for inpatient or day case treatment | 8,533 patients waiting >52 weeks (Mar 25) |  |
| By March 2025, no patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional. | 9,246 patients waiting >13 weeks (Mar 25) |  |
| By March 2025, 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 | 52% patients treated or discharged within 4 hours |  |
| By March 2025, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours | 20,708 patients waited >12 hours |  |

| | | |
|--|---|---|
| By March 2025, at least 80% of patients to have commenced treatment, following triage, within 2 hours | 68% patients commenced treatment within 2 hours |  |
| By March 2025, ensure that 90% of complex discharges from an acute hospital take place within 48 hours | 47% complex discharges within 48 hours |  |
| By March 2025, ensure that no complex discharge from an acute hospital takes more than seven days | 749 complex discharges >7 days |  |
| By March 2025, all non-complex discharges from an acute hospital to take place within six hours. | 94% of non-complex discharges within 6 hours |  |
| By March 2025, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. | 77% of patients waited no longer than 48 hours |  |
| By March 2025, no patient waits longer than nine weeks to access adult mental health services. | 73 patients waiting > 9 weeks (Mar 25) |  |
| By March 2025, no patient waits longer than 9 weeks to access dementia services. | 278 patients waiting >9 weeks (Mar 25) |  |
| By March 2025, no patient waits longer than 13 weeks to access psychological therapies (any age). | 1,013 patients waiting > 13 weeks (Mar 25) |  |
| During 2024/25, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge | 83% of discharges took place within 7 days |  |
| During 2024/25, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge | 1 patient waited > 28 days |  |
| During 2024/25, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge | 98% of discharges took place within 7 days |  |
| During 2024/25, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge. | 21 patients waited > 28 days |  |
| By March 2025, no patient waits longer than 9 weeks to access child and adolescent mental health services. | 354 patients waited > 9 weeks (Mar 25) |  |
| By March 2025, secure a 10% increase in the number of direct payments to all service users. | 1,535 service users (Mar 25) |  |
| By March 2025, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users. | 2,331 Offered (Mar 25) (90% increase on 2019/20) |  |
| By March 2025, 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. | EOY validation ongoing | |

***Initial Performance data – End of Year Position finalised June 2025.**

Service Delivery Plan (April 2024 – March 2025)

A detailed assessment of the Service Delivery Plan (SDP) performance for 2024/25 is provided in the tables in the section below.

The 2023/24 SDP was rolled forward into 2024/25 with some adjustments and/or uplifts to Baselines and Targets in line with commissioner investments, and agreed at the Performance and Transformation Executive Board (PTEB) meeting in May 24, pending the introduction of the new Strategic Outcomes Framework and associated Systems Oversight Measures, which was approved by Minister in July 24.

During 2024/25 (April 2024 to March 2025), the Trust reported against 60 metrics, across Hospital and Community Services, Public Health and Northern Ireland Ambulance Service (NIAS). This was reduced from 64 when reporting against the four District Nursing metrics was paused pending a review of the District Nursing Service. The Red, Amber and Green RAG rating continued to be the basis for the assessment of performance.

In addition, the Department of Health introduced a change to the methodology and baselines for the Public Health Agency (PHA) Health Care Acquired Infection (HCAI) for Methicillin-resistant staphylococcus aureus (MRSA) and Clostridioides Difficile (CDI); due to the launch of the new UK Antimicrobial Resistance National Action Plan 2024/29. These changes resulted in a material shift in the SDP target and Western Trust Quarter 1 (April to June 24) performance. Trusts raised a number of queries with the PHA during 2024/25; pending resolution of these queries SPPG have advised that the Quarter 3 and 4 out turn for 5 of the 6 metrics will not be RAG assessed and are deemed “assessment of performance not appropriate”.

The cumulative (full year) 2024/25 Trust Performance against the metrics was: **40%** assessed as “Red”, **15%** “Amber”, **37%** “Green” and **8%** where assessment of performance is not appropriate. It is important to note that the cumulative End of Year performance above reflects an improving position as the number of metrics RAG assessed “Red” remained consistent at 45% in 2024/25 Quarter 2, 3 and 4 (July 24 to March 25).


Factors Impacting Performance

The Trust successfully delivered more activity in 2024/25 across a number of Hospital and Community services when compared to 2023/24, however performance and outturn remained impacted by a number of factors which include:

- **Increased Targets:** the uplift in the Target across a number of service areas did increase the challenge to services, and could not always be achieved. Services with an increased target for 2024/25 included: Cardiac CT, Cath Lab, New Outpatients, Adult Mental Health and Dementia (New & Review Total) and Child and Adolescent Mental Health Service (CAMHS) (Review).
- **Workforce availability:** recruitment and retention of appropriately trained staff remains a key priority for the Trust, and workforce gaps are a primary cause of under-delivery in some services. Long term and short term sickness absence also impacts available capacity. Services continue to progress recruitment through internal, regional and international processes and maximise skills mix. In addition and where appropriate impacted services utilised additional support for core service through requesting “mutual aid” from other Trusts, and out sourcing of clinical work to the Independent Sector.

- **Industrial Action:** throughout 2024/25 Quarter 1 (April to June 24) Industrial Action by resident doctors impacted delivery across our services. The service areas that were affected include Outpatients (Hospital and Community), Inpatients and Day Case Services.
- **Demand for services:** It is recognised that in many hospital and community services, demand exceeds the commissioned capacity. Within our planned care services, this results in long waiting times for assessment and treatment and the need to prioritise those patients or clients who's clinical or care need is time critical, particularly suspect cancer patients and those in crisis in the community. This unfortunately results in very long waiting times those patients or clients who are assessed to be routine. The Trust has been commissioned by SPPG to deliver considerable In-house and Independent Sector Waiting List Initiative (WLI) activity to manage risk with time critical hospital patients. The Trust has also continued its efforts to streamline pathways through QI and efficiency initiatives in order to maximise its capacity to see and treat those on the waiting list. The increasing levels of demand across unscheduled care, cancer, diagnostics/imaging, community services and childrens' services is also acknowledged. Within the Trust, the Strategic Change Board and the Delivering Value Management Board are the primary corporate structures to set direction and oversee the agreed service reforms and efficiency improvements which will increase capacity, however demand/capacity gaps remain across many services.

The detailed breakdown of these metrics is provided below.

| | | |
|--|---|---|
| <div>  <div> HSC SERVICE DELIVERY PLANS April 2024 to March 2025 End of Year Summary </div> </div> | | |
| 40% (24 metrics) | 15% (9 metrics) | 37% (22 metrics) |
| HOSPITAL SERVICES | | |
| Cancer Services: 62 Day Access performance Cardiac: Cath Lab procedures Elective Care: New Outpatients, Inpatient, Endoscopy and Theatre operating times (DPU) Unscheduled Care: ED 12 Hour Performance, Weekend Discharges (Complex and Simple: Altnagelvin and South West Acute) and Average Length of Stay (Altnagelvin and South West Acute) Northern Ireland Ambulance Service (NIAS): Handover Times (4 metrics) and Ambulance Turnaround Times <30 minutes | Cancer Services: 14 and 31 Cancer Access performance Elective Care: Theatre Operating Times (Main) Antimicrobial Consumption - use of antibiotics from the WHO Access AWaRe category | Cancer Services: Red Flag 1st OP appointment Imaging: MRI, CT and Non-Obstetric ultrasound Cardiac: MRI, CT and Echo Elective Care: Review Outpatients, Day Case and Scheduled Theatre Minutes |
| COMMUNITY SERVICES | | |
| Allied Health Professionals: Dietetics, Orthoptics and Podiatry (New and Review Total) Stroke Service: Thrombolysis (Altnagelvin) and % Admitted <4 hours (Altnagelvin and South West Acute) | Community Care: Domiciliary Care Unmet Need (Total packages) and Direct Payments Allied Health Professionals: Physiotherapy and Occupational Therapy Stroke Service: Thrombolysis (South West Acute) | Children's Social Care: Child Protection Case Conferences (15 Days, 3 and 6 months) and Unallocated Cases Mental Health Services: Adult Mental Health, Psychological Therapies, Dementia (New and Review Total) and Child and Adolescent Mental Health Service (New and Review) Allied Health Professionals: Speech and Language (New and Review Total) Community Dental: Contacts and GA sessions (Total) |

The level achieved in each of the services within the SDP is set out in the tables below:

HSC SERVICE DELIVERY PLANS

HOSPITAL SERVICES 2024/25

| Western Health and Social Care Trust | | | YEAR END 2024/25 | | | | |
|--|-------------------------|---|------------------|-----------|-----------|---------------------------------------|---------------------------------------|
| | | | BASELINE | EXPECTED | DELIVERED | VARIANCE | ACTUAL PERFORMANCE |
| | | | | | | DELIVERED - EXPECTED EXCEPTIONS APPLY | DELIVERED / BASELINE EXCEPTIONS APPLY |
| HSC SERVICE DELIVERY PLANS | | | | | | | |
| HOSPITAL SERVICES 2024/25 | | | | | | | |
| CANCER | | | | | | | |
| PERFORMANCE | 14 DAYS | Total Performance | 100% | 100% | 90.0% | -10.0% | 90.0% |
| | | Western Trust Performance Only | | | 97.2% | -2.8% | 97.2% |
| | 31 DAYS | | 98% | 98% | 97% | -1% | 97% |
| | 62 DAYS | | 95% | 95% | 42% | -53% | 42% |
| RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST) 110% OF 2019/20 BASELINE | | | 7,758 | 8,534 | 11,284 | 2,750 | 145.4% |
| IMAGING | | | | | | | |
| MRI | | TARGET SBA VOLUMES | 16,584 | 16,584 | 17,136 | 552 | 103.3% |
| CT | | TARGET SBA VOLUMES | 32,352 | 32,352 | 43,161 | 10,809 | 133.4% |
| NOUS | | TARGET SBA VOLUMES | 42,505 | 42,505 | 45,181 | 2,676 | 106.3% |
| CARDIOLOGY / CARDIAC | | | | | | | |
| CARDIAC MRI | | TARGET SBA VOLUMES | 336 | 336 | 385 | 49 | 114.6% |
| CARDIAC CT | | 110% OF 2019/20 BASELINE | 503 | 552 | 597 | 45 | 118.7% |
| ECHO | | TARGET SBA VOLUMES | 8,316 | 8,316 | 8,399 | 83 | 101.0% |
| CATH LAB | | 110% OF 2019/20 BASELINE | 2,043 | 2,250 | 1,862 | -388 | 91.1% |
| ELECTIVE | | | | | | | |
| NEW OUTPATIENTS 105% OF 2019/20 BASELINE | FACE TO FACE | | 73,257 | 76,881 | 54,449 | -5,205 | 97.8% |
| | VIRTUAL | | | | 3,640 | | |
| | OTHER | | | | 13,587 | | |
| | TOTAL | | | | 71,676 | | |
| REVIEW OUTPATIENTS 100% OF 2019/20 BASELINE | FACE TO FACE | | 150,212 | 150,212 | 103,054 | 18,962 | 112.6% |
| | VIRTUAL | | | | 24,132 | | |
| | OTHER | | | | 41,988 | | |
| | TOTAL | | | | 169,174 | | |
| OUTPATIENTS (OVERALL) | | | 223,469 | 227,093 | 240,850 | 13,758 | 108% |
| INPATIENT 100% OF 2019/20 BASELINE | CORE | | 6,077 | 6,077 | 5,151 | -926 | 84.8% |
| | OTHER | | 1,272 | 1,272 | 1,457 | 185 | 114.5% |
| | TOTAL | | 7,349 | 7,349 | 6,608 | -741 | 89.9% |
| DAY CASES 100% OF 2019/20 BASELINE | CORE | | 16,733 | 16,733 | 16,550 | -183 | 98.9% |
| | OTHER | | 8,211 | 8,211 | 9,765 | 1,554 | 118.9% |
| | TOTAL | | 24,944 | 24,944 | 26,315 | 1,371 | 105.5% |
| OMAGH DPC Day Case Activity (Included above) | | | 1,260 | 1,260 | 767 | -493 | 60.9% |
| INPATIENT AND DAYCASE (OVERALL) | | | 32,293 | 32,293 | 32,923 | 630 | 102.0% |
| ENDOSCOPY | | 2019/20 BASELINE + 3000 SCOPES PER YEAR (Additional 250 per month) | 12,681 | 12,681 | 10,588 | -2,093 | 83.5% |
| OMAGH DPC Endoscopy Activity (Included above) | | | 3,000 | 3,000 | 2,122 | -878 | 70.7% |
| THEATRE UTILISATION | | | | | | | |
| SCHEDULED THEATRE MINUTES | SESSION DURATION (MINS) | | 1,142,700 | 1,142,700 | 1,174,830 | 32,130 | 102.8% |
| THEATRE OPERATING TIMES | MAIN THEATRES | | 85% | 85% | 82.8% | -2% | 82.8% |
| | DPU THEATRES | | 80% | 80% | 70.9% | -9% | 70.9% |
| UNSCHEDULED CARE | | | | | | | |
| ED PERFORMANCES - 12 HOURS | | 10% REDUCTION OF 2022/23 BASELINE | 17,932 | 16,141 | 20,708 | 2,776 | 15.5% |
| WEEKEND DISCHARGES | | | | | | | |
| ALTNAGELVIN | SIMPLE | | 80% | 80% | 52.6% | -27.4% | 52.6% |
| | COMPLEX | | 60% | 60% | 24.4% | -35.6% | 24.4% |
| SOUTH WEST ACUTE | SIMPLE | | 80% | 80% | 19.1% | -60.9% | 19.1% |
| | COMPLEX | | 60% | 60% | 8.3% | -51.7% | 8.3% |
| AVERAGE LOS | | | | | | | |
| ALTNAGELVIN | | 1 DAY REDUCTION OF Q4 2022/23 BASELINE | 8.1 | 7.1 | 8.7 | 1.6 | 8.7 |
| SOUTH WEST ACUTE | | 1 DAY REDUCTION OF Q4 2022/23 BASELINE | 11.4 | 10.4 | 12.4 | 2.0 | 12.4 |

HSC SERVICE DELIVERY PLANS

COMMUNITY SERVICES 2024/25

| | | YEAR END 2024/25 | | | | |
|---|---|------------------|----------|-----------|---------------------------------------|---------------------------------------|
| | | BASELINE | EXPECTED | DELIVERED | VARIANCE | ACTUAL PERFORMANCE |
| | | | | | DELIVERED - EXPECTED EXCEPTIONS APPLY | DELIVERED / BASELINE EXCEPTIONS APPLY |
| COMMUNITY CARE | | | | | | |
| DOMICILIARY CARE | | | | | | |
| 2.5% REDUCTION OF MAR 24 BASELINE Q1 5% REDUCTION OF MAR 24 BASELINE Q2 7.5% REDUCTION OF MAR 24 BASELINE Q3 10% REDUCTION OF MAR 24 BASELINE Q4 | UNMET NEED HOURS (FULL PACKAGES, ALL POCS) | 2,992 | 2,693 | 2,679 | -313 | -10.5% |
| | UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS) | 2,208 | 1,987 | 2,145 | -63 | -2.9% |
| | TOTAL | 5,200 | 4,680 | 4,824 | -376 | -7.2% |
| | | | | | | |
| DIRECT PAYMENTS | NO. OF CLIENTS IN EFFECT AT MONTH END 5% INCREASE OF MAR 24 BASELINE BY MAR | 1,387 | 1,456 | 1,405 | 18 | 1.3% |
| CHILDRENS SOCIAL CARE | | | | | | |
| CHILD PROTECTION CASE CONFERENCES | WITHIN 15 DAYS | | | 245 | | |
| | TOTAL | N/A | 84% | 254 | 12% | 96% |
| | % WITHIN 15 DAYS | | | 96% | | |
| | WITHIN 3 MONTHS | | | 174 | | |
| | TOTAL | N/A | 85% | 198 | 3% | 88% |
| | % WITHIN 3 MONTHS | | | 88% | | |
| | WITHIN 6 MONTHS | | | 428 | | |
| | TOTAL | N/A | 89% | 449 | 6% | 95% |
| UNALLOCATED FAMILY SUPPORT CASES QUARTETLY MONITORING WITH EFFECT FROM Q2 10% REDUCTION BY MAR 24 (JUN 23 BASELINE) | % WITHIN 6 MONTHS | | | 95% | | |
| | | 71.0 | 63.9 | 28.0 | -43.0 | -60.6% |
| MENTAL HEALTH SERVICES | | | | | | |
| ADULT MENTAL HEALTH (NON INPATIENT) 110% OF 19/20 BASELINE | NEW | 6,469 | 7,116 | 4,407 | -2,709 | 68.1% |
| | REVIEW | 49,738 | 54,712 | 57,985 | 3,273 | 116.6% |
| | TOTAL | 56,207 | 61,828 | 62,392 | 564 | 111.0% |
| PSYCHOLOGICAL THERAPIES 100% OF 19/20 BASELINE | NEW | 1,857 | 1,857 | 2,258 | 401 | 121.6% |
| | REVIEW | 12,141 | 12,141 | 19,174 | 7,033 | 157.9% |
| | TOTAL | 13,998 | 13,998 | 21,432 | 7,434 | 153.1% |
| DEMENTIA 110% OF 19/20 BASELINE | NEW | 482 | 530 | 1,321 | 791 | 274.1% |
| | REVIEW | 4,764 | 5,242 | 6,709 | 1,467 | 140.8% |
| | TOTAL | 5,246 | 5,772 | 8,030 | 2,258 | 153.1% |
| CAMHS 100% OF 19/20 BASELINE (NEW CONTACTS) 110% OF 19/20 BASELINE (REVIEW CONTACTS) | NEW | 1,075 | 1,075 | 1,233 | 158 | 114.7% |
| | REVIEW | 7,619 | 8,382 | 8,787 | 405 | 115.3% |
| | TOTAL | 8,694 | 9,457 | 10,020 | 563 | 115.3% |
| MENTAL HEALTH SERVICES (OVERALL) | | 84,145 | 91,055 | 101,874 | 10,819 | 121.1% |
| ALLIED HEALTH PROFESSIONALS | | | | | | |
| PHYSIOTHERAPY 100% OF 19/20 BASELINE | NEW | 18,174 | 18,174 | 18,129 | -45 | 99.8% |
| | REVIEW | 53,433 | 53,433 | 49,961 | -3,472 | 93.5% |
| | TOTAL | 71,607 | 71,607 | 68,090 | -3,517 | 95.1% |
| OCCUPATIONAL THERAPY 100% OF 19/20 BASELINE | NEW | 10,039 | 10,039 | 7,950 | -2,089 | 79.2% |
| | REVIEW | 36,193 | 36,193 | 36,434 | 241 | 100.7% |
| | TOTAL | 46,232 | 46,232 | 44,384 | -1,848 | 96.0% |
| DIETETICS 100% OF 22/23 BASELINE | NEW | 4,023 | 4,023 | 3,970 | -53 | 98.7% |
| | REVIEW | 13,819 | 13,819 | 12,256 | -1,563 | 88.7% |
| | TOTAL | 17,842 | 17,842 | 16,226 | -1,616 | 90.9% |
| ORTHOPTICS 100% OF 19/20 BASELINE | NEW | 2,562 | 2,562 | 2,571 | 9 | 100.4% |
| | REVIEW | 9,975 | 9,975 | 7,816 | -2,159 | 78.4% |
| | TOTAL | 12,537 | 12,537 | 10,387 | -2,150 | 82.9% |
| SPEECH & LANGUAGE 100% OF 22/23 BASELINE | NEW | 2,806 | 2,806 | 2,622 | -184 | 93.4% |
| | REVIEW | 31,487 | 31,487 | 35,044 | 3,557 | 111.3% |
| | TOTAL | 34,293 | 34,293 | 37,666 | 3,373 | 109.8% |
| PODIATRY 100% OF 19/20 BASELINE | NEW | 4,525 | 4,525 | 4,243 | -282 | 93.8% |
| | REVIEW | 40,814 | 40,814 | 36,901 | -3,913 | 90.4% |
| | TOTAL | 45,339 | 45,339 | 41,144 | -4,195 | 90.7% |
| ALLIED HEALTH PROFESSIONALS (OVERALL) | | 42,129 | 42,129 | 39,485 | -2,644 | 93.7% |
| | | 185,721 | 185,721 | 178,412 | -7,309 | 96.1% |
| | | 227,850 | 227,850 | 217,897 | -9,953 | 95.6% |

HSC SERVICE DELIVERY PLANS

COMMUNITY SERVICES 2024/25

| | | YEAR END 2024/25 | | | | |
|--|------------------|------------------|----------|-----------|--|--|
| | | BASELINE | EXPECTED | DELIVERED | VARIANCE | ACTUAL PERFORMANCE |
| | | | | | DELIVERED - EXPECTED EXCEPTIONS APPLY | DELIVERED / BASELINE EXCEPTIONS APPLY |
| STROKE SERVICES | | | | | | |
| THROMBOLYSIS RATE | ALTNAGELVIN | N/A | 16% | 9% | -7% | 9% |
| | SOUTH WEST ACUTE | N/A | 16% | 15% | -1% | 15% |
| % ADMITTED <4 HOURS | ALTNAGELVIN | N/A | 43% | 24% | -19% | 24% |
| | SOUTH WEST ACUTE | N/A | 90% | 81% | -9% | 81% |
| COMMUNITY DENTAL | | | | | | |
| CONTACTS 100% OF 2019/20 BASELINE FOR Q1 & Q2 90% OF 2019/20 BASELINE FOR Q3 80% OF 2019/20 BASELINE FOR Q4 | NEW | 3,158 | 2,911 | 2,477 | -434 | 78.4% |
| | REVIEW | 13,112 | 12,003 | 13,020 | 1,017 | 99.3% |
| | TOTAL | 16,270 | 14,914 | 15,497 | 583 | 95.2% |
| GENERAL ANAESTHETIC CASES DELIVERED CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES) 80% OF 2019/20 BASELINE FOR Q1, Q2 + Q4, 85% FOR Q3 | ALTNAGELVIN | 528 | 429 | 402 | -27 | 76.1% |
| | SOUTH WEST ACUTE | 228 | 185 | 257 | 72 | 112.7% |
| | TOTAL | 756 | 614 | 659 | 45 | 87.2% |

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. There is particular focus being given to the accessibility of recruitment and selection processes for Neurodivergent applicants to ensure perceived barriers to employment are reduced as far as possible through the accommodation of reasonable adjustments to the process;
- Managing Attendance at Work Policy - provides detailed guidance on supporting all employees to provide regular and effective attendance and how managers can support employees who present as having a disability which impacts on their ability to attend work or to carry out the full duties of their role. This policy also outlines our statutory responsibilities in supporting colleagues who have a disability.
- Supporting Performance Improvement Policy – provides a framework for fair and consistent management of any performance concerns that may arise relating to employee capability, throughout their employment journey. This process has been developed to identify the underlying reason for the performance concern with a view to supporting improvement in line with the Trust's Just & Learning Culture.

The Trust has a collaborative approach to supporting disabled employees which includes input from the employee, line manager, Human Resources and Occupational Health. The Disability Action Plan 2024 – 2029 sets out the actions the Health and Social Care Trusts will take forward over the next five years to further promote positive

attitudes and encourage full participation of disabled people in public life. The Regional Disability Policy is currently undergoing review and it is hoped that a revised policy and associated Disability Toolkit will be issued in Quarter 2 of 2025/26.

Accounts and Audit

The Trust has prepared a set of accounts for the year ended 31 March 2025 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 on pages 124 to 177.

The Trust's External Auditor is the Comptroller and Auditor General (C&AG), who have sub-contracted the audit to Deloitte (NI) Limited for the year; however C&AG remains responsible for issuance of the audit opinion. The notional cost of the audit for the year ended 31 March 2025, which pertained solely to the audit of the accounts, was £143,700, being £133,250 for Public Funds and £10,450 for Endowments and Gifts (2023/24 Public funds £130,100 and Endowment and Gifts £10,200). An additional amount of £1,830 was paid to the National Fraud Initiative in respect of the current ongoing NFI exercise. This is reflected within miscellaneous expenditure within Note 3 Operating expenses in the accounts.

Managing risk

The Trust Risk Management arrangements are aligned to the Assurance Framework through the Corporate Risk Register and are central to the Board's understanding of key risks that may impact on the Trust Objectives. Trust Board regularly review the Corporate Risk Register and Assurance Framework to provide assurance on the management of the Corporate Risks.

Any material changes to the Corporate Risk Register must be approved by the Corporate Management Team and the Trust Board. The Corporate Risk Register is reviewed quarterly by the Governance Committee which also facilitates a deep dive into selected risks through the year for more detailed scrutiny. It is also tabled at Audit and Risk Assurance Committee which has responsibility to provide oversight assurance on the framework of management of corporate risks. The risk register is published with Trust Board papers and is posted on the Trust intranet site for access by employees.

Annually the Corporate Risk Register and Assurance Framework is subject to a Trust Board workshop at which each risk is scrutinised in detail and the level of tolerance of Trust Board for the risk remaining above the risk appetite for the year ahead is also assessed. Those risks to which the Trust currently have a low tolerance for remaining above risk appetite levels are summarised in the table below. Action plans are in place to prioritise these risks to be reduced to the required appetite level either wholly or for specific gaps in control, within the next 12 months.

The risks assessed as low tolerance and which are being actively managed are as follows:

| Risk Appetite Category | Corporate Risk with low tolerance |
|-------------------------------|---|
| Regulation & Compliance | <ul style="list-style-type: none"> Where Mental Capacity Act processes are not being followed, patients may be deprived of their liberty, without having safeguards in place |
| Quality of Care | <ul style="list-style-type: none"> Lack of capacity for endoscopy to meet the demand which impacts on Patient outcomes. |
| Resource and People | <ul style="list-style-type: none"> Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Middle grades. Consultants Cover in Cardiology at risk due to challenges regionally in relation to securing substantive posts. |
| Health & Safety | <ul style="list-style-type: none"> Fire risk as a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises. Health & Safety Risk to Staff as a result of Violence and Aggression. |

The following risks that were added to the Corporate Risk Register after the Trust Board workshop in April 2024 have been set a low tolerance level as default which will be reviewed and reset at the Trust Board risk workshop in 2025/26.

| Risk Appetite Category | Corporate Risk with low tolerance |
|-------------------------------|--|
| Resource and People | <ul style="list-style-type: none"> Risk of no GP cover in Trust managed GP Practices. |
| Quality of Care | <ul style="list-style-type: none"> Risk to achieving the proposed electronic patient record Go Live date due to safety concerns Risk of disruption to the Trust's contracted out domiciliary care services as result of new procurement exercise Cardiology capacity issues leading to inappropriate management of Non-ST segment elevation myocardial infarction (NSTEMI) patients in Emergency Departments Medium secure placement deficit for patients with highly complex needs. |
| ICT & Physical Infrastructure | <ul style="list-style-type: none"> Risk of rostering system failure. |

The Trust Board also actively manages corporate risks which require longer term mitigations acknowledging significant external factors driving such risks and limiting the ability of the Trust to control them to the appetite level. Trust Board are focused on ensuring everything that can be done to control these risks is being done but have a

higher tolerance for remaining above the appetite level as a result. Examples of these include:

| Risk Appetite Category | Corporate Risk with low tolerance |
|-------------------------------|--|
| ICT & Physical Infrastructure | <ul style="list-style-type: none"> • The potential impact of a Cyber Security incident on the Trust. |
| Quality of Care | <ul style="list-style-type: none"> • Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions. • Impact on services as a result of industrial action in relation to outstanding agenda for change (AFC) Pay. |

Further information on the management of risks is detailed in the Risk Management section of the Governance Statement.

DIRECTORATE PERFORMANCE

Unscheduled Care, Medicine, Cancer and Clinical Services

The Cancer and Diagnostics Hospital Management Team have worked together with the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients. The Directorate continues to maintain accreditations across Pathology, Radiology, Radiotherapy and Medical Physics. The service continues to work closely with our colleagues in the Republic of Ireland to deliver cross border radiotherapy.

Rising demand continues to challenge meeting cancer waiting time standards particularly the 62 day pathway, radiology and pathology delivery. The growth in unscheduled care continues to challenge diagnostic and pathology delivery with services now prioritising red flag and unscheduled care which is directly impacting upon urgent and routine capacity within these services. Consultant workforce challenges exist within Radiology and Pathology and the Trust continues to work with SPPG and DoH to address workforce gaps. The Directorate continues to utilise every opportunity to redesign and modernise services to meet the growing demand.

Pharmacy

Pharmacy has continued to provide safe and effective services throughout the year. The pharmacy procurement service continued to purchase medicines to meet the needs of our patients within the challenging context of global supply-chain disruption. In addition savings continue to be realised as part of the Medicines Optimisation Regional Efficiency Programme (MORE) Programme. Quality improvement initiatives continue to drive timeliness of discharge and improving turnaround times. Patients continue to be able to obtain their hospital only medicines promptly after a decision is made to prescribe.

The Aseptics & Cancer Service continues to operate above the recommended capacity levels as defined in the Aseptics capacity plan. Funding has been secured for a number of new roles to enhance the aseptic production team and support the requirements of the quality management system. Maintaining safe staffing levels within a capacity plan is part of the quality system process for the Unit's Medicines and Healthcare products Regulatory Agency (MHRA) manufacturing license. Following an external audit by the MHRA in March 2024, the MHRA subsequently responded in August 2024 to recommend their continued support of the manufacturing license to the 'Licensing Authority' in the context of continued improvements to Good Manufacturing Practice standards being implemented and maintained. The cancer team began a two-step model on 24 March 2025 which will streamline the patient journey when they attend for oncology treatments and allow improved planning and efficiency in relation to the preparation and supply of treatments. The Western Trust is the first Trust in Northern Ireland to install a 'Medpoint' (medicines supply) machine. The machine has been operational at the North West Cancer Centre since 24 March 2025 and once dispensed medicines have been loaded into the machine, patients can access their supply of oral chemotherapy and supportive medicines at any time throughout the day or night.

The clinical pharmacy service continued to focus on the safe and timely supply of medicines on discharge, supporting patient flow in acute, intermediate care and within residential facilities. They also worked on getting medicines right when patients are admitted, with pharmacy teams working in Emergency Department (ED), Ambulatory Care Unit (ACU) and Acute Medical Unit (AMU) in Altnagelvin Hospital and ED (from July 2024), MASU and same day Emergency Care Unit in the South West Acute Hospital. In June 2024, two Specialist Palliative Care Pharmacists (SPCPs) have been embedded within the Specialist Palliative Care Team in the Trust providing specialist advice, support, information and guidance in the medicines management of people with specialist palliative care needs. In July 2024, a temporary paediatrics pharmacist was appointed to the Multi-Disciplinary team (MDT) which has greatly enhanced the service to our paediatric and neonatal patients and carers.

National pharmacy recruitment challenges continue and the Trust continues to invest in training and development of our staff and also hosting recruitment events to attract new staff. More pharmacists are becoming independent prescribers, completing postgraduate programmes and technicians are developing their skills. Engagement with local schools, colleges and universities has taken place to attract more students to work in the Trust. August 2025 will see the recruitment of 40 foundation training year (FTY) across the pharmacy team. Recruitment has taken place to create a band 8a FTY lead and 4 band 7 pharmacists to facilitate the FTY cohort.

The pharmacy team, supported by the Encompass team have provided support to all Trusts across NI as part of the regional Encompass build and phased roll out. Over the last 18 months pharmacy staff have been undertaking multiple streams of readiness activities and integrating with multidisciplinary teams, both within the Trust and

regionally, to ensure that the financial and medicines management aspects of this new single digital patient record will be seamlessly integrated across the Trust.

The South West Acute Hospital pharmacy department continues to maintain their MHRA wholesale dealer's authorisation which allows Independent sector providers with appropriate licences to receive medicines and provide treatment to inpatients in the hospital as part of waiting list initiatives.

Psychology

Workforce issues remain a challenge for Clinical Health Psychology service. Despite 2 recruitment attempts at both Band 7 and Band 8a, neither post was filled. The service is planning to advertise a preceptorship post to enhance the chance of successful recruitment. To address clinical demand, agency cover will be explored as a short-term option.

The Critical Incident Stress Management (CISM) service which provides primarily group-based debriefing following traumatic/critical incidents experienced in their work. This service is staffed by volunteers who have been trained to be CISM session facilitators. To provide timely input following traumatic incidents, it is essential to have adequate numbers of facilitators. Given resignations, retirements, role changes, it is important to regularly recruit new facilitators. To this end 12 new facilitators attended week-long training in December 2024. Alongside this, guidelines on the use of the CISM have been developed and approved by the Unscheduled Care, Medicine, Cancer and Clinical Services Directorate and will be shared across the Trust.

Altnagelvin

The Altnagelvin site has continued to experience an unprecedented level of demand, particularly within unscheduled care. Patient flow through services remains a challenge given the high number of complex delays with particular challenge within Acute Medicine, General and Specialist medicine, Care Of the Elderly and Stroke services. Lack of 7 day working for senior medical colleagues continued to negatively impact patient discharge across weekend and bank holiday periods. The Site Coordination hub is operational 7 days per weeks to ensure that patient flow is as fluid as possible within and through services on both sites and works closely with community colleagues to ensure complex delays have daily focus. Site coordination continues to feed into the Regional Coordination Centre (RCC) with daily meetings days with Assistant Director cover across weekend and bank holiday periods. The result of poor patient flow continues to impact both EDs where patients continue to experience very long waits for placement on base wards. Daily this number is in excess of 40 patients. Various actions have been taken to mitigate against congestion within the ED including approval of the full capacity protocol, non-designated bed protocol giving additional escalation and non-designated bed capacity within all areas. ACU has been fully protected from inpatient escalation since April 2024 allowing them to work towards their full commissioned service following investment via No More Silo with new patient pathways established

for lung and liver biopsy and taking patient direct from triage and the NI Ambulance Service thus freeing ED capacity. The ambulatory surgical assessment area has been enhanced to assist in redirecting surgical patients from ED. No More Silo investment has also allowed expansion of the Respiratory hub thus expediting respiratory discharge and preventing hospital admission for this group of patients. Same Day Emergency Care spaces have been opened in South West Acute Hospital. The Minor Injury Unit (MIU) which opened in March 2024 has also prevented ED attendances.

Surgery, Paediatrics & Women's Health

The Surgery, Paediatrics and Women's Health Management Team has continued to demonstrate high levels of commitment to ensuring the delivery of high quality services for the benefits of the population. During the year, the Directorate has completed its restructure including appointments to all its business and performance posts. One key outcome from the consultation process was the creation of two Assistant Director posts in the sub Directorate for Paediatrics and Women's Health.

The Assistant Director for Midwifery post has been advertised on two occasions with no appointment made. This post is key and integral to the operational management and governance of the service. The Director will now work with HR colleagues to widen the scope for this position in the next round of recruitment. The Directorate has also created a new Clinical Lead post in Obstetrics and Gynaecology and a new Divisional Clinical Director in Paediatrics as part of this process. These are currently in recruitment. In order to support quality, safety and governance, the directorate has also created a new lead nurse post which has been recruited to.

There have been two early alerts in the Directorate relating to Thyroid and Endometriosis services. Both reports have been finalised and have been shared with Trust Board and Governance Committee members.

Surgical Services

The Trust continues to rebuild elective capacity to pre-COVID-19 levels, however, this remains a challenge due to staff recruitment and retention challenges within theatres and anaesthetics. Despite this, Altnagelvin's rebuild programme is on target to deliver the 56 sessions which were delivered in 2019/20 for inpatient operating and, are currently over-delivering against day case surgery targets. As part of the Directorate's rebuild plan focus has been on moving inpatient operating to day case and day case operating to outpatients with procedures in line with the GIRFT reviews. The two areas of focus are now ENT and Gynaecology. Significant progress has also been made on outpatients rebuild and the Trust is participating in the regional review and reform of outpatients. The Trust has also had investment for additional day case sessions and Post Anaesthetic Care Unit (PACU). The Directorate is also exploring options to increase inpatient bed capacity.

The Directorate has also focused on Orthopaedic surgery which is now fully rebuilt to 17 inpatient sessions and 8.5 day case sessions. As a result, the orthopaedics rebuild has been de-escalated from the Support Intervention Framework (SIF). The team is working with SPPG on a business case to increase AHP resource and trauma capacity. As part of winter planning and, to maintain elective access, SPPG did fund additional capacity on a short term basis.

The Directorate submitted an early alert to the DoH with respect to the ENT consultant workforce. There are currently five consultants in post with funding for six. This workforce is made up of three substantive consultants, one Trust NHS Locum and one agency Locum. The Trust has plans to interview potential consultants and a meeting has also been held with colleagues at SPPG.

SWAH / OHPCC

Throughout the year, both South West Acute Hospital and Omagh Hospital continued the reset of services to return to pre-pandemic levels of elective surgery. The establishment of the 7 additional DC sessions commissioned within Omagh hospital and primary care centre as the day procedure centre. The Omagh DPC is now funded for and has capacity to deliver 24.6 theatre sessions per week of high throughput of low complexity surgeries. It is anticipated that as a consequence of this investment there will be a subsequent positive impact on the regional waiting lists for urology and general surgery.

There remain a number of challenges to maintaining the optimum operating capacity for Omagh DPC and SWAH Elective Overnight Stay Centre (EOSC) i.e. the identification of operators and more recently the provision of anaesthetic cover. The Trust remains committed to scope solutions to the current challenges and have undertaken a number of initiatives to mitigate any impact on efficient and patient throughput. Surgical workforce has improved this year which allow sessions to be job planned for Omagh and SWAH. There has been some short term challenges with respect to urology consultant staffing however, it is anticipated that this will improve. The Trust has appointed two international medical urology consultants who will provide workforce resilience moving forward. Omagh remains at level two on the SIF but there are twice weekly meetings with the Trust and SPPG. SWAH is now at full rebuild of 15.3 sessions and has been de-escalated from SIF.

The Trust and DoH received the report from the Regulation and Quality Improvement Authority (RQIA) on the review of the pathways associated with the temporary suspension of emergency general surgery at SWAH. The scope of the review was restricted to examination of the clinical pathways associated with the temporary suspension of emergency general surgery and their direct and indirect impacts. An expert review team undertook a wide range of engagement activity with those working in, and using, the clinical pathways. The review did not identify immediate patient safety issues arising from the pathways. The DoH and the Trust accepted all 10 of the

recommendations of the review in principle and work is already in progress to take forward actions arising.

Paediatrics and Women's Health

Paediatrics and Women's Health has been successful in stabilising the Obstetrics and Gynaecology Consultant Medical workforce in SWAH hospital with 3 new international medical doctors appointed in this year. Moving forward this will see 6 substantive doctors in place, with a commitment to look at recruitment for a seventh. As part of this work the Trust will see the reintroduction of colposcopy in SWAH.

Paediatrics had an invited service review by the Royal College of Paediatrics (RCOP). As a result, the Trust has developed an action plan with input from SPPG. The RCOP recently wrote to the Trust to indicate their satisfaction with progress in respect to this review.

The Paediatric medical consultant workforce at SWAH is in a vulnerable position due to a number of consultant staff on unplanned leave or who have restrictions in place. Consequently a number of agency locum staff have been recruited to ensure the out of hour's rota is maintained. A paper was shared with the Trust's Corporate Management Team and this will now become a corporate risk.

Adult Mental Health and Disability Services (AMHD)

The Trust continues to experience significant demand in line with the region for services and has been contributing significantly to ongoing work across the region as we seek to reshape services through regional strategies and service models. As in previous years, staff commitment in the midst of financial constraint and workforce pressures has been highly commendable and is to be acknowledged. Staff at all levels across the Directorate have continued to strive to meet regulatory standards, to practice safe and effective care and to meet the requirements of our Statutory functions while also striving for improvement.

Across the directorate, staff and managers have been committed to meeting the needs of the population. There has been a continued focus on Delivering Value and to making the most of available resources while attending to savings targets as efficiently as possible given the demand for essential and critical services. Senior staff have continued to negotiate and liaise robustly with SPPG and DoH by way of escalation of risk and endeavouring to seek commissioning or financial solutions where there are service deficits or where new need has been identified.

The challenges associated with delayed discharges from hospital and securing suitable placements with an appropriate level of care and support to ensure safety across all client groups continues to be a significant issue requiring resolution at both regional and local level.

Ongoing bed pressures and staffing deficits in the nursing and psychiatry workforce across our hospitals continue to be a source of concern. Mental Health hospitals have been consistently at levels above capacity and staffing pressures have been persistently challenging particularly in the Tyrone and Fermanagh hospital. The Learning Disability hospital has also faced ongoing challenges associated with the need to accommodate patients and have staff bespoke arrangements for a small number of patients.

In SWAH, the development of the Side by Side model has been piloted and implemented to support patients at the ED Department requiring crisis and home treatment input.

In addition to core work this year the Directorate have also taken on responsibility for the Trust wide development of an oversight project for the Trust's Implementation of the Regional Restrictive Practices Policy.

Quality Improvement

During the year a Director Led Improvement Board work has continued to apply quality improvement thinking and methodology. The improvements are linked to the Directorate Delivering Value Project Board and an extensive action plan was developed looking at service improvement initiatives across Crisis and Inpatient Services. In September 2024, the Director Led Improvement Board expanded its scope of improvement works to Community Adult Mental Health services. The AMH Reform and Modernisation Quality Improvement team have supported the improvements in a number of Community AMH services including the Review of Recovery Service Trust wide, a pilot exercise that will see the implementation of a Physical Health Monitoring team, testing of an ASW hub and development of a leadership report to ensure a consistent response to requests for ASW intervention and support, transitions from AMH Recovery to Older Persons Services as well as the testing of a new model of Supported Living Trust wide.

Perinatal Service

The Perinatal Team have continued to expand and develop, with the recruitment of a parent child psychotherapist, occupational therapist and consultant psychologist. Staff have enhanced their expertise by attending specialist training and have collaborated with the Health Improvement Team to deliver four sessions to all pregnant staff Trust wide and following this the team will now be delivering this across Trust twice yearly. The consultant will be engaging in a podcast for the Trust talking about Perinatal Mental Health and was also interviewed by the BBC which was televised on women experiencing anxiety in pregnancy.

Toward Zero Suicide

Towards Zero Suicide (TZS) is an integral part of the DoH's overall Protect Life 2 Strategy which the Trust are continuing to support in order to build on existing

innovative work, to deliver the best possible care to those seeking help from our mental health care services. The Trust Adult Mental Health Service is currently implementing the Regional towards Zero Suicide Programme across many aspects of services.

Adult Attention Deficit Hyperactivity Disorder (ADHD)

The provision of diagnostic assessment and treatment of ADHD within Adult Mental Health services continues to be an un-commissioned service and there continues to be steady growth in referrals into AMH Recovery services for those who are transitioning from CAMHS and Community Paediatric services, who are currently on a treatment pathway.

Psychological Therapies

The review of the Psychological Service model commenced in July 2024 to look at different ways of working and to address the increased demand which was largely due to recruitment challenges for specialised roles. A number of recruitment strategies have been adopted which has seen the recruitment to specialist posts such as a Psychologist and CBT therapist, with recruitment continuing to address any further gaps. There continues to be staffing pressures within the Personality Disorder Service impacting on ways of working. Recruitment efforts continue to address the gaps within the team. Conversations are happening at a regional level around the Regional Personality Disorder Service.

Adult Learning Disability Services

Adult Learning Disability has continued to perform to a high standard throughout the year across day services, community teams and inpatient services. RQIA inspections have been positive and the commitment of staff has been high to try to achieve best outcomes for the population. There have been staffing challenges particularly for social work in some geographical areas and in Lakeview Hospital.

Much of the year has been influenced by ongoing effort to try to improve and enhance work to support the transition of young people from children's to adult services and other transitions from hospital to community. This work extends beyond local arrangements to ongoing involvement in regional work to influence the LD delivery model going forward.

Physical Disability, Autism Spectrum Disorder (ASD), Brain Injury, Sensory Support and Self-Directed Support

The Adult Physical Disability sub division continue to strive to deliver high quality services. This remains challenging in terms of financial and human resources to meet need and deliver sustainable services in certain areas some of which is either partially commissioned or not commissioned.

Adult Autism continues to have significant waiting lists for both diagnostic and post-diagnostic services. A business case was shared with SPPG in July 2024 to increase

the workforce to meet demand however, no response has been received to date. A meeting was held with SPPG in November 2024 to discuss the challenges within Adult Autism and further meetings are planned.

Alcohol Related Brain Injury (ARBI) continues to place considerable pressure on Physical Disability's care home budget as individuals with ARBI usually require high cost enhanced placements. This is a non-commissioned service which is now impacting on Physical Disability's ability to place individuals with a chronic and enduring physical disability, which they are commissioned to provide, due to a lack of available funding. Adult Mental Health are leading on a business case to seek funding for an ARBI service in the Trust.

Adult Physical Disability is a social work led service with one Occupational Therapist in each sector of the Trust. Due to the changing demographic, individuals are living longer with more complex needs and risks, which require a multi-disciplinary approach. A business case is being developed to request an increase in the workforce in the context of multi-disciplinary to ensure the needs of the population are met through safe and effective interventions.

The North West Centre for Neuro-Rehabilitation (NWCNR) continues to provide neuro rehabilitation and therapeutic short stays. Whilst these service are multi-disciplinary, gaps were identified in relation to social work, pharmacy, additional nursing, activity co-ordinator and support services. A Social Worker is currently being recruited and a business case is being developed to seek commissioning for the remaining disciplines. Alongside this, NWCNR provide Spasticity Clinics to 27 individuals on a quarterly basis which is non-commissioned. There is also a waiting list for this service. A business case is being developed through a task and finish group to seek funding to provide these clinics and to have a contingency plan to ensure no gap in provision when the Rehabilitation Consultant is not available.

Quality improvement and service improvement continue to underpin services within the Adult Physical Disability Service. Projects have included a new model of working in the Physical Disability Service in the southern sector to stabilise the workforce which included a central base for staff in Omagh, which has had a positive outcome. A Quality Improvement initiative was undertaken to increase Personal and Public Involvement (PPI) via Care Opinion, this resulted in a 10% increase in Care Opinion stories for Physical Disability.

Self-Directed Supported is now implemented in the Trust. Bi-Monthly Personalisation Forums are held to share practice learning and ensure consistency and equity across the Trust. SPPG set a target to increase direct payments by 5% during the year and the Trust achieved 1.3%. The option was offered however feedback from individuals related to high level of bureaucracy associated with direct payments and a lack of informal carer available to recruit Personal Assistants.

Social Work

Social work and social care teams have continued to work effectively to maintain high quality provision across community teams and in regulated day and 24/7 facilities. Social work remains focussed on meeting and evidencing Directed Statutory Functions through data collection and practice management. Efforts have been robust in spite of staffing challenges in some areas to fulfil requirements for needs assessment and Care Management processes alongside Self Directed Support and Personalisation. The service has continued to deliver effective work across the spectrum of need and in particular for high end work which is labour intensive. Managers have also continued to monitor work with our care managed clients residing in independent sector facilities across Supported Living, Residential Care and Nursing Homes.

The professional social work practice and governance forum meets bi-monthly to address key social work/social care issues requiring professional support and guidance and is a key part of delivery of social work supervision under the new policy. It is a touchstone for escalating issues of concern and in 2025 has an objective towards practice improvement across the profession to chime with the work plan for Learning, Development and Governance.

Safeguarding

The Directorate continues to work towards improving practice in Adult Safeguarding and a specific dedicated group has been developed in AMH to scope training deficits and practice requirements from a multi-disciplinary perspective. The Directorate Safeguarding subgroup has worked on the development of a flow pathway to clarify how Safeguarding practice needs to be taken forward by the core services when protection referrals are screened out but still require safeguarding attention where there is continuing vulnerability. This will be finally reviewed and launched in 2025 to support safer practice and improved recording. This is part of the preparation for the implementation of forthcoming Safeguarding legislation.

Nursing

The professional nursing agenda has been shaped by a commitment to robust governance, delivery of safe and effective care, and navigating ongoing workforce challenges. Despite significant staffing pressures, nurses have continued to try and uphold high standards of clinical practice, supported by strengthened oversight mechanisms and leadership.

Specialist Nursing Roles

The development of specialist nursing roles is a vital component in strengthening our workforce which will enhance the skill set of the nurse, allowing them to be utilised as a resource, contributing to reducing pressures on medical staff within AMHD. Two nurses in AMHD are currently being trained to complete their advanced nurse practitioners course in 2025 and three will complete in 2026. The strategic focus is on

growing the number of advanced nurse practitioners to ensure a sustainable, skilled workforce capable of meeting evolving service demands.

Community and Older People's Services

Statutory Residential Care for Older People

The Trust has continued to invest in the repurposing of its statutory residential homes for older people to meet the changing needs of its population as outlined below:

- Thackeray Place Residential Home, Limavady – a 7-bed dementia residential unit has been developed within the existing residential home at Thackeray Place and opened in September 2024. This unit supports the growing demand and need for dementia care beds both from the hospital and within the community.
- William Street Residential Home, Cityside – a 5-bed rehabilitation unit has been developed within the existing residential home at William Street to support hospital flow, working alongside the current 20 beds in Rectory Field Residential Home. The home began to accept service users aged 18+ years at the end of September 2024.
- Rectory Field, Waterside – There are current renovation works in place to improve the interior of the existing home to create larger rooms and space, thus enabling safer moving and handling and care for residents as well as improving infection control practice. A new nurse call system has been installed throughout and plans to update existing infrastructure and pipe work.

Day Care Services for Older People

A consultation exercise was carried out to ensure equality of access to day care for older people across the Trust. Following completion of this exercise, all 10 statutory day care services for older people will now remain open during the summer months and operate 50 weeks of the year. Day care centres will continue to close 1 week at Easter, 1 week at Christmas and 10 public holidays.

Homecare Optimisation

The Western Trust successfully implemented Homecare Optimisation in 3 localities, Lisnaskea in May 2024, Strabane in September 2024 and Cityside in March 2025. The Homecare Optimisation project is an initiative being progressed as part of the Trust's Delivering Value Programme. The objective of the project is to optimise domiciliary care services on a Trust wide basis ensuring safe, effective, accessible and affordable homecare services. The project is predicated on generating additional service capacity from within existing homecare resources. This is achieved by consolidating service delivery arrangements within a locality based on clustered localised care teams. The independent sector homecare providers with whom the Trust contracts with have been working closely with the Trust on this initiative. The project also includes the Trust's in-house homecare service. The additional capacity generated by the project allows the

Trust to respond to existing demand pressures including hospital discharges, waiting lists, hard to reach areas and future growth in demand.

During the year, across the 3 affected localities, 258 cases of unmet need were able to be accommodated within existing capacity totalling 2,923 weekly care hours. The cumulative position across all localities to date is 717 cases and 7,190 weekly hours. The project team has incorporated key learning from previous localities to help ensure appropriate safeguards are in place as the changes are implemented and to minimise disruption associated with the change.

Omagh Hospital – Palliative Care Ward

Omagh Palliative Care Ward has increased bed capacity to 9 beds. Increasing the bed complement has supported a reduction in palliative care patients being admitted to ED in the SWAH and Altnagelvin sites as the unit is facilitating direct admissions from the patient's own home.

Appointment of Trainee Advanced Nurse Practitioner

The Intermediate Care division has appointed a trainee advanced nurse practitioner and will become an integral part of the team in providing medical and nursing support to the older population. Given the challenges with medical cover in the Waterside Hospital, an appointment to this role has been an important step for the service.

Neighbourhood District Nursing

In May 2024, the Chief Nursing Officer, visited the Trust and discussed the opportunities afforded by the Neighbourhood District Nursing service in Limavady. The Limavady District Nursing team participated in a research study alongside our Tissue Viability team on the subject of wound hygiene. The outcome of this research was very positive and results were published in the UK Journal of Wound Care. Following on from this study, wound hygiene has been rolled out to other District Nursing teams in the Trust with excellent results. The Limavady team leader presented this study to nursing colleagues in NHS England, and it has been identified now as standard practice for the management of leg ulcers.

Extended hours have been implemented across the District Nursing teams in the northern sector of the Trust. A consultation document was shared with the staff group and responses submitted with plans to extend hours of service following the introduction of Encompass.

The Community Respiratory service and the Long Term Conditions teams including the Community Stoma Nursing teams and Community Diabetes Nursing teams transferred into the Community Nursing division on the 1 April 2024. The Community Diabetes Nursing team in the northern sector have experienced significant workforce pressures over the past year. This has been safely managed through collaborative working with the Diabetes Network team, and additional support measures for the team.

Focus groups for Delivering Care 3 implementation have been established to implement proposals agreed within previous consultations, with particular focus on the realignment of Rapid Response and District Nursing services to be managed as one nursing team. Membership of the focus groups include staff side colleagues and sessions are facilitated by senior organisation development colleagues. This transformation is expected to be complete and operationalised by Autumn 2025.

Primary Care and GP Practices

The Trust is now the contract holder for 5 GP Practices. A GP Practice Support team has been put in place, based on the model and funding approved by SPPG. The staff appointed include an interim Head of Primary Care, lead nurse, lead pharmacist, practice-based pharmacists and admin support. Since September 2024, the Trust has appointed 8 salaried GPs. The Practice Support team continue to manage the GP rotas for the GP Practices and all rotas have been populated up to 30 September 2025 ensuring adequate cover over the holiday periods. Practice meetings have been established on a monthly basis in all the practices. A quarterly newsletter has been developed and shared with locum GPs to improve communication and patient safety within the practices.

Dromore/Trillick GP Practice has commenced a quality improvement project with quality improvement project led by a Consultant Cardiologist. The aim of this project is to enhance collaborative working across primary and secondary care using a Cardiovascular, Renal and Metabolic pilot model in an upstream cohort of patients in a Trust GP Practice.

The Directorate's priority to date has been to stabilise the GP Practices. However, there is now an opportunity to consider a new model for primary care in NI. A Strategic Planning Group for Primary Care is in the process of being established. The terms of reference have been developed and the group will explore, consider and provide strategic recommendations for developing a model that meets the evolving needs of the population. The group will also make strategic recommendations regarding service delivery within the Trust managed GP Practices.

Older Person's Mental Health Services

The Directorate conducted a review of its Older Person's Community Mental Health services during the third quarter of the year and the findings of this review is being considered. A ten phase programme of works commenced in January 2025 to further reduce ligature risks in Wards 1 and 2 Waterside Hospital. The works include furniture replacements, curtain rail replacements, new flooring and improved and safer garden areas in both wards. This will result in compliance with recent RQIA inspections, SAI action plans and Health and Safety action plan completions.

The memory service has continued its quality improvement work throughout the year. Over the past 12 months the team have seen significant reductions in waits across all

sectors with the northern sector now in full compliance with its nine week target. The total waiting across the Trust for a new memory assessment has reduced by 44% during the past 12 months from 946 to 536. The total number of breaches for the 9 week target has reduced by 61% from 719 to 284. The longest wait for a new assessment has also reduced by 43% from 1,019 days to 585 days. The southern sector continues to improve due to better staffing levels in recent months and have seen the number waiting over 9 months for a new assessment reduce by 78% in the past year.

Independent Sector Care Homes

The Directorate appointed an interim Operations Lead for the Care Homes to work within the new Directorate structure in September 2024. A six month strategic exercise has been completed to enable a greater understanding of costs, contracts and capacity within the care home sector with over 30 nursing homes visited.

Nursing, Midwifery & AHP Services

The Nursing, Midwifery and AHP Services Directorate was established in October 2023 as part of a Trust restructuring exercise.

Nursing: Workforce Planning and Modernisation

Electronic Rostering System

The Trust commenced the implementation of a replacement electronic rostering system in March 2024 to the 6,300 roster system users. During the year, the Trust has completed the implementation to 3,750 of the 6,300 users (59%).

Ethnic Diversity Project Officer

To complement the work of the Trust Ethnic Diversity Network, a project nurse was appointed in partnership with the Northern Ireland Practice and Education Council for nursing and midwifery. In March 2025, Ulster University confirmed that they had developed a pathway to enable Internationally Educated Nurses access to a range of higher level education programmes.

Hospital Sterilisation Disinfection Units

The activity levels for the decontamination service across the three hospital sites are over 260,000 per quarter. In April 2024, the Trust Decontamination Teams were recognised at the annual Staff Awards ceremony with the Working Well Together Team Award for their commitment and teamwork in recognition of the temporary relocation of the Altnagelvin Hospital Sterilisation Decontamination Unit staff.

The Nurse Bank Office

The Nurse Bank Office (NBO) continues to provide essential support to trustwide staff in sourcing temporary staff through the Nursing & Midwifery Bank and the approved Nursing Agency Regional Framework. The NBO receives on average 9,000 shift cover

requests per month and the average fill rate is above 85%. Within the NBO team, all invoicing submitted to the Trust from agency providers for remuneration is scrutinised prior to approval for payment. The NBO have been actively involved in supporting approx. 1,700 bank and agency staff in preparation for the Encompass Go Live.

Partnership with North West College of Further and Higher Education

The Trust has further developed the partnership working through supporting students studying Level 4 Certificate in Higher Education in Health Care Practice. Students are offered placement opportunities with the Trust.

Nursing: Governance, Safe and Effective Care

Nursing Governance

Professional nursing, practice and governance has formally reviewed and embedded its professional accountability and assurance processes. There has been a progressive shift to build ownership and accountability from our Assistant Director and Lead Nurses. Targeted improvement work has been delivered in the area of medicines management with a particular focus on improving the receipting and storage of controlled medicines.

Inclusion Homeless Health Team

Inclusion Homeless Health Team continue to provide nursing and podiatry services to those in the city who are experiencing homelessness. In collaboration with Ulster University, the team are also dedicated to educating medical students.

Care Opinion

The Trust receives feedback from service users, carers and families on their experiences of health and social care in the Trust and has seen an increase of 26% from last year. 84% of stories were extremely positive with less than 1% strongly critical of their experiences.

Tissue Viability Team

Referrals for advice and support in the management of complex wounds continue to rise, with an average of 110 new patient referrals per month (this does not include patient reviews, virtual care plans, telephone advice and outpatient clinic appointments). The Tissue Viability Team were the first team to embrace the concept of Wound Hygiene in Northern Ireland and presented their findings in the Journal of Wound Care and then presented the Trust findings at the European Wound Management Association conference in London, May 2024.

Vaccination Programme

The Vaccination Team have delivered various vaccinations programmes throughout the year including Pertussis Vaccination, Flu and COVID vaccinations, Respiratory Syncytial Virus Programme, Mpox Programme and MMR Programme.

Volunteering and Work Experience Service

The Volunteering and Work Experience Service Team continue to work with colleagues across wards and community sites to identify new volunteer roles. 110 new volunteers were recruited with 249 individuals actively involved in volunteer roles during the year. The newly created volunteer role in ED, Altnagelvin has proved popular with patients, visitors and staff. Work experience activities have continued to be busy with almost 1,500 places provided to school students across a range of in-person shadowing, online careers sessions and in-person workshop opportunities.

Allied Health Professions (AHPs)

The dedication of all AHP teams to meet challenges in the midst of financial constraint and workforce deficits has been commendable and is to be acknowledged. AHPs were successful at the recent AHP regional awards and selected and presented at the 2024 inaugural AHP Research and Innovation conference.

AHP's have changed their ways of working, reviewed their waiting lists, offered different options for treatment, group settings, and encouraged self-management. For example, OT have reduced referrals for home environment and functional assessments from 43% to 13% of the waiting list within the OT mental health recovery service. They have implemented ask SARA which is a quick access, online, self-assessment tool that provides information and advice about equipment that can assist with independent living.

Musculoskeletal physiotherapy staff have commenced a Bright Ideas initiative encouraging service user feedback while AHPs continue to encourage feedback from patients and service users via Care Opinion. 303 stories were received with 89% of these complimentary. Physiotherapy Integrated Clinical Assessment and Treatment Service practitioners continue to grow their roles in reducing the need for orthopaedic consultants to review patients. First Contact Physiotherapists are leading on a number of initiatives in GP practices.

AHPs will be taking a lead role in the regional and Trust Deconditioning initiative and have launched the Accessible Information Toolkit as part of the regional AHP population health group.

Podiatry have obtained commissioner approval to implement a change to podiatry care pathways for patients living with diabetes. The Orthoptic service commenced an Adrenoleukodystrophy Vision Assessment service within day centres.

Professional Nursing – Research and Development

The Research and Development team have continued to build research capacity and opportunities to teams across the Trust through research clinics, seminars and one to one appointments, supporting the development of quality improvement, service evaluation and 24 research projects.

Infection Prevention & Control (IPC)

Healthcare-Associated Infection (HCAI) Surveillance in relation to Meticillin-Resistant Staphylococcus aureus (MRSA) Bacteraemia has confirmed an incidence rate of 1.613 per 100,000 occupied bed days. At March 2025, three cases had been reported, with one of those being categorised as healthcare-associated. Clostridium difficile (C. difficile) has an incidence rate of 13.5 per 100,000 occupied bed days.

The Critical Care Device-Associated Infection Surveillance programme monitors ventilator-associated pneumonias, catheter-associated urinary tract infections and central line-associated bloodstream infections. No such infections have been reported since 2018.

IPC Induction Training and Mandatory Update Training have continued to be delivered via an e-learning programme. As attendance at IPC Training is required on a biennial basis, the attendance rate over a 24-month period is calculated and is running at 65% approx.

The Measles/Mpox Planning Group has been significantly involved with the Trust's preparedness activities for resurgent organisms, such as measles, and high consequence infectious diseases, such as Mpox.

Encompass Implementation

The Directorate has a Nursing & Midwifery and AHP Professional Lead to directly support services, make strategic decisions and have oversight of the Digital Transformation Leads who have supported implementation and readiness for our staff groups. A Digital Care Safety Officer for the Trust was responsible for coordinating the identification of hazards and risks associated with the encompass implementation and providing safe solutions to mitigate these.

Chaplaincy

Chaplains help and support those at some of the most distressing and challenging times of their lives, but also in times of great joy. Recently the Trust appointed a Lead Chaplain who manages a team of 22 chaplains all of whom work part-time hours. There are 16,500 approx. patient visits per year, and an average of 130 staff interactions per month.

Children & Families Service

Heath Visiting and School Nursing

The Public Health, Health Visiting teams, Multi-disciplinary (MDT) Health Visitors and the Family Nurse Partnership team, continue to target the population health needs through the Making Life Better Strategy (2013-2023) and the effective delivery of the Healthy Child Healthy Future, Health Promotion Programme.

The Family Nurse Partnership team continue to successfully enable the reduction in teenage birth rates to below the NI average. The Health Visiting teams in conjunction with our midwifery colleagues have successfully revalidated for the UNICEF Breastfeeding Gold Award. This award is evidence of the consistently high standard of care offered to mothers and babies over the last four years resulting in increased breastfeeding rates within the Trust. Members of the health visiting team within the Derry/Strabane localities have completed a breastfeeding quality improvement project which highlighted the need for continued support between post-natal discharge from hospital and the primary visit at 14 days old. This evidence showed that this additional support increased the number of mothers who continued and sustained breastfeeding during this time. The work was recognised in the 2024 QI & Innovation Showcase Event winning best poster for “Improve Breastfeeding Continuation following Discharge from Hospital”. The health visitor leading on the QI project has been shortlisted as a finalist for the RCN nurse of the year Public Health Nursing Award, taking place in June 2025.

The continued development of the Infant Feeding Lead team and the commitment to cultural change has facilitated an increase in breastfeeding rates, with further work required to increase rates on discharge from hospital to above the NI average. The recurrent investment into the Multi-disciplinary Health Visiting team has enabled Health Visiting caseloads to reduce in size, enhanced co-production and community development in the socially deprived wards of Derry/Strabane and Castlederg. The success of these groups was recognised in February 2025 with a visit from the NI Health Minister. Unfortunately no further investment has been secured to include Health Visiting within the Multi-Disciplinary Teams in the Omagh and Fermanagh areas. Work continues with the Refugee Resettlement, Asylum Seeker Dispersal, Afghan Resettlement Scheme, Unaccompanied, and Separated Asylum Seeker Children groups. This is delivered using an integrated care model, collaborating with external stakeholders e.g. Education Authority, local councils and voluntary and community groups. Members of the Public Health Nursing Team working with mothers and babies within these groups were recognised and commended by the NWMF’s Racial Equality Awards and received the Anti Racism Leader of the Year Award 2024. Non recurring funding to deliver this service remains a challenge to the long term stability.

Disappointingly in December 2024, the Enhanced School Nurses programme funding was withdrawn resulting in the cessation of this worthwhile initiative and its positive outcomes for this population group. This was closely followed by the announcement from PHA that the funding for the Text a Nurse service would also end in March 2025. During the year, the School Nursing team successfully continued to carry out Health Appraisals on all Looked After Children (LAC), aged 8 years and upwards. LAC Health Appraisals for pre school children, up to the age of 8 years are carried out by the Health Visiting team. This work has now become embedded in our core service enabling identified health needs within this vulnerable population.

The Human Milk Bank

The Human Milk Bank continues to provide donor breast milk to neonatal units throughout the island of Ireland. Media campaigns are continuing to ensure the ongoing donation of human milk, although donor supply remains a challenge. A contract remains in place with the HSE, which facilitates uninterrupted supply of donor breast milk. The service delivery model is presently under review to ensure sustainability of this vital service. The task & finish group continue with the work towards the modernisation of the service and the delivery of an electronic tracking system for donor expressed milk. It is anticipated that this system will be live by June 2025. Work continues on the memory milk initiative which helps support bereaved mothers. During the year, the workforce has been successfully stabilised with the appointment of co-ordinators and increased technician roles.

Sexual & Reproductive Health

Work is ongoing to reduce the waiting lists for this service, staff recruitment for medical staff following investment from SPPG remains challenging. Implementation of the waiting list initiative will be required to address waiting lists needs in the Omagh and Fermanagh areas for summer 2025. Staff continue to offer a service in the South West College, Enniskillen Campus for young people up to the age of 25 years, outcomes of which are being reviewed by the Trust and PHA. New Sexual Health Outreach clinics have now opened in Limavady and Strabane.

Child & Adolescent Mental Health Service (CAMHS)

CAMHS has continued to be challenged in meeting Integrated Elective Access Protocol (IEAP) 9 week routine access targets. The reasons for this are multifactorial in nature however, reduced service capacity is undoubtedly directly linked to workforce instability brought about through vacant unfilled specialist mental health positions compounded by maternity and sick leave. Recruitment and workforce stability and wellbeing has and continues to be a primary focus for the service. The second and third quarter of this year saw an approximate 33% staffing vacancy rate relating to an approximate annual loss of 672 new choice appointments and 8,064 approximate loss of annual review appointments. The service is working closely with Trust performance colleagues, senior managers and SPPG with respect to understanding workforce issues and recruitment challenges endeavouring to support escalation plans. Coupled with workforce pressures, there continues to be a sustained increase in referrals. CAMHS received 2,176 referrals in 2022/23, 1,976 referrals in 2023/24, increasing to 2,122 referrals this year. This is an overall 34% increase in referral demand on pre-covid figures resulting in a 48% increase in referral acceptance rate. An increase in complex high acuity cases is also being managed by the team. This is resulting in greater intensive working, the need for clinicians co-working and more frequent multi-agency involvement required to support the family and system. There is evidence of young people remaining and requiring longer periods of intervention resulting in secondary pressures of reduced capacity. There has been a significant increase in the need to assess young people presenting with an emergency / crisis mental health presentations. Throughout the year,

figures evidence a 38.6% rise in emergency presentations to the service. Significant pressures within the regional adolescent inpatient unit continue however, ability to access timely admissions has become more manageable. CAMHS requested 9 admissions for assessment during 2024/25. Complex eating disorders and psychosis presentations accounted for 5 of these admissions. This unfortunately results in additional significant pressures for young people and families requiring admission and secondary pressures for community CAMHS clinicians attempting to work to mitigate clinical risks and promote safety as well as collaboration with the wider networks.

CAMHS & Youth Justice Agency (YJA) Service Collaboration Pilot

CAMHS and the YJA have been working in partnership to assess and offer intervention in respect of the mental health needs of children and adolescents that are potentially at risk of being involved with YJA and CAMHS. As part of the initial pilot a dedicated Step 3 CAMHS senior mental health practitioner was co-located between community CAMHS clinics in the southern area of the Trust and the YJA Omagh. The service was further extended to the northern part of the Trust in February 2024 through co-funding. This has led to an additional Senior CAMHS mental health practitioner being in post. Early evidence is suggestive of positive health outcomes. The DoH in partnership with the Department of Justice are supporting the need for a regional roll out of the model across NI. This has been successful within the final quarter of 2025 through acquiring a practitioner to support roll out. QUB are interested in developing a proposal to build on the positive outcomes evidenced in Health. The proposal will consider data within the Criminal Justice system.

CAMHS Emotional Health & Wellbeing Teams in School

The DoH and the Department of Education jointly published the Children & Young Persons Emotional Health and Wellbeing in Education Framework in 2021. This has supported an innovative CAMHS led regional response to maximizing prevention efforts by supporting all those working in educational settings to help promote emotional wellbeing and positive mental health, strengthen self-esteem and resilience in our children in NI.

The CAMHS/Youth life partnership is aimed at delivering therapeutic support at a step 2 level through counselling. The partnership has expanded and successfully rolled out in the Omagh/Enniskillen sectors of the Trust for 5–18 year olds. Additional non-recurrent funding secured in December 2024 was used in collaboration with a community and voluntary sector provider has afforded additional therapeutic input of 716 sessions / 88 young people by the end of March 2025.

As part of World Mental Health Day 2024, our Emotional Wellbeing Teams in Schools (EWTS) partnered with UNICEF to train young people and their teachers from post-primary schools across Derry and Strabane on the Rights of the Child. This event organised by CAMHS, was timely, taking place on World Mental Health Day, ending the week that saw staff in CAMHS and EWTS also receive this valuable training.

Learning outcomes from this training included gaining good knowledge and understanding of children's human rights, understanding the meaning and principles of a child rights-based approach and exploring the practical application of a child rights-based approach to their work in CAMHS with children and young people. This event featured in the National Child Friendly Cities Newsletter and in UNICEF National platforms, illustrating the collaborative work done between CAMHS and UNICEF to mark World Mental Health Day. Feedback was very positive from young people on the day.

Autism services

The Autism Support Cafés won the 'Improvement, Innovation and Involvement Award,' at the Western Trust Staff Recognition Awards in April 2024. The Children and Young People's Autism Service presented prizes to the winners of the "Design a logo competition," in May 2024. The feedback from the Children and Young People (CYP) was so positive and the sense of achievement they got from participating and being a winner was clearly evident. Photographs of the prize winners were shared via Trust social media platforms and are on the CYP Autism Online Hub. The new logo will now be incorporated into the online hub and service leaflets. Two staff from the admin team successfully completed the Leadership Management Framework Level 1 and were presented with their certificates at the Leadership Festival by Neil Guckian, Chief Executive. This was a great opportunity for admin staff to enhance their knowledge and skills. The CYP Autism service facilitated "Tips and Strategies training for professionals working with Children and Young People," in June 2024. 55 attended the training from across the Trust and from a range of external organisations.

The CYP's Early Intervention Service co-produced and launched a new early intervention entitled "Worries and Me," which is for families and children awaiting an autism diagnostic assessment. They won the Davin Corrigan legacy award for the co-production of this intervention along with parents and children. In March 2025, this service was shortlisted for the UK Advanced Health Care Awards.

Demand continues to outstrip capacity of the service across diagnostic assessment and post diagnostic support and intervention. The capacity of the diagnostic assessment team has been reduced due to a number of resignations, maternity and sick leave. There is an increased need for specialist multi-disciplinary intervention for children with autism and their family resulting in long waiting lists for specialist intervention. The online hub has been a successful addition to the service with information regarding it outlined below.

Family Support

Work continues in growing family support, and early prevention to reduce number of children in need of social work intervention and reduce escalation through our systems whilst increasing step down to community for those who are referred. All family support contracts have been reviewed to match current need. Connections and strengthened

relationships within the community and voluntary sector through locality planning meetings in line with KPI's and Early Intervention strategy. Joint working with the PSNI on targeting child criminal exploitation with successful outcomes and joint future programme on a preventative and restorative approach. Development days were held and plans progressed with family centres across the Trust.

Safeguarding

The Generic Model of working is continuing to work well in Strabane, Omagh, Enniskillen and Limavady. The Moving On and Recovery team is established and they have all completed their training to undertake assessments and interventions with children and adults. There continues to be high numbers of referrals, approximately 1,200 per month into the Gateway Service. The Gateway Service is extremely busy at this time responding to referrals and completing significant numbers of initial assessments. There is a high level of need given the cost of living crisis particularly in high deprivation areas. Due to capacity and demand issues within family & childcare, children may not always be allocated a social worker in a timely manner. It is acknowledged that currently there is huge pressure on frontline social work teams in children's services, amid significant vacancy levels due to sick leave and family leave. All unallocated cases are reviewed in line with the operational guidance for the Management and Monitoring of Unallocated / Waiting List Social Work Cases in Children's Services. This guidance aims to support the safe management of cases where the decision has been made that social work involvement is needed, but the case cannot be allocated to a named social worker at that time.

Leaving Care & Housing Support

With the support of the Corporate Management Team, a number of Trust residential properties have been secured which have been renovated and are being used by our Looked After Separated and Unaccompanied Young People. Placement options for this cohort of young people have been expanded although placement pressures still exist within the Looked After system. Strong connections made with NI Housing Executive Housing Policy and Youth Homeless Policy, agreements and pathways developed on flipping properties responsibility post 18 years and engagement of shared tenancies scheme. The Local Planning Partnership Group within Trust have specific focus on accommodation needs for 16 years plus. Despite this progress, housing and accommodation need continues to grow. Successful connections have been made with local community and citizen young people, leading to development of a walking group, weekly youth club, increased awareness on cultural needs and successful completion of 21 Unaccompanied, Separated, Asylum seeking Children at Rutledge leaving with qualifications and culminating in them attending a formal.

Fostering and Residential

The Trust continues to experience placement and accommodation pressures. Efforts to increase placement options within fostering continue to be challenging despite ongoing recruitment campaigns to recruit new carers. Given the crisis within fostering,

this has put an added pressure on residential childcare to provide such placements. Whilst the Trust has increased its occupancy in residential childcare through the opening of Rossneal Children's Home, demand outweighs capacity. Furthermore the moving on options for the 18 year olds in residential care is extremely limited as a consequence of young people remaining in residential care until the day of their 18th birthday.

Medical

Quality and Safety

Corporate issues

The key quality and safety corporate issues co-ordinated by the Quality and Safety team continue to be managed through the Board assurance framework and the Safety Quality Management System (SQMS) action plan.

Incident Management

During the year training packages relating to incident management have been developed and made available on-line for ease of access which also supports assurance reporting on training uptake. Incident dashboards have been developed for managers to help better identify trends and focus work without the need to run reports. The Serious Adverse Incident (SAI) team now provide learning summaries of SAI final reports which are shared through Rapid Review Group to the relevant areas and organisations.

Risk Management

Adoption of the internal audit risk assurance model for all corporate risks is almost complete with 4 risks remaining to be reviewed.

Complaints

A new telephone resolution form has been rolled out within the Trust to encourage a more direct method of complaint resolution. This early intervention, along with the pending new Model Complaints Handling Procedure, will bring the investigating officer closer to the Service User's lived experience which will help to implement change within their service.

Also, in response to the Neurology Inquiry recommendation 25, a complaints closure form has been introduced, to be completed by all Investigating officers. This will promote reflection in order to improve practices, embedding preventative measures to minimise reoccurrence. Whilst also allowing the corporate team to theme and trend learning, allowing for shared learning and dissemination.

Quality Improvement

A successful QI & Innovation Showcase Event was held in November 2024 showcasing 25 projects. Awards were presented for Improving Access & Outcomes, Innovation, People's Choice and for Best QI Poster.

Bereavement Care

The Bereavement co-ordinator played a central role in the development and successful launch of the regional bereavement website. The Bereavement team continue to provide valuable support for families bereaved in our hospitals through temporary funding. SANDS Regional Bereavement Care Pathways Listening Event was held in January 2025, attended by bereaved parents, the lived experience will add the parents voice to the development of the pathway.

Research and Development (R&D)

R&D is an integral part of ensuring that health and social care services are of the highest quality and informed by the best available and up-to-date evidence. R&D incorporates a range of services which can generate inventive work and concepts from professionals, organisations, universities and the community. The service provision allows for opportunities to promote innovation and learn more about the indigenous population and their health and care needs to which we would like to grow further to be in line with Lord O'Shaughnessy recommendations to improve set up within Clinical Trials delivery times along with income generation.

In 2024/25, R&D had 110 open research studies within the Trust. Current studies that our dedicated Research Co-Ordinators and Study Support Officers are recruiting participants and in follow up for both Commercial and Non Commercial trials within R&D based at C-TRIC and North West Cancer Centre Clinical Trials are as follows:-

| <u>Specialties</u> | <u>Number</u> |
|---------------------------|----------------------|
| Cardiovascular | 8 |
| Respiratory | 8 |
| Breast Cancer | 6 |
| ICU | 5 |
| Renal | 4 |
| Rheumatology | 4 |
| Stroke | 3 |
| Lung Cancer | 2 |
| Obesity | 1 |
| Diabetes | 1 |

Mobile Research Clinic

A mobile research unit (MRU) is being designed and will be NI's first mobile research clinic, as part of the recruitment activities for commercial research, it will also be used to promote the community healthcare company and sign-post patients to join.

Clinical Partnerships: School of Medicine (SoM) Clinical Medicine research work-stream)

On-going work to put in place formal boards and structures to develop a strategy for increasing Clinical Trials of Investigational Medicinal Products as per Lord O'Shaughnessy recommendations. Interactions with HSCNI Industry Engagement Team to build portfolios with pharmaceutical companies for longer term study planning.

Precision Diagnostic Lab:

UKAS accreditation pathway has been engaged, industry engagement work has been undertaken to ensure successful business model.

The population of the North West not only benefit in terms of health and wellbeing, but also from the wider economic prosperity that it brings ensuring that sufficient emphasis given to local needs and priorities. Participants consent willingly to getting involved in research alongside with academics, health and social care professionals contributing to the work and achievements in developing the highest quality research. By working together, learning and sharing best practice helps to continually make improvements to the services provided and by also enabling the economic progress of our community.

Appraisal and Revalidation

The Appraisal and Revalidation Team have been working to change the current appraisal training for our Medical/Clinical staff. The team have updated the training with interactive videos to keep the audience interested and incorporate the Good Medical Practice 2024. Various videos on how to use the system can be shared with new staff to help them become familiar with the system until they attend the mandatory training. This has been shared with other Trusts with positive feedback. The Trust plans to take the training to a regional level and try to link this through the HSC Learning platform to ensure all Trusts are working together with the same appraisal training.

The Appraisal Policy and Engagement protocol has gone through approval stage, it has been sent to all Medical Practitioners and is available on the Trust website. This Policy has included Clinical Academics and Physician Associates.

The regional appraisal system has been updated with changes made to ensure that all domains and attributes are in line with GMP 2024. As part of the full roll out, the team have invited community dentistry to explore the system to see whether this will meet their professional needs.

In terms of revalidation within the Trust, there have been 82 positive recommendations submitted and 23 deferrals.

Medical and Dental Education and Training – MedEdWest



Undergraduate Education

MedEdWest is two years into a major change process, with the past year being the most challenging and impactful yet with implementation and project management continuing through 2025. The impact of changes continues to be felt across all levels of training requirements despite the major changes confined to undergraduate teaching and training. As we move forward into the final year of change with the new final year of Ulster University (UU) Graduate Entry Medical School (GEMS) clinical attachments and the final year of change to the QUB curriculum from C19 to C25 now impacting the 5th year group of students, MedEdWest continue to strive for excellence in education.

This year saw the first medical students complete the GMC's new Medical Licencing Assessment (MLA), which necessitated additional teaching and support for QUB 4th year students. A tailored programme to their specific needs was created and implemented which will become part of the MedEdWest academic calendar going forward.

Simulation

Simulation steadily grows and develops in MedEd. Our Teach the Teacher (TTT) programme remains popular and is provided to all user groups – medical students, trainees and senior medical staff. 62 trainee doctors, 14 medical staff/trainers and 8 undergraduate final year medical students were trained during the year. This approach expands the medical educator workforce and ensures education governance and sustainability of medical education teaching.

There has been continuous major investment to simulation training over this academic year with the purchase of a high-fidelity virtual reality simulator. Trust wide simulation statistics reflect the continuing value of the investment in terms of training provided.

READYDOCS (Readiness Enhancement and Development for new Doctors via Simulation) programme won 1st prize in June 2024 at the Irish Association for Simulation Galway and also at the National Innovation in Medical Education (NIME) Conference, in Southend-on-Sea in the category Medical Curriculum Development, winning 1st prize again!

It is important to MedEdWest to showcase our continued good practice and to be inspired through the work of others to maintain an innovative and creative service.

New to Northern Ireland (N2NI)

N2NI enhanced induction continued this year with a simulation workshop. This successful programme was presented at NIMDTA Simulation Symposium Awards where it was awarded with an Excellence in Education award.

Teach the Teacher (TTT)

MedEdWest are delighted that the TTT programme is accredited with NIMDTA for GMC recognition of trainer status for senior medical staff in the Trust. Not only does this provide educational hours for continued recognition but also provides a basis of knowledge of simulation teaching, thereby developing simulation teaching throughout the Trust.

Quality Assurance Systems and Processes

Student satisfaction with the medicine course was gauged through various questionnaires and surveys. As approximately 60% of the QUB course and 70% of the UU course is delivered within the Health Service and funded by SUMDE, the importance of high satisfaction levels with Health Service clinical teaching cannot be overstated.

Out of 29 placements, 15 placements scored 100%. Overall, scores are outstanding with only 3 placements scored below the 80% threshold, quality scores of greater than 80% are considered to reflect high standard clinical teaching.

Protected Self Development Time (SDT) for Trainees

In March 2023, DoH's Strategic Group for the Enhancement of the Quality of Medical Education in Northern Ireland (SGEQMENI) agreed through the Performance and Transformation Board (PETB) that all doctors enrolled in Postgraduate Training programmes in Northern Ireland will have facilitated access to protected time for educational self-development. This is one of a number of measures being introduced to improve the quality of the training experience and has the support of the Chief Executives of Local Education Providers (LEPs).

GMC National Training Survey (NTS)

The national training survey is the largest annual survey of doctors across the UK. It's designed to gather the views of trainees about the quality of their training and the environments where they work. 4 specialties in the Trust were identified as areas working well. The Trust has a number of red flags identified in the NTS that require attention. These will be monitored via the NIMDTA quality review process.

Physician Associate (PA) Programme

MedEdWest continue to provide support for PA clinical placements covering a range of specialties including Psychiatry, Emergency Medicine, Medical Sub-Specialties, Surgery and Surgical specialties, Obs and Gynae and Paediatrics.

Teaching faculty

MedEdWest continues to expand faculty to offer increased teaching opportunities to address gaps in teaching and provide innovative and creative solutions as well as creating value to training posts by enabling teacher opportunities.

Education facilities

An interim expansion solution of additional MedEdWest teaching space in the Multi-Disciplinary Education Centre (MDEC), opened in August 2024 with a further announcement of £4.6m as part of the Derry City deal for expansion to the University of Ulster medical school. This is a necessary and welcome addition after celebrating MedEdWest's 10th year since the opening of the Centre for Medical and Dental Education and Training in Altnagelvin.

Quality Improvement

The MedEdWest operational team has been on a journey of quality improvement since 2021 when planning and preparation for undergraduate expansion began. The journey has been long, demanding and intense, but also hugely rewarding as their efforts become realised. Quality improvement efforts over two academic years have saved 745 hours by improving the teaching organisation process.

Finance, Contracts and Capital Development

The Directorate plan for 2024/25 includes a range of objectives which cover the priority areas of Quality & Safety, Our People, Performance & Access, and Delivering Value.

Quality & Safety

The Directorate has provided support to the Trust in achievement of quality and safety objectives and highlights include:

- The achievement of an unqualified audit opinion in relation to the 2023/24 financial accounts, the final report from NIAO was provided in October 2024.
- Satisfactory assurance in relation to the internal audit of the Trust controls assurance environment in 2024/25.
- An effective and risk-based approach to financial forecasting and planning during 2024/25, resulting in a break-even financial position;
- Financial leadership and engagement with service leads, with the provision of data analysis and insights to support a range of strategic and operational decision-making, taking account of service risk to quality and safety for optimum patient outcomes.

Our People

The Directorate recognises the need to support the Trust with workforce stabilisation, including within our own Directorate, highlights of our work in 2024/25 include:

- The provision of data analytics and insights for professional areas to advise, influence and support a range of actions which are aimed at stabilisation of workforce, particularly in areas where quality and safety risk is highest and where there are opportunities to drive down cost as part of our Delivering Value programme;

- Directorate workforce stabilisation has also been an issue in recent years with a number of gaps in key roles. During 2024/25, stabilisation has been achieved for the most part. To support development of senior management, a series of workshops, facilitated by HR OD, have been held through which we have drafted our purpose and objectives. These will be finalised during 2025/26 and we will build on this work across all tiers in the Directorate;
- There continues to be capacity challenges across the team and Directorates have worked with us to ensure that our resource is prioritised to where it can deliver best value for the organisation. As part of this we continue to seek innovative approaches and we keep under review lower value tasks.

Performance and Access

The Directorate strives to achieve and maintain the highest possible standards of performance, highlights of how we have achieved this include:

- We have operated an effective financial planning and performance reporting framework for the Trust during 2024/25, providing monthly reports to Directorates, Corporate Management Team, Finance & Performance Committee and Trust Board;
- We welcomed an independent financial governance review using the HFMA template “Improving NHS financial sustainability – Are you getting the basics right?”. The independent report highlighted many positives in relation to the existing framework of financial governance within the Trust and recommendations have been taken forward;
- We are reporting break-even against both our revenue resource limit and capital resource limit for 2024/25;
- We have actively engaged with the EQUIP programme team and regional colleagues in relation to the design and implementation of EQUIP which is the programme for the implementation of new Finance and HR systems, scheduled for 2026/27;
- We have ensured effective support to the Trust for the implementation of the Encompass programme;
- We have further strengthened the governance structures in relation to our strategic capital development programme during the year, recognising the importance of ensuring effective governance and accountability for the scale and criticality of investment to the Trust, including Lisknaskea Health & Care Centre, Paediatrics Altnagelvin, Cityside Health & Care Centre, Emergency Department Altnagelvin and Omagh Mental Health;
- In addition, during 2024/25, we have provided leadership and expertise in securing a total of £36m of capital funding from the NI Executive City Deal fund and UK Government Inclusive Future Fund for Medical Education developments at Altnagelvin in support of the Graduate Entry Medical School at Ulster University, Strabane Health and Care Centre and Trust R&D for the expansion of C-TRIC Ltd.

Delivering Value

Our aim is to achieve financial stability for the Trust through sound financial governance and effective use of our resources to deliver greater value and efficiency. Highlights of Directorate successes this year include:

- Providing financial leadership to programme management, continuing to build and enhance the breadth and depth of the programme, identifying new opportunities for savings and efficiency;
- Continued development of data analytics, dashboard and insights to inform strategic direction, identify variation and optimise savings and efficiency potential;
- The provision of risk assessed project update and monitoring reports to the Delivering Value Programme Board and Finance & Performance Committee.

Human Resources and Organisational Development

The Directorate plan was reviewed at the start of the year with a continued focus on workforce stabilisation. A detailed action plan was developed within each objective and this was regularly reviewed at the Trust's People Committee throughout the year.

The Directorate also supported a number of significant service changes with focus in the latter part of the year on digitalisation projects of Encompass and Equip. While some business as usual work was impacted across all HR services, the Directorate achieved significant progress against the Directorate Plan in all 4 strategic areas as outlined below:

Strategic HR Theme 1: Looking After Our People

New Domestic & Sexual Violence & Abuse Workplace Policy



In December 2024, the Trust launched the Domestic & Sexual Violence & Abuse Workplace Policy which was developed by HR, working in partnership with social work and trade union colleagues. Alongside the policy, a Domestic Violence Staff Support Service was launched, which is delivered by a small group of Trust volunteers. To promote and encourage greater awareness and education, the launch was featured in NOW magazine and virtual

presentations were delivered to numerous forums with senior leaders, line managers and key teams within the Trust who are involved in supporting staff. An eLearning session has been developed and is available to all staff through Learn HSCNI.

Staff Support

Occupational Health & Wellbeing (OHW)

During the year, the Occupational Health multidisciplinary approach further embedded to include the addition of an Occupational Health consultant, speciality doctor, an additional

psychologist and an additional physiotherapist. This has created increased capacity to offer holistic assessment and intervention for Trust staff. Psychological input is provided for individuals and as an outreach service for teams via one-off psychological support sessions, or a series of reflective practice sessions to build peer support.

The OHW service continues to play a key role in supporting workforce stabilisation. The service has standardised clinical processes and practices and improved the scope and range of treatment pathways. This includes further development of the wellbeing group to support staff with long term conditions and progress towards development of pathways to support neurodiversity in the workplace. Physiotherapy support has been extended to include online exercise for staff with musculoskeletal pain and an additional physiotherapy clinic has been established within the Omagh Hospital and Primary Care Complex, improving access for staff in Omagh and Fermanagh.

Team Building and Support

The Organisation and Workforce Development (OWD) team provide team building and support sessions to any team within the Trust who need either of these services.

- Team Building aims to strengthen teams enabling staff to work well together with improved communication, collaboration, and camaraderie which can ultimately increase engagement, productivity and performance. During the year the OWD team facilitated sessions with 39 teams; attended by 607 staff.
- Team Support provides a range of interventions to support teams in a challenging environment to continuously improve services. Bespoke intervention over a 6 month period supports teams to manage challenges, achieve goals, develop and continuously improve performance. During the year the OWD team worked with 22 teams across 54 sessions supporting 444 staff.

Pay & Conditions

During the year, digital readiness has been at the forefront of improving efficiencies of processing for pay and conditions. Notably the introduction of Flexible Retirements launched in December 2024 significantly increased retirement applications and queries. Dedicated resources are now available to support both employees and managers who require support with retirements.

New service manager induction sessions, including Pay and Conditions specific training was developed and implemented. An early notification of overpayments was developed and launched in April 2025.

This year resulted in significant challenging pay processing due to limited system availability as a result of pay awards and other regional activity. Despite this, the team actioned 2,638 new starts, 1,195 leavers and over 7,000 contractual changes. A significant bank project to remove 2,660 unused contracts from the system as part of the data cleanse for Encompass readiness was completed. Over 600 employees have been processed for Term Time Pay Spread with that number predicted to increase for 2025/26. Job evaluation arrears calculations and pay continued including the large cohort of 640 Homecare staff. Successfully, the Agenda for Change Pay Award has been delivered in March 2025 and work will continue to action new start employees efficiently due to Encompass Go-Live.

Strategic HR Theme 2: Growing for the Future

Training and Development

A total of 103 managers completed the Trust Leader and Manager Framework (LMF) across levels 1 and 2 (Bands 3 – 7). The LMF Level 3 (Band 8A+) launched in 2023/24 and 20 senior leaders completed this program in May 2024. Group mentoring was built in to each of the 3 levels of the framework, and in a first for the Trust, staff on level 3 were able to avail of 3 group mentoring sessions with the Non-Executive Directors which benefited all parties greatly.



The Post Graduate Diploma in Health and Social Care Leadership & Management is an Ulster University accredited programme delivered within the Trust in collaboration with HSC Leadership Centre. During 2024, 10 students successfully completed the programme graduating in October 2024 with 70% progressing onto study the Masters in Public Administration at

Ulster University. In September 2024, 14 Trust staff enrolled in year 1 of the programme and are expected to complete the Post Graduate Diploma in Health and Social Care Leadership & Management in June 2026.

Coaching Network

There are a total of 36 trained coaches on the Trust's Coaching Network. During the year OWD received a total of 32 coaching referrals, with approximately 44 coaching sessions having taken place. Development of Trust coaches is ongoing with 10 Coaching Supervision and Professional Development group sessions having taken place throughout the year.

Leadership Festival

"We are West Leadership Festival 24" was held from 3rd to 7th June 2024, offering 5 days of events, which included 10 in person events, 5 hybrid events and 3 virtual sessions including the manager framework awards ceremony. Based on feedback there was more interaction with, and celebration of staff of all levels incorporating also the return of the dragons den competition, from which 6 projects were awarded funding for their innovation. A 'Lessons in Leadership' panel discussion was included with Non-Executive Directors, offering staff a unique opportunity to meet and engage with the Board and learn from their knowledge and experience.



531 attendances by a range of staff:

- Bands 2 - 4 15%
- Bands 5 - 7 53%
- Bands 8+ 26%
- Other 6%

Each day of the festival had a theme and content which were based around the Trust Vision and Mission Statements as these continue to be embedded in our culture with sessions exploring how our leaders (all staff, at all levels) can create and contribute to a culture of belonging, trust, mutual respect and inclusivity.

Vocational Training

The Vocational Training Team facilitated 121 learners to complete Vocational Training Qualifications ranging from Level 1 to Level 5 covering Support Services, Health & Social Care (H&SC) and Health sectors. Business & Admin Level 3 Certificate was reintroduced into the Trust to provide more qualifications for a wider variation of staff within admin and clerical. The team also introduced partnership working with The Sisters of Mercy Convent and have delivered Level 3 Award in H&SC – End of Life and are due to deliver Level 2 Dementia Awareness Award.

Recruitment/Employee Resourcing Support Team (ERST)

The Trust received and processed 2,739 recruitment requisitions across all services. Throughout the year, Service Directorates have continued to work collaboratively with the Employee Resourcing Support Team to address workforce issues effectively, ensuring a tailored approach by introducing recruitment models and initiatives that meet their resourcing needs. Through targeted recruitment strategies, innovative approaches and active participation in workforce stabilisation groups, the Trust has made significant progress in stabilising our workforce, reducing reliance on agency staff across critical areas particularly in nursing and social work.

To address the ongoing challenges of attracting and recruiting staff, ERST has recently successfully piloted recorded interviews for Band 3 Nursing Assistants within Mental Health. Feedback from this approach has been positive and is now being introduced to other areas including Band 2 Acute Nursing Support and Band 5 Staff Nurses Acute and Community.

Medical Resourcing

The attraction, recruitment and retention of appropriately skilled and qualified staff to deliver our services continues to be challenging. Increasingly, the supply of doctors and dentists is reducing across many specialities, and competition from other sectors impacts our applicant pools as well as our ability to retain staff. The challenges in attracting and recruiting are evidenced in the 40 campaigns where no applications were received. In addressing gaps in staffing, new resourcing strategies were tested through working closely with services to address the potential for new roles i.e. appointing a further Specialist Grade doctor in Autism Services and work progressing with services on other opportunities for these new roles. There were 25 Clinical Fellows appointed to support services. A further 3 international doctors were appointed through the Medical Training Initiative (MTI) programme in collaboration with the Royal College. In response to the addition of a number of GP practices to the Trust, new salaried GP roles were developed and recruited with 8 salaried GPs appointed to date.

Work continues with colleagues in the University of Ulster to recruit to joint appointments in Clinical Academic roles, in areas of Psychiatry and Obstetrics and Gynaecology. These roles, which are 50% clinical and 50% academic, contribute significantly to services while enhancing and promoting the educational status of the Trust. The Trust attended the medical jobs fair in Dublin with some success and propose to develop this further in 2025/26 as part of an attraction strategy.



The International Recruitment Project has brought great success to the Western Trust over the past 10 years. Although there have been a considerable number of international medical staff arrive through this avenue, there were still a number of posts that the Trust was unable to source applicants for using the current model, “hard to fill” consultant and middle grade posts required a new approach. A bespoke 3 day recruitment campaign in Mumbai took place in September. A total of 30 doctors have accepted posts as a result of the campaign with 21 commenced with a further 9 planning arrival.

Strategic HR Theme 3: Belonging in the Western Trust

Partnership Working

The Trust continues to benefit from a positive partnership approach to planning and implementation of service improvements which has resulted in more effective outcomes for staff and service users. The regular forums for engagement with Trade Unions facilitated discussion and consultation on critical service changes. Whilst formal Consultation Group was paused from February 2025 to facilitate work associated with Encompass go-live, sustained partnership arrangements remain in place and are critical to successful Encompass implementation. Trade union representatives continue to participate in a range of Trust Forums including Digital Transformation Programmes, Organisation Development Steering Group, Just Culture Working Group, Menopause Group and HR Policy Design Group. Trade Union representatives are invited to participate with managers in awareness sessions related to new policy developments and the Trust is working with Trade Unions to identify opportunities for co-facilitation of training where appropriate.

Employee Relations – embedding of Open, Just and Learning Culture

As part of the Trust's continued commitment to supporting an open, just and learning culture, the Employee Relations team, in collaboration with Trade Union colleagues, developed the *ER Matters* newsletter to identify and share learning arising from employee relations cases. The first edition of the newsletter was shared with all Trust managers in June 2024 and focused on learning relating to recruitment, general management practice, social media and secondary employment. The second edition was issued in January 2025 and focused on learning from fraud cases. It also included an overview of the industrial tribunal process to help support staff required to attend as a witness on behalf of the Trust. Going forward, post-case review of grievance, disciplinary and statutory cases will enable further identification and sharing of learning with relevant individuals and teams, with a focus on improvement and prevention going forward.

Whistleblowing

The new Raising a Concern in the Public Interest (Whistleblowing) HSC Framework and Model Policy was developed by DoH, in collaboration with HSC Trusts and Trade Unions. Trusts were required to adopt the Framework and develop local policies and procedures. The scope of the policy has widened to include the potential for members of the public to raise whistleblowing concerns and includes provision for concerns to be raised and addressed informally by relevant service managers, or a whistleblowing advocate. The policy also highlights the range of external organisations where concerns can be directed, should individuals feel they cannot raise their concern directly with the Trust.

The Trust provides regular raising concerns reports to People Committee and provides an annual report to the Audit and Risk Assurance Committee (ARAC). Where the concern raised relates to matters of clinical governance, reports are also made to the Trust's Governance Committee. An annual return to the DoH sets out agreed actions and outcomes. The new policy was launched in March 2025, followed by a series of awareness sessions for Trust staff and trade union colleagues.

Job Evaluation

Working closely in partnership with Trade Union colleagues, the job evaluation improvement programme has achieved significant progress in addressing the job evaluation (JE) backlog. A key focus has been on service improvement to ensure the provision of a job evaluation service that meets the needs of the Trust. The team has delivered a series of awareness sessions and presented at all Directorate senior

management team meetings to ensure understanding of the job evaluation system and associated liabilities and management responsibilities. To ensure adequate job matching capacity to meet the needs of the Trust, the team facilitated regional job matching refresher training in December 2024 which was attended by 16 JE practitioners.

Staff Equality, Diversity & Inclusion

In December 2024, a new HR role was put in place for Equality, Diversity, Inclusion & Belonging. This facilitated progression of the Disability Action Plan and the Equality Action Plan. The Trust also participated in the review of 3 key regional policies: the Disability Equality Policy; Equality, Diversity & Inclusion Policy and the Gender Identity and Expression Policy. These policies will be launched in 2025/26.

Work is ongoing within the Trust's Ethnically Diverse Staff Network and the Network Chairperson presented at a launch event for the new Regional Cultural Competency Framework. Links have also been established with the Regional LGBTQ+ Staff Forum and a collaborative approach will be taken in promoting engagement with this forum and its objectives.

A plan for regular EDI communications is being developed in conjunction with the Staff Wellbeing team and will be published within THRIVE magazine. Each article will focus on a different topic in the areas of equality and diversity to improve understanding, awareness and encourage positive conversations about how we can continue to foster an inclusive environment for all.

Strategic HR Theme 4: New Ways of Working

HR Business Partnering and Attendance

The Directorate focused on further development of the HR Business Partner function to fully align HR practice to the Trust's strategic objectives. Through a restructure of the HR Directorate Support Teams, further strategic HR capacity created the addition of two new HR Business Partners to lead on development of people solutions across service areas.

The restructure also enabled the establishment of a dedicated Attendance Team in December 2024 to focus on the provision of support for staff who are absent from work and close alignment with Occupational Health to promote early and safe return to work. The team has adopted a proactive approach to supporting managers to adopt a timely and supportive approach to all absence cases, with a particular focus on reducing long term absence. Managers are equipped and guided to use data to support their approach and decisions relating to management of absence cases to facilitate early intervention and consistent application of the Attendance at Work Policy. A range of tools are available to support managers and staff including the long term absence tool, Stress at Work and Bereavement Toolkits and a range of additional supports on the HR Hub.

Workforce Dashboards

The Workforce Information and Analytics team have continued to develop dashboards to improve the accessibility and accuracy of our people data. In preparation for the implementation of new systems under Encompass and Equip digital programmes a monthly data cleanse was commenced, providing line managers with their direct reports staffing profiles for validation. In addition to this, a bi-yearly bank cleanse took place with a view to maintaining an accurate record of our current bank staff workforce. The team have continued to support the wider workforce, completing 4,257 work requests and 2,437 requisitions.

The Workforce Information & Analytics team launched the HR service desk on Monday, 10 March 2025. The service desk provides staff with a central point of contact for Western Trust staff to reach out to all Human Resource departments with any queries or concerns. In the first two weeks since launching, the team have dealt with 543 queries from staff across the Western Trust.



Flexible Working

The Trust continues to see a significant interest and uptake of flexible working arrangements from staff. Monitoring continues through bi-annual reporting, with mid-year reporting a continued high volume of requests and approvals from staff across all professional groups.

Digital Transformation

In preparation for Encompass Go Live on 8 May 2025, a People Readiness Plan has been developed to ensure a smooth and successful transition to Encompass. The plan comprises a range of actions including a comprehensive HRPTS data cleanse plan, supporting services to redesign service delivery and roles post go-live, ensuring staff are digitally capable and fully trained ahead of implementation; all supported by the OWD and Digital Services teams. Regular progress updates were provided to the Trust Readiness Assurance Group, Programme Board and the HR Operational Readiness Board.



The Equip programme is the replacement for HRPTS scheduled for go live in July 2026. Procurement has been completed for the preferred software and software integrator. All functional areas of HR are involved in a significant volume of regional readiness activities in preparation for the new system implementation. The Trust has established a local Equip readiness group to oversee the local Trust implementation programme.

Planning, Performance and Corporate Services

Encompass

Encompass is a HSCNI wide initiative that will introduce a clinically and operationally led integrated electronic care record to every citizen in Northern Ireland. It is being introduced to help improve HSC services. Having one record will reduce the need for information to be stored across a lot of older systems. It will also allow healthcare staff to see the right information at the right time. Staff will be able to work more effectively because they won't need paper forms and will be able to spend more time with patients, clients, and services users. Encompass will help contribute positively to patient safety as the system will help prevent mistakes being made.

The Encompass programme is a long standing DoH strategic transformation programme, and a flagship of the digital transformation of HSCNI. The Encompass system is procured from a third party vendor who have supported health systems across the globe to introduce integrated electronic health and care records. Encompass

was implemented in the South Eastern Health & Social Care Trust (SEHSCT) in November 2023, Belfast Health and Social Care Trust (BHSCT) in June 2024 and Northern Health and Social Care Trust (NHSCT) in November 2024 and in Western and Southern Trusts on 8 May 2025. At this point Northern Ireland will be the first nation with a fully integrated health and social care patient record.

Governance & Oversight

The first Go-Live Readiness Assessment (150 day) for Western Trust was held on 19 December 2024. This was a pivotal event for the Trust and each responsible owner reported on their assessed status for readiness, including any identified risks and mitigations. Formal Go-Live Readiness Assessments have been approximately every 30 days since then to assess readiness and address any potential risks to the plan. The final Go-Live Readiness Assessment (30 day) took place on 10 April 2025 prior to Go-Live on 8 May 2025.

The regular Go-Live Readiness Assessments have been the primary processes to surface and manage project risks and monitor project progress with the central Programme team and the supplier directly involved in those assessments. A dedicated Encompass meeting of the Corporate Management Team took place weekly and Trust Board updates were presented monthly as go live approaches. The Encompass Programme was subject to Gateway Reviews and the Trust has also been audited by Internal Audit in relation to its implementation of Encompass with a satisfactory assessment.

As each Trust goes live, steps are taken to maintain 24/7, unscheduled and crisis services, where necessary through collaboration with neighbouring Trusts. There is a process to examine the potential impact of red flag referrals for planned care, and how these can be best managed. Stabilisation of services is formally monitored over the 6-8 weeks after go-live and the Trust will continue to monitor and problem solve with issues that arise thereafter.

Facilities Management

Facilities Management Division provides estate services, support services and site management for over 360 Trust owned and managed premises spanning over 90 sites. This includes all hospitals excluding the estates services in SWAH, all community facilities, and some GP premises.

Car Parking – Automatic Number Plate Recognition Technology Introduced

The Trust is proceeding to introduce a range of improved car parking and access controls across our larger hospital sites. Automatic number plate recognition (ANPR) has been installed during the year and will form part of the Trust's preparedness arrangements as it moves towards the removal of hospital site car parking charges in 2026.

Lighter Lunch Initiative

The Altnagelvin Catering Team supported by colleagues from Dietetics successfully completed a pilot on a Lighter Lunch for our inpatients. This was in direct response to feedback from patients and service users on providing lighter options at the lunch time meal. This was a very successful pilot and has led to the full rollout of the lighter lunch menu options on the Altnagelvin site. This initiative is now being scoped for the South West Acute Hospital site and will be rolled out in 2025/26.

Estates – Delivering Estate Improvement Schemes

The Estates Projects' Team have successfully delivered over £18m in capital investment to support a range of key service developments and improvements across the Trust. This included £2.5m capital funding on regionally supported invest to save energy schemes within the Delivering Value Corporate Efficiencies Programme.

A significant refurbishment of Altnagelvin Wards 31 and 32 offering improved environmental conditions for patients, staff and visitors was completed. The scheme included the construction of an additional designated plant room for a new Air Handling Unit. This will provide improved compliance with ventilation standards within these surgical wards in the Nucleus Wing.



Other important projects include ongoing improvement works within Altnagelvin ED as well as refurbishment works to both the Trust's Statutory Children's Homes and significant upgrades to a number of Older Persons' Residential Homes including William Street, Rectory Field and Thackery.

The team also delivered in excess of £5m ring fenced backlog maintenance works, which was deployed to a range of building and infrastructure upgrade schemes assessed as high priority.

The Trust continues to invest in energy schemes with extensive installation of solar panels on a number sites, including Harvey Halls, Woodlands Children's Home and Altnagelvin North Block. This is an important element of the net zero sustainability work underway within the Trust as well as providing financial savings.



Encompass Enabling Works

The Trust's Estate Team have worked closely with our partners in the Encompass PMO and Digital Services in the successful delivery of £1.6m of upgrade works across

electrical, data and ergonomic schemes to ensure our Estate is Go-Live ready for Encompass on 8 May 2025. A dedicated Encompass Project Team was established within Estates involving our electrical engineering team with detailed knowledge of every Trust facility. The Project also supported the development of a number of Encompass Hubs with training facilities across the Trust's geography.

Transport

The Transport Team has responsibility for the 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. There are now 13 vehicles (5% of vehicle fleet) which are fully electric. The division is also procuring hybrid vehicles in order to help support the needs of a geographically spread Trust. As part of the sustainable fleet management strategy work has been undertaken towards the development of a proposal to pilot in 2025/26 the use of HVO (Hydrotreated Vegetable Oil) in heavy goods vehicles as an alternative to diesel subject to funding.

South West Acute Hospital Private Finance Initiative (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 13 years into the 30 year contract. The Trust continues to implement a robust system of PFI contract monitoring to ensure compliance with the core statutory and contractual obligations essential to maintain safety and quality standards within an acute hospital.

A number of key programmes of work have been undertaken including continued implementation of facility improvements; progressing specialist work on fire stopping defect rectification, investment in energy initiatives, small works projects and contract variations. Progress has also been achieved with the lifecycle replacement of plant and equipment and a plan for additional lifecycle projects has been developed. Upgrade works delivered in the reporting period have included the installation of power and data to support the roll-out of Encompass, and the creation of four new treatment cubicles for the expansion of Same Day Emergency Care services which is currently underway, as well as improvements to the Relatives Accommodation in the Intensive Care Unit. The level of PFI penalties for under-delivery remains at much higher levels than would be normal at this stage of the contract, and the PFI Contract Management Team continues to focus on service improvement with an emphasis on safety, statutory compliance, lifecycle replacement and energy savings.

Integrated Care Systems Division

Integrated Care Systems Division provides expertise in population health and is the focus for the delivery of the new arrangements to introduce Integrated Care Systems (ICS) within the Trust and with partners. An ICS Implementation Board has been established to support the necessary establishment work in the Trust. Western Area Integrated Partnership Board (AIPB) was established during the year in shadow form,

and has now met on 3 occasions. The AIPB initial focus is on receiving the data and wider information on population health and health inequalities and considering areas of particular priority and focus for the AIPB.

Digital Services Division

Digital Services Division is a corporate support function which underpins the effective working of the organisation through the management of the Trust's digital infrastructure, digital security and resilience, as well as the project management and governance of digital projects and programmes at a local and regional level.

During the year, the main focus has been on the digital preparation for a successful implementation of the Encompass system, as well as the ongoing Cyber Security Programme work plan. The main elements of the Digital Services preparations for Encompass were the deployment and testing of a significant number of end user devices, network provisioning to increase resilience, digital set-up of training facilities, systems integration for those systems not replaced by Encompass and managing the electronic data migration from legacy systems in conjunction with the Encompass regional team.

Corporate Communications

The Corporate Communications Department supports the service and corporate teams in their interaction with patients and service users, the public, public representatives and staff. This includes supporting senior staff and their teams in responding to media queries, proactively promoting the work of the Trust and briefing local elected representatives on key issues in the work of the Trust. They also maintain a very active social media presence for the Trust through X, Facebook, Instagram, YouTube and the Trust's own website presence. The team supports the important work to ensure high quality and timely internal communication and engagement with our staff, including the leadership group and members of ethnically diverse staff groups. This is achieved through corporate messaging via email, staff app, staff newsletter and the annual corporate Staff Recognition Awards. A high priority for this year has been support for the Encompass Project in the lead up to Go-Live.

FINANCIAL REPORT

Financial Targets

While operating within a very challenging financial environment, the Trust has continued to improve the safety and quality of services for its patients and clients and was still able to achieve its statutory financial targets which are outlined below:

- Break even on income and expenditure
- Maintain capital expenditure within the agreed Capital Resource Limit.

The above achievements have been delivered through a combination of sound financial management, in-year deficit funding from DoH/SPPG of £31.5m, the concerted efforts of our staff and the continued implementation of the Trust's Delivering Value Programme.

Financial Performance and Delivering Value 2024/25

The opening Trust position for 2023/24 had been fully delivered following our 4 year recovery plan but was subsequently destabilised due to a combination of factors over the convening years: cash savings targets of £26.4m and limited funding for demographic growth, despite a significant step change in demand particularly for complex and high cost placements and acute and mental health hospital escalation beds. Together these challenges led to the Trust opening 2024/25 with a financial deficit of £59m. In response, the Trust set ambitious contingency savings targets of £23.1m which were considered to have a low and medium impact to services and strengthened our financial management approach. Delivery against savings targets has been very challenging for the Trust. However, the Trust has achieved savings of £20.2m and have achieved this through a risk based approach towards balancing against delivery of savings with ensuring safe and effective services which is highly commendable. In August 2024, DoH advised that in year deficit funding of £31.5m would be provided which reduced our deficit to £3.5m. The mid-year financial assessment was conducted in September and reviewed again in November which resulted in a further reduction of the forecast deficit to £1.3m, then break-even. Directorates are to be commended for maintaining strong grip and control of expenditure towards the end of the year which supported delivery of the financial plan and also reinforced the robustness of our financial projections.

The Trust has had a Delivering Value Management Board (DVMB) in place since 2019/20 as the programme framework for savings and efficiency for the Trust. The DVMB is populated by members of the Corporate Management Team (CMT) and performance by this Board is reported through to the Trust Finance and Performance Committee. DVMB meets on a monthly basis. To date projects in the programme have delivered both cash and efficiency outcomes.

The pre-existence of the Delivering Value Management structure in advance of this year's savings targets means that we have had a governance structure already in place to support the range of programmes required to drive out the efficiency and cash savings required of the Trust during this year and into future years. Each project in the Trust programme has its own governance structure and Lead Director. A number of projects are longer-term as we have a focus on the need to evidence value-for-money and efficiency for the future financial sustainability of the Trust beyond in-year savings targets. A critical enabler to the Trust in its programme for Delivering Value has been the ongoing development of data analytics to enable improved information analysis and reporting. The programme for delivering value has included work streams in relation to reducing dependency on medical locum agency usage, nurse stabilisation which has

focused on replacing agency with substantive nursing staff, a further roll out of the domiciliary care rota optimisation project, energy efficiency schemes and patient-centred reviews of enhanced care packages. We will continue to build on this work into 2025/26.

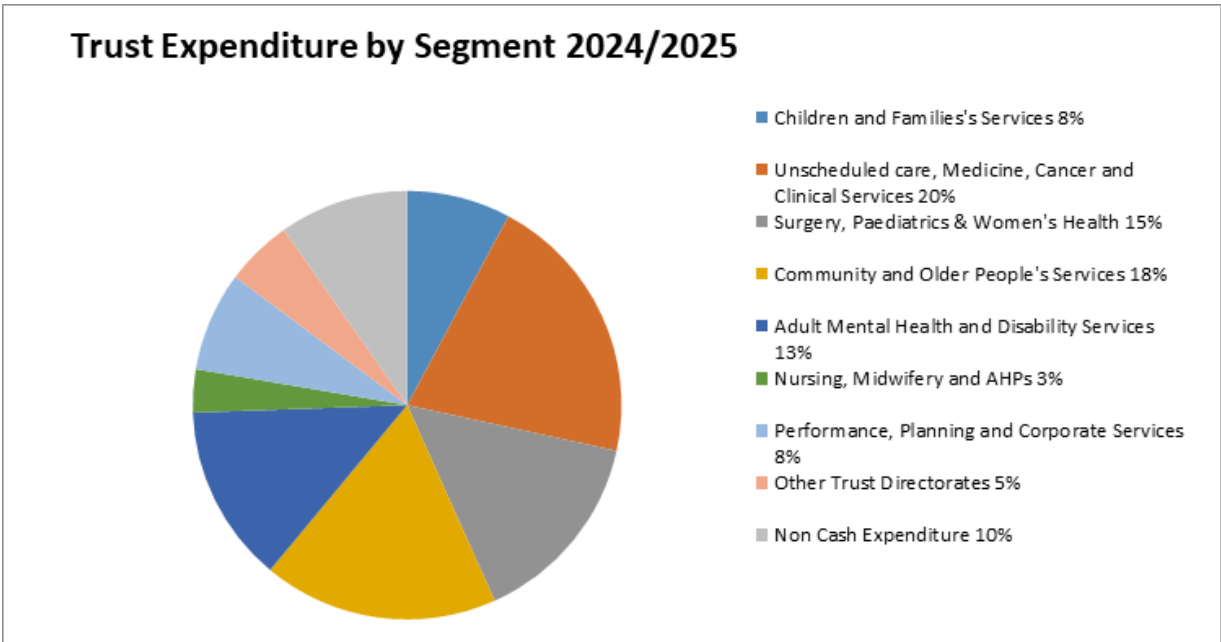
Financial Governance

The Trust has continued to maintain sound systems of financial internal control which are designed to safeguard public funds and assets. The same high degree of control is maintained over Patients’ and Residents’ Monies and Charitable Trust Funds administered by the Trust. Our internal control framework relies on a combination of robust internal governance structures, policies and procedures, control checks and balances, self-assessments and independent reviews. The Chief Executive’s assurances in respect of this area are set out in the Governance Statement.

Income and Expenditure

The Trust had an annual income of £1,110m in 2024/2025 (2023/2024 £1,025m).

The Trust provided a comprehensive range of services and the expenditure incurred in each of the Directorates is shown in the chart below.



The largest cost incurred by the Trust is staff costs of £696m, representing 57% of total expenditure (2024: £642m 58%). Significant non-pay costs include £234m (19% of total expenditure) for the purchase of care delivered by other organisations on the Trust’s behalf and £92m (8%) for clinical and general supplies such as drugs and medical equipment.

Non-cash expenditure of £120m included items such as depreciation, amortisation and impairment on non-current assets (2024: £82m). This also relates to non-cash costs

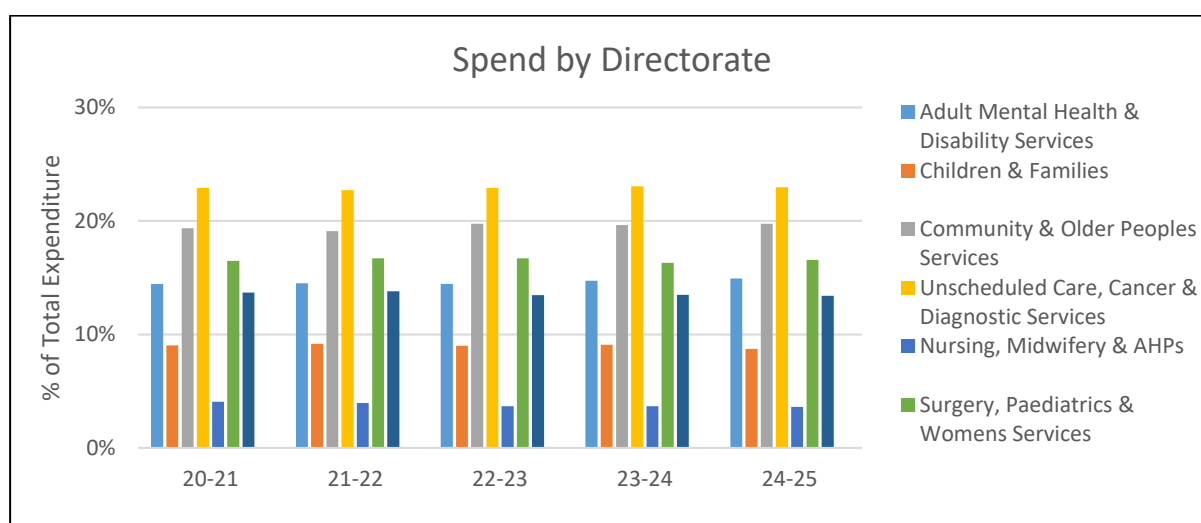
associated with provisions, such as clinical negligence and employer liability litigation cases. This expenditure is met by separate (RRL) funding from the Department of Health.

Long Term Expenditure Plans

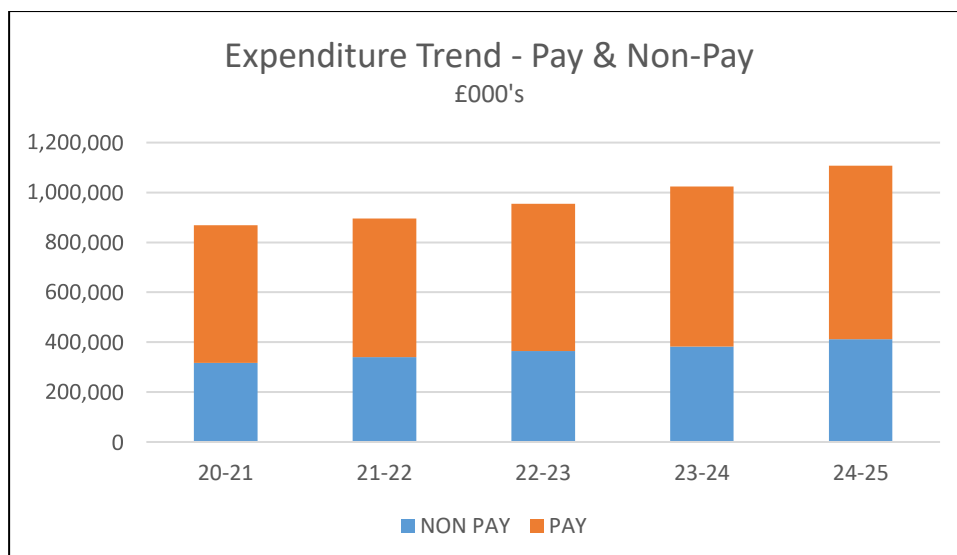
While, as a public sector body providing health and social care, there are no material uncertainties about the Trust's ability to continue operating as a going concern, there remain significant financial challenges for the year 2025-26. At this stage, pending formal confirmation of the Trust's budget for 2025/26, it seems highly likely that the Trust will be unable to project financial breakeven in 2025/26 without either further funding or the implementation of significant savings measures. The Trust will work closely with the SPPG and DoH in relation to the Trust financial plan.

The chart below shows that over the last five years Directorate's expenditure, as a percentage of total expenditure, has remained relatively static. Expenditure will continue to be monitored closely given the financial context and the need to deliver savings.

Directorate Expenditure Trend Analysis (2020/2021 – 2024/25)



The chart below shows actual revenue expenditure, broken down by pay and non-pay costs incurred by the Trust from 2020/21 to 2024/25.

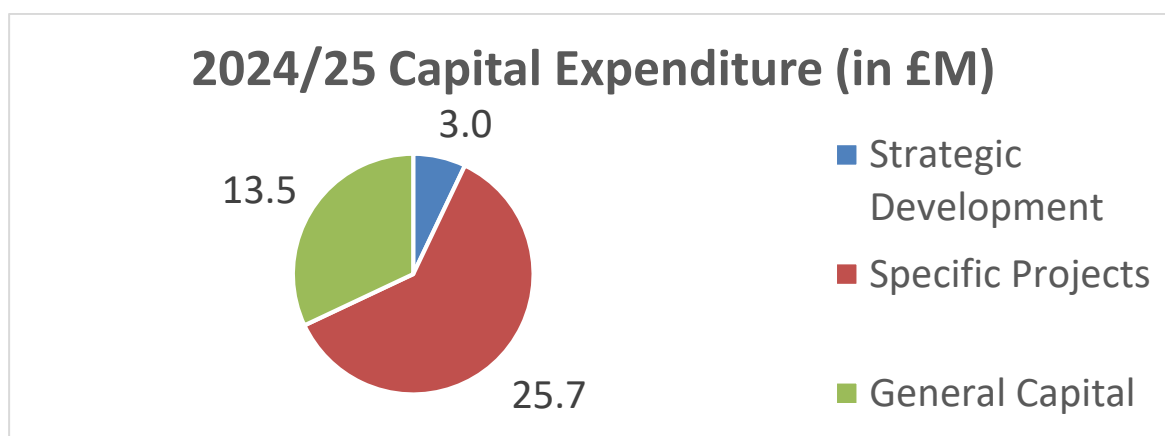


The largest cost incurred by the Trust is pay, representing 57% of total expenditure in 2024/25 (58% in 2023/24). Significant non-pay costs include clinical and general supplies such as drugs and medical and surgical consumables and residential, nursing and domiciliary care delivered by other organisations on the Trust's behalf. Further divisional analysis can be found within the segmental information shown in Note 2 to the Accounts.

Capital Investment

The Western Trust is committed to continuous improvement of both facilities and equipment as part of its capital investment. The Trust delivered on a significant capital expenditure programme during 2024/25 of £42.2m, including £3m for strategic development projects, £13.5m for general capital investment in schemes, equipment and vehicles, £12.5m for information technology (including £10.7m for Encompass), £5.9m for maintaining buildings, £2.5m for 'invest to save' initiatives and £4.8m for other specific capital projects (including research and development expenditure).

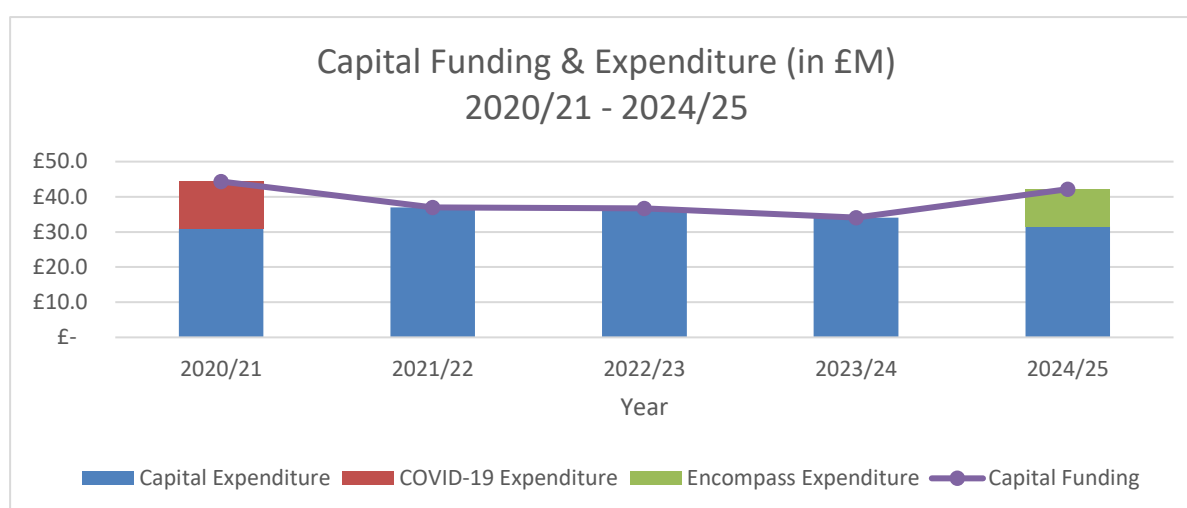
The expenditure between three areas: Strategic Development, General Capital and Specific Projects is shown in the pie chart below:



Capital Expenditure Over Time: 2020/21 – 2024/25

The Trust's funding and spending each year on specific capital investments fluctuates, based on the number, scale and stage that approved proposals have reached. The below graph illustrates the Western Trust's capital expenditure over the last five financial years from 2020/21. Capital expenditure has remained relatively consistent over the period, however exceptional funding allocations were received in 2020/21 with £13.4m provided to alleviate additional pressures caused by the Covid-19 Pandemic and in 2024/25 where £10.7m was provided to support the implementation of the regional Encompass project.

The graph highlights capital expenditure in relation to funding across the five year comparative period, illustrating the Trust's continued achievement of a breakeven financial position against the Capital Resource Limit.



Income & Expenditure from Charitable Donations

The Trust has delivered another successful year in the management of funds donated by patients, clients, the general public and other donors in the Western Trust area. The Trust's Endowment and Gifts Committee took a lead role in the oversight of arrangements to ensure that every opportunity was taken to encourage utilisation of monies. There continued to be a focus on spending funds this year and commitments of £2m have also been made in the period for which expenditure will be incurred into future years.

A separately audited set of Charitable Funds Accounts are published on the Trust's website.

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 2025 was £97m (31 March 2024 £102m). 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 2025, the Trust had £177m (31 March 2024 £96m) 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. There was no compensation paid for payments being late in 2024/25 (2023/24 £260.68). One of the key performance indicators of the Trust is the prompt payment of invoices. The DoH Prompt Payment target which is shown in the table below is to pay 70% of invoices within 10 days and 95% of invoices within 30 days. The Trust has achieved 72.2% within 10 days and 88.3% within 30 days (2023/24 72.6% within 10 days and 91.5% within 30 days).

| Public Sector Payment Policy – Compliance | 2025 Number | 2025 Value £000s | 2024 Number | 2024 Value £000s |
|--|--------------------|-------------------------|--------------------|-------------------------|
| Total bills paid | 331,545 | 711,976 | 302,447 | 647,941 |
| Total bills paid within 30 days of receipt of an undisputed invoice* | 292,859 | 665,961 | 276,698 | 613,984 |
| % of bills paid within 30 days of receipt of an undisputed invoice* | 88.3% | 93.5% | 91.5% | 94.8% |
| Total bills paid within 10 day target | 239,372 | 587,677 | 219,507 | 538,095 |
| % of bills paid within 10 day target | 72.2% | 82.5% | 72.6% | 83.1% |

* 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.

SUSTAINABILITY REPORT

Environmental Issues

The Trust is committed to ensuring that the environmental risks and impacts from installing, maintaining and operating the Trust estate are minimised, and operates a Trust wide 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 and services and work, maintenance of buildings, plant and equipment, and grounds maintenance.

The Trust continues to invest heavily in energy efficient projects with the installation of photo voltaic panels on a number of hospital sites during the year with further works planned for 2025/26. The implementation of Automatic Meter Reading (AMR) has been rolled out and expanded across additional Trust sites. LED lighting upgrades have been carried out both internally and externally to a number of sites throughout the Trust. The Trust also undertook significant solar panel and air source heat pumps installations in the region of £2.5m. This will assist the Trust in moving from fossil fuel based heating systems to renewable sustainable energy solutions.

The Trust is 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 work collaboratively as part of the corporate Energy Committee to target reduced consumption and to ensure budgetary targets are met.

Environmental Waste Management

The Trust's Waste Management Plan aims to minimise waste and insure all waste generated by the Trust is efficiently segregated to reuse, recycle, or recover as much as possible. In line with HTM07-01 guidance, the Trust strives to manage clinical waste to ensure appropriate segregation in order to reduce the amounts of waste unnecessarily going into the clinical waste stream. During the year several major waste contracts were successfully retendered regionally to ensure value for money and shared best practice in the HSCNI.

Climate Change Regulations NI 2024

The Trust is working towards achieving compliance with the Climate Change Regulations NI 2024. During the year the Trust have commenced collaboration with a number of partnering agencies including Derry & Strabane Sustainability Climate Commission, Fermanagh & Omagh Council and the Regional Health Sustainability Action Group in order to work towards the challenging sustainability targets set.

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,
 - Leadership development & training, 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 OBE
Chief Executive and Accounting Officer

26 June 2025

Date

ACCOUNTABILITY REPORT

Overview

The purpose of the Accountability Report is to meet key accountability requirements to the Northern Ireland Assembly. The report contains three sections being, the Corporate Governance Report, the Remuneration and Staff Report, and the Accountability and Audit Report.

The purpose of the Corporate Governance Report is to explain the composition and organisation of the Trust's governance structures and how these support the achievement of the Trust's objectives.

The Remuneration and Staff Report sets out the Trust's remuneration policy for Directors, reports on how that policy has been implemented and sets out the amounts awarded to Directors. In addition, the report provides details on overall staff numbers and composition, and associated costs.

The Accountability and Audit Reports brings together the key financial accountability documents within the annual accounts. This report includes a statement of compliance with regularity of expenditure guidance, a statement of losses and special payments recognised in the year and the external auditor's certificate and audit opinion on the financial statements.

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 as follows:-

| Name | Position of the Board |
|-----------------------|--|
| <u>Members</u> | |
| Dr T Frawley, CBE | Chair |
| Mr N Guckian, OBE | Chief Executive |
| Mr S Hegarty | Non-Executive Director |
| Ms R Laird, CBE | Non-Executive Director |
| Dr J McPeake | Non-Executive Director |
| Prof H McKenna, CBE | Non-Executive Director |
| Rev Canon J McGaffin | Non-Executive Director |
| Dr A McGinley | Non-Executive Director |
| Mr B Telford | Non-Executive Director |
| Dr B Lavery | Medical Director |
| Dr T Cassidy | Executive Director of Social Work and Director of Children and Families |
| Mrs D Keenan | Executive Director of Nursing, Midwifery and Allied Health Professionals |
| Ms E McCauley | Executive Director of Finance, Contracts and Capital Development |

| <u>Invited Attendees</u> | |
|---------------------------------|--|
| Mrs T Molloy | Director of Performance, Planning and Corporate Services |
| Mrs K Hargan | Director of Human Resources and Organisational Development |
| Mrs G McKay | Director of Unscheduled Care, Medicine, Cancer and Clinical Services |
| Mr M Gillespie | Director of Surgery, Paediatrics and Women's Health |
| Ms K O'Brien | Director of Adult Mental Health and Disability Services |
| Dr M O'Neill | Director of Community and Older People's Services |

The Trust maintains a Register of Interests in relation to Directors and senior management staff and operates procedures to avoid any conflict of interest. Based on a review of this Register, it has been confirmed that none of the Board members, members of the senior management staff or other related parties have undertaken any material transactions on behalf of the Western Health and Social Care Trust that involved a conflict of interest during the year. The Register of Interests can be viewed by contacting the Chief Executive's Office. Further detail is provided in Note 20 to the Accounts at Section 3 of this document.

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

NON-EXECUTIVE DIRECTORS' (NEDs) REPORT

The Trust faced yet another year of unprecedented pressures and challenges, including continuing growth in demand for services and dealing with workforce challenges, by developing new ways of working against a background of significant financial uncertainty.

Under the Chairmanship of Dr Tom Frawley, the Board has, in relation to the Non-Executive membership, had a period of stability, after returning to its full complement of NEDs. The addition of the new NEDs together with those already in post (who made additional commitments while the total number of NEDs were below its full complement of members) will provide both stability and continuity to the Board for the foreseeable future. With all Non-Executive posts now being filled, it has been appropriate to realign a number of the governance and oversight committees, aimed at providing evidenced support, guidance and challenge within the Board. These developments will further support the Trust in meeting its commitment to deliver safe services for the population it exists to serve. Additionally, the NEDs provide support to management in achieving its objectives through both engaging with key stakeholders and contributing to the leadership of the organisation and by providing greater assurance on governance and financial accountability.

The work of the Board and its Committees is outlined in some detail within the Governance Statement (see Accountability Report section). Non-Executive Directors' commitment and dedication to their specific roles is available by reviewing the

Committee reports and minutes. Such a review records that Non-Executive Directors provide a challenge function in relation to the performance, effectiveness and efficiency of how Committee business is being transacted.

Demonstrating a comprehensive and specific scrutiny of its business the Trust's Committee structure consists of the Audit and Risk Assurance Committee, Governance Committee, Remuneration Committee, Finance and Performance Committee, Endowments and Gifts Committee, Improvement through Involvement Committee and People Committee. All Committees have continued to scrutinise and review that part of the Trust's business which is covered by their remit and detailed in their terms of reference.

The Non-Executive Directors have continued to support the Corporate Management Team and Trust Board to ensure the Trust's vision is delivered.

During 2024/25 NEDs supported the Board in a number of key areas including:

- Planning and oversight of the 2024-27 Trust Corporate Plan;
- Planning and oversight for the introduction of the Encompass single digital care record system;
- Participation in health and education aspects of The Derry~Londonderry & Strabane City Region City Deal submission, planning and oversight of patient services and facilities development;
- Assurances on performance against targets including, quality and safety of services, financial management and human resource initiatives;
- Management of Lookback Reviews;
- Risk Management and Governance Review oversight;
- Statutory Visits to Children's Homes;
- Leadership Walkrounds;
- Appointment of Senior Executives and Medical Consultants;
- Engagement with external stakeholders to gain continuous professional development, share best practice and training;
- Mentoring and development programme for future Trust leaders

Non-Executive Directors continued to participate in Trust Board meetings and workshops throughout the year. Their support and challenge to the Corporate Management Team had the objective of ensuring an appropriate balance relating to operational objectives, patient outcomes, managerial imperatives, and longer term strategic planning. It also provided assurance that the business of the Trust is delivered successfully. Non-Executive Directors have welcomed the reintroduction of patient stories into the Board monthly agenda because it places the patient's experience at the centre of our discussions. Particular attention continues to be given to the information which is provided to Board members to ensure Non-Executive Directors are in receipt of all relevant information which enables them to make informed decisions on what are

often very complex issues that can have implications for the population served by the Western Trust.

It is appropriate that the Board continually assesses its performance against a range of criteria designed to measure, record, and support Board development and effectiveness over time. To this end, the Trust approved its Board Governance Self-Assessment Tool on 7 March 2024. This included measuring the impact of the Board using a case study approach. As in previous years an action plan has been developed to facilitate the careful consideration of the insights provided by this Assessment Tool to the Board. This consideration will allow the Board to decide which insights if implemented might improve the performance of the Board going forward.

STATEMENT OF ACCOUNTING OFFICER 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 financial statements 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, changes in taxpayers equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual (FReM) and in particular to:

- observe the Accounts Direction issued by the Department of Health, including the 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 FReM have been followed and disclose and explain any material departures in the accounts;
- prepare the accounts on a going concern basis, unless it is inappropriate to presume that the HSC body will continue in operation; and
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take 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 OBE of Western Health and Social Care Trust as the Accounting Officer for the Western Health and Social Care 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 Western Health and Social Care Trust'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's 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.

The Partnership Agreement (January 2024) defines the relationship between the Department of Health and the Western Health and Social Care Trust and sets out the governance framework and assurance arrangements which have been agreed and are in place between the DoH and the Trust.

For services commissioned from the Trust by the SPPG and other HSC organisations, accountability for delivery of services is via HSC Service Delivery Plans which set out the expectations for Trust activity levels based on prior year activity, pre-pandemic baselines or in some cases funded activity levels. 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, 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.

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 was advised by the DoH on 13 March 2025 of the publication of an updated version of the corporate governance in central government departments: Code of good practice NI (2025). The revised addition of the code does not contain fundamental changes but brings certain aspects of the 2013 code up to date and codifies existing best practice in some areas.

The Board Governance self-assessment for the year 2024/25 will be completed mid-year 2025/26 following completion of a regional review of the self-assessment template used and after consideration of annual reports and the revised Assurance Framework document at Governance Committee in June 2025. This self-assessment will be subject to BSO Internal Audit assurance in 2025/26.

A clear vision for the Trust is articulated through the Corporate Plan. The Trust Board approved the new Corporate Plan for the Trust covering the period 2024 to 2027 in June 2024. The Corporate Plan sets out the Trust's overarching strategic direction and ambitions for the population served. It has been developed through engagement with staff, service users and stakeholder groups, who helped frame the priorities and outcomes to be delivered through a range of actions as part of the planning and accountability framework in the Trust. These are also included in Directorate plans, and in individual and team objectives.

All corporate policies are approved through the assurance framework and each policy must align to the Trust vision and objectives as set out in the Corporate Plan. The Trust Policy Group which is responsible for approval and oversight of all corporate policies appointed a service user representative to the group in February 2025 to strengthen the engagement of service users in developing policy. Trust Board are informed and facilitated to challenge policies and financial and performance activity in the context of achieving the Trust's vision and objectives.

The Trust Board obtains assurance on the management of risks to the Trust's objectives through the Corporate Risk Register and Assurance Framework. The risk appetite model applied to each Corporate Risk clearly aligns appetite to a target level of risk. The appetite for each Corporate Risk was reviewed in April 2024 by Trust Board along with its tolerance levels against the appetite to help prioritise management of the risks for the year ahead including assurance on same. Risks are also considered against the relevant corporate objective to assess the impact on that objective and whether there are any gaps. Trust Board consider the controls and gaps in controls supported by the three lines of assurance along with discussion on short, medium and long-term strategies to meet Trust objectives. This process includes selecting corporate risks for deep dive throughout the year ahead. The deep dives allow great depth of assurance against specific risks identified by Trust Board as requiring further detailed scrutiny. Deep dives were undertaken at Governance Committee in 2024/25 on risks relating to Cyber security, Endoscopy capacity and violence and aggression to staff. Work is progressing to fully implement an assurance mapping tool at the Trust Board risk workshop in June 2025 as recommended by Internal Audit. This will provide an improved ability to understand and confirm that Trust Board have assurance over key controls or where control gaps exist, whether actions are in place to address these gaps.

The Audit and Risk Assurance Committee supports the Board and accounting officer by helping them to formulate their assurance needs and by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements. The Committee utilises the work of Internal Audit, External Audit and other assurance functions, and also seeks reports and assurances from other Trust Committees, Directors and Managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. The Chair of the Committee provides a verbal update to Trust Board following each meeting to provide assurance on how it discharges its responsibilities.

The Board also commissions Internal Audit to review the effectiveness of its internal controls and the Trust has fully implemented 78% of its outstanding internal audit recommendations and 22% were partially implemented at 31 March 2025. Work is ongoing to address the partially implemented recommendations as quickly as possible.

To help assess the Trust's performance on the systems of governance Internal Audit completed a number of audits in-year on corporate governance functions within the Trust. The Trust received satisfactory assurance on audits related to the corporate governance functions of the Trust in 2024/25 year, namely Management of Standards and Guidelines and RQIA Recommendations, Management of Lessons Learned and Risk Management. However the Trust received limited assurance in relation to Complaints management. Assurance is provided through Audit & Risk Assurance Committee on the actions to address the recommendations identified in this audit.

The Governance Committee reviews information quarterly to seek assurance across quality and safety indicators including, complaints, incidents, claims, M&M reviews, audits, compliance with standards and guidelines and quality & Improvement projects. This is through a mixture of corporately held high level performance reporting, raising themes and trends along with specific information from Directorates on learning, good practice, escalated concerns along with performance on timely actions and training compliance. In 2024, the Governance Committee commissioned a review of all reporting groups to ensure they remain effective and information is useful and relevant. The reporting to Governance Committee from Directorates was reviewed to ensure information escalated was not too detailed to potentially dilute the important messages, yet balanced with enough detail to benefit understanding. This involved introducing a revised template which structured each report to ensure clarity on escalated issues, quality initiatives, updates on escalated risks within Directorates, NIPSO reports, key challenges and updates from previous actions. This helps encourage the use of bottom up information to allow full overview of the issues to support assessment of assurance.

A key aspect of leadership and assurance is in Trust Board having direct dialog including feedback from staff on the ground. The leadership walkround programme for 2024/25 included 27 walkrounds carried out with Trust Board members to focus on quality & safety. An annual report on walkrounds was presented at Governance Committee in the period and gave assurance on actions raised and completion of same. A leadership walkround awareness session was held for Trust Board in-year to enhance effectiveness of the walkrounds. A walkround template was revised to include pre-populated quality & safety information to better inform the topics of conversation with staff.

A Trust Board Development Workshop was held on 5 November 2024 facilitated by the Leadership Centre and a follow up workshop has been planned for 21 October 2025. The workshop gave Trust Board the opportunity to take some time and reflect on its effectiveness as a Trust Board, consider the drivers of change impacting on HSC, and make decisions on how to meet the challenges that lie ahead in 2025. The objectives were to:-

- Assess the drivers of change which impact on health and social care to identify opportunities and mitigate threats;
- Review the effectiveness of how Trust Board and CMT lead the Trust;
- Plan how to add value;
- Plan how to shape the culture;
- Set goals and agree actions for Board and CMT development in 2025.

Equality & Good Relations Duties

Section 75 of the Northern Ireland Act 1998 requires public authorities to have due regard to the need to promote equality of opportunity and to the desirability of promoting good relations across a range of categories outlined in the Act. The Trust's Equality

Scheme is a public expression of the Trust's ongoing commitment to actively promote equality of opportunity and good relations in all its interactions with people and organisations. In the Equality Scheme, the Trust sets out how it proposes to fulfil the Section 75 statutory duties. The Trust produces an Annual Progress Report (APR) to the Equality Commission for Northern Ireland (ECNI). This APR is presented to Trust Board for approval prior to submission.

The 6 Health and Social Care Trusts have worked collaboratively on the development of the HSC 5 year (2024 – 2029) Disability Action Plan and Equality Action Plan, which, following a public consultation, were formally adopted by the Trust. The Trust has re-established the corporate Disability Steering Group and set up a Western Trust Equality Action Plan Oversight Group . These groups will review progress on the actions within the plans and report through to relevant Board committees.

The Trust produces quarterly equality screening reports outlining the screening outcomes of policies and proposals etc. and these are available on the Trust website. The Trust provides equality screening training for staff and this is complemented by a suite of relevant information to support staff in this area. Equality, Good Relations, Disability and Human Rights training is mandatory for all Trust staff and is available via e-learning.

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.

The Trust Board

The Trust Board has corporate responsibility for ensuring that the Trust meets its statutory responsibilities, fulfils its aims and objectives and promotes the efficient, effective and economic use of staff and all resources allocated to it by the Department of Health.

These include:-

- establishing the overall strategic direction of the Trust within the policy and resources framework delegated to it;
- 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 targets by determining the steps needed to deal with such changes;

- having oversight of patient safety and the quality of services it provides;
- 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 regularly receives and reviews financial information relating to 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 to address such matters;
- 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 Executive 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 10 times in this financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes and the relevant detail is included in the table below. Standing items on the 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 |
|-----------------------|--|--------------------|-------------------|
| <u>Members</u> | | | |
| Dr T Frawley, CBE | Chair | 10 | 10 |
| Mr N Guckian, OBE | Chief Executive | 10 | 10 |
| Mr S Hegarty | Non-Executive Director | 10 | 9 |
| Ms R Laird, CBE | Non-Executive Director | 10 | 9 |
| Dr J McPeake | Non-Executive Director | 10 | 9 |
| Prof H McKenna, CBE | Non-Executive Director | 10 | 9 |
| Rev Canon J McGaffin | Non-Executive Director | 10 | 9 |
| Dr A McGinley | Non-Executive Director | 10 | 9 |
| Mr B Telford | Non-Executive Director | 10 | 10 |
| Dr B Lavery | Medical Director | 10 | 10 |
| Dr T Cassidy | Executive Director of Social Work and Director of Children and Families | 10 | 8 |
| Mrs D Keenan | Executive Director of Nursing, Midwifery and Allied Health Professionals | 10 | 8 |
| Ms E McCauley | Executive Director of Finance, Contracts and Capital Development | 10 | 9 |

| <u>Invited Attendees</u> | | | |
|---------------------------------|--|----|----|
| Mrs T Molloy | Director of Performance, Planning and Corporate Services | 10 | 9 |
| Mrs K Hargan | Director of Human Resources and Organisational Development | 10 | 9 |
| Mrs G McKay | Director of Unscheduled Care, Medicine, Cancer and Clinical Services | 10 | 9 |
| Mr M Gillespie | Director of Surgery, Paediatrics and Women's Health | 10 | 9 |
| Ms K O'Brien | Director of Adult Mental Health and Disability Services | 10 | 10 |
| Dr M O'Neill | Director of Community and Older People's Services | 10 | 10 |

Audit and Risk Assurance Committee

The Audit & Risk Assurance Committee met five times during the year with 87% 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 four times during the year with 82% attendance. The Committee is comprised of two Non-Executive Directors, one of whom is Chair, Executive Directors and members of staff with a Directorate or 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 supports 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 ensures 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, Performance, and Corporate Services, 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 role is to provide strategic direction and oversight of risk management arrangements relating to clinical and social care governance in the Trust. The Sub-Committee meeting is now split into 3 meetings, the core members meet monthly, reviewing core issues and core dashboards. The Sub-Committee 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 and Director of Children and Families, 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.

Remuneration & Terms of Service Committee 2024/2025

The Remuneration Committee met once during the year with overall attendance of members at 100%. The Committee comprises of the Chair of the Trust and two Non-Executive Directors. 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 Finance and Performance Committee met eight times during the year in line with the Terms of Reference, with 94% overall attendance. Membership of the Committee is comprised of two Non-Executive Directors, the Director of Finance, Contracts & Capital Development and the Director of Planning, Performance & Corporate Services. In attendance at the meetings are Assistant Directors of Financial Management and Planning, Performance & Business Services and other senior Trust officials by invitation.

At the confidential Committee meetings, members were briefed in depth on matters relating to services with significant performance and access challenges, and on the developing position with the financial plan for 2024/25, 2025/26 and out-turn for the 2024/25 financial year. The Committee undertook an annual review of the Terms of Reference, on 9 April 2024, which were agreed with no material changes.

The Finance and Performance Committee is the delegated Committee of the Trust Board with oversight responsibility to support the Board in delivering its statutory responsibility to break-even or against an approved financial control total and in delivering on the performance targets required under the Service Delivery Plan agreements in place for a range of services selected by Commissioners and DoH. The Chair of the Committee provides a report following a formal Committee meeting to Trust Board on any issues which need to be highlighted.

Endowments and Gifts Committee

The Endowments & Gifts Committee met six times during the year with 96% attendance. The Committee membership is comprised of three Non-Executive Directors and one Executive Director and is supported by a number of other Directors and 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.

Improvement through Involvement Committee

The Improvement through Involvement Committee is scheduled to meet quarterly and met three times during the year. Each meeting was quorate with 91% attendance overall. One meeting was cancelled due to a major incident being called and the requirement to respond to Storm Eowyn. The Committee comprises two Non-Executive Directors, one of whom is the Chair, and two Executive Directors. A number of officers attend on a standing basis to support the Committee. A nominated senior officer from the Patient Client Council (PCC) is invited to attend the Committee twice a year.

The Committee are responsible for leading on the Trust's commitment to changing services for the better, championing sustainable change, and promoting innovation and

improvement within the Trust at all levels through the involvement of staff, patients and clients, families and carers. The Committee has responsibility to provide assurance the Trust maintains an organisational focus on involvement, co-production and learning from patient and client experience. It does so in accordance with the Trust's statutory requirements and consultation scheme, and in compliance with the standards required of Health and Social Care. The Committee works to ensure these approaches are appropriately considered, implemented and deployed in areas of strategic and operational significance, in order to transform services and deliver improvement.

The Committee Chair provides a report to Trust Board following each meeting to give Trust Board members an outline of the work of the Committee in the period, and to draw out matters, which warrant Board disclosure or executive action. The Committee is satisfied with its performance against the 2024/25 Work Plan.

People Committee

The People Committee met four times during the year with members' attendance rate at 84%. 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. A second Non-Executive Director will be joining the Committee in 2025/26.

The Committee's remit provides oversight and assurance to Trust Board on the effectiveness of the Trust's arrangements across a comprehensive people agenda. The Committee has an agreed detailed work plan for the year and at each meeting there is a deep dive on one of the Trust's four Strategic Themes i.e. new ways of working, belonging in the Western Trust, growing for the future and looking after our people.

The Committee receives reports and updates on workforce and organisation development; workforce strategy; employee resourcing; 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 Committee convened a workshop during the year in order to undertake a deep dive into Medical Workforce challenges and identify actions which the Trust can progress. Following each meeting the Chair of the Committee briefs Trust Board drawing attention to any issues which necessitate either disclosure to the Board or executive action. The Committee is satisfied with its performance against the 2024/2025 Work Plan.

Business Planning and Risk Management

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

Corporate Plan

The Trust has in place a new Corporate Plan covering the period 2024 – 2027, which sets out the strategic priorities and associated objectives for this 3 year period. Individual annual Directorate plans have been developed to support delivery of the organisation's strategic priorities and objectives covering the first year of the plan.

Annual Business Planning

The DoH SPPG issued the Trusts with the 2024/25 HSC Service Delivery Plan (SDP) on 17 July 2024. This largely rolled forward the 2023/24 SDP into 2024/25 with a range of adjustments and/or uplifts to baselines and expected targets, and reporting against some targets was paused. This approach was agreed at the Performance and Transformation Executive Board (PTEB) meeting in May 2024, pending the introduction of the new Strategic Outcomes Framework (SOF) and associated systems oversight measures (SOMs).

The performance of each Trust and the HSC system overall is reported to PTEB on a quarterly basis, and SPPG/PHA commissioning leads also identify where the delivery performance is "unacceptable" in the report to PTEB.

The Trust Board receives a comprehensive quarterly report on performance against the Service Delivery Plan targets, supplemented by exception reporting if required 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 the most challenged areas of service performance. Performance against the ministerial targets contained in the 2019/20 Commissioning Plan Direction continues to be monitored and reported annually.

As part of implementation of the Integrated Care System NI, a SOF and associated SOMs have been introduced as the vehicle through which the Department of Health sets the strategic direction for the HSC and monitors population health outcomes and HSC Provider delivery performance. This replaces the Commissioning Plan Direction and Commissioning Plan which ceased following the closure of the HSCB. In line with requirements set by SPPG, the Trust has submitted a response outlining the actions that will be taken forward between January 2025 to March 2026 to support achievement of the strategic outcomes and targets contained within the SOF and SOMs. Updated monitoring and reporting arrangements will take effect from 1 April 2025.

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 maintains has a Direct Award Contracts (DAC) register. A total of 36 DACs were completed by the Trust during the year with a combined value of approximately £14.3m (75 DACs with a value of approximately £16.7m 2023/24). 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 incorporates the risk appetite model adopted by 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 detailed risk appetite model which sets target scores based on the outcome category for each corporate risk. The policy 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 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 CMT and the Trust Board. The Corporate risk register is reviewed quarterly by the Governance Committee and a risk report is 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.

The risk appetite model has been applied to all corporate risks, and detail is provided on reports to CMT and Trust Board on a monthly basis. This process enabled Trust Board to highlight four corporate risks for deep dive review to Governance committee. Three out of four corporate risks identified in April 2024, were presented to Governance Committee throughout the year.

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 SAls, 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.

The SAI team in 2024/25 have implemented a process of identifying themes in relation to completed SAI's. This learning is summarised in a learning template and presented to RRG. This learning is then disseminated to relevant service areas to help improve shared learning throughout the organisation.

A set of Quality and Safety Corporate Dashboards, which include trends in relation to incidents, claims and complaints, is also considered by the Governance Committee quarterly. The information provided to Governance Committee has reflected the dashboard information provided to Directorate governance forums and for Chief Executive Assurance meetings with Service Directors.

The Quality and Safety team have revised the Directorate structures to align with Directorate changes to ensure accurate reporting across all Datix modules including the risk register and dashboards modules on the web based Risk Management IT system (Datixweb) to provide immediate access to reports. Dashboards on Datixweb have been developed in conjunction with Unscheduled Care, Diagnostics and Cancer Services. They provide real time data relating to key performance indicators of incidents, SAI's, Corporate Risks, Directorate Risks and complaints to help identify themes and triangulate learning.

Work is progressing to apply the three lines of assurance model to all Corporate Risks. This will give the Trust Board an improved ability to understand and confirm that they have assurance over key controls or where control gaps exist and whether actions are in place to address these gaps.

Information Governance/Records Management

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 with data protection legislation and to formally monitor the Trust's UK GDPR corporate risk in line with the Trust's governance assurance framework.

In respect of mandatory information governance training, the Trust has attained a compliance rate which equates to 83% of staff in the Trust. The Trust has also completed the installation of the intelligent file inventory tracking (IFIT) record tracking system into the SWAH.

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 2024 position is set out below:

| Year | Requests received | Compliance - 20 working day | Missed deadline | Overall compliance |
|-------------|--------------------------|------------------------------------|------------------------|---------------------------|
| 2022 | 482 | 237 | 245 | 49% |
| 2023 | 606 | 364 | 242 | 60% |
| 2024 | 662 | 470 | 192 | 71% |

The Trust has noted a significant increase in the total number of FOI requests received. Despite this, the Trust has increased its compliance with the 20 day statutory deadline as a result of refocusing its efforts on improving response rates and overall compliance with FOI legislation.

Data Protection Subject Access Requests or 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, 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 2024 position is set out below:

| Year | Requests received | Processed 30 days | Processed 30 - 90 days | Exceeding 90 days | Compliance (% 90 days) |
|------|-------------------|-------------------|------------------------|-------------------|------------------------|
| 2022 | 4,005 | 2,586 | 538 | 881 | 78% |
| 2023 | 5,030 | 3,166 | 819 | 617 | 79% |
| 2024 | 7,006 | 2,636 | 3,157 | 847 | 83% |

The Trust's Information Governance department received a total of 7,006 requests for copies of patient and client records. This is an increase of 40% in requests received from the previous calendar year. The Trust maintains 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 a UK GDPR risk on the corporate risk register and this is monitored within the Trust's governance framework. Updates and progress on the risk and risk scoring are recorded via the IGSG which reports into Corporate Governance Sub Committee. The Corporate Risk register is presented at each meeting of 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.

The Trust reported six incidents to the Information Commissioner's Office in 2024 but five were responded to quickly by the ICO who felt no action was necessary as the Trust had taken the appropriate remedial actions. One incident remains outstanding which is linked to a current HR investigation and the ICO is awaiting the outcome of the Trust's HR review before making a final decision. During 2024, the Trust did not have any Serious Adverse Incidents related to data protection or information governance.

The Trust is committed to ensuring appropriate cyber security is in place and has a dedicated cyber team based within Digital Services. There is a formal and comprehensive programme of work ongoing including cyber awareness training for all Trust staff. In addition, the Trust has senior representation on the regional Cyber Security Programme Board and is actively engaged in regional programmes of work to support improvements in cyber security. Cyber events and incidents are managed using a formal process and post incident reviews ensure learning is applied appropriately to improve the overall security position.

Serious Adverse Incidents (SAIs)

The Trust reported 86 SAIs to the SPPG which was an increase of 23 from the previous year. 34 related to unexpected serious risks, 29 related to serious injury, unexpected or unexplained death, 22 related to incidents involving suicide and 1 related to incident

of serious self-harm or assault. This increase was primarily due to SAIs reported under the criteria 'unexpected serious risk' including an audit of Cervical Cancer, risks due to capacity and flow in Emergency Departments and risks associated with Lookback reviews in Endometriosis and Complex ENT surgery. 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 addition of learning letter summaries, relating to relevant SAI's, has improved the dissemination of learning post 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. Significant progress has been made to complete and submit SAI reports. The Trust continues to work closely with DoH on the HSC Support and Intervention Framework and between December 2024 and the end of March 2025 has submitted 25 of the 38 longest overdue SAIs, with the remaining 13 to be submitted over the next few months.

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 has engaged in the consultation process with the DoH and partners on the Being Open Framework in preparation for full implementation. The Trust's Being Open policy and regional SAI procedures requires that when an SAI has been reported, the patient, client and 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, and this is further reported to Clinical Social Care Governance and Governance Committee.

Training on the SAI process is provided as a section of the incident reporting training to all staff. Online training 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 has been provided by external providers with over 160 staff trained since 2017. Detailed guidance in the form of a Chair's pack 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 and 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 one learning template for sharing regionally to SPPG and PHA.

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, 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.

The Trust is participating in the public consultation on the proposed new framework for learning and improvement from patient safety incidents. This framework will replace SAIs and the Quality & Safety team are already working towards preparing for the new framework with a workshop being planned for June 2025 with representation from all service Directorates. A group has been commissioned to provide a corporate response to the draft framework by June 2025.

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 outline the approach to tackling fraud, define 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, supports investigations by BSO Counter Fraud and Probity Services Team and provides advice to staff 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. At 31 March 2025, there are 30 open fraud cases under investigation (32 open fraud cases at 31 March 2024). Twenty-two fraud investigation cases were closed during the year and 11 of which had sanctions secured. The Trust had 20 new suspected fraud cases being investigated this year (30 new suspected fraud cases 2023/24).

Whistleblowing

The Trust's Raising a Concern in the Public Interest (Whistleblowing) Policy supports staff in raising concerns where the interests of others or the organisation itself are at risk. Whistleblowing refers to staff and others reporting suspected wrongdoing, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as fraud. During 2024/25 the new Raising a

Concern in the Public Interest (Whistleblowing) HSC Framework and Model Policy was developed by Department of Health, in collaboration with HSC Trusts and Trade Unions, and the Trust's revised policy was launched in March 2025. The scope of the new policy extends to include an avenue for members of the public to raise whistleblowing concerns and has specific reference to concerns being addressed informally with relevant managers with responsibility for the service, or a whistleblowing advocate.

All concerns raised through this policy are screened to determine the most appropriate action which can include informal action, formal investigation or consideration under another relevant Trust process. The Trust provides regular reports to the People Committee, and to the DoH on an annual basis, on concerns raised and action taken to address these. Under the new policy the Trust will also bring the annual report for Raising Concerns in the Public Interest to the Audit and Risk Assurance Committee. Where concerns raised relates to matters of clinical governance, reports will be made to the Trust's Governance Committee.

Public Stakeholder Involvement

The Trust has fully implemented the regional Monitoring and Assurance Framework for recording and reporting our Public Stakeholder Involvement work.

The Improvement through Involvement Committee (ITI) is a Board committee charged with scrutinising and providing assurance on the Involvement and patient experience work within the Trust. The ITI Committee has reviewed and updated its work plan during the reporting period, and has commenced its second 2 year plan to direct its work.

The Trust has established a corporate Strategic Engagement Forum (SEF) to support the strategic change work within the Trust. The SEF is attended by senior staff and service users. The SEF brings the voice and opinions of patients, service users and carers to strategic decision making within the Trust.

The Trust continues to engage with patients, service users and carers, local community and voluntary representatives and statutory partners, to develop its network of consultees. The Trust consultation list continues to grow with over 2,400 people to support its 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 and submitted to Governance Committee on a quarterly basis 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 CMT arrangements and organisational chart and explains the risk management and assurance process referencing regional and national guidance. The document also sets out the 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. 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 is being revised to take account of organisational changes and changes resulting from self-assessment of effectiveness of sub-committees and reporting groups. This will be completed in June 2025 for Governance Committee approval and will form evidence for the Trust Board self-assessment later in the year.

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 26 March 2025.

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 | 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 |
| Human Resources | Substantive |
| Infection Control | Substantive |
| Information Communication Technology | Substantive |
| Management of Purchasing and Supply | Substantive |
| Waste Management | Substantive |
| Information Management | Substantive |
| Research Governance | Substantive |
| Medical Devices and Equipment Management | Partial |
| Medicines Management | Substantive |
| Security Management | Fully |
| Food Hygiene | Fully |

Budget Position and Authority

The Budget Act (Northern Ireland) 2025, which received Royal Assent on 6 March 2025, together with the Northern Ireland Spring Supplementary Estimates 2024/25 which were agreed by the Assembly on 17 February 2025, provides the statutory authority for the Executive's final 2024-25 expenditure plans. The Budget Act (Northern Ireland) 2025 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2025-26 financial year.

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources:

Internal Audit

The Trust utilises an internal audit 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.

| AUDIT ASSIGNMENT | LEVEL OF ASSURANCE |
|--|--------------------|
| Corporate Risk Audits | |
| Management of Domiciliary Care Contracts | Satisfactory |
| Management of Endoscopy Waiting Lists | Limited |

| AUDIT ASSIGNMENT | LEVEL OF ASSURANCE |
|--|---|
| Management of Medical Records | Satisfactory |
| Governance over Encompass Go/No Go Live Decisions | Satisfactory |
| Management of Children's Unallocated Cases | Satisfactory |
| Management of No More Silos Projects | Satisfactory |
| Governance Audits | |
| Risk Management | Satisfactory |
| Management of Standards and Guidelines and RQIA recommendations | Satisfactory |
| IT Audit – Supply Chain Security | Satisfactory |
| Management of Lessons Learnt | Satisfactory |
| Complaints Management | Limited |
| Finance Audits | |
| Payments to Staff and Medical Job Planning – Follow up | Split Satisfactory & Limited |
| Non Pay Expenditure | Satisfactory |
| Management of the Patients Property float for the Learning Disability Team at Tyrone & Fermanagh | Limited |
| Direct Payments | Limited |
| Asset Management | Satisfactory |
| Management of Contracts with the Independent and Voluntary Sector | Satisfactory |
| Endowments & Gifts | Satisfactory |
| Management of Client Monies in Independent Sector Homes | Satisfactory 8 sampled homes & Limited 2 specific homes visited |
| Management of Cash & Service Users Finances in Trust Managed Adult Supported Living Facilities | Satisfactory |

In her annual report, the Head of Internal Audit for the year ended 31 March 2025 has provided **Satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. Satisfactory assurance has been provided in a number of core areas such as Risk Management, Management of Standards & Guidelines and Lessons Learnt. She also acknowledges the progress made by year end, in implementing outstanding audit recommendations and advises the Trust to sustain regular management attention on the implementation of outstanding audit recommendations. Limited assurance has been provided in a number of key areas. The weaknesses that were identified which gave rise to limited assurance in audit areas were:

- Management of Endoscopy Waiting Lists – Limited assurance was provided on the basis that there were weaknesses in the system used to manage endoscopy referrals and waiting lists.
- Complaints Management – Limited assurance was provided on the basis that there are significant delays in the completion of complaints reviews, lessons learnt from the investigation of complaints is not being consistently captured and complaint closure forms are not consistently being completed.

- Payments to Staff and Medical Job Planning – Follow up – Limited assurance was provided in relation to payments to staff and medical job planning in relation to SAS doctors.
- Management of the Patients Property float for the Learning Disability Team at Tyrone & Fermanagh – Limited assurance was provided on the basis that there were control weaknesses in the management of the patients property float.
- Direct Payments – Limited assurance was provided on the basis that financial monitoring of direct payments is not sufficiently robust.
- Management of Client Monies in Independent Sector Homes – Limited assurance was provided for 2 specific homes visited.

The Trust endeavors to implement audit recommendations in line with agreed timescales. A follow up review of the implementation of previous priority one and priority two Internal Audit recommendations was carried out at mid-year and again at year-end. At year-end, 208 (78%) of the outstanding 265 recommendations examined were fully implemented and 57 (22%) were partially implemented.

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 Shared Service | Satisfactory |
| Recruitment Shared Service | Satisfactory |
| 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 2023/24 accounts was issued to the Trust on 2 October 2024. There were 5 recommendations (three priority 2 and two priority 3) and all have been addressed. 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 2024/25.

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 Clinical & Social Care Governance Manager 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.

The RQIA Review of the implementation of recommendations to prevent choking incidents across Northern Ireland commenced on 19 May 2022. There has been ongoing work regionally in relation to this. One outstanding recommendation relating to resources/staffing within Dysphagia service has been logged on the Directorate risk register and raised with SPPG.

There are two remaining recommendations from the RQIA Review of Maternity Services in Northern Ireland. Work is ongoing within the Trust and via the regional working group to implement all recommendations outlined within the final report issued May 2023.

In February 2024, the Trust agreed with the DoH that a review would be commissioned by RQIA to examine the effectiveness of the pathways which had been put in place as a result of the temporary withdrawal of emergency general surgery at SWAH in December 2022. The final report was issued In January 2025. The review did not identify immediate patient safety issues arising from the pathways and stated that the Trust have advised that there has been no increase in mortality rates in general surgery in Altnagelvin Hospital. The review did identify areas where improvements to pathways can be made and in total put forward 10 recommendations to be addressed. An action plan has been developed and work is ongoing within the Trust and with other stakeholders to implement recommendations. The Trust action plan was presented to Trust Board and will have oversight from Programme Board. The Trust will also continue to work alongside DoH colleagues as the recommendations are implemented.

RQIA continue to carry out unannounced inspections within Trust registered facilities, undertaken to determine performance in relation to relevant regulations and standards associated with the facility and to determine if facilities are delivering safe, effective and compassionate care. The main themes tracked by the Governance Department relate

to the management and oversight of recruitment, staff availability and competency and fire safety.

Fire Enforcement

The Trust has not received any Fire Enforcement Notices during this year. The Trust continues to undertake ongoing fire stopping inspections and receives independent assurance from a number of sources e.g. Northern Ireland Fire and Rescue Service on the extent to which the arrangements are in place within Trust facilities in order to comply with applicable fire regulations.

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 blood products 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 Service (UKAS)** on the extent to which systems within the laboratory meet nationally agreed standards. UKAS accredits pathology offering services including certification, validation and verification, testing, inspection, calibration, proficiency testing provision, reference material production and imaging against national and internationally recognised 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 (GMC)** 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 Medical Director continues to correspond with the GMC Employer Liaison Adviser on a quarterly basis to discuss local and regulatory developments, plans and any issues of professional concern relating to doctors and their fitness to practice.
- **Network & Information Systems (NIS)** Regulations in relation to addressing the threats posed to network and information systems.
- **Regulations – Radiation**
All departments using Ionising Radiation are subject to regular inspection by several bodies: RQIA under the Ionising Radiation (Medical Exposure) Regulations (NI) 2018; Health and Safety Executive for Northern Ireland under Ionising Radiation Regulations (NI) 2017; and DERA under the Radioactive Substances Act 1993. Compliance with these regulations ensures the safety of patients, workers, the public and the environment with respect to ionising radiation exposure.
- **Radiotherapy Physics Accreditation**
The Radiotherapy Physics Department holds accreditation to BS70000:2017; Medical Physics, clinical engineering and associated scientific services in healthcare - Requirements for quality, safety and competence, ensuring the department is well led and scientifically compliant to national best practices.

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 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 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 ongoing 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 2025.

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 Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

1. Medical Devices

The Trust previously reported that a survey of medical devices concluded that 49% of assets listed on the Altnagelvin site could not be located. In addition, Internal Audit carried out an audit on the Management of Medical Devices and limited assurance was provided on the basis that systems in place to record medical devices and manage the delivery of servicing and maintenance were not being complied with. The Trust Medical Devices Working Group is overseeing the actions required and progress is being closely monitored. A number of improvements have been made and the implementation of the remaining recommendations are being taken forward. The Trust would consider that this is no longer a significant internal control divergence and can be closed.

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

The Trust previously reported that the regional inpatient complex detox 8-bedded unit Asha in Omagh had closed from 13 April 2024 due to necessary building works. All patients continued to receive community outreach support and clinics and minimal impact was reported from the region due to the closure. ASHA reopened to referrals in May 2024 and due to works continuing within the community side of the detox unit, there was a temporary reduction in assessments within the community model, but an increase in out-reach work for a further 8 weeks. These works are now completed and the unit is fully operational. The Trust considers this divergence closed.

3. MH pressures: Over-occupancy and impact on ED's

The Trust previously reported that all mental health services have experienced an increase in demand and acuity and that inpatient service were operating above the commissioned 56 beds due to the increased in risk and acuity of patients.

An Improvement Board for Adult Mental Health services was set up to consider the key issues impacting inpatient and crisis services and a quality improvement initiative looked at improving bed flow and through process mapping in ED identified changes to support the reduction in the length of time an AMH patient spends in ED waiting for an inpatient bed. The Trust considers that whilst this service remains challenging, it is a managed position and therefore this internal control divergence can be closed.

4. Staffing Pressures - Approved Social Worker (ASW) Pressures

The Trust previously reported that the ASW workforce was at a deficit on a Trust-wide basis and that the ASW service continued to meet service demands and its functions, however, it was very challenging. The service is also impacted by the Regional Emergency Social Work Service (RESWS) not being able to meet demand out of hours and have been unable at times to accept referrals or take over from day time ASW service. Arrangements have been put in place across the Trust to ensure a managed response to support patients requiring assessment and detention during the day and when this work extends beyond 5pm. This is to facilitate a safer hand over to RESWS when needed. Those referrals not accepted during the out of hour's period pose a risk to patient care.

The virtual ASW Hub Model has been tested on a pilot basis and has proved very successful and the Trust is moving to a fixed Hub Base for the delivery of the service. This will support the work to meet the DoH ASW quality standards and stabilisation. The appointment of a dedicated ASW coordinator and 2 dedicated ASW's continues to support effective management of the service. A stakeholder survey has confirmed staff satisfaction with the model and proposals, and the Western Trust remains free of NIPSA direction. The Trust considers that whilst the ASW pressures is challenging, it is being managed and therefore this internal control divergence can be closed.

Significant Internal Control Issues – update on previously reported issues that are not yet closed – as at 31 March 2025.

1. Staffing Pressures

The Trust previously reported that all Directorates have been managing extreme staffing pressure and shortages for a sustained period of time due to unfilled vacancies, recruitment difficulties and increased absences due to sick leave.

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

- Neurology
- Endoscopy
- Psychiatry

Specific updates on previously reported divergences include:

Restriction of Neurology

The Trust continues to experience challenge within the Neurology services. A consultant was recruited and took up post in September 2024, however, outreach services continue from Belfast Trust providing additional support. A Band 7 neurology nurse specialist continues to support the neurology service and has made significant improvement by establishing a nurse led first seizure clinic. Additional pressures, such

as the work entailed with new prescribing and validation of patients receiving Valproate have added to the workload of the clinical team, however the team have made significant progress with this work. Long waits for the service are currently being reviewed and patients are being contacted to see if they wish to remain on the list and an action plan has been developed to address the remaining longest routine waits.

Consultant and Nurse Endoscopist cover – Endoscopy

The Trust previously reported that within the endoscopy service the gastroenterologist and the consultant surgeon's workforce and recruitment was challenging. Four surgeons have been recruited however, two of them were unable to perform endoscopy procedures and undertook training which has now been completed. Three gastroenterologists have been recruited, one of whom is performing endoscopy at the regional centre in Lagan Valley which contributes to the collective Trust agreement to support the regional operator rota and a further two gastroenterologists need a period of reskilling after a prolonged period of inactivity in endoscopy.

Nurse endoscopists are an integral part of endoscopy services. Three nurses are being trained as nurse endoscopists however two will not have the training completed until August 2025 and the third by August 2026. The service continues to utilise capacity from independent sector providers and regional endoscopy day procedure centre in Lagan Valley and Omagh hospital. Red flag waiting lists have improved, however continued to be beyond expected time scales of 14 days with cancer performance and surveillance targets not being met for Gastroscopy. With all these challenges, the Trust continues to have gaps which inevitably affects the service delivery targets.

Challenges in recruiting Psychiatrists

The Trust previously reported on the significant challenges with the psychiatry workforce and this remains unchanged. The Trust has raised six early alerts since May 2022 given the seriousness of the challenges being faced and the last early alert was submitted in March 2025. There continues to be vacancies across the Trust and a reliance on locum cover. There were no applicants to the last two rounds of recruitment for senior clinicians. The workforce position has further deteriorated with the loss of two consistent locums, with a further three resignations. This has created a number of patient safety risks including inconsistent medical cover, the inability to fully manage caseloads increasing potential deterioration in patients' health, the cancellation of outpatient clinics and staff wellbeing has been impacted resulting in increased sick leave.

Given the chronic workforce shortages that the Trust is experiencing in this specialty, despite robust recruitment efforts, the Trust submitted an application for a recruitment and retention premium (RRP) to DoH on 8 February 2024 and approval of a 10% RRP on consultants salaries with key principles to be adhered to when taking forward RRP payment arrangements has now been provided.

Recruitment is ongoing and some interim solutions have been put in place with cover being provided by 2 locum consultant psychiatrists in the T&F Hospital. A rota has been devised for Part II registered doctors to maintain on call cover. The situation is being kept under review.

Trust actions

Workforce stabilisation continues to be a high priority for the Trust. Actions are in place both at a regional and Trust level to address issues including the 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 other factors which can help to stabilise the workforce. A new Medical and Dental Framework is currently out to tender which shall reduce contracted agency spend across medical and dental services. In addition, the Trust has been engaged in an International Medical Recruitment programme which seeks to recruit medical and nursing staff to fill vacancies and replace agency staff.

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. The Trust finds itself geographically disadvantaged in the ability to recruit and retain skilled medical staff across many specialisms. A limited supply of locum agency staff is available across specialities and costs required to support safe staffing levels continue to increase. A regional workstream is ongoing to support medical workforce planning and the Trust is actively engaged in this work.

2. 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 child care services at the front door. Demand continues to outstrip capacity which has a direct impact on capacity across all service areas, both in terms of workforce but also on placement, accommodation and overall service delivery.

Focus on early intervention and increased support for those on the edge of care continues. The looked after teams continue, where possible and safe to do so, to progress the return of children and young people back to the care of their parents or relatives.

The Trust also previously reported that it had been focusing on structures of teams and skill-mix within the workforce, to create supportive roles and give social work staff increased capacity. As part of the Social Work Workforce Plan (2023-25), a “Trainee Social Work” pilot was launched in August 2024. The Trust has now employed 7 trainee social workers in the Enniskillen area whilst they study for their social work degree and

once qualified they will remain in the Trust for a minimum of 3 years post qualification. Another intake of trainees is planned for 2025/26.

The Trust has also previously reported on the challenges with unregulated placements for young people. Senior managers continue to monitor those young people who have had to be placed in unregulated placements and transition them to registered suitable placements as soon as one becomes available. The Trust is also working with independent providers to increase available accommodation options on an ongoing basis to help meet the accommodation needs of this cohort of young people.

The Trust previously reported that it continues to struggle to recruit foster carers to meet the demand for placements. Despite numerous recruitment events, the number of enquiries are low. Work is ongoing both locally and at a regional level to try to increase the number of foster carers available.

Pressures continue to be significant within Residential Childcare Services. There is an increasing trend of young people under the age of 12 requiring residential care. This continues to bring significant challenges and is having an impact on placement availability within specific homes due to the placement of young people with extremely complex profiles. Every effort is made to 'match' young people to homes however, this is dependent on the demands and vacancies in the homes.

The number of young people aged 16-17 years old presenting as homeless continues to be very high. This continues to add extra pressure in terms of accessing appropriate supports and accommodation and can result in a reduction in the availability of step-down accommodation for those young people ready to move on from residential care.

3. Mental Capacity Act (MCA)

The Trust previously reported challenges in meeting some of its statutory obligations under the Mental Capacity Act (NI) 2016. The Trust is not meeting MCA statutory obligations in relation to patients who require a Short Term Detention Authorisation (STDA) as they lack capacity in a hospital setting. Challenges remain with the identification of patients that should be considered for STDA and gaining timely access to medical resource to complete the relevant forms. This contributes to the increase in patients being discharged under emergency provisions, shifting completion of processes to Community teams which are already under pressure. The MCA service has proposed changes to the STDA process to support improvement in identification of patients that require STDA process. The MCA service have also provided funding to support medics to engage in MCA processes from December 2024. No discharges are being delayed due to MCA constraints.

A review of requirement for the use of Deprivation of Liberty Safeguards (DoLS) within Special Schools is underway. MCA Team are supporting Children's Services to scope and complete DoLS identified within this group.

4. 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. The full capacity protocol and non-designated protocols have been utilised regularly to assist in de-escalating EDs at times of extreme pressure. Unscheduled care pressures continue with higher acuity complex patients attending both Emergency Departments daily. Complex delays within acute beds continue to be a significant challenge. The escalation policy continues to be utilised to provide additional bed capacity within wards. Site coordination is now operational 7 days per week and a reform of patient flow operational processes commenced in May 2025.

5. 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 was experiencing pressures in the delivery of residential and short break services and this continues. Jasmine Lodge has reopened as a medium/long term residential unit for children with disabilities in November 2024 following a period of closure for refurbishment. Rosebud Cottage Short Break Unit was closed for a number of months during the year to facilitate a number of medium/long term placements, however following the reopening of Jasmine Lodge, the unit returned to the provision of short breaks in December 2024 albeit on a part time basis due to staffing pressures. Avalon House Short Break Unit remains paused to short break services due to a number of medium/long term placements. It is acknowledged by the Trust that there is a demonstrable gap and a clear need for a residential unit in the southern sector of the Trust. This need is being reviewed at a regional level by the Commissioner. Recruitment is ongoing to fill vacancies across the residential and short break services.

The Trust also previously reported that timely access to securing inpatient beds within the regional CAMHS in-patient facility Beechcroft is challenging and this continues, however ability to access timely admissions has become more manageable. In incidences where a young person is unable to be admitted owing to acuity, the secondary pressures on Community CAMHS is significant. There has been a 38.6% rise in emergency presentations to the service during the year. This remains an area of concern. The CAMHS service continues to experience staffing pressures as a result of vacancies and efforts to recruit continue.

The Trust previously reported that Children's Disability Services continue to experience demand for clinical and therapeutic services and demand remains high. These teams are small in number and due to a number of staff absences and recruitment issues, the service has had reduced capacity during the year. Young people awaiting psychiatry assessments, psychology assessments, access to intervention services and behaviour support services remain high.

6. OMFS & ENT – Head and Neck

The Trust previously reported that there was a temporary cessation to complex Head and Neck surgery in Altnagelvin, concerns about the sustainability of the Head and Neck pathway for patients with a new diagnosis of cancer and there was no ENT Head and Neck trained surgeon. There was also no provision or pathway for patients needing surveillance reviews, red flag diagnostic service was continuing to be delivered for investigations of patients presenting with new symptoms, however, the Trust was no longer in a position to provide operative surgery for this cohort of patients.

The Trust also previously reported that the consultant that was overseeing the interim pathway that was put in place to manage new and current ENT thyroid patients had raised concerns with respect to patients operated on in the independent sector. The Trust initiated a Lookback Review and as part of this sought advice in the form of an external review. The findings from the lookback review was presented at Trust Board on 3 April 2025 and a final report is being completed.

The discussion in relation to an interim pathway for Head and Neck patients at the regional Head and Neck multi-disciplinary meeting continues and patients requiring Head and Neck cancer surgery continue to be referred to Belfast Trust. The Trust continues to be dependent on mutual aid from the Belfast Trust. Belfast Trust continues to facilitate additional clinics to review patients. This allows patients who are outside their clinically indicated time to be reviewed. The Trust continues to report this risk on the Corporate Risk Register and given the current fragility in the workforce regionally, this remains a significant ICD.

7. Haematology Service

The Trust previously reported that Belfast Trust provided notice of their intention to stand down the provision of general haematology services to Enniskillen patients and patients have been transferred to the Trust from June 2024 which has resulted in approximately 30% increase of workload. The commissioner has provided funding to the Trust to recruit additional medical and nursing posts and recruitment continues for some of these posts.

Due to staffing issues and the need to meet growing and complex patient demand, the Trust continues to virtually assess and manage referrals to reduce unnecessary attendances at clinics and to ensure continued safe and effective care for our patient cohort. Various measures have been put in place to support and ensure continued service delivery. Whilst demand is currently being managed, this model is vulnerable and not sustainable in the long term.

8. Lookback review – GP Practices

The Trust previously reported that it had identified a risk associated with clinical documents that had not been reviewed or actioned in certain GP Practices in the Southern Sector. A number of clinical documents had been identified and plans were

developed, in partnership with SPPG, to review all the clinical documents and action appropriately. The GPs have now reviewed all the documents and SPPG medical advisors have also completed their review. It is expected that the Lookback Operational Group will confirm completion of the exercise at their next meeting and a report will then be shared with Trust Board.

Significant Internal Control Issues arising during 2024/25 – at 31 March 2025

1. Lack of Consultant capacity within Uro-Oncology

Lack of Consultant Capacity within the Uro-Oncology service has resulted in the service being unable to see patients (both new and review) in a timely way to ensure optimum patient care. This has resulted in the breaching of the 2 week red flag wait for first oncology outpatient appointment and has resulted in review patients waiting significantly past their clinically indicated date. There is also a significant risk of patients on the review waiting list developing metastatic disease due to long waits for review. This in turn is leading to a significant number of patients not receiving timely access to the optimal level of treatment and care to support best clinical outcomes. In addition, it is resulting in the Trusts inability to continue to meet the current Service Level Agreement for Republic of Ireland patients.

Various measures including additional staffing have been put in place and the overall position has improved in recent months. This has resulted in the review backlog reducing and the team working through addressing the new patient backlog. HSE colleagues have indicated that they are working on a plan to accept repatriation back of the Republic Of Ireland Urology patients requiring follow up.

2. Paediatric Consultant Workforce SWAH

The recent Royal College of Paediatrics and Child Health (RCPCH) Invited Service Review report in June 2023 made a number of recommendations relating to the SWAH medical staffing and recommended to the Trust that steps must be taken to address the reliance on locum paediatric doctors on every rota at SWAH, to mitigate risk to acute paediatric and neonatal services. The reliance on locum support on every shift at SWAH was raised by the review team as an immediate potential safety risk at the conclusion of the review visit on 22 June 2023. This service has been reliant on locum medical staff for the last four years to maintain a stable on call rota.

Currently the service has a number of workforce restrictions including two consultants who are off on long term sickness absence, one consultant on a phased return, one consultant heavily weighted to community and one consultant retiring within the next 12 months. This highlights the current vulnerabilities within the service and the risk of the on call rota becoming unsustainable. The Trust continues to have 3 locum consultants in place to cover current gaps and recruitment of a Specialty Doctor is underway

through International Medical Recruitment. The Trust has sent a job description to the Royal College to recruit a further permanent consultant and are currently reviewing the job description of the joint consultant post and plan to seek approval to recruit permanently. Work continues with colleagues in Medical HR to look at international recruitment for this team.

3. GP Practice

The Trust took on interim operational responsibility for another GP Practice during the year. As part of its due diligence review, the Trust identified a risk associated with the physical condition of the building and its infrastructure. The building was leased prior to the Trust taking on this temporary operational responsibility. An independent condition survey was completed. The backlog maintenance liability includes a number of urgent and critical remedial works to mechanical and engineering infrastructure for which no funding source has been confirmed by SPPG. The Trust's estates team are continuing to support the staff and service users in this facility using a risk based approach. Given the notified risks of this facility the Trust has been unable to conclude the lease negotiations and has escalated to the SPPG.

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 2024 to 31 March 2025.

Signed



Mr Neil Guckian OBE
Chief Executive and Accounting Officer

26 June 2025

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:

- Dr T Frawley CBE, Chair
- Prof H McKenna CBE, Non-Executive Director
- Dr J McPeake, 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 Executive Pay Structure Reform

With effect from 1 April 2023, the Department of Health has introduced in 2025 a Senior Executive Pay Structure Reform which impacts all Senior Executives in post at 1 April 2023. An incremental scale has been introduced, initially an 8-point scale, annually reducing by 1 point to achieve a 5-point scale by year 4 (1 April 2026). All incremental progression is subject to satisfactory performance, as considered by the relevant Remuneration Committee applying the standards as set out in the revised Performance Management Framework. The Department will introduce a new performance framework, setting expectations of organisational and personal objectives which must be met to merit a satisfactory rating. There shall be no further individual performance related pay elements or bonuses. The estimated impact of these changes are reflected within the Senior Employees Remuneration Table on pages 107 of this report. It should be noted that these figures are accrued and unpaid at 31 March 2025.

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 |
|--------------------------------|-------------------------|-------------------|-------------------------------|--|---------------------|---------------------|-----------------------|-------------------------------|--|---------------------|---------------------|
| | | 2024/25 £'000s | 2024/25 £'000s | 2024/25 £ | 2024/25 £'000s | 2024/2025 £'000s | 2023/24 £'000s | 2023/24 £'000s | 2023/24 £ | 2023/24 £'000s | 2023/2024 £'000s |
| Dr T Frawley CBE (Chairman) | From May 2023 | 35-40 | 0 | 0 | 0 | 35-40 | 30-35 (see note 3) | 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 CBE | | 5-10 | 0 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 0 | 5-10 |
| Rev Canon J McGaffin | | 5-10 | 0 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 0 | 5-10 |
| Prof H McKenna CBE | | 5-10 | 0 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 0 | 5-10 |
| Mr B Telford | From January 2024 | 5-10 | 0 | 0 | 0 | 5-10 | 0-5 (see note 4) | 0 | 0 | 0 | 0-5 |
| Mrs A McGinley | From January 2024 | 5-10 | 0 | 0 | 0 | 5-10 | 0-5 (see note 4) | 0 | 0 | 0 | 0-5 |
| Mr S Pollock CBE (Chairman) | Left April 2023 | 0 | 0 | 0 | 0 | 0 | 0-5 (see note 2) | 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 2024 | CETV at 31st March 2025 | Real increase in CETV |
|--------------------------------------|--|-------------------|-------------------------------|--|---------------------------|-------------------|-------------------------------|-------------------------------|--|---------------------------|-------------------------------|---|---|----------------------------------|-------------------------------|-----------------------------|
| | | 2024/25 £'000s | 2024/25 £'000s | 2024/25 £ | 2024/25 £'000s | 2024/25 £'000s | 2023/24 Restated £'000s | 2023/24 £'000s | 2023/24 £ | 2023/24 £'000s | 2023/24 Restated £'000s | 2024/25 £'000s | 2024/25 £'000s | 2023/24 £'000s | 2024/25 £'000s | 2024/25 £'000s |
| Executive Directors | | | | | | | | | | | | | | | | |
| Mr N Guckian OBE | Chief Executive | 145-150 | 0 | 0 | 31 | 180-185 | 130-135 | 0 | 0 | 34 | 165-170 | 0-2.5 plus lump sum of 0-2.5 | 50-55 plus lump sum of 100-105 | 1,256 | 1,319 | 63 |
| Ms E McCauley | Executive Director of Finance, Contracts & Capital Development | 105-110 | 0 | 0 | 21 | 125-130 | 95-100 | 0 | 0 | 20 | 115-120 | 0-2.5 | 20-25 plus lump sum of 45-50 | 488 | 519 | 32 |
| Mrs D Keenan | Executive Director of Nursing, Midwifery & AHP | 105-110 | 0 | 0 | 21 | 125-130 | 95-100 | 0 | 0 | 20 | 115-120 | 0-2.5 | 40-45 plus lump sum of 110-115 | 1,014 | 1,057 | 43 |
| Dr T Cassidy | Executive Director of Social Work & Director of Children & Families | 105-110 | 0 | 0 | 21 | 125-130 | 95-100 | 0 | 0 | 31 | 125-130 | 0-2.5 | 50-55 plus lump sum of 105-110 | 1,109 | 1,106 | (4) |
| Dr B Lavery | Medical Director | 230-235 | 0 | 0 | 102 | 330-335 | 200-205 | 0 | 0 | 29 | 225-230 | 5.0-7.5 plus lump sum of 7.5-10.0 | 60-65 plus lump sum of 105-110 | 1,054 | 1,180 | 126 |
| Other Board Members | | | | | | | | | | | | | | | | |
| Mrs G McKay * | Director of Unscheduled Care, Medicine, Cancer and Clinical Services | 120-125 | 0 | 0 | 0 | 120-125 | 110-115 | 0 | 0 | 0 | 110-115 | N/A | N/A | N/A | N/A | N/A |
| Mr M Gillespie | Director of Surgery, Paediatrics and Women's Health | 100-105 | 0 | 0 | 21 | 120-125 | 90-95 | 0 | 0 | 49 | 135-140 | 0-2.5 | 45-50 | 683 | 716 | 33 |
| Mrs T Molloy | Director of Performance, Planning & Corporate Services | 125-130 | 0 | 0 | 27 | 150-155 | 110-115 | 0 | 0 | 27 | 140-145 | 0-2.5 | 45-50 plus lump sum of 60-65 | 918 | 956 | 37 |
| Mrs K Hargan | Director of Human Resources & Organisational Development | 105-110 | 0 | 0 | 23 | 130-135 | 95-100 | 0 | 0 | 22 | 120-125 | 0.2.5 | 35-40 | 531 | 567 | 36 |
| Mrs K O'Brien | Director of Adult Mental Health and Disability Services | 120-125 | 0 | 0 | 22 | 140-145 | 110-115 | 0 | 0 | 21 | 130-135 | 0-2.5 | 35-40 plus lump sum of 55-60 | 732 | 771 | 38 |
| Dr M O'Neill (from November 2023) | Director Community and Older People's Services | 100-105 | 0 | 0 | 66 | 165-170 | 35-40 (see note 1) | 0 | 0 | 34 | 70-75 | 2.5-5 plus lump sum of 5.0-7.5 | 30-35 plus lump sum of 75-80 | 608 | 686 | 78 |

Note 1 Full year effect 90-95

Note 2 Full year effect 35-40

Note 3 Full year effect 30-35

Note 4 Full year effect 5-10

* Has chosen not to be covered by the HSC Pension scheme during the reporting year

** 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 Notes:

1. Accrued pension benefits included in this table for any individual affected by the Public Service Pensions Remedy have been calculated based on their inclusion in the legacy scheme for the period between 1 April 2015 and 31 March 2022, following the McCloud judgment. The Public Service Pensions Remedy applies to individuals that were members, or eligible to be members, of a public service pension scheme on 31 March 2012 and were members of a public service pension scheme between 1 April 2015 and 31 March 2022. The basis for the calculation reflects the legal position that impacted members have been rolled back into the relevant legacy scheme for the Remedy Period and that this will apply unless the member actively exercises their entitlement on retirement to decide instead to receive benefits calculated under the terms of the alpha scheme for the period from 1 April 2015 to 31 March 2022.

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 2025.

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.

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 2024/25, the highest paid Director was the Medical Director and 183 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.

| | 2024/2025 | 2023/2024 |
|--|--------------------|--------------------|
| Band of Highest Paid Director Remuneration | £230k - £235k | £200k - £205k * |
| % Change from Previous Year | 15.66% | 3.09% |
| 25 th Percentile Remuneration | £25,674 | £24,336 |
| 25 th Percentile Pay Ratio | 9.04 | 8.26 |
| Median Remuneration | £32,324 | £30,639 |
| Median Pay Ratio | 7.18 | 6.56 |
| Mean Remuneration | £37,302 | £35,222 |
| % Change from Previous Year | 5.91% | 5.71% |
| 75 th Percentile Remuneration | £44,962 | £42,617 |
| 75 th Percentile Pay Ratio | 5.16 | 4.72 |
| Range of Staff Remuneration | £23,615 - £232,500 | £21,283 - £202,500 |

* In 2023/24 and 2024/25 the highest paid Director was the Medical Director.

Staff Report

Details of the Senior Trust staff as at 31 March 2025 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/Medical Pay scale | 10 |
| Tier 3 | Senior Manager | Agenda for Change – Band 9 | 2 |
| Tier 3 | Senior Manager | Agenda for Change – Band 8d | 3 |
| Tier 3 | Senior Manager | Agenda for Change – Band 8c | 73 |
| Total | | | 89 |

The gender split of Senior Trust staff was 65 females and 23 males.

| | Directors | | Non-Executive Directors | | Senior Staff | | Other Staff | | Trust Total Headcount | |
|--------------|-----------|-------------|-------------------------|-------------|--------------|-------------|---------------|-------------|-----------------------|-------------|
| | No | As % | No | As % | No | As % | No | As % | No | As % |
| Female | 7 | 70% | 3 | 43% | 58 | 74% | 9,652 | 81% | 9,717 | 81% |
| Male | 4 | 30% | 4 | 57% | 20 | 26% | 2,325 | 19% | 2,349 | 19% |
| Total | 11 | 100% | 7 | 100% | 78 | 100% | 11,977 | 100% | 12,066 | 100% |

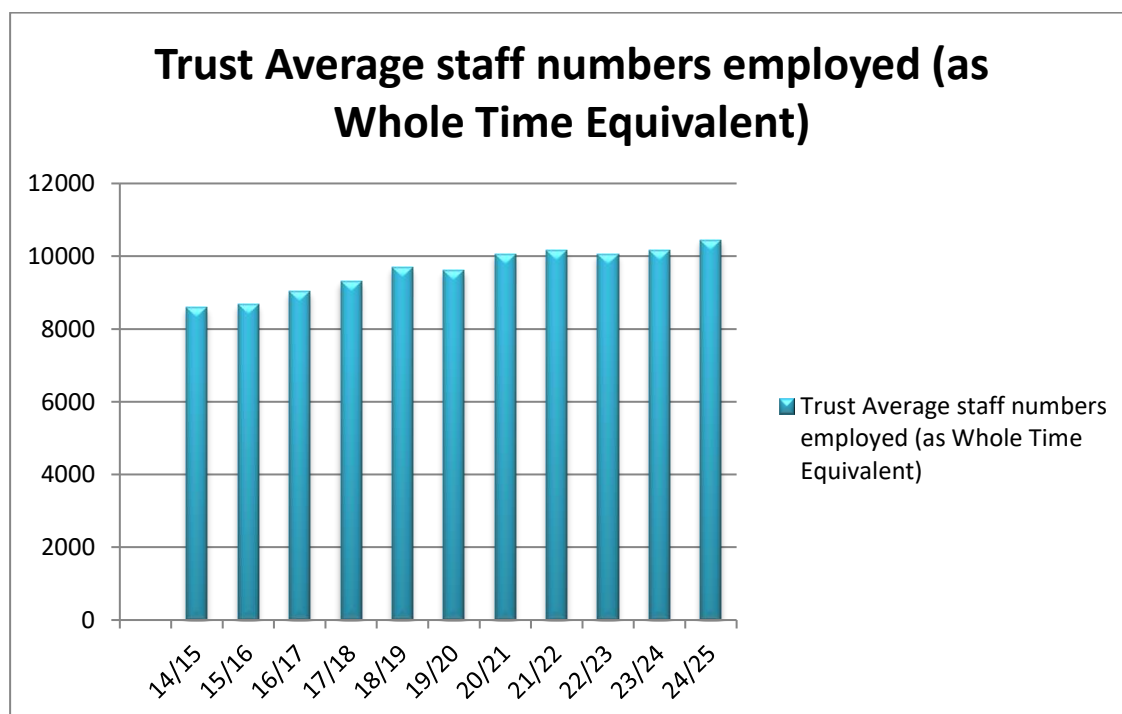
The average number of whole time equivalent persons employed during the year was as follows:

(The section below has been subject to audit)

| | 2025 Permanently Employed Staff No. | 2025 Others No. | 2025 Total No. | 2024 Total No. |
|---|--|-----------------------|----------------------|----------------------|
| Medical and dental | 478 | 161 | 639 | 585 |
| Nursing and midwifery | 3,913 | 413 | 4,326 | 4,199 |
| Ancillaries | 901 | 0 | 901 | 948 |
| Administrative and clerical | 1,792 | 41 | 1,833 | 1,790 |
| Works | 150 | 2 | 152 | 152 |
| Other professional and technical | 1,507 | 31 | 1,538 | 1,512 |
| Social Services | 1,756 | 63 | 1,819 | 1,783 |
| Other | 1 | 0 | 1 | 0 |
| Total average number of persons employed | 10,498 | 711 | 11,209 | 10,969 |
| Less average staff number relating to capitalised staff costs | (17) | 0 | (17) | (16) |
| Less average staff number in respect of outward secondments | (40) | 0 | (40) | (34) |
| Total net average number of persons employed | 10,441 | 711 | 11,152 | 10,919 |

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 2024/25 comprise the following:
(The section below has been subject to audit)

| | | 2025 | | 2024 |
|---|---|-----------------|----------------|----------------|
| | Permanently Employed Staff £000s | Others £000s | Total £000s | Total £000s |
| Wages and salaries | 487,115 | 62,008 | 549,123 | 514,580 |
| Social security costs | 52,807 | 0 | 52,807 | 51,087 |
| Other pension costs | 95,681 | 0 | 95,681 | 77,620 |
| Sub Total | 635,603 | 62,008 | 697,611 | 643,287 |
| Capitalised staff costs | (1,121) | 0 | (1,121) | (878) |
| Total staff costs reported in Statement of Comprehensive Net Expenditure | 634,482 | 62,008 | 696,490 | 642,409 |
| Less recoveries in respect of outward secondments | | | (2,729) | (1,587) |
| Total net costs | | | 693,761 | 640,822 |

| Total Net costs of which: | 2025 £000s | 2024 £000s |
|---------------------------|----------------|----------------|
| Western HSC Trust | 696,490 | 642,409 |
| Total | 696,490 | 642,409 |

The Trust spent £62m on agency staff (£61.4m 2023/24) which included £33.7m (54%) of medical agency staff, £23.5m (38%) of nursing agency staffing and £4.8m (8%) across other professional groups. The Trust continues to focus on workforce stabilisation and a key aspect has been the aim to reduce reliance on agency staff.

Staff costs exclude £1.121m charged to capital projects during the year (2024: £878k). These capital projects include strategic developments such as the Altnagelvin Redevelopment Phase 5.1 and Lisnaskea H&CC, various ICT projects including NIPACS, LIMS and Encompass and various Estates minor capital works schemes such as Development of AHP Clinical Assessment, Junior Doctors Accommodation and Upgrade of Rectory Field Intermediate Care Beds.

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 2020 valuation for the HSC Pension scheme was updated to reflect current financial conditions.

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.

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy, known as the 'McCloud Remedy' puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Stage 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Stage 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'. In complying with FReM, for 2024/25 pensions are being calculated using the rolled back opening balance, the rolled back closing balance, calculation of CETV by HSCPS on the rolled back basis and no restatement of prior year figures, where disclosed. All benefits accrued from 1 April 2022 onwards are calculated under the 2015 CARE Scheme. HSCPS will contact retirees with personalised information to assist in making their retrospective choice regarding the remedy period. Further information on this will be included in the HSC Pension Scheme Accounts.

The DoH 2024/25 pensionable pay ranges used to decide the contribution staff members make towards their pension and the percentage of contributions paid to be a member of the Scheme are outlined in the table below.

| Pensionable earnings | Contribution rates |
|----------------------|--------------------|
| Up to £13,259 | 5.2% |
| £13,260 to £26,831 | 6.5% |
| £26,832 to £32,691 | 8.3% |
| £32,692 to £49,078 | 9.8% |
| £49,079 to £62,924 | 10.7% |
| £62,925 and above | 12.5% |

Employers contributions were payable to the HSC Pension Scheme at 23.2% of pensionable pay.

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 2024/25 (nil 2023/24).
- The Trust incurred no expenditure during the year on consultancy costs (nil 2023/24).
- The cumulative rate of absence for all Trust staff for 2024/25 was 7.68% (2023/24 8.45%).
- The Trust did not have any staff benefit schemes in 2024/25 or 2023/24.
- The Trust did not have any exit packages in 2024/25 or 2023/24.

Trust's Equal Opportunities Statement

The Trust is an Equal Opportunities Employer and welcomes and values diversity, and is committed to creating a truly inclusive workplace, representative of the communities we serve. The Trust see diversity in the workplace as an asset, for both the organisation as a public health and social care provider, and for colleagues. The Trust recognises that there is strength in difference and aims to have an inclusive workplace in which diversity is truly valued, develops colleagues to enable them to make a full contribution to meeting the Trust objectives in improving the lives and health outcomes of patients, service users and their families. The Trust is committed to ensuring that every individual is valued, respected and accepted for who they truly are.

Staff Engagement

The Trust undertook a Staff Culture Survey in 2024 and received 2,305 responses (19.7% of staff). The two areas of focus were staff engagement and psychological safety. Engagement looked at the areas of involvement, advocacy and motivation. Psychological safety asked staff how they feel about sharing concerns, questions and ideas. The baseline results were as follows:

| Staff Survey Factor | Score (1- 5) |
|----------------------------|---------------|
| Engagement Score | 3.60 |
| Psychological Safety Score | 3.49 |

The full survey outcomes were shared at all staff forums and formal training programmes including CMT, Senior Leaders Forum, Clinical Lead Induction, Leader and Manager Framework and at all Directorate SMTs. An engagement toolkit was developed alongside the survey so that managers could use a range of tools and approaches to improve their engagement and psychological safety within teams.

Engagement and Involvement continue to be a core module within the Leader and Manager Framework programme promoting the importance of engagement in developing leaders. The Trust continues to operate the Senior Leaders Forum on a bi-monthly basis. This forum provides an opportunity for engagement for senior leaders across the organisation. A Business Support Network was also established during the year and provides a key forum of cross-directorate engagement which has proved invaluable for key programmes such as encompass and agency reduction.

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:

2024/25 – 6.59%

2023/24 – 7.8%

| Trust Management Costs | 2025 £000s | 2024 £000s |
|-------------------------------|-----------------------|-----------------------|
| Trust Management Costs | 34,420 | 29,842 |
| Income: | | |
| Revenue Resource Limit | 1,048,856 | 969,128 |
| Income per Note 4 | 60,755 | 55,921 |
| Total Income | 1,109,611 | 1,025,049 |
| % of total income | 3.1% | 2.9% |

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 2024/2025, there were 28 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £55k (2023/2024 34 early retirements and estimated additional pension liabilities £84k). 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:

- The Partnership Agreement signed by the Trust and Permanent Secretary of the Department of Health;
- 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 and risk assurance 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)

The Trust, 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 Trust 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.

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

| Losses and Special Payments | | |
|---|--------------|--------------|
| | 2024/25 | 2023/24 |
| Total number of losses | 372 | 375 |
| Total value of losses (£'000) | 949 | 1,312 |
| Special Payments | | |
| Total number of special payments | 101 | 89 |
| Total value of special payments (£'000) | 7,756 | 3,163 |
| Special Payments over £300,000 | | |
| Compensation payments | | |
| - Clinical Negligence (£'000) | 5,324 | 1,100 |
| - Public Liability | - | - |
| - Employers Liability | - | - |
| - Other | - | - |
| Ex-gratia payments | - | - |
| Extra contractual | - | - |
| Special severance payments | - | - |
| Total Special payments over £300,000 | 5,324 | 1,100 |

4 Clinical Negligence cases settled in the year at a value exceeding £300k being £4,158k, £408k, £408k, and £350k respectively.

Fees and charges (This has been subject to audit)

The 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 2024/25 or 2023/24.

Going Concern (This has been subject to audit)

The consolidated financial statements of the Trust as at 31 March 2025 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 year, a total of 718 formal complaints (668 formal complaints 2023/24) were received by the Trust. Out of the 718 formal complaints received, 609 of these have been actioned and closed.

The Trust's Complaints Department also collates information relating to compliments received by Trust staff. During the year, a total of 2,951 compliments were received. This compares with 2,882 compliments received during the previous financial year.

The Trust has a Complaints Forum for the purpose of oversight of the complaints system and to provide support for Directorates in maximising the effectiveness of responses and opportunities for learning Trust wide.

The Trust continues to work with The Northern Ireland Public Services Ombudsman (NIPSO) in introducing a regional model with an aim of standardising the complaints process, promoting the Getting It Right First Time model and simplifying the process. The roll out of a complaints telephone resolution process began in December 2024 which will embed a new culture of early resolution and aligns with stage one of the new model Complaints Handling Procedure.



Neil Guckian OBE
Chief Executive & Accounting Officer

26 June 2025

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 2025 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 2025 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 my certificate.

My staff and I are independent of 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 Financial 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 certificate.

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;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be 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 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;

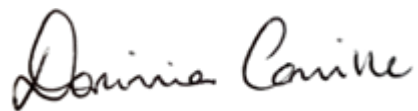
- making enquires of management and those charged with governance on Western Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the 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: in relation to management override of controls and posting of unusual journals;
- 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;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- 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; and
- 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 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

3 July 2025

ANNUAL ACCOUNTS

Western Health and Social Care Trust
Annual Accounts for the Year Ended 31 March 2025

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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 124 to 177) 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.

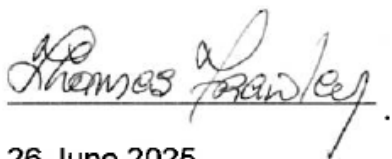


26 June 2025

Director of Finance

Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 124 to 177) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



26 June 2025

Chairman

Date 26th June 2025



26 June 2025

Chief Executive

Date

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2025

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.

| | | 2025 £000s | | 2024 £000s | |
|--|-------------|--------------------|--------------------|--------------------|--------------------|
| | Note | Trust | Consolidated | Trust | Consolidated |
| Income | | | | | |
| Revenue from contracts with customers | 4.1 | 50,616 | 50,616 | 46,001 | 46,001 |
| Other operating income | 4.2 | 10,139 | 10,334 | 9,920 | 10,048 |
| Total operating income | | 60,755 | 60,950 | 55,921 | 56,049 |
| Expenditure | | | | | |
| Staff costs | 3 | (696,490) | (696,490) | (642,409) | (642,409) |
| Purchase of goods and services | 3 | (327,334) | (327,334) | (301,065) | (301,065) |
| Depreciation, amortisation and impairment charges | 3 | (55,986) | (55,986) | (39,186) | (39,186) |
| Provision credit | 3 | (64,077) | (64,077) | (43,043) | (43,043) |
| Other expenditures | 3 | (77,112) | (78,357) | (72,123) | (72,714) |
| Total operating expenditure | | (1,220,999) | (1,222,244) | (1,097,826) | (1,098,417) |
| Net operating Expenditure | | (1,160,244) | (1,161,294) | (1,041,905) | (1,042,368) |
| Finance income | 4.2 | 0 | 210 | 0 | 185 |
| Finance expense | 3 | (9,379) | (9,379) | (10,325) | (10,325) |
| Net expenditure for the year | | (1,169,623) | (1,170,463) | (1,052,230) | (1,052,508) |
| Adjustment to Net Expenditure for Non-cash items | | 120,817 | 120,817 | 83,140 | 83,140 |
| Net Expenditure funded from RRL | | (1,048,806) | (1,049,646) | (969,090) | (969,368) |
| Revenue Resource Limit (RRL) | 22.1 | 1,048,856 | 1,048,856 | 969,128 | 969,128 |
| Add back Charitable Trust Fund net expenditure | | 0 | 840 | 0 | 278 |
| Surplus against RRL | | 50 | 50 | 38 | 38 |
| Other Comprehensive Expenditure | | | | | |
| | Note | Trust | Consolidated | Trust | Consolidated |
| Items that will not be reclassified to net operating costs: | | | | | |
| Net gain on revaluation of property, plant and equipment | 5.1/8/5.2/8 | 34,749 | 34,749 | 16,284 | 16,284 |
| Net (loss)/gain on revaluation of charitable assets | 6.1/8/6.2/8 | 0 | (73) | 0 | 193 |
| Total comprehensive expenditure for the year ended 31 March | | (1,134,874) | (1,135,787) | (1,035,946) | (1,036,031) |

The notes on pages 130 to 177 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 2025

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 | 2025 Trust £000s | Consolidated £000s | 2024 Trust £000s | Consolidated £000s |
|--|---------|------------------------|-----------------------|------------------------|-----------------------|
| Non Current Assets | | | | | |
| Property, plant and equipment | 5.1/5.2 | 886,815 | 886,815 | 864,256 | 864,256 |
| Intangible assets | 6.1/6.2 | 2,912 | 2,912 | 4,317 | 4,317 |
| Financial Assets | 9 | 0 | 2,919 | 0 | 2,992 |
| Total Non Current Assets | | 889,727 | 892,646 | 868,573 | 871,565 |
| Current Assets | | | | | |
| Inventories | 11 | 7,353 | 7,353 | 7,642 | 7,642 |
| Trade and other receivables | 13 | 30,097 | 30,043 | 29,365 | 29,329 |
| Other current assets | 13 | 4 | 4 | 5 | 5 |
| Cash and cash equivalents | 12 | 5,359 | 7,977 | 4,045 | 7,468 |
| Total Current Assets | | 42,813 | 45,377 | 41,057 | 44,444 |
| Total Assets | | 932,540 | 938,023 | 909,630 | 916,009 |
| Current Liabilities | | | | | |
| Trade and other payables | 14 | (178,204) | (178,315) | (186,073) | (186,167) |
| Other liabilities | 14 | (3,127) | (3,127) | (5,329) | (5,329) |
| Provisions | 15 | (2,778) | (2,778) | (30,577) | (30,577) |
| Total Current Liabilities | | (184,109) | (184,220) | (221,979) | (222,073) |
| Total Assets less Current Liabilities | | 748,431 | 753,803 | 687,651 | 693,936 |
| Non Current Liabilities | | | | | |
| Provisions | 15 | (177,351) | (177,351) | (96,134) | (96,134) |
| Other payables > 1 year | 14 | (97,682) | (97,682) | (100,378) | (100,378) |
| Total Non Current Liabilities | | (275,033) | (275,033) | (196,512) | (196,512) |
| Total assets less total liabilities | | 473,398 | 478,770 | 491,139 | 497,424 |
| Taxpayers' equity and other reserves | | | | | |
| Revaluation Reserve | | 309,351 | 309,351 | 274,711 | 274,711 |
| SoCNE Reserve | | 164,047 | 164,047 | 216,428 | 216,428 |
| Other Reserves - Charitable Funds | | 0 | 5,372 | 0 | 6,285 |
| Total equity | | 473,398 | 478,770 | 491,139 | 497,424 |

The notes on pages 130 to 177 form part of these accounts. The financial statements on pages 124 to 129 were approved by the Board on and were signed on its behalf by:


Signed (Chairman): Date: 26 June 2025


Signed (Chief Executive): Date: 26 June 2025

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2025

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 | 2025 £000s | Restated 2024 £000s |
|--|-------------|-----------------------|------------------------------------|
| Cash flows from operating activities | | | |
| Net operating expenditure | | (1,170,463) | (1,052,508) |
| Adjustments for non cash costs | | 119,795 | 81,161 |
| Increase in trade and other receivables | 13 | (713) | (811) |
| Decrease in inventories | 11 | 289 | 411 |
| (Decrease)/Increase in trade payables | | (12,750) | 34,928 |
| | 14 | | |
| <i>Less movements in payables relating to items not passing through the Net Expenditure Account:</i> | | | |
| Movements in payables relating to the purchase of property, plant and equipment | 14 | 1,853 | 657 |
| Movements in payables relating to finance leases | 17 | 996 | 851 |
| Movements in payables relating to PFI and other services concession arrangement contracts | 18 | 5,426 | 4,159 |
| Use of provisions | 15 | (10,660) | (7,407) |
| <i>Net cash outflow from operating activities</i> | | (1,066,227) | (938,559) |
| Cash flows from investing activities | | | |
| (Purchase of property, plant and equipment) | 5 | (43,511) | (34,019) |
| (Purchase of intangible assets) | 6 | (461) | (588) |
| Proceeds on disposal of property, plant and equipment | | 130 | 128 |
| <i>Net cash outflow from investing activities</i> | | (43,842) | (34,479) |
| Cash flows from financing activities | | | |
| Grant in aid | | 1,117,000 | 976,000 |
| Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements | | (6,422) | (4,063) |
| <i>Net cash inflow from financing activities</i> | | 1,110,578 | 971,937 |
| Net increase in cash and cash equivalents in the period | | 509 | (1,101) |
| Cash and cash equivalents at the beginning of the period | 12 | 7,468 | 8,569 |
| Cash and cash equivalents at the end of the period | 12 | 7,977 | 7,468 |

The notes on pages 130 to 177 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

FOR THE YEAR ENDED 31 MARCH 2025

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.

| | Note | SoCNE Reserve £000s | Revaluation Reserve £000s | Charitable Fund £000s | Total £000s |
|---|------|------------------------|------------------------------|--------------------------|----------------|
| Balance at 31 March 2023 | | 293,368 | 258,537 | 6,370 | 558,275 |
| Changes in Taxpayers' Equity 2023-24 | | | | | |
| Grant from DoH | | 976,000 | 0 | 0 | 976,000 |
| Other reserves movements including transfers | | (840) | (110) | 0 | (950) |
| Comprehensive (expenditure)/income for the year | | (1,052,230) | 16,284 | (85) | (1,036,031) |
| Auditors remuneration | 3 | 130 | 0 | 0 | 130 |
| Balance at 31 March 2024 | | 216,428 | 274,711 | 6,285 | 497,424 |
| Changes in Taxpayers' Equity 2024-25 | | | | | |
| Grant from DoH | | 1,117,000 | 0 | 0 | 1,117,000 |
| Other reserves movements including transfers | | 109 | (109) | 0 | 0 |
| Comprehensive (expenditure)/income for the year | | (1,169,623) | 34,749 | (913) | (1,135,787) |
| Auditors remuneration | 3 | 133 | 0 | 0 | 133 |
| Balance at 31 March 2025 | | 164,047 | 309,351 | 5,372 | 478,770 |

The notes on pages 130 to 177 form part of these accounts.

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.

The Department of Health uses Producer Price Indices published by the Office for National Statistics (ONS) in order to apply indexation to the value of non-property assets at year-end and issue Trusts with an indices circular. In line with previous years, the December indices have been applied in 2024/25. Ordinarily, an assessment is carried out after the year-end, following the publication of the March indices by ONS, to ascertain that the impact of the movement in the indices between December and March is immaterial. However, in March 2025, ONS issued a statement indicating that they had identified a problem with the chain-linking methods used to calculate these indices, affecting the years from 2008 onwards, and that they would consequently be pausing publication of Producer Price Index data while the issue is rectified. At the time these accounts are being prepared, it has not been possible to ascertain the potential impact of this issue. However, given the value of the non-property assets potentially affected, the Trust does not expect an adjustment to indexation to have a material impact on the 2024/25 accounts. It is anticipated that ONS will recommence publication of the Producer Price Indices at some point during the 2025/26 financial year and the indexation of non-property assets will be brought up to date in the 2025/26 accounts.

RICS, IFRS, 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 2025 by Land and Property Services (LPS), with the next review due by 31 January 2030.

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.

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 IFRS 16. 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 capital value of the lease in accordance with IFRS 16. The liability does not include the interest or service charges, these elements are charged within the Statement of Comprehensive Net Expenditure.

Indexation linked payments in PPP liabilities should be recorded in accordance with IFRS 16.

Under IFRS 16, the liability must be remeasured if there is a change in future lease payments resulting from a change in the rate/index used to determine the lease payments. This does not include estimated future indexation linked payments.

Subsequent measurement of the PPP liability for index linked changes will happen when there is a change in cash flows such as when adjustments to the lease.

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.

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. The Trust is, therefore, 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.

1.16 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.

1.17 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.

1.18 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 staff rostering systems and staff survey to ascertain leave balances as at 31 March 2025. E-roster and Allocate are the Trust software packages used to automate the creation and management of employee schedules. 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 will be used in the 2024-2025, accounts. The 2020 valuation assumptions will be retained for demographics whilst financial assumptions are updated to reflect recent financial conditions.

1.19 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.

1.20 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.

1.21 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.22 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.

1.23 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.

1.24 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 replaces the previous standard on insurance contracts, IFRS 4. The standard will be adapted for the central government context and updates made to the 2024-25 FReM, with an implementation date of 1 April 2025 (with limited options for early adoption).

Application guidance has been published and is available at:

<https://www.gov.uk/government/publications/government-financial-reporting-manual-application-guidance>

Management currently assesses 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 2025

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 health and social care service for the resident population. The Directors along with Non-Executive Directors, Chairman and Chief Executive form the Trust Board which co-ordinates 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.

| Directorate | 2025 | | | 2024 | | |
|--|----------------------|-------------------------------|-------------------------------|----------------------|-------------------------------|-------------------------------|
| | Staff Costs £000s | Other Expenditure £000s | Total Expenditure £000s | Staff Costs £000s | Other Expenditure £000s | Total Expenditure £000s |
| Children and Families Services | 64,808 | 31,479 | 96,287 | 61,782 | 30,849 | 92,631 |
| Unscheduled Care, Medicine, Cancer and Clinical Services | 192,998 | 60,725 | 253,723 | 178,656 | 56,580 | 235,236 |
| Surgery, Paediatrics & Women's Health | 150,609 | 32,429 | 183,038 | 136,975 | 29,526 | 166,501 |
| Community and Older People's Services | 82,644 | 135,531 | 218,175 | 75,959 | 123,011 | 198,970 |
| Adult Mental Health and Disability Services | 87,196 | 77,623 | 164,819 | 78,680 | 71,601 | 150,281 |
| Nursing, Midwifery and AHP's | 35,604 | 4,398 | 40,002 | 32,563 | 5,419 | 37,982 |
| Performance, Planning & Corporate Services | 59,801 | 32,545 | 92,346 | 57,280 | 27,358 | 84,638 |
| Other Trust Directorates | 22,830 | 39,086 | 61,916 | 20,514 | 39,136 | 59,650 |
| Expenditure for Reportable Segments net of Non Cash Expenditure | 696,490 | 413,816 | 1,110,306 | 642,409 | 383,480 | 1,025,889 |
| Non Cash Expenditure | | | 120,072 | | | 82,262 |
| Total Expenditure per Net Expenditure Account Income (Note 4) | | | 1,230,378 | | | 1,108,151 |
| Net Expenditure | | | (60,755) | | | (55,921) |
| Revenue Resource Limit | | | 1,169,623 | | | 1,052,230 |
| Other items per note 22 | | | 1,048,856 | | | 969,128 |
| Surplus / (Deficit) against RRL | | | 120,817 | | | 83,140 |
| | | | 50 | | | 38 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

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.

Directorate of Unscheduled Care, Medicine, Cancer and Clinical Services

- ☐ Cancer and Diagnostics
- ☐ Laboratory & Radiology Services
- ☐ 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 Surgery, Paediatrics & Women's Services

- ☐ Surgery & Anaesthetics
- ☐ Paediatrics & Women Health Services

These services are also mainly 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 Community and Older People's Services

- ☐ Domiciliary care, residential and nursing care and dementia support
- ☐ District nursing service
- ☐ Primary Care including 5 GP practices
- ☐ Social services 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 Children & Families Services

- ☐ Children's' Disability services including respite, CAMHS, Children Community nursing of complex needs
- ☐ Corporate Parenting
- ☐ Family support, Early Years, Health visiting and school nursing are included together with all Sure Start Projects.
- ☐ Social Services Training Unit

Directorate of Nursing, Midwifery & AHP services

- ☐ Allied Health Professionals such as Occupational Therapy, Speech Therapy, Podiatry etc.
- ☐ Nursing Governance and Nurse Workforce Planning & Moderation

Director of Performance, Planning & Corporate Services

- ☐ 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, Contracts & Capital Development
- ☐ Director of Human Resources & Organisational Development
- ☐ 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 2025
NOTE 3 OPERATING EXPENSES

| | 2025 | | | | 2024 | | | |
|--|------------------|----------------------|---------------------------------------|-----------------------|------------------|--------------|---------------------------------------|-----------------------|
| | Trust £000s | 2025 CTF £000s | Consolidation adjustments £000s | Consolidated £000s | Trust £000s | CTF £000s | Consolidation adjustments £000s | Consolidated £000s |
| 3.1 Operating Expenses are as follows:- | | | | | | | | |
| Wages and salaries ^ | 548,002 | | | 548,002 | 513,702 | 0 | 0 | 513,702 |
| Social security costs | 52,807 | | | 52,807 | 51,087 | 0 | 0 | 51,087 |
| Other pension costs | 95,681 | | | 95,681 | 77,620 | 0 | 0 | 77,620 |
| Purchase of care from non-HPSS bodies | 210,422 | | | 210,422 | 192,868 | 0 | 0 | 192,868 |
| Revenue grants to voluntary organisations | 1,325 | | | 1,325 | 1,305 | 0 | 0 | 1,305 |
| Personal social services | 22,191 | | | 22,191 | 21,209 | 0 | 0 | 21,209 |
| Recharges from other HSC organisations | 3,632 | | | 3,632 | 3,160 | 0 | 0 | 3,160 |
| Supplies and services – Clinical | 81,857 | | | 81,857 | 73,237 | 0 | 0 | 73,237 |
| Supplies and services – General | 10,615 | | | 10,615 | 12,034 | 0 | 0 | 12,034 |
| Establishment | 8,895 | | | 8,895 | 9,161 | 0 | 0 | 9,161 |
| Transport | 3,127 | | | 3,127 | 2,850 | 0 | 0 | 2,850 |
| Premises | 30,296 | | | 30,296 | 26,823 | 0 | 0 | 26,823 |
| Bad debts | 1,560 | | | 1,560 | 820 | 0 | 0 | 820 |
| Interest charges | 9,379 | | | 9,379 | 10,325 | 0 | 0 | 10,325 |
| Contingent rental | 7,765 | | | 7,765 | 6,715 | 0 | 0 | 6,715 |
| PFI and other service concession arrangements service charges | 5,438 | | | 5,438 | 5,266 | 0 | 0 | 5,266 |
| BSO services | 7,605 | | | 7,605 | 7,785 | 0 | 0 | 7,785 |
| Training | 1,464 | | | 1,464 | 1,346 | 0 | 0 | 1,346 |
| Patients travelling expenses | 724 | | | 724 | 713 | 0 | 0 | 713 |
| Other Charitable Expenditure | 0 | 1,417 | (172) | 1,245 | 0 | 1,303 | (712) | 591 |
| Miscellaneous expenditure | 7,521 | | | 7,521 | 7,862 | 0 | 0 | 7,862 |
| Non-cash items | | | | | | | | |
| Depreciation | 38,020 | | | 38,020 | 36,399 | 0 | 0 | 36,399 |
| Depreciation - On Balance sheet PFI (funded by notional non cash RRL) | 6,520 | | | 6,520 | 6,481 | 0 | 0 | 6,481 |
| Amortisation | 1,895 | | | 1,895 | 1,965 | 0 | 0 | 1,965 |
| Impairments | 9,551 | | | 9,551 | (5,659) | 0 | 0 | (5,659) |
| (Profit) on disposal of property, plant & equipment (excluding profit on land) | (124) | | | (124) | (96) | 0 | 0 | (96) |
| Increase in provisions (provision provided for in year less any release) | 72,703 | | | 72,703 | 49,652 | 0 | 0 | 49,652 |
| Cost of borrowing of provisions (unwinding of discount on provisions) | (8,626) | | | (8,626) | (6,609) | 0 | 0 | (6,609) |
| Auditor's remuneration | 133 | 10 | | 143 | 130 | 10 | 0 | 140 |
| Add back of notional charitable expenditure | 0 | (10) | | (10) | 0 | (10) | 0 | (10) |
| Total | 1,230,378 | 1,417 | (172) | 1,231,623 | 1,108,151 | 1,303 | (712) | 1,108,742 |

^Further detailed analysis of staff costs is located in the Staff Report on pages 105-115 within the Accountability Report.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 4 INCOME

4.1 Revenue from Contracts with Customers

| | 2025 | | | | 2024 | | | |
|---|----------------|--------------|---------------------------------------|-----------------------|----------------|--------------|---------------------------------------|-----------------------|
| | Trust £000s | CTF £000s | Consolidation adjustments £000s | Consolidated £000s | Trust £000s | CTF £000s | Consolidation adjustments £000s | Consolidated £000s |
| GB/Republic of Ireland Health Authorities | 5,185 | 0 | 0 | 5,185 | 4,529 | 0 | 0 | 4,529 |
| HSC Trusts | 444 | 0 | 0 | 444 | 415 | 0 | 0 | 415 |
| Non-HSC-Private Patients | 761 | 0 | 0 | 761 | 513 | 0 | 0 | 513 |
| Road Traffic Accident income | 1,110 | 0 | 0 | 1,110 | 1,091 | 0 | 0 | 1,091 |
| Client contributions | 33,186 | 0 | 0 | 33,186 | 30,302 | 0 | 0 | 30,302 |
| Other income from non-patient services | 9,930 | 0 | 0 | 9,930 | 9,151 | 0 | 0 | 9,151 |
| Total | 50,616 | 0 | 0 | 50,616 | 46,001 | 0 | 0 | 46,001 |

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 | 8,567 | 0 | (172) | 8,395 | 8,503 | 0 | (712) | 7,791 |
| Supporting people | 1,295 | 0 | 0 | 1,295 | 1,265 | 0 | 0 | 1,265 |
| Donation / Government grant / Lottery funding for non-current assets | 277 | 0 | 0 | 277 | 152 | 0 | 0 | 152 |
| Charitable Income received by Charitable Trust Fund | 0 | 367 | 0 | 367 | 0 | 840 | 0 | 840 |
| Investment Income | 0 | 210 | 0 | 210 | 0 | 185 | 0 | 185 |
| Total | 10,139 | 577 | (172) | 10,544 | 9,920 | 1,025 | (712) | 10,233 |
| TOTAL INCOME | 60,755 | 577 | (172) | 61,160 | 55,921 | 1,025 | (712) | 56,234 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2025

| | 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 2024 | 49,829 | 810,606 | 27,728 | 19,274 | 153,183 | 11,584 | 78,402 | 24,121 | 1,174,727 |
| Indexation | 0 | 0 | 0 | 0 | 865 | 399 | 0 | 863 | 2,127 |
| Additions | 600 | 13,375 | 743 | 6,392 | 6,059 | 522 | 11,845 | 2,122 | 41,658 |
| Donations / Government grant / Lottery funding | 0 | 102 | 0 | 0 | 148 | 0 | 12 | 6 | 268 |
| Reclassifications | 0 | 14,651 | 1,087 | (15,737) | (20) | 0 | 0 | 0 | (19) |
| Revaluation | 1,563 | (72,511) | (3,516) | 0 | (10) | 0 | 0 | 0 | (74,474) |
| Impairment charged to the SoCNE | (636) | (22,909) | (1,768) | 0 | 0 | 0 | 0 | 0 | (25,313) |
| Impairment charged to the revaluation reserve | (335) | (13,939) | (2,973) | 0 | (2) | 0 | 0 | 0 | (17,249) |
| Reversal of impairments (indexation) | 201 | 15,502 | 60 | 0 | 0 | 0 | 0 | 0 | 15,763 |
| Disposals | 0 | 0 | 0 | 0 | (1,400) | (814) | 0 | 0 | (2,214) |
| At 31 March 2025 | 51,222 | 744,877 | 21,361 | 9,929 | 158,823 | 11,691 | 90,259 | 27,112 | 1,115,274 |
| Depreciation | | | | | | | | | |
| At 1 April 2024 | 0 | 101,267 | 4,169 | 0 | 125,675 | 6,974 | 59,566 | 12,820 | 310,471 |
| Indexation | 0 | 0 | 0 | 0 | 743 | 254 | 0 | 507 | 1,504 |
| Revaluation | 0 | (120,656) | (5,183) | 0 | (10) | 0 | 0 | 0 | (125,849) |
| Disposals | 0 | 0 | 0 | 0 | (1,400) | (807) | 0 | 0 | (2,207) |
| Provided during the year | 0 | 25,861 | 1,147 | 0 | 8,654 | 1,095 | 5,766 | 2,017 | 44,540 |
| At 31 March 2025 | 0 | 6,472 | 133 | 0 | 133,662 | 7,516 | 65,332 | 15,344 | 228,459 |
| Carrying Amount | | | | | | | | | |
| At 31 March 2025 | 51,222 | 738,405 | 21,228 | 9,929 | 25,161 | 4,175 | 24,927 | 11,768 | 886,815 |
| At 31 March 2024 | 49,829 | 709,339 | 23,559 | 19,274 | 27,508 | 4,610 | 18,836 | 11,301 | 864,256 |
| Asset financing | | | | | | | | | |
| Owned | 51,222 | 456,148 | 21,228 | 9,929 | 24,008 | 4,175 | 24,927 | 11,768 | 603,405 |
| Finance Leased | 0 | 3,515 | 0 | 0 | 1,153 | 0 | 0 | 0 | 4,668 |
| On B/S (So FP) PFI and other service concession arrangements contracts | 0 | 278,742 | 0 | 0 | 0 | 0 | 0 | 0 | 278,742 |
| Carrying Amount At 31 March 2025 | 51,222 | 738,405 | 21,228 | 9,929 | 25,161 | 4,175 | 24,927 | 11,768 | 886,815 |

Attributable to: £'000
 Trust 887
 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 £6,520k (2024: £6,481k).

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of leased assets held under finance leases and hire purchase contracts is £887k (2024: £770k).

The fair value of assets funded from the following sources during the year was:

| | 2025 £000 | 2024 £000 |
|------------------|--------------|--------------|
| Donations | 221 | 152 |
| Government grant | 47 | 0 |
| Total | 268 | 152 |

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2024

| | 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 2023 | 49,827 | 774,567 | 25,639 | 11,909 | 145,940 | 11,310 | 73,877 | 21,058 | 1,114,127 |
| Indexation | 0 | 16,744 | 693 | 0 | 6,441 | 82 | 0 | 1,086 | 25,046 |
| Additions | 2 | 9,074 | 1,346 | 11,977 | 3,661 | 897 | 4,485 | 1,921 | 33,363 |
| Donations / Government grant / Lottery funding | 0 | 0 | 0 | 0 | 56 | 0 | 40 | 56 | 152 |
| Reclassifications | 0 | 4,612 | 0 | (4,612) | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments (indexation) | 0 | 5,609 | 50 | 0 | 0 | 0 | 0 | 0 | 5,659 |
| Disposals | 0 | 0 | 0 | 0 | (2,915) | (705) | 0 | 0 | (3,620) |
| At 31 March 2024 | 49,829 | 810,606 | 27,728 | 19,274 | 153,183 | 11,584 | 78,402 | 24,121 | 1,174,727 |
| Depreciation | | | | | | | | | |
| At 1 April 2023 | 0 | 74,185 | 2,990 | 0 | 114,559 | 6,483 | 53,764 | 10,438 | 262,419 |
| Indexation | 0 | 2,656 | 110 | 0 | 5,345 | 51 | 0 | 600 | 8,762 |
| Transfers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disposals | 0 | 0 | 0 | 0 | (2,911) | (679) | 0 | 0 | (3,590) |
| Provided during the year | 0 | 24,426 | 1,069 | 0 | 8,682 | 1,119 | 5,802 | 1,782 | 42,880 |
| At 31 March 2024 | 0 | 101,267 | 4,169 | 0 | 125,675 | 6,974 | 59,566 | 12,820 | 310,471 |
| Carrying Amount | | | | | | | | | |
| At 31 March 2024 | 49,829 | 709,339 | 23,559 | 19,274 | 27,508 | 4,610 | 18,836 | 11,301 | 864,256 |
| At 31 March 2023 | 49,827 | 700,382 | 22,649 | 11,909 | 31,381 | 4,827 | 20,113 | 10,620 | 851,708 |
| Asset financing | | | | | | | | | |
| Owned | 49,829 | 430,627 | 23,559 | 19,274 | 26,654 | 4,610 | 18,836 | 11,301 | 584,690 |
| Leased | 0 | 3,144 | 0 | 0 | 854 | 0 | 0 | 0 | 3,998 |
| On B/S (So FP) PFI and other service concession arrangements contracts | 0 | 275,568 | 0 | 0 | 0 | 0 | 0 | 0 | 275,568 |
| Carrying Amount | | | | | | | | | |
| At 31 March 2024 | 49,829 | 709,339 | 23,559 | 19,274 | 27,508 | 4,610 | 18,836 | 11,301 | 864,256 |

| | |
|-----------------------|-------|
| Attributable to: | £'000 |
| Trust | 864 |
| 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 £6,481k (2023: £6,036k).

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of leased assets is £770k (2023: £650k).

The fair value of assets funded from the following sources during the year was:

| | 2024 £000 | 2023 £000 |
|------------------|--------------|--------------|
| Donations | 152 | 0 |
| Government grant | 0 | 93 |
| Total | 152 | 93 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2025

| | Software Licences £000s | Information Technology £000s | Development Expenditure £000s | Total £000s |
|--|-------------------------------|------------------------------------|-------------------------------------|----------------|
| Cost or Valuation | | | | |
| At 1 April 2024 | 16,254 | 1 | 150 | 16,405 |
| Additions | 461 | 0 | 0 | 461 |
| Donations / Government grant / Lottery funding | 9 | 0 | 0 | 9 |
| Reclassifications | 20 | 0 | 0 | 20 |
| At 31 March 2025 | 16,744 | 1 | 150 | 16,895 |
| Amortisation | | | | |
| As at 1 April 2024 | 11,937 | 1 | 150 | 12,088 |
| Provided during the year | 1,895 | 0 | 0 | 1,895 |
| At 31 March 2025 | 13,832 | 1 | 150 | 13,983 |
| Carrying Amount | | | | |
| At 31 March 2025 | 2,912 | 0 | 0 | 2,912 |
| At 31 March 2024 | 4,317 | 0 | 0 | 4,317 |
| Asset financing | | | | |
| Owned | 2,912 | 0 | 0 | 2,912 |
| Carrying Amount at 31 March 2025 | 2,912 | 0 | 0 | 2,912 |

Any fall in value through negative indexation or revaluation is shown as an impairment. The fair value of assets funded from government grants was £9k during the year (2023/24 nil).

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2024

| | Software Licences £000s | Information Technology £000s | Development Expenditure £000s | Total £000s |
|----------------------------------|-------------------------------|------------------------------------|-------------------------------------|----------------|
| Cost or Valuation | | | | |
| At 1 April 2023 | 15,666 | 1 | 150 | 15,817 |
| Additions | 588 | 0 | 0 | 588 |
| At 31 March 2024 | 16,254 | 1 | 150 | 16,405 |
| Amortisation | | | | |
| As at 1 April 2023 | 9,972 | 1 | 150 | 10,123 |
| Provided during the year | 1,965 | 0 | 0 | 1,965 |
| At 31 March 2024 | 11,937 | 1 | 150 | 12,088 |
| Carrying Amount | | | | |
| At 31 March 2024 | 4,317 | 0 | 0 | 4,317 |
| At 31 March 2023 | 5,694 | 0 | 0 | 5,694 |
| Asset financing | | | | |
| Owned | 4,317 | 0 | 0 | 4,317 |
| Carrying Amount at 31 March 2024 | 4,317 | 0 | 0 | 4,317 |
| Asset financing | | | | |
| Owned | 5,694 | 0 | 0 | 5,694 |
| Carrying Amount at 31 March 2023 | 5,694 | 0 | 0 | 5,694 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 7 INVESTMENTS

Market value of investments as at 31 March 2025

| | Charitable Trust Fund £000s | 2025 Non-current assets £000s | 2024 Non-current assets £000s |
|----------------------------|--|--|--|
| Balance at 1 April | 2,992 | 2,992 | 2,799 |
| Revaluation | (73) | (73) | 193 |
| Balance at 31 March | 2,919 | 2,919 | 2,992 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 8 IMPAIRMENTS

| 2025 | Property, plant & equipment £000s | Total £000s |
|---|---|----------------|
| Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure | 25,315 | 25,315 |
| Impairments which revaluation reserve covers (disclosed within the "Other Comprehensive Expenditure" section of the Statement of Comprehensive Net Expenditure) | (15,764) | (15,764) |
| Total value of impairments for the period | 9,551 | 9,551 |

| 2024 | Property, plant & equipment £000s | Total £000s |
|---|---|----------------|
| Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure | (5,659) | (5,659) |
| Impairments which revaluation reserve covers (disclosed within the "Other Comprehensive Expenditure" section of the Statement of Comprehensive Net Expenditure) | 0 | 0 |
| Total value of impairments for the period | (5,659) | (5,659) |

WESTERN HEALTH AND SOCIAL CARE TRUST

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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 to little credit, liquidity or market risk.

Charitable Trust Fund Investments

| | 2025 | 2024 |
|---|-----------------|-----------------|
| | Assets £000s | Assets £000s |
| Balance at 1st April | 2,992 | 2,799 |
| Revaluations | (73) | 193 |
| Balance at 31st March | 2,919 | 2,992 |
| Trust | 0 | 0 |
| Charitable Trust Fund | 2,919 | 2,992 |
| Balance at 31st March | 2,919 | 2,992 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

The Trust had no assets held for sale at 31 March 2025 or 31 March 2024.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 11 INVENTORIES

| | 2025 | | 2024 | |
|--------------------------------------|----------------|-----------------------|----------------|-----------------------|
| Classification | Trust £000s | Consolidated £000s | Trust £000s | Consolidated £000s |
| Pharmacy Supplies | 4,988 | 4,988 | 5,229 | 5,229 |
| Theatre Equipment | 296 | 296 | 355 | 355 |
| Building and Engineering Supplies | 339 | 339 | 328 | 328 |
| Fuel | 322 | 322 | 369 | 369 |
| Community Care Appliances | 562 | 562 | 440 | 440 |
| Laboratory Materials | 500 | 500 | 573 | 573 |
| X-Ray | 49 | 49 | 48 | 48 |
| Stock held for resale | 7 | 7 | 10 | 10 |
| Other | 290 | 290 | 290 | 290 |
| Total | 7,353 | 7,353 | 7,642 | 7,642 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 12 CASH AND CASH EQUIVALENTS

| 2025 | | | | 2024 | | |
|--|---------------------|--------------|-----------------------|---------------------|--------------|-----------------------|
| | Core Trust £000s | CTF £000s | Consolidated £000s | Core Trust £000s | CTF £000s | Consolidated £000s |
| Balance at 1st April | 4,045 | 3,423 | 7,468 | 4,992 | 3,577 | 8,569 |
| Net change in cash and cash equivalents | 1,314 | (805) | 509 | (947) | (154) | (1,101) |
| Balance at 31st March | 5,359 | 2,618 | 7,977 | 4,045 | 3,423 | 7,468 |
| The following balances held at 31st March were held at: | | | | | | |
| Commercial banks and cash in hand | 5,359 | 2,618 | 7,977 | 4,045 | 3,423 | 7,468 |
| Balance at 31st March | 5,359 | 2,618 | 7,977 | 4,045 | 3,423 | 7,468 |

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:

| 2025 | | | | | 2024 | | | | |
|--|--------------------------|--------------------|---------------------------|--------------------------|--------------------------|-------------------------------------|--------------------|---------------------------|----------------|
| | Opening Balance £000s | Cashflows £000s | Non Cash Changes £000s | Closing Balance £000s | Opening Balance £000s | Opening Balance adjustment £000s | Cashflows £000s | Non-cash changes £000s | Total £000s |
| Lease Liabilities | 4,145 | (996) | 1,634 | 4,783 | 4,508 | 0 | (851) | 488 | 4,145 |
| PFI Liabilities | 102,493 | (5,426) | 0 | 97,067 | 105,702 | 950 | (4,159) | 0 | 102,493 |
| Total liabilities from financing activities | 106,638 | (6,422) | 1,634 | 101,850 | 110,210 | 950 | (5,010) | 488 | 106,638 |

The Opening balance adjustment in 2024 is due to the re-measurement of the PFI liability in accordance with IFRS16 from April 2024. The liability is re-measured to include the indexation linked increases which have impacted lease payments to this date. Previously these were measured in accordance with IAS17 principles.

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NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER CURRENT ASSETS

| | 2025 | | | | 2024 | | | |
|---|-----------------|---------------|---------------------------------------|------------------------|-----------------|---------------|---------------------------------------|------------------------|
| | 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 | 12,409 | 0 | 0 | 12,409 | 10,527 | 0 | 0 | 10,527 |
| VAT receivable | 7,491 | 0 | 0 | 7,491 | 7,602 | 0 | 0 | 7,602 |
| Other receivables - not relating to fixed assets | 10,197 | 52 | (106) | 10,143 | 11,236 | 21 | (57) | 11,200 |
| Trade and other receivables | 30,097 | 52 | (106) | 30,043 | 29,365 | 21 | (57) | 29,329 |
| Prepayments | 4 | 0 | 0 | 4 | 5 | 0 | 0 | 5 |
| Other current assets | 4 | 0 | 0 | 4 | 5 | 0 | 0 | 5 |
| Total trade and other receivables | 30,097 | 52 | (106) | 30,043 | 29,365 | 21 | (57) | 29,329 |
| Total other current assets | 4 | 0 | 0 | 4 | 5 | 0 | 0 | 5 |
| Total receivables and other current assets | 30,101 | 52 | (106) | 30,047 | 29,370 | 21 | (57) | 29,334 |

The balances are net of a provision for bad debts of £9,512k (2024: £8,251k).

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER CURRENT LIABILITIES

Note 14.1 Trade payables and other current liabilities

| | 2025 | | | | 2024 | | | |
|--|-----------------|---------------|---------------------------------------|------------------------|-----------------|---------------|---------------------------------------|------------------------|
| | 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 | 37,431 | 0 | 0 | 37,431 | 18,825 | 0 | 0 | 18,825 |
| Trade capital payables – property, plant and equipment | 3,268 | 0 | 0 | 3,268 | 4,115 | 0 | 0 | 4,115 |
| Trade revenue payables | 54,326 | 0 | 0 | 54,326 | 43,750 | 82 | 0 | 43,832 |
| Payroll payables | 65,097 | 0 | 0 | 65,097 | 102,172 | 0 | 0 | 102,172 |
| Other payables | 5,737 | 217 | (106) | 5,848 | 3,970 | 69 | (57) | 3,982 |
| Accruals - relating to property, plant and equipment | 11,304 | 0 | 0 | 11,304 | 12,310 | 0 | 0 | 12,310 |
| Lease liability | 1,041 | 0 | 0 | 1,041 | 931 | 0 | 0 | 931 |
| Trade and other payables | 178,204 | 217 | (106) | 178,315 | 186,073 | 151 | (57) | 186,167 |
| Current part of imputed lease element of PFI contracts and other service concession arrangements | 3,127 | 0 | 0 | 3,127 | 5,329 | 0 | 0 | 5,329 |
| Other current liabilities | 3,127 | 0 | 0 | 3,127 | 5,329 | 0 | 0 | 5,329 |
| Total payables falling due within one year | 181,331 | 217 | (106) | 181,442 | 191,402 | 151 | (57) | 191,496 |
| Amounts falling due after more than one year | | | | | | | | |
| Leased liability | 3,742 | 0 | 0 | 3,742 | 3,214 | 0 | 0 | 3,214 |
| Imputed lease element of PFI contracts and other service concession arrangements | 93,940 | 0 | 0 | 93,940 | 97,164 | 0 | 0 | 97,164 |
| Total non current payables | 97,682 | 0 | 0 | 97,682 | 100,378 | 0 | 0 | 100,378 |
| Total trade payables and other current liabilities | 279,013 | 217 | (106) | 279,124 | 291,780 | 151 | (57) | 291,874 |

14.2 Loans

The Trust did not have any loans payable at either 31 March 2025 or 31 March 2024.

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2025

| | Clinical Negligence £000s | Holiday Pay £000s | Other £000s | Total £000s |
|---|---------------------------------|-------------------------|----------------|----------------|
| Balance at 1 April 2024 | 73,159 | 37,876 | 15,676 | 126,711 |
| Provided in year | 18,122 | 65,851 | 3,077 | 87,050 |
| (Provisions not required written back) | (8,608) | 0 | (5,739) | (14,347) |
| (Provisions utilised in the year) | (8,457) | 0 | (2,202) | (10,659) |
| Cost of borrowing (unwinding of discount) | (5,459) | (3,130) | (37) | (8,626) |
| At 31 March 2025 | 68,757 | 100,597 | 10,775 | 180,129 |

Comprehensive Net Expenditure Account charges

| | 2025 £000s | 2024 £000s |
|--|---------------|---------------|
| Arising during the year | 87,050 | 57,029 |
| Reversed unused | (14,347) | (7,377) |
| Cost of borrowing (unwinding of discount) | (8,626) | (6,609) |
| Total charge within operating costs | 64,077 | 43,043 |

Analysis of expected timing of discounted flows

| | Clinical Negligence £000s | Holiday Pay £000s | Other £000s | Total £000s |
|---|---------------------------------|-------------------------|----------------|----------------|
| Not later than one year | 1,661 | 0 | 1,117 | 2,778 |
| Later than one year and not later than five years | 43,169 | 100,597 | 3,987 | 147,753 |
| Later than five years | 23,927 | 0 | 5,671 | 29,598 |
| At 31 March 2025 | 68,757 | 100,597 | 10,775 | 180,129 |

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NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2025 (Cont'd)

Provisions have been made for five types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Holiday Pay and Senior Executive's pay.

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 Periodic Payment Order (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.

Clinical Negligence

Where a finding of clinical negligence has been made, the Trust has relied on professional legal advice to estimate an appropriate level of provision, for each individual case, with Periodic Payment Order (PPO) calculations based on estimated life expectancy data.

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. In accordance with the provisions of Schedule C1 to the Damages Act 1996, the Government Actuary has reviewed the discount rate for Northern Ireland and determined that the rate should be +0.5% with effect from 27 September 2024, having previously been set at -1.5% from 22 March 2022. The next planned review of the rate will commence in July 2029. Estimated settlement values provided by DLS as at 31 March 2025 wholly reflect the updated rate where applicable.

Holiday Pay Liability

On 4 October 2023, the Supreme Court handed down the decision in the case of the Chief Constable of the PSNI v Agnew and others. The judgement confirmed that the claimants are able to bring their claims under the 'unlawful deductions' provisions of the Employment Rights (Northern Ireland) Order 1996 and can thus claim in respect of a series of deductions potentially going back to the beginning of their employment or the implementation of the Working Time Regulations in 1998.

At the point that the Supreme Court judgement was provided, the PSNI had accepted the principle, established by a number of cases in both the European and domestic courts, that the claimants were entitled to be paid their normal pay during periods of annual leave, and that "normal pay" is not limited to basic pay but could include elements such as overtime, commission and allowances.

The outcome of this case has widespread implications for all public sector bodies in Northern Ireland in respect of both the pay elements that must be included in holiday pay calculations and the period of retrospection which means that some employees may be able to bring claims to be rectified as far back as 1998.

With effect from 1 April 2025, HSC employers have implemented an interim arrangement for the calculation of holiday pay to ensure employees are paid appropriately for periods of annual leave. This interim arrangement has been agreed with trade unions pending the introduction of the new HR and payroll system in 2026/27.

However a provision in respect of the retrospective payment is still required for the period 1998/99 to 2024/25. The Trust provision at 31 March 2025 reflects this retrospective time frame. In calculating the provision, the Trust has used payroll data available, for all eligible staff, within the current HRPTS system back to 2014 with averaging applied for the prior years and changes in staffing numbers. Actual staffing numbers are available from 2008/09, with the exception of the 2 years from 2009-11. Staffing numbers prior to this have been estimated based on an assumed 1% increase per annum.

Revised Working Time Directive (14.5%) and Employer costs rates have been factored in, and compound interest applied. A settlement year of 2026/27 has been used and as such the overall value of the provision has been discounted to determine the net present value.

The key areas of uncertainty include:

- The reliability of the data used.
- The terms of the settlement which is subject to a number of factors including:
 - the determination of a very significant number of cases currently progressing through the Industrial Tribunal;
 - the number of further Industrial Tribunal claims lodged by employees;
 - any settlement of these claims agreed with the claimants or their legal representatives;
 - the number of grievances already lodged by employees in respect of the underpayment / incorrect payment of holiday pay which require to be resolved and any settlement negotiations with trade unions;
 - the number of further grievances received; and
 - any potential requirement to include additional numbers of employees within any settlement.
- The uptake rate for current or past employees.
- The extent of attrition in the workforce.
- Delays in the time it will take to administer the payments, once agreed.
- The extent to which interest will apply.

No sensitivity analysis has been undertaken to assess how much the value of the provision would change if the assumptions used were to differ. The reason for this is the possible permutations for any sensitivity analysis are numerous and the value of the provision is already subject to the key areas of uncertainty identified above.

The overall impact has been to increase this provision from £37.9m in 2023/24 to £100.6m. The increase in 2024/25 is largely interest driven due to the inclusion of 8% compound interest in the calculations.

Pay Modernisation and Senior Executive Pay

A number of staff have challenged the banding of their job and the Trust has reflected any anticipated liability as a mix of accruals and provisions on the basis of actions and outcomes in-year in individual cases and their consequential impacts.

Senior HSC Executives had raised a legal challenge to their pay arrangements and a provision in respect of the potential liability had been included in 2023/24. The DoH has introduced a Senior Executive Pay Structure Reform which impacts all Senior Executives in post at 1 April 2023. A provision remains in 2024/25 for a number of former directors unaffected by this reform.

WESTERN HEALTH AND SOCIAL CARE TRUST

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PROVISIONS FOR LIABILITIES AND CHARGES- 2024

| | Clinical negligence £000s | Holiday Pay £000s | Other £000s | Total £000s |
|---|---------------------------------|-------------------------|----------------|----------------|
| Balance at 1 April 2023 | 67,127 | 12,778 | 11,170 | 91,075 |
| Provided in year | 22,919 | 26,262 | 7,848 | 57,029 |
| (Provisions not required written back) | (5,816) | 0 | (1,561) | (7,377) |
| (Provisions utilised in the year) | (5,791) | 0 | (1,616) | (7,407) |
| Cost of borrowing (unwinding of discount) | (5,280) | (1,163) | (166) | (6,609) |
| At 31 March 2024 | 73,159 | 37,876 | 15,676 | 126,711 |

Analysis of expected timing of discounted flows

| | Clinical negligence £000s | Holiday Pay £000s | Other £000s | Total £000s |
|---|---------------------------------|-------------------------|----------------|----------------|
| Not later than one year | 29,943 | 0 | 634 | 30,577 |
| Later than one year and not later than five years | 25,896 | 37,876 | 9,473 | 73,245 |
| Later than five years | 17,320 | 0 | 5,569 | 22,889 |
| At 31 March 2024 | 73,159 | 37,876 | 15,676 | 126,711 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 16 CAPITAL AND OTHER COMMITMENTS

NOTE 16.1 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements are:

| | 2025 £000s | 2024 £000s |
|-----------------------------|-----------------------|-----------------------|
| Property, plant & equipment | 2,776 | 4,807 |
| Total | 2,776 | 4,807 |

These commitments include £0.8m for Strategic Capital Development projects, such as Altnagelvin Redevelopment Phase 5.1 and the Lisnaskea Health & Care Centre, equipment of £0.5m and other Trust Estates managed capital schemes of £1.5m.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Right of use assets

| | 2025 Buildings £000s | 2025 Plant and Machinery £000s | 2025 Total £000s | 2024 Buildings £000s | 2024 Plant and Machinery £000s | 2024 Total £000s |
|----------------------------|----------------------------|---|------------------------|----------------------------|---|------------------------|
| As at 1 April 2024 | 3,144 | 854 | 3,998 | 3,223 | 1,114 | 4,337 |
| Additions | 968 | 589 | 1,557 | 445 | (14) | 431 |
| Depreciation expense | (597) | (290) | (887) | (524) | (246) | (770) |
| As at 31 March 2025 | 3,515 | 1,153 | 4,668 | 3,144 | 854 | 3,998 |

17.2 Lease Liabilities

| | 2025 £000s | 2024 £000s |
|--|---------------|---------------|
| Buildings | | |
| Not later than 1 year | 815 | 628 |
| Later than 1 year and not later than 5 years | 2,264 | 1,682 |
| Later than 5 years | 718 | 1,030 |
| | 3,797 | 3,340 |
| Less interest element | (207) | (149) |
| Present value of Obligations | 3,590 | 3,191 |
| | | |
| Plant and Machinery | | |
| Not later than 1 year | 324 | 350 |
| Later than 1 year and not later than 5 years | 705 | 621 |
| Later than 5 years | 298 | 0 |
| | 1,327 | 971 |
| Less interest element | (134) | (17) |
| Present value of Obligations | 1,193 | 954 |
| Total Present Value of Obligations | 4,783 | 4,145 |
| Current Portion | 1,041 | 931 |
| Non-current portion | 3,742 | 3,214 |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 17 LEASES (Cont'd)

17.3 Elements in the Statement of Comprehensive Net Expenditure

| | 2025 £000s | 2024 £000s |
|--|-----------------------|-----------------------|
| Other Lease payments not included in Lease liabilities | 565 | 485 |
| Expenses related to short term leases | 33 | 209 |
| Total | 598 | 694 |

17.4 Total cash outflow for leases

| | 2025 £000s | 2024 £000s |
|-------------------------------|-----------------------|-----------------------|
| Total cash outflow for leases | 996 | 851 |

WESTERN HEALTH AND SOCIAL CARE TRUST

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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 schemes as at 31 March 2025 or 31 March 2024.

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 £5,438k (2023-24:£5,266k). 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:

| | 2025 £000s | 2024 £000s |
|---|----------------|----------------|
| Minimum lease payments: | | |
| Due within one year | 12,054 | 14,731 |
| Due later than one year and not later than five years | 48,469 | 48,316 |
| Due later than 5 years | 129,025 | 141,094 |
| Total | 189,548 | 204,141 |
| Less interest element | 92,481 | 101,648 |
| Present value | 97,067 | 102,493 |
| Service elements due in future periods: | | |
| Due within one year | 5,597 | 5,437 |
| Due later than one year and not later than five years | 24,068 | 23,363 |
| Due later than five years | 80,243 | 86,479 |
| Total service elements due in future periods | 109,908 | 115,279 |
| Total Commitments | 206,975 | 217,772 |

WESTERN HEALTH AND SOCIAL CARE TRUST

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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.

| | 2025 £000s | 2024 £000s |
|----------------------|---------------|---------------|
| Clinical negligence | 1,761 | 1,664 |
| Public liability | 14 | 11 |
| Employer's liability | 114 | 134 |
| Other | 41 | 23 |
| Total | 1,930 | 1,832 |

Additional points to note:

19.1 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 was reached through mediation for the design and implementation of a future scheme. A public consultation was carried and DoH are currently considering the response. Any scheme will require Ministerial approval. 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 2025. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

19.2 Continuing Healthcare

The DoH Continuing Healthcare (CHC) Policy relates to the assessment of whether a person's care needs can be met outside of an acute hospital setting and whether they may be liable to be assessed in respect of contributing towards the costs for their care. A Judicial Review was brought by a service user in nursing care, against Belfast Health and Social Care Trust (BHSCT) to challenge the policy and the BHSCT application of it. The High Court judgement highlighted that the criteria and threshold for when a person should pay for their care is unclear and operates differently between Health Trusts. The Judicial Review also challenged a change to the policy, introduced in February 2021, and instructed that all decisions on eligibility for the last 3 years should be reviewed. The DoH lodged an appeal against the Judicial Review findings and were successful in November 2024.

All Trusts are awaiting further guidance from DoH in order to be able to address service users who have raised similar challenges to the policy. The potential for any liability for this is currently unclear and any financial impact unquantifiable.

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 is scoping 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. The Trust has resolved the annual leave fix going forward, however, sick leave payments are still being scoped, and the retrospective liabilities of both annual leave and sick pay are still to be quantified. Potential solutions have been drafted and will be proposed to Corporate Management Team and Trade Unions after Encompass Go Live.

19.4 Holiday Pay Liability

The Trust has made provision of the potential liability, back to 1998, for claims for shortfalls to staff in holiday pay. However, the extent to which the liability may exceed this amount remains uncertain as the calculation will rely on the outworkings of the Supreme Court judgement and will have to be agreed with Trade Unions.

19.5 Public Sector Pensions - Injury to Feelings Claims

The Department of Finance (DoF) is a named Respondent in a class action affecting employers across the public sector and is managing claims on behalf of the Northern Ireland Civil Service (NICS) Departments. This is an extremely complex case with potential implications for the NICS and wider public sector. However, given the complexities, the cases are still at an early stage of proceedings and until there is further clarity on potential scope and impact, a reliable estimate of liability cannot be provided.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 20 RELATED PARTY TRANSACTIONS

The Trust is an arm's length body of the Department of Health and as such, the Department of Health is a related party from which the Trust has received income during the year of £1,110m consisting of £1,049m RRL (note 22) and £61m 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 2024/25. 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 2024/25 £ | Amount paid by Trust during 2023/24 £ |
|--|------------------------|--|--|
| Thomas Fawley, Southern HSC Trust | Chairman | 98,700 | 51,192 |
| Thomas Fawley, Open University | Chairman | 34,065 | 16,431 |
| Sean Hegarty, Clarendon Medical | Non-Executive Director | 182 | 2,327 |
| Professor Hugh McKenna, Alzheimer's Society | Non-Executive Director | 367,792 | 336,045 |
| Professor Hugh McKenna, Ulster University | Non-Executive Director | 403,902 | 358,501 |
| Professor Hugh McKenna, Royal College Of Nursing | Non-Executive Director | 4,000 | 300 |
| Aideen Mc Ginley, Aisling Centre Enniskillen | Non-Executive Director | 98,428 | 90,943 |
| Aideen Mc Ginley, Fermanagh Trust | Non-Executive Director | 20,434 | 14,359 |

Other Senior Managers*

Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2024/25. The details of material interests are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned.

Lyle Simpson, HR Administrator (Ad hoc)

Mr Simpson carries out general administrative duties for Cornfield Care Centre. During 2024/25 the Trust made payments to Cornfield Care Centre of approximately £5.8m. During 2023/24, the Trust made payments of approximately £5.5m to Cornfield care centre.

Melissa Perry, Consultant Sexual Health/ HIV Clinical Lead

Ms Perry carries out work for the NHSCT. During 24/25 the Trust received income from NHSCT of £1.2m and made payments of £342k. The Trust owed £846 to NHSCT at 31 March 2025 and was owed £41k from NHSCT at 31st March 2025.

Sandra McNeill, Sub Dean Undergraduate Education

Ms McNeill is a casual lecturer at Ulster University. During 2024/25 the Trust made payments of approximately £404k to Ulster University and received income of approximately £178k. The Trust was owed £35.6k from Ulster University at 31st March 2025. During 2023/24 the Trust made payments of approximately £359k to the University of Ulster. The Trust also received income of approximately £34k from the University of Ulster and was owed £2k from the University of Ulster at 31st March 2024.

In addition, Ms McNeill is a committee member at Derry Well Woman Centre. During 2024/25 the Trust made payments of approximately £172k to Derry Well Woman Centre. During 2023/24, the Trust made payments of approximately £146k to Derry Well Woman Centre.

Dr Nicola Herron, GPAMD Western Trust

Dr Herron is a GP Partner at Glendermott Medical Practice. During 2024/25, the Trust made payments of approximately £1.4k to Glendermott Medical Practice. The Trust also received income of approximately £4.3k from Glendermott medical practice during 2024/25. The Trust was owed £931k from Glendermott Medical Practice at 31st March 2025. During 2023/24, the Trust received income of approximately £4k from Glendermott Medical Practice and made payments of approximately £140 to Glendermott Medical Practice.

Barry Tierney, Advanced Nurse Practitioner, Hospital at Home

Mr Tierney is a Community First Responder for Northern Ireland Ambulance Service, (NIAS). During 2024/25 the Trust made payments to NIAS of £127k and received an income of £1.16m. The Trust owed £11.5k to NIAS at 31 March 2025. The Trust was owed £4.6k from NIAS at 31st March 2025. During 2023/24, the Trust received income of approximately £1m and was owed £979k from NIAS at 31st March 2024.

Tara Boyle, Project Manager, Capital Development

Ms Boyle is a Director at Derry Well Women Centre. During 2024/25, the Trust made payments of approximately £172k to Derry Well Women Centre. During 2023/24 the Trust also made payments of approximately £146k to Derry Well Women Centre.

Dr Paul Farry, Consultant Radiologist

Dr Farry has provided consultant radiology services to Kingsbridge North West. During 2024/25, the Trust made payments of approximately £702 to Kingsbridge North West. The Trust received income from Kingsbridge North West of approximately £532k during 2024/25. The Trust was owed £105k from Kingsbridge North West at 31st March 2025. During 2023/24, the Trust made payments of approximately £24k to Kingsbridge North West. The Trust received income of approximately £503k from Kingsbridge North West and was owed £132k at 31st March 2024.

Kingsbridge North West is part of the Kingsbridge Healthcare Group. 3Fivetwo Healthcare is also part of Kingsbridge Healthcare Group. The Trust has made payments of approximately £5m to 3Fivetwo in 2024/25 and £4.9m in 2023/2024. The Trust owed £57k to 3Fivetwo Healthcare at 31 March 2025.

Dr Lisa Bradley, Divisional Clinical Director Psychiatry

Dr Bradley is a Senior Medical Officer for Mental Health and Learning Disability within the Department of Health, (DoH). During 2024/25, the Trust made payments of approximately £535k to the DoH. The Trust also received income from the DoH for £5.9m during 2024/25, in addition to RRL funding of £1,042m. The Trust was owed £1.07m from DOH at 31st March 2025.

Professor Ben Fitzpatrick, Assistant Director of Nursing (Research and Development)

Professor Ben Fitzpatrick is a Professor of Nursing and a Research Director for the School of Nursing and Paramedic Sciences at the Ulster University. During 2024/25 the Trust made

payments of approximately £404k to Ulster University and received income of approximately £178k. The Trust was owed £35.6k from Ulster University at 31st March 2025.

David Stewart, Consultant Oncologist

David Stewart is a Visiting Professor at the Ulster University. During 2024/25 the Trust made payments of approximately £404k to Ulster University and received income of approximately £178k. The Trust was owed £35.6k from Ulster University at 31st March 2025.

***Comparative figures are not shown where no interest was declared in the previous financial year.**

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 21 THIRD PARTY ASSETS

The assets held at the reporting period date to which it was practical to ascribe monetary values comprised £4,540k. These third party assets relate to Patient and Resident monies held by the Trust and are set out in the table below.

| | 2025 £000s | 2024 £000s |
|---|-----------------------|-----------------------|
| Monetary assets such as bank balances and monies on deposit | 4,540 | 3,870 |
| Total | 4,540 | 3,870 |

WESTERN HEALTH AND SOCIAL CARE TRUST

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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.

In line with departmental financial circular HSC (F) 37-2023 HSC Break-even and Financial Recovery, DoH bodies are required to achieve break even on an annual basis – this had been defined as containing net expenditure to within 0.25% of the final agreed Revenue Resource Limits or £20,000 whichever is the greater.

The Revenue Resource Limit (RRL) for Western HSC Trust is calculated as follows:

| RRL Allocated from: | 2025 Total £000s | 2024 Total £000s |
|---|---------------------------------|---------------------------------|
| DoH – Finance Directorate | 1,032,650 | 953,427 |
| Public Health Agency | 8,902 | 8,465 |
| Northern Ireland Medical & Dental Training Agency | 7,304 | 7,236 |
| Total RRL Received | 1,048,856 | 969,128 |
| Net RRL position | 1,048,856 | 969,128 |
| Revenue Resource Limit Expenditure | | |
| Net Expenditure per SoCNE | 1,169,623 | 1,052,230 |
| Adjustments | | |
| Research and Development under ESA 10 (amounts not capitalised) | (899) | (933) |
| Depreciation | (38,020) | (36,399) |
| Amortisation | (1,895) | (1,965) |
| Impairments | (9,551) | 5,659 |
| Notional Charges | (133) | (130) |
| Increase/Decrease in provisions (provisions provided for in year less any release) | (64,077) | (43,043) |
| PFI and other service concession arrangements/IFRIC 12 | (6,520) | (6,481) |
| Adjustment for Income received re Donations/Government Grant/Lottery funding for non current assets | 278 | 152 |
| Total adjustments | (120,817) | (83,140) |
| Net expenditure Funded from RRL | 1,048,806 | 969,090 |
| Surplus against RRL | 50 | 38 |
| Surplus as a percentage of RRL | 0.005% | 0.004% |

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2025

NOTE 22 FINANCIAL PERFORMANCE TARGETS LESS DEFICIT FUNDING (Cont'd)

22.2 Financial Performance Targets Less Deficit Funding

For the year ended 31st March 2025 the Trust received £31.5m (£22.7m 2023/24) of non-recurrent funding from the Department of Health to address the deficit that would otherwise have occurred.

| | 2025 £000s | 2024 £000s |
|--|-----------------|-----------------|
| Revenue Resource Limit (RRL) | 1,048,856 | 969,128 |
| Less Deficit Funding received | (31,500) | (22,700) |
| Sub Total | 1,017,356 | 946,428 |
| Net Expenditure Funded from RRL | 1,048,806 | 969,090 |
| Deficit against RRL Less Deficit Funding received | (31,450) | (22,662) |

22.3 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

| | 2025 Total £000s | 2024 Total £000s |
|---|------------------------|------------------------|
| CRL Allocated from: | | |
| Department of Health – Investment Directorate | 42,076 | 34,053 |
| Public Health Agency | 0 | 0 |
| Total CRL Received | 42,076 | 34,053 |
| Total CRL Issued | 0 | 0 |
| Net CRL Position | 42,076 | 34,053 |
| Capital Resource Limit Expenditure: | | |
| Capital expenditure per additions in Asset notes | 42,396 | 34,103 |
| Charitable Trust fund capital expenditure | (277) | (152) |
| PFI and other service concession arrangements | (936) | (805) |
| Receipts from sales of fixed assets up to Net book value | (7) | (26) |
| Adjustment to add items not capitalised in accounts | | |
| Research and Development under ESA 10 (amounts not capitalised) | 899 | 933 |
| Net Expenditure Funded from CRL | 42,075 | 34,053 |
| Surplus (Deficit) against CRL | 1 | 0 |

WESTERN HEALTH AND SOCIAL CARE TRUST

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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 3 July 2025.

WESTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/RESIDENTS' MONIES ACCOUNTS
YEAR ENDED 31 MARCH 2025

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 the Western Health and Social Care Trust’s account of monies held on behalf of patients and residents for the year ended 31 March 2025 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 the Western Health and Social Care Trust for the year ended 31 March 2025 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 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 account section of my 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 Revised 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 the Western Health and Social Care Trust’s use of the going concern basis of accounting in the preparation of the financial statements for the monies held on behalf of the patients and residents 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 monies held on behalf of the patients and residents 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 certificate.

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 kept; 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;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error; and
- assessing the Western Health and Social Care Trust's monies held on behalf of the patients and residents 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 the Western Health and Social Care Trust for the monies held on behalf of the patients and residents will not continue to be provided in the future.

Auditor's responsibilities for the audit of the account

My responsibility is to examine, 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:

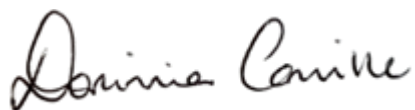
- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust for the monies held on behalf of the patients and residents discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended;
- making enquires of management and those charged with governance on 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;
- 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; and
- 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 dark ink, reading 'Dorinnia Carville'. The script is cursive and fluid, with the first name 'Dorinnia' being more prominent than the last name 'Carville'.

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

3 July 2025

WESTERN HEALTH AND SOCIAL CARE TRUST
YEAR ENDED 31 MARCH 2025
ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

| Previous Year £ | Receipts | £ | £ |
|----------------------------|--|----------------------------|-------------------------|
| 10,040 | Balance at 1 April 2024 | | |
| 3,439,762 | 1. Investment (at cost) | 3,552,554 | |
| 16,800 | 2. Cash at Bank | 300,946 | |
| | 3. Cash in Hand | 16,800 | 3,870,300 |
| 2,333,205 | Amounts received in the year | | 2,858,070 |
| 91,515 | Interest Received | | 150,726 |
| 5,891,322 | Total | | 6,879,096 |
| | Payments | | |
| 2,021,022 | Amounts paid to or on behalf of patients / Residents | | 2,339,572 |
| | Balance at 31 March 2025 | | |
| 3,552,554 | 1. Investments (at cost) | 4,348,281 | |
| 300,946 | 2. Cash in Bank | 174,943 | |
| 16,800 | 3. Cash in Hand | 16,300 | 4,539,524 |
| 5,891,322 | Total | | 6,879,096 |
| Cost Price £ | Schedule of investments held at 31 March 2025 | Nominal Value £ | Cost Price £ |
| 3,552,554 | Bank of Ireland | 4,348,281 | 4,348,281 |

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:

26 June 2025

I certify that the above account has been submitted to and duly approved by the Board.

Chief Executive:



Date:

26 June 2025

Glossary

| | |
|-------|--|
| ACU | Ambulatory Care Unit |
| ADHD | Adult Attention Deficit Hyperactivity Disorder |
| AFC | Agenda for change |
| AHP's | Allied Health Professions |
| AHRO | Access to Health Records Order |
| AIPB | Area Integrated Partnership Board |
| AMHD | Adult Mental Health & Disability Services |
| AMR | Automatic Meter Reading |
| AMU | Acute Medical Unit |
| ANPR | Automatic number plate recognition |
| APR | Annual Progress Report |
| ARAC | Audit & Risk Assurance Committee |
| ARBI | Alcohol Related Brain Injury |
| ARSAC | Nuclear Medicine Licences |
| ASD | Autism Spectrum Disorder |
| ASW | Approved Social Worker |
| AUC | Assets Under Construction |
| BHSCT | Belfast Health & Social Care Trust |
| BSO | Business Services Organisation |
| C&AG | Comptroller and Auditor General |
| CAMHS | Child and Adolescent Mental Health Service |
| CARE | Career Average Revalued Earnings |
| CDI | Clostridioides Difficile |
| CETV | Cash Equivalent Transfer Value |
| CHC | Continuing Healthcare |

| | |
|-------|---|
| CHKS | Comparative Health Knowledge System |
| CISM | Critical Incident Stress Management |
| CMT | Corporate Management Team |
| CPD | Commissioning Plan Direction |
| CRL | Capital Resource Limit |
| CSCG | Clinical and Social Care Governance |
| CYP | Children and Young People |
| DAC | Direct Award Contracts |
| DoF | Department of Finance |
| DoH | Department of Health |
| DoLS | Deprivation of Liberty Safeguards |
| DVMB | Delivering Value Management Board |
| ECNI | Equality Commission for Northern Ireland |
| ED | Emergency Department |
| EOSC | Elective Overnight Stay Centre |
| ERST | Employee Resourcing Support Team |
| ESA10 | European System of Accounts |
| EWTS | Emotional Wellbeing Teams in Schools |
| FOI | Freedom of Information |
| FReM | Financial Reporting Manual |
| FYT | Foundation training year |
| GEMS | Graduate Entry Medical School |
| GMC | General Medical Council |
| H&SC | Health & Social Care |
| HCAI | Health Care Acquired Infection |
| HSCPS | HSC Pension Scheme |
| HSDU | Hospital Sterilisation Decontamination Unit |

| | |
|-------|--|
| HVO | Hydrotreated Vegetable Oil |
| ICO | Information Commissioners Office |
| ICS | Integrated Care Systems |
| IEAP | Integrated Elective Access Protocol |
| IFIT | Intelligent file inventory tracking |
| IFRS | International Financial Reporting Standards |
| IGSG | Information Governance Steering Group |
| IPC | Infection Prevention & Control |
| ITI | Improvement through Involvement |
| JE | Job Evaluation |
| LAC | Looked After Children |
| LEPs | Local Education Providers |
| LMF | Leader and Manager Framework |
| LPS | Land and Property Services |
| M&M | Morbidity and Mortality |
| MCA | Mental Capacity Act |
| MDEC | Multi-Disciplinary Education Centre |
| MDT | Multi-Disciplinary Team |
| MHRA | Medicines and Healthcare products Regulatory Agency |
| MIU | Minor Injury unit |
| MLA | Medical Licencing Assessment |
| MORE | Medicines Optimisation Regional Efficiency Programme |
| MPMNI | Managing Public Money Northern Ireland |
| MRSA | Methicillin-resistant staphylococcus aureus |
| MRU | Mobile Research Clinic |
| MTI | Medical Training Initiative |
| N2NI | New to Northern Ireland |

| | |
|--------|---|
| NBO | Nurse Bank Office |
| NED's | Non-Executive Directors' |
| NHSCT | Northern Health & Social Care Trust |
| NIAIC | The Northern Ireland Adverse Incident Centre |
| NIAS | Northern Ireland Ambulance Service |
| NICEAC | Northern Ireland Clinical Excellence Awards Committee |
| NICS | Northern Ireland Civil Service |
| NIME | National Innovation in Medical Education |
| NIPSO | Northern Ireland Public Services Ombudsman |
| NIS | Network & Information Systems |
| NSTEMI | Non-ST segment elevation myocardial infarction |
| NTS | National Training Survey |
| NWCNR | North West Centre for Neuro-Rehabilitation |
| OHPPC | Omagh Hospital and Primary Care Complex |
| OHW | Occupational Health & Wellbeing |
| ONS | Office of National Statistics |
| OWD | Organisation and Workforce Development |
| PA | Physician Associate Programme |
| PACU | Post Anaesthetic Care Unit |
| PCC | Patient Client Council |
| PETB | Performance and Transformation Board |
| PFI | Private Finance Initiative |
| PHA | Public Health Agency |
| PPO | Periodic Payment Order |
| PTEB | Performance and Transformation Executive Board |
| R&D | Research & Development |
| RCC | Regional Coordination Centre |

| | |
|------------|---|
| RCOP | Royal College of Paediatrics |
| RCPCH | Royal College of Paediatrics and Child Health |
| READY DOCS | Readiness Enhancement and Development for new Doctors via Simulation |
| RESWS | Regional Emergency Social Work Service |
| ROU | Right-of-use |
| RQIA | Regulation and Quality Improvement Authority |
| RRG | Rapid Review Group |
| RRL | Revenue Resource Limit |
| RRP | Recruitment and Retention Premium |
| SAI | Serious Adverse Incident |
| SAR | Subject access request |
| SDP | Service Delivery Plan |
| SDT | Self Development Time |
| SEF | Strategic Engagement Forum |
| SEHSCT | South Eastern Health & Social Care Trust |
| SGEQMENI | Strategic Group for the Enhancement of the Quality of Medical Education in Northern Ireland |
| SIF | Support Intervention Framework |
| SOF | Strategic Outcomes Framework |
| SoM | School of Medicine |
| SOMs | Systems Oversight measures |
| SPCPs | Specialist Palliative Care Team |
| SQMS | Safety Quality Management System |
| STDA | Short Term Detention Authorisation |
| SWAH | South West Acute Hospital |
| TTT | Teach the Teacher |
| TZS | Towards Zero Suicide |

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|------|---|
| UKAS | Clinical Pathology Accreditation Services |
| UU | Ulster University |
| WLI | Waiting List Initiative |
| YJA | Youth Justice Agency |