

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL REPORT AND ACCOUNTS**

**FOR THE YEAR ENDED 31 MARCH 2024**

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

05 July 2024

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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 2023/24. 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 a senior team under the leadership of Chief Executive, Neil Guckian.

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

A handwritten signature in black ink, appearing to read 'T. Frawley', written in a cursive style.

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**DR TOM FRAWLEY CBE  
CHAIR**

## FOREWORD FROM THE CHIEF EXECUTIVE

The best way to describe the 2023/24 year was one of consolidation of the rebuild of our services post Covid.

During the past year there have been significant issues in the flow of patients, through our acute hospitals and into community settings. In addition, our mental health services continue to operate well over capacity, creating a challenging service environment and experience for patients, clients and staff. No service programme has been immune to the increased demand and pressure on our services.

The Trust has had to deal with a number of key constraints particularly workforce gaps, waiting lists, financial shortfalls, demand and capacity gaps. We will work our way through these difficulties in 2024/25.

During the year we continued our organisational restructuring at Corporate Management Team level (and below). Last year we separated out the role of the Executive Director of Nursing (and Allied Health Professionals & Midwifery) from Primary Care and Older People's services. The purposes of all these changes is to ensure we can focus on all aspects of the Trust, to make leadership jobs more realistic, and to better align to regional strategies. I congratulate Dr Maura O'Neill on her appointment as Interim Director of Community and Older People's Services.

During the year we also had to deal with the disruption associated with Industrial Action. This led to service impact and significant workload for many staff in terms of planning and implementation of the action. I want to pay tribute to all staff, including staff side officers, for the partnership working to protect our patients and clients.

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

2023/24 was also a year of significant achievement for the Trust. A very small selection of our achievements in 2023/24 are:

- We developed a new Vision and Mission for the Trust to reflect our commitment to our population. As part of this was the introduction of a Mission Cup to recognise teams who best demonstrated our values and mission. The inaugural winners were the Trust wide Homecare Team. A feature of the Mission Cup is that it is then passed on by the holders to another team. Homecare staff selected the Breast Cancer Nurse Specialist Team who are the current holders.
- During 2023/24 we ended the practice of using off-contract agency nursing staff. This is part of our overall strategy of staff stabilisation. The next stages will be to focus on medical staff and to reduce contract nurse agency reliance.
- During the year, the Trust was responsible for delivery in 3 GP Practices: Dromore & Trillick, Racecourse Medical Centre and Brookeborough and Tempo. Fintona

Medical Practice will transfer to the Trust from 1 April 2024. I want to pay tribute to the team within our Community and Older People's Directorate, along with many corporate teams for ensuring patient services have been sustained.

- We have significantly reduced our Healthcare Acquired Infection rates, especially MRSA and C.Difficile. This has improved patient outcomes and demonstrates a commitment to patient safety. I commend the role played by our IPC Team led by Wendy Cross, our cleaning teams and the many teams on wards and departments who oversee all the aspects of patient safety.
- In response to issues in local access to the regional Approved Social Worker service, Western Trust staff, led by Karen O'Brien, implemented a local service to ensure some of our most vulnerable patients and clients are supported at their time of greatest need.
- The Graduate Entry Medical School, which is such an important element of our future workforce strategy, received excellent feedback from their most recent General Medical Council assessment. This is the latest in a series of positive outcomes for the team in Med Ed West, and the team is to be congratulated for this.
- Finally I want to acknowledge the work done on our financial stability. At a time when all Trusts are having difficulties due to increased demand and reduced funding, we have completed our original Recovery Plan and continue to respect our financial obligations.

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

In May 2023 a new Chairman was appointed to the Trust. Dr Tom Frawley comes with a lifetime of experience in public service and has been a strong advocate for the West. His leadership has been immensely impactful at the difficult time.

I want to finally place on record my thanks to all Western Trust staff for your continued commitment in 2023/24. Our local population are fortunate to have such teams of people to deliver health and social care services. I continue to be humbled by all that you do every day in such challenging circumstances.

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



**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 2023/24. 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 11,760 staff (2022/23 11,700 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,
- Finance, Contracts and Capital Development Directorate,
- Human Resources and Organisational Development Directorate,
- Medical Directorate,
- Nursing and Allied Health Professionals Directorate, and
- Performance, Planning and Corporate Services 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 Western Trust launched a new mission and vision in April 2023 following a period of engagement throughout 2022/23. The new mission and vision, which is set out below, links directly to the HSC core values and has been incorporated into the Trust’s one-year Corporate Plan for 2023/24.



**Performance Overview**

This section provides an update for Hospital and Community Services on progress for the full year 2023/24 (1 April 2023 to 31 March 2024). 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) 2023/24; (version 5, 10<sup>th</sup> November 2023)

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
















## CPD Summary / Access to HSC Services



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

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

Summary of Trust Performance against Commissioning Plan Targets	2023/24 Cumulative Position	2023/24 Cumulative RAG
By March 2024, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	<b>ALT : 11% of patients SWAH: 13% of patients</b>	
By March 2024, all urgent diagnostic tests should be reported on within 2 days.	<b>87% reported within 2 days</b>	
During 2023/24, all urgent suspected breast cancer referrals should be seen within 14 days.	<b>97% patients seen within 14 days</b>	
During 2023/24, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	<b>97%* patients received first treatment within 31 days</b>	
During 2023/24, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	<b>43%* patients received first treatment within 62 days</b>	
By March 2024, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	<b>16% &lt; 9Weeks (Mar 24)</b>	
By March 2024, no patient should wait longer than 52 weeks for an outpatient appointment.	<b>38,364 patients waiting &gt; 52 weeks (Mar 24)</b>	
By March 2024, 75% of patients should wait no longer than 9 weeks for a diagnostic test	<b>54% &lt; 9Weeks (Mar 24)</b>	
By March 2024, no patient should wait longer than 26 weeks for a diagnostic test	<b>2,857 patients waiting &gt; 26 weeks (Mar 24)</b>	
By March 2024, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	<b>28% &lt; 9Weeks (Mar 24)</b>	
By March 2024, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	<b>3,479 patients waiting &gt;26 weeks (Mar 24)</b>	
By March 2024, 55% of patients should wait no longer than 13 weeks for inpatient or day case treatment.	<b>24% &lt; 9Weeks (Mar 24)</b>	
By March 2024, no patient should wait longer than 52 weeks for inpatient or day case treatment	<b>11,032 patients waiting &gt;52 weeks (Mar 24)</b>	
By March 2024, no patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional.	<b>8,751 patients waiting &gt;13 weeks (Mar 24)</b>	



By March 2024, 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	<b>48% patients treated or discharged within 4 hours</b>	
By March 2024, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	<b>19,345 patients waited &gt;12 hours</b>	
By March 2024, at least 80% of patients to have commenced treatment, following triage, within 2 hours	<b>65% patients commenced treatment within 2 hours</b>	
By March 2024, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	<b>63% complex discharges within 48 hours</b>	
By March 2024, ensure that no complex discharge from an acute hospital takes more than seven days	<b>580 complex discharges &gt;7 days</b>	
By March 2024, all non-complex discharges from an acute hospital to take place within six hours.	<b>95% of non-complex discharges within 6 hours</b>	
By March 2024, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<b>74% of patients waited no longer than 48 hours</b>	
By March 2024, no patient waits longer than nine weeks to access adult mental health services.	<b>201 patients waiting &gt; 9 weeks (Mar 24)</b>	
By March 2024, no patient waits longer than 9 weeks to access dementia services.	<b>717 patients waiting &gt;9 weeks (Mar 24)</b>	
By March 2024, no patient waits longer than 13 weeks to access psychological therapies (any age).	<b>1,049 patients waiting &gt; 13 weeks (Mar 24)</b>	
During 2023/24, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge	<b>86% of discharges took place within 7 days</b>	
During 2023/24, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge	<b>1 patient waited &gt; 28 days</b>	
During 2023/24, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge	<b>97% of discharges took place within 7 days</b>	
During 2023/24, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	<b>32 patients waited &gt; 28 days</b>	
By March 2024, no patient waits longer than 9 weeks to access child and adolescent mental health services.	<b>276 patients waited &gt; 9 weeks (Mar 24)</b>	

By March 2024, secure a 10% increase in the number of direct payments to all service users.	<b>1,387 (3.7%) service users (Mar 24)</b>	
By March 2024, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users.	<b>2,270 (14%) patients (Mar 24)</b>	
By March 2024, 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.	<b>3% increase achieved in the number of community based short break hours</b>	

\*Initial Performance data – End of Year Position finalised June 2024.

### **Service Delivery Plan (April 2023 – March 2024)**

A detailed assessment of the Access Targets and Service Delivery Plan performance for 2023/24 is provided in the tables in the section below.

The focus for 2023/24 was to build on the progress achieved throughout 2022/23 to rebuild services and to exceed previously delivered levels of activity where possible. Targets were set by Strategic Planning and Performance Group (SPPG) on this basis, and a Red, Amber and Green (RAG) rating continued to be the basis for the assessment of Trusts.

A number of new metrics were introduced in the 2023/24 SDP, which were: Domiciliary Care Unmet Need Hours; Unallocated Cases; Theatre Minutes and Operating Times; ED Performance 12 hours; District Nursing Quality Indicators (Palliative Care - PCQI); Health Care Acquired Infection (HCAI); and Antimicrobial Consumption. The target for Weekend Discharges was amended to reflect both Simple and Complex Discharges.

During Quarter 1 and Quarter 2 (April to September 2023), the Trust reported against 67 metrics, this reduced to 64 from October 2023 when reporting ceased against the 14, 31 and 62 day cancer activity targets.

The cumulative (full year) 2023/24 Trust Performance was: **39%** assessed as “Red”, **28%** “Amber” and **33%** “Green”.

It is important to note that in the final month (March 24) the position was **36%** assessed as “Red”, **15%** “Amber” and **49%** “Green”, showing that the Trust progressively moved to achieving fully acceptable performance in 49% of all areas assessed by year end, but that a core number of areas remained “Red” throughout the year.

The detailed breakdown of these metrics is provided below.

<b>HSC SERVICE DELIVERY PLANS</b>		
<b>April 2023 to March 2024 End of Year Summary</b>		
<b>39% (25 METRICS)</b>	<b>28% (18 METRICS)</b>	<b>33% (21 METRICS)</b>
<p><b><u>Hospital Services</u></b>  <b>Cancer:</b> 62 Day Access Target  <b>Cardiac:</b> Echo &amp; Cath Lab  <b>Elective:</b> Inpatient &amp; Endoscopy  <b>Theatre Utilisation:</b> Operating Times DPU  <b>Unscheduled Care:</b> ED 12 hour  <b>Weekend Discharges:</b> Complex &amp; Simple  <b>Average length of Stay:</b> Altnagelvin and South West Acute  <b>HCAI:</b> Antimicrobial Consumption (2 metrics)  <b>NIAS:</b> Handover (4 metrics) &amp; Turnaround Time within 30 minutes</p>	<p><b><u>Hospital Services</u></b>  <b>Cancer:</b> 14 &amp; 31 Day Access Target  <b>Imaging:</b> MRI  <b>Cardiac:</b> MRI &amp; CT  <b>Elective:</b> New Outpatients  <b>Theatre Utilisation:</b> Scheduled Theatre Minutes  <b>HCAI:</b> Antimicrobial Consumption (1 metric)</p>	<p><b><u>Hospital Services</u></b>  <b>Cancer:</b> Red Flag – 1<sup>st</sup> Outpatient appointments  <b>Imaging:</b> CT &amp; Non Obstetric Ultrasound  <b>Elective:</b> Review Outpatients &amp; Day Case  <b>Theatre Utilisation:</b> Operating Times (Main)  <b>HCAI:</b> CDI, MRSA &amp; Antimicrobial Consumption (1 metric)</p>
<p><b><u>Community Services</u></b>  <b>Allied Health Professionals:</b> Physiotherapy, Orthoptics &amp; Podiatry (new &amp; review total)  <b>Stroke Services:</b> % admitted &lt; 4 Hours (Altnagelvin and South West Acute)</p>	<p><b><u>Community Services</u></b>  <b>Community Care:</b> Domiciliary Care Unmet Need &amp; Direct Payments  <b>Mental Health Services:</b> Adult Mental Health (new &amp; review total) &amp; Child &amp; Adolescent Mental Health Service (review)  <b>District Nursing:</b> Compliance – Skin Bundle for Pressure Ulcers  <b>Allied Health Professionals:</b> Occupational Therapy (new &amp; review total)  <b>Stroke Services:</b> Thrombolysis (Altnagelvin and South West Acute)  <b>Community Dental: Contacts</b> (new &amp; review total) &amp; GA cases delivered.</p>	<p><b><u>Community Services</u></b>  <b>Children’s Social Care:</b> Child Protection Case Conferences (15 days, 3 &amp; 6 months) &amp; Unallocated Cases  <b>Mental Health Services:</b> Psychological Therapies and Dementia (new &amp; review total) &amp; Child &amp; Adolescent Mental Health Service (new)  <b>District Nursing:</b> Contacts and Compliance with Elements of PCQI &amp; MUST  <b>Allied Health Professionals:</b> Dietetics &amp; Speech &amp; Language Therapy (new &amp; review total).</p>

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



HSC SERVICE DELIVERY PLANS  
HOSPITAL SERVICES 2023/24

LINK TO  
SPPG TARGETS

		YEAR END 2023/24				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
<b>CANCER</b>						
PERFORMANCE	14 DAYS	100%	100%	97.2%	-2.8%	97.2%
	31 DAYS	98%	98%	97%	-1%	97%
	62 DAYS	95%	95%	43%	-52%	43%
RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST) 110% OF 2019/20 BASELINE		7,758	8,534	10,378	1,844	133.8%
<b>IMAGING</b>						
MRI	TARGET SBA VOLUMES	16,380	16,380	16,331	-49	99.7%
CT	TARGET SBA VOLUMES	32,352	32,352	39,814	7,462	123.1%
NOUS	TARGET SBA VOLUMES	42,505	42,505	44,150	1,645	103.9%
<b>CARDIOLOGY / CARDIAC</b>						
CARDIAC MRI	TARGET SBA VOLUMES	336	336	334	-2	99.4%
CARDIAC CT	110% OF 2019/20 BASELINE	503	552	521	-31	103.6%
ECHO	TARGET SBA VOLUMES	8,316	8,316	6,757	-1,559	81.3%
CATH LAB	110% OF 2019/20 BASELINE	2,043	2,250	1,917	-333	93.8%
<b>ELECTIVE</b>						
NEW OUTPATIENTS 105% OF 2019/20 BASELINE	FACE TO FACE	72,863	76,506	56,447	-2,736	101.2%
	VIRTUAL			4,162		
	OTHER			13,161		
	TOTAL			73,770		
REVIEW OUTPATIENTS 100% OF 2019/20 BASELINE	FACE TO FACE	149,944	149,944	100,304	5,799	103.9%
	VIRTUAL			24,792		
	OTHER			30,647		
	TOTAL			155,743		
OUTPATIENTS (OVERALL)		222,807	226,450	229,513	3,063	103%
INPATIENT 100% OF 2019/20 BASELINE	CORE	6,077	6,077	5,213	-864	85.8%
	OTHER	1,272	1,272	1,430	158	112.4%
	TOTAL	7,349	7,349	6,643	-706	90.4%
DAY CASES 100% OF 2019/20 BASELINE	CORE	16,465	16,465	17,045	580	103.5%
	OTHER	8,269	8,269	8,931	662	108.0%
	TOTAL	24,734	24,734	25,976	1,242	105.0%
INPATIENT AND DAYCASE (OVERALL)		32,083	32,083	32,619	536	101.7%
ENDOSCOPY 100% OF 2019/20 BASELINE		9,931	9,931	9,107	-824	91.7%
<b>THEATRE UTILISATION</b>						
SCHEDULED THEATRE MINUTES	SESSION DURATION (MINS)	1,142,700	1,142,700	1,133,430	-9,270	99.2%
THEATRE OPERATING TIMES	MAIN THEATRES	85%	85%	86%	1%	86.0%
	DPU THEATRES	80%	80%	68%	-12%	68.0%
<b>UNSCHEDULED CARE</b>						
ED PERFORMANCES - 12 HOURS 10% REDUCTION OF 2022/23 BASELINE		17,935	16,141	19,346	1,411	7.9%
<b>WEEKEND DISCHARGES</b>						
ALTNAGELVIN	SIMPLE	80%	80%	49.1%	-31%	49.1%
	COMPLEX	60%	60%	27.7%	-32%	27.7%
SOUTH WEST ACUTE	SIMPLE	80%	80%	27.3%	-53%	27.3%
	COMPLEX	60%	60%	15.1%	-45%	15.1%
<b>AVERAGE LOS</b>						
ALTNAGELVIN 1 DAY REDUCTION BY Q4 2022/23 BASELINE		8.10	7.10	8.29	1.19	8.29
SOUTH WEST ACUTE 1 DAY REDUCTION BY Q4 2022/23 BASELINE		11.40	10.40	11.84	1.44	11.84

HSC SERVICE DELIVERY PLANS  
COMMUNITY SERVICES 2023/24

LINK TO  
SPPG TARGETS

		YEAR END 2023/24					
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE	
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY	
<b>COMMUNITY CARE</b>							
<b>DOMICILIARY CARE</b> 2.5% <b>REDUCTION</b> OF BASELINE Q1 5% <b>REDUCTION</b> OF BASELINE Q2 7.5% <b>REDUCTION</b> OF BASELINE Q3 10% <b>REDUCTION</b> OF BASELINE Q4	UNMET NEED HOURS (FULL PACKAGES, ALL POCS)	2,798	2,518	2,992	194	6.9%	
	UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS)	2,763	2,487	2,208	-555	-20.1%	
	<b>TOTAL</b>	<b>5,561</b>	<b>5,005</b>	<b>5,200</b>	<b>-361</b>	<b>-6.5%</b>	
	<b>DIRECT PAYMENTS</b>	<b>1,338</b>	<b>1,472</b>	<b>1,387</b>	<b>49</b>	<b>3.7%</b>	
		NO. OF CLIENTS IN EFFECT AT MONTH END 10% <b>INCREASE</b> BY MARCH 2024 (MARCH 2023 BASELINE)					
<b>CHILDRENS SOCIAL CARE</b>							
<b>CHILD PROTECTION CASE CONFERENCES</b>	WITHIN 15 DAYS			<b>270</b>		<b>98.5%</b>	
	TOTAL	N/A	84%	<b>274</b>	15%		
	% WITHIN 15 DAYS			<b>99%</b>			
	WITHIN 3 MONTHS			<b>170</b>		<b>91.4%</b>	
	TOTAL	N/A	85%	<b>186</b>	6%		
	% WITHIN 3 MONTHS			<b>91%</b>			
	WITHIN 6 MONTHS			<b>386</b>		<b>91.3%</b>	
	TOTAL	N/A	89%	<b>423</b>	2%		
	% WITHIN 6 MONTHS			<b>91%</b>			
	<b>UNALLOCATED FAMILY SUPPORT CASES</b> QUARTETLY MONITORING WITH EFFECT FROM Q2 10% <b>REDUCTION</b> BY MARCH 2024 (JUNE 2023 BASELINE)		71.0	63.9	<b>25.0</b>	-46.0	<b>-64.8%</b>
	<b>MENTAL HEALTH SERVICES</b>						
	<b>ADULT MENTAL HEALTH (NON INPATIENT)</b> 110% OF 2019/20 BASELINE	NEW	6,469	7,116	4,254	-2,862	65.8%
REVIEW		49,738	54,712	56,920	2,208	114.4%	
<b>TOTAL</b>		<b>56,207</b>	<b>61,828</b>	<b>61,174</b>	<b>-654</b>	<b>108.8%</b>	
<b>PSYCHOLOGICAL THERAPIES</b> 100% OF 2019/20 BASELINE	NEW	1,857	1,857	<b>2,251</b>	394	121.2%	
	REVIEW	12,141	12,141	17,447	5,306	143.7%	
	<b>TOTAL</b>	<b>13,998</b>	<b>13,998</b>	<b>19,698</b>	<b>5,700</b>	<b>140.7%</b>	
<b>DEMENTIA</b> 110% OF 2019/20 BASELINE	NEW	482	530	<b>1,028</b>	498	213.3%	
	REVIEW	4,764	5,241	<b>4,965</b>	-276	104.2%	
	<b>TOTAL</b>	<b>5,246</b>	<b>5,771</b>	<b>5,993</b>	<b>222</b>	<b>114.2%</b>	
<b>CAMHS</b> 100% OF 2019/20 BASELINE (NEW CONTACTS) 110% OF 2019/20 BASELINE (REVIEW CONTACTS)	NEW	1,075	1,075	1,254	179	116.7%	
	REVIEW	7,619	8,382	<b>7,815</b>	-567	102.6%	
	<b>TOTAL</b>	<b>8,694</b>	<b>9,457</b>	<b>9,069</b>	<b>-388</b>	<b>104.3%</b>	
<b>MENTAL HEALTH SERVICES (OVERALL)</b>		<b>84,145</b>	<b>91,054</b>	<b>95,934</b>	<b>4,880</b>	<b>114.0%</b>	
<b>DISTRICT NURSING</b>							
<b>CONTACTS 100% OF BASELINE</b>		171,048	171,048	218,061	47,013	127.5%	
<b>COMPLIANCE WITH SKIN BUNDLE FOR PRESSURE ULCERS</b>		N/A	100%	99%	-1%	99.0%	
<b>COMPLIANCE WITH ELEMENTS OF MUST</b>		N/A	95%	95%	0%	95.0%	
<b>COMPLIANCE WITH ALL ELEMENTS OF THE PCQI</b>		N/A	80%	89%	9%	89.0%	

HSC SERVICE DELIVERY PLANS  
COMMUNITY SERVICES 2023/24

LINK TO  
SPPG TARGETS

		YEAR END 2023/24				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
<b>ALLIED HEALTH PROFESSIONALS</b>						
<b>PHYSIOTHERAPY</b> 100% OF 2019/20 BASELINE	NEW	18,174	18,174	17,895	-279	98.5%
	REVIEW	53,433	53,433	49,261	-4,172	92.2%
	<b>TOTAL</b>	<b>71,607</b>	<b>71,607</b>	<b>67,156</b>	<b>-4,451</b>	<b>93.8%</b>
<b>OCCUPATIONAL THERAPY</b> 100% OF 2019/20 BASELINE	NEW	10,039	10,039	8,091	-1,948	80.6%
	REVIEW	36,193	36,193	38,098	1,905	105.3%
	<b>TOTAL</b>	<b>46,232</b>	<b>46,232</b>	<b>46,189</b>	<b>-43</b>	<b>99.9%</b>
<b>DIETETICS</b> 100% OF 2022/23 BASELINE	NEW	4,023	4,023	4,106	83	102.1%
	REVIEW	13,819	13,819	13,893	74	100.5%
	<b>TOTAL</b>	<b>17,842</b>	<b>17,842</b>	<b>17,999</b>	<b>157</b>	<b>100.9%</b>
<b>ORTHOPTICS</b> 100% OF 2019/20 BASELINE	NEW	2,562	2,562	2,658	96	103.7%
	REVIEW	9,975	9,975	8,394	-1,581	84.2%
	<b>TOTAL</b>	<b>12,537</b>	<b>12,537</b>	<b>11,052</b>	<b>-1,485</b>	<b>88.2%</b>
<b>SPEECH &amp; LANGUAGE</b> 100% OF 2022/23 BASELINE	NEW	2,806	2,806	2,918	112	104.0%
	REVIEW	31,487	31,487	32,623	1,136	103.6%
	<b>TOTAL</b>	<b>34,293</b>	<b>34,293</b>	<b>35,541</b>	<b>1,248</b>	<b>103.6%</b>
<b>PODIATRY</b> 100% OF 2019/20 BASELINE	NEW	4,525	4,525	4,059	-466	89.7%
	REVIEW	40,814	40,814	35,854	-4,960	87.8%
	<b>TOTAL</b>	<b>45,339</b>	<b>45,339</b>	<b>39,913</b>	<b>-5,426</b>	<b>88.0%</b>
<b>ALLIED HEALTH PROFESSIONALS (OVERALL)</b>	NEW	42,129	42,129	39,727	-2,402	94.3%
	REVIEW	185,721	185,721	178,123	-7,598	95.9%
	<b>TOTAL</b>	<b>227,850</b>	<b>227,850</b>	<b>217,850</b>	<b>-10,000</b>	<b>95.6%</b>
<b>STROKE SERVICES</b>						
<b>THROMBOLYSIS RATE</b> IN LINE WITH WHSCT RETURN	ALTNAGELVIN	N/A	16%	11%	-5%	11%
	SOUTH WEST ACUTE	N/A	16%	13%	-3%	13%
<b>% ADMITTED &lt;4 HOURS</b> FIGURES PROVIDED BY SPPG	ALTNAGELVIN	N/A	43%	32%	-11%	32%
	SOUTH WEST ACUTE	N/A	90%	74%	-16%	74%
<b>COMMUNITY DENTAL</b>						
<b>CONTACTS</b> 100% OF 2019/20 BASELINE FOR Q1 & Q2 105% OF 2019/20 BASELINE FOR Q3 110% OF 2019/20 BASELINE FOR Q4	NEW	3,158	3,282	2,997	-285	94.9%
	REVIEW	13,112	13,666	14,404	738	109.9%
	<b>TOTAL</b>	<b>16,270</b>	<b>16,948</b>	<b>17,401</b>	<b>453</b>	<b>107.0%</b>
<b>GENERAL ANAESTHETIC CASES DELIVERED</b> CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES) 80% OF 2019/20 BASELINE	ALTNAGELVIN	528	422	322	-100	61.0%
	SOUTH WEST ACUTE	228	183	265	83	116.2%
	<b>TOTAL</b>	<b>756</b>	<b>605</b>	<b>587</b>	<b>-18</b>	<b>77.6%</b>

## Factors Impacting Performance

Although the Trust achieved an increase in the level of activity delivered in 2023/24 across a number of Hospital and Community services when compared to 2022/23, performance and outturn remained impacted by a number of factors as follows:

- **Increased Targets:** the uplift in the Target across a number of service areas did increase the challenge to services, which could not always be achieved. Services with an increased target for 2023/24 included: Cardiac CT, Cath Lab, New Outpatients, Adult Mental Health and Dementia (New & Review Total) and 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 sickness absence also impacts available capacity. A new and growing factor was the loss of Trust staff to take up employment in the Health Service Executive (HSE) and private practice. 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 external out sourcing of clinical work to the Independent Sector.
- **Industrial Action:** throughout 2023/24 Industrial Action continued to impact delivery across our services. The service areas that were affected include Outpatients (Hospital and Community), Inpatients, Day Case, Day Care and Children’s Services.
- **Resource availability:** Theatre utilisation remains a key focus for the Trust. Access to Elective Beds, Theatre capacity, Anaesthetist and Nursing availability impacted on our ability to fully rebuild our Theatre lists in Altnagelvin hospital. A significant programme of work is being led by the Interim Director of Planned Care Services on the rebuild and optimisation of theatre capacity and resources across facilities.
- **Unscheduled Care Demand:** capacity and patient flow performance remains challenging across both Hospital sites. The impact of winter pressures on Acute Hospital sites and specifically Unscheduled Care performance resulted in the Trust activating Business Continuity arrangements from 14<sup>th</sup> December 2023. The Trust’s Silver Command was operational from 14<sup>th</sup> – 22<sup>nd</sup> December 2023. The Trust has in place an Unscheduled Care and Flow Improvement Action Plan, and set up its new Site Co-ordination Hub in November 2023.
- **Increasing Demand:** across acute and community services:
  - There has been a significant increase in red flag referrals with a **93%** increase in March 2024 compared to March 2020 and a **12%** increase in March 2024 compared to March 2022 (SDP Baseline Year).

The full year position demonstrates that this is a sustained growth, with **8,148 (48%)** additional red flag referrals received in 2023/24 (April to

March) compared to the same period 2019/20 and **4,554 (22%)** compared to 2021/22.

- The cumulative activity delivered within CT and Non-Obstetric Ultrasound during 2023/24 exceeded the contracted SBA Target with the Trusts, which was the target set in 2023/24 Service Delivery Plan. Despite the increased level of delivery, access performance deteriorated with **54%** of patients waiting less than 9 weeks for a diagnostic test at March 2024 compared to **73%** at March 2023; reflecting the increase in unscheduled and emergency demand. The total number of people waiting for a Diagnostic Test at March 2024 (**19,620**) increased by **5,995 (44%)** compared to the total number waiting at March 2023 (**13,625**).
- The Dementia Service has seen the number of referrals received in 2023/24 increase by **22%** from pre Covid levels in 2019/20; this reflects an additional **231** referrals.

### **Employee issues & Disability Policies**

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

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

The Disability Policy and Toolkit was co-developed by health and social care organisations, trade union representatives and disability organisations. It is available in easy-read format and provides a comprehensive overview of all issues related to disability for managers and staff. The Disability Action Plan 2024 – 2029 sets out the actions the Health and Social Care Trusts will take forward collaboratively over the next five years to promote positive attitudes and encourage full participation of disabled people in public life. The Policy, Toolkit and Action Plan are at varying stages of local approval with final sign off expected in quarter 1 2024/25.

### **Accounts and Audit**

The Trust has prepared a set of accounts for the year ended 31 March 2024 which have been prepared in accordance with Article 90(5) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health. The Trust accounts are set out in Section 3 of this document.



The Trust’s External Auditor is the Comptroller and Auditor General (C&AG) who sub-contracted the audit to Deloitte (NI) Limited for the year however C&AG remains responsible. The notional cost of the audit for the year ended 31 March 2024 which pertained solely to the audit of the accounts was £140,300, being £130,100 for Public Funds and £10,200 for Endowments and Gifts (2022/23 Public funds £128,000 and Endowment and Gifts £10,000). An additional amount of £2,700 was paid to the Audit Office in respect of work carried out on the National Fraud Initiative. This is reflected within miscellaneous expenditure within Note 3 Operating expenses in the accounts.

**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 for 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 to scrutinise each risk in detail and assess the level of tolerance Trust Board have for the risk remaining above the risk appetite for the year ahead. Those risks to which the Trust current has a low tolerance for remaining above risk appetite level 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 specifically for specific gaps in control, within the next 12 months.

The risks allocated a low tolerance which are being actively managed are as follows:

<b>Risk Appetite Category</b>	<b>Corporate Risk with low tolerance</b>
Regulation & Compliance	<ul style="list-style-type: none"> <li>Where Mental Capacity Act processes are not being followed, patients may be deprived of their liberty, without having safeguards in place</li> </ul>
Quality of Care	<ul style="list-style-type: none"> <li>Lack of capacity for endoscopy to meet the demand which impacts on Patient outcomes.</li> </ul>
Resource and People	<ul style="list-style-type: none"> <li>Sustainability of surgical services in Southern Sector of Trust due to recruitment &amp; retention difficulties at Consultant and Middle grades.</li> </ul>

	<ul style="list-style-type: none"> <li>• Consultants Cover in Cardiology at risk due to challenges regionally in relation to securing substantive posts.</li> </ul>
Health & Safety	<ul style="list-style-type: none"> <li>• Fire risk as a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises.</li> <li>• Health &amp; Safety Risk to Staff as a result of Violence and Aggression.</li> </ul>

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:

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

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

## **DIRECTORATE PERFORMANCE**

### **Diagnostics, Cancer & Medical Specialities**

#### **Cancer and Diagnostics**

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

Rising demand continues to challenge meeting cancer waiting time standards particularly the 62 day pathway. Work continues to ensure diagnostic capacity and associated staffing are in place to meet rebuild demand. Consultant workforce challenges exist within Radiology and 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 and has increased the efficiency of medicines supply with a state-of-the-art new dispensing robot in our Dispensary & Store in Altnagelvin. This also allowed the Trust to redesign workflow in this area. The pharmacy procurement service continued to purchase medicines to meet the needs of our patients within the challenging context of global supply-chain disruption.

The Aseptics Service continues to operate above its capacity plan due to a number of specialist staff being promoted or leaving the Trust. Maintaining safe staffing within a capacity plan is part of the quality management process for the Unit's MHRA Manufacturing License. The service finished its pharmaceutical isolator replacement programme as well as installing a new cold room. Issues were identified by the MHRA during their inspection of our licensed manufacturing unit in March 2024 and these will be addressed in 2024.

The clinical pharmacy service continued to focus especially on the safe and timely supply of medicines on discharge, supporting patient flow. They also worked on getting medicines right when patients are admitted, with pharmacy teams working in ED, ACU and AMU (Altnagelvin) and MASU and Same Day Surgical Assessment Unit in the South West Acute Hospital. Three Consultant pharmacists led specialist clinical services, with a focus on pharmacist-led outpatient services to patients with cancer, asthma, frailty and compliance needs.

National pharmacy recruitment challenges continue and the Trust continues to invest in training and development of our 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.

## **Psychology**

Clinical Health Psychology Service have continued to provide input to all funded specialty areas despite experiencing workforce issues and recruitment challenges to posts which are temporarily funded. Positive news has been received regarding the Post-Covid Psychology funding being agreed on a permanent basis from DoH, although will be allocated on a non-recurring basis at present. Reconfiguration of posts is currently being explored to optimise recruitment options as well as providing a stepped care option for individuals being referred to the service. To mitigate against staffing challenges, group-based interventions are increasingly being provided - this has resulted in increased activity, as well as this approach being positively received by those attending, as they benefit from shared experience.

The Kidney Care funded project ceased at the end March 2024. Two year funding was provided to increase psychological provision for those attending renal services in the Trust. This allowed an increase from 0.2 whole time equivalent (wte) Band 8a input in

OHPCC only, to an additional 0.2wte Band 8a input to Altnagelvin renal unit, alongside 0.4wte each Band 5 Psychological Wellbeing Practitioner input on both sites. Input has included staff support in terms of wellbeing workshops on both sites, alongside individual patient assessments and interventions. A business case is currently being prepared to explore opportunities to extend this input.

The Clinical Health Psychology Service Lead continues to lead the Critical Incident Stress Management (CISM) Service. Alongside another CISM trained colleague, the first in-house CISM facilitator training was held in July 2023, with 10 facilitators attending. Regular requests for CISM facilitated sessions are made. Given that facilitators all carry out this role on a voluntary basis, it can be challenging to secure facilitators in a timely manner to provide sessions at times which suit both facilitators and teams who request. It is anticipated that training of new CISM members will be required every 18 months.

### **Altnagelvin**

The Altnagelvin site has continued to experience an unprecedented level of demand, particularly within unscheduled care. This has led to very long waits in ED for patients awaiting admission to wards, often with over 40 patients falling into this category. Various actions have been taken to mitigate against congestion within the ED including approval of the full capacity protocol, non-designated bed protocol and pilot of a discharge lounge. The ambulatory surgical assessment area has been enhanced to assist in redirecting surgical patients from ED. Alternative pathways to ED have received investment from No More Silos key actions including expansion of the Ambulatory Care Unit at Altnagelvin and a respiratory hub. Same Day Emergency Care spaces have been opened in South West Acute Hospital.

### **Surgery, Paediatrics & Women's Health**

During 2023/23 the Acute Directorate restructured in to two separate directorates. As part of this change the new directorate commenced a process to look at the staffing structure to governance and operational management. 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.

### **Altnagelvin Hospital**

The Trust is re-building elective capacity to pre-COVID-19 levels, however, this remains a challenge due to staff recruitment and retention within theatres and anaesthetics. Despite this, Altnagelvin's rebuild programme is on target to deliver the 56 sessions which were delivered in 19/20 for inpatient operating and, are currently over delivering on day case surgery. As part of this rebuild plan the Trust is focused on orthopaedic surgery and will also return to their pre-pandemic commissioned levels of 17 inpatient sessions and 8.5 day case.

As part of the Directorate's rebuild plan we have been focused on moving inpatient operating to day case and day case operating to outpatients with procedure in line with the GIRFT reviews. Significant progress has also been made on outpatients rebuild and we are participating in the regional review and reform of outpatients. We have also seen investment to the directorate from IPT's for additional day case sessions and PACU.

### **SWAH / OHPCC**

Throughout the year, the two hospitals 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 30 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 the regional waiting lists for urology and general surgery.

There remains a number of challenges to maintaining the optimum operating capacity for Omagh DPC and SWAH EOSC i.e., 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.

The DOH and Trust has invited RQIA as part of their improvement work to review the patient pathways with respect to the temporary suspension of Emergency General Surgery in SWAH. The Trust is engaging with RQIA to finalise the arrangements for this programme of work.

### **Healthcare**

The Directorate has been successful in stabilising the 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 7<sup>th</sup>. As part of this work we will see the reintroduction of colposcopy in SWAH.

Paediatrics had an invited service review from the Royal College of Paediatrics. As a result of this 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.

Within community paediatrics, the Trust has introduced a nurse specialist who can review children on unlicensed medication for sleep. These children require annual review, and have been getting a medical review prior to this. Due to vacant posts in community this was challenging to achieve and this skill mix enables us to achieve this objective. The nurse is a non-medical prescriber.

Early Medical Abortion services have been introduced into the Trust and are at their funded commissioned level providing EMA up to 11+6 and have also introduced MVA (Manual Vacuum Aspiration). Additionally funding has been made available to improve the sexual health and family planning services within the Trust where long waiting lists have been experienced.

Resources have been reconfigured to create two part time Band 7 palliative care posts to support children in the community. This was a development that was taken forward as the contract with the NI Children Hospice was not renewed. This will allow families support locally and timely. The Directorate has now recruited to one of these posts with further recruitment ongoing for the second.

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

### **Adult Mental Health and Disability Services (AMHD)**

The Trust continues to experience significant demand in line with the region for AMHD services. Similar to 2023 staff commitment and willingness to work flexibly to meet challenges in the midst of financial constraint and workforce deficits has been commendable and is to be acknowledged. Staff have continued to strive to meet regulatory standards, to practice safe and effective care and to meet the requirements of our Directed Statutory functions. We would note again the backdrop of industrial action which has had to be considered in the planning and delivery of services.

The Directorate in all its areas has continued to negotiate and liaise robustly with SPPG and DoH by way of escalation of risk and seeking commissioning solutions where there are service deficits. This is to support the alignment of professional assessment of need with the potential allocation of financial resource to meet prescribed critical and complex need. The challenges associated with delayed discharges from hospital and securing suitable community 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 Adult Mental Health and Learning Disability Hospitals continue to be a source of concern. Our Mental Health hospitals have been consistently working over capacity and have been further impacted by pressures in crisis services, home treatment and acute hospital emergency departments.

By way of overview it is important to further stress that staffing pressures have been apparent not only in hospital and crisis services but also in varying degrees for community services. In mental health and addiction services, staffing pressures have been significant with one of our recovery teams having experienced a reduction to

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

AMHD services have developed processes, along with finance colleagues, to identify complex client pressures and have shared these with commissioners. This is with the view to identifying the relevant funding required in order to support clients as they transition into AMHD services. Adult services are mindful of changing need, the importance of sustaining family placements and preventing delayed discharges from hospital.

### **Early Alerts**

Throughout the year, 4 early alerts have been submitted to the DoH. Two of these have been in respect of fires in MH supported living facilities. Work has been undertaken to review the associated risks and to manage these particular environments in a way that reduces those risks. The Directorate as a whole has taken additional precautions to review and update fire safety across all facilities. A third early alert regarding alleged sexual assault in a learning disability case is currently subject of a police investigation and safeguarding review. This will also be reviewed as a level 2 serious adverse incident when the police investigation is complete. Appropriate measures have been taken to safeguard the victim and other residents in this case. Finally a fourth early alert in respect of an extra contractual referral (ECR) concerning a learning disability patient who was required to be returned to Northern Ireland. This latter case continues to be problematic and has resulted in an Early Alert due to significant concerns around our inability thus far to achieve a safe and sustainable placement. Diligent efforts have been made by the Trust and an independent provider but this situation continues to be unsettled with potential to attract media interest.

### **Serious Adverse Incidents (SAI)**

During the year 23 new SAIs were reported across AMHD services. 21 of these were related to Adult Mental Health (AMH) and 2 to Adult Learning Disability. The majority of AMH SAIs related to actual or suspected suicide. Learning Disability SAIs have raised issues and concerns about communication with and understanding of patients with learning disability. The incidents leading to the SAIs resulted in injury to learning disability patients. While learning from all incidents is shared across relevant service areas and beyond where necessary, the work associated with the Towards Zero Suicide (TZS) initiative, has been and continues to be progressed to support the implementation of the TZS pathway.

### **Quality Improvement**

In spite of significant challenges and workforce pressures, this last year has seen significant efforts being made to apply quality improvement thinking and methodology within services. This work has been linked to the Directorate Delivering Value Project Board. Within AMH the Reform & Modernisation Quality Improvement Team has been focused on working with AMH staff to develop careful and creative change ideas to support the redesign and remodelling of aspects of inpatient and crisis response and

home treatment services, and to support the ongoing challenges being experienced within ED. This work is being progressed through to the business planning stages and, if funded, could make considerable improvement to service delivery. Project planning has also been in place regarding AMH community services. A Director-Led Improvement Board was established to oversee this work including the development and implementation of an action plan which will include review of recommendations from previous RQIA Improvement Plan. There are 5 developmental work stream and groups aligned with this action plan. Of note these are;

#### Workforce Target Group

This group aims to proactively highlight and address staffing deficits and pressures within the AMH inpatient wards, through workforce stabilisation and development of the future workforce.

#### Pathways Group

This group seeks to explore alternative pathways that are more conducive to meeting the needs of AMH patients presenting to ED and assessed as requiring an inpatient bed. This work is currently being finalised.

#### Admin & Systems Group

A soft launch of the Aura Patient Flow System was implemented in March 2024 within the AMH inpatient wards. This will serve to improve access to information for those professionals involved in the patient journey from ED, through the inpatient wards and out to community.

#### WS10: ED AMH

Through this work stream the quality improvement project aimed at reducing the length of time an AMH patient spends in the ED waiting for an inpatient bed. This is part of the Regional HSCQI work related to Delivering Value (Year 1). Four agreed tests of change are being progressed.

#### WS3: PICU

This work stream has been established to ensure RQIA recommendations have been implemented and to monitor compliance. There is continued improvement in this area.

#### Other improvement areas

Improvement work continues in other areas with regard to supported living, absenteeism and psychology. Under the Corporate Review of Psychology a project board has been established with the first meeting having taken place in February 2024. This is to support the redesign of psychological services.

#### **Perinatal Service**

A significant development this year has been the launch of the Adult Mental Health Perinatal service. A successful event attended by the Minister for Health and the Chief Executive was held in March 2024. This event included powerful feedback from service



users who endorse the benefit of the service and improved outcomes for expectant mothers with mental health issues.

### **Toward Zero Suicide**

A re-launch of the Towards Zero Suicide Programme to improve patient safety and reduce suicide rates in the Western area was held in April in St Columb's Park House in Londonderry. Towards Zero Suicide is an integral part of the Department of Health's overall Protect Life 2 Strategy which we 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.

### **Senior Medical Staff**

The psychiatry workforce has continued to deliver a robust service where possible but has remained at a critical level throughout the year. An update to an Early Alert was submitted to the DoH in November 2023. There is an ongoing lack of locum availability and there are continued substantive vacancies across all specialities and geographical areas. Recruitment strategies have remained under constant review and have included efforts to encourage applications through international recruitment. The agreed recruitment and retention business case is in the final stages for submission and the Trust is keen to participate in regional work to address this critical area going forward.

By way of progress the Trust has engaged robustly with DoH and SPPG to escalate the medical workforce risk within AMH services. On a positive note the recruitment of a joint eating disorder consultant post with the Northern Trust is in progress and work is progressing also regarding a joint appointment professor of psychiatry with the University of Ulster, Graduate Entry Medical School.

### **Adult Attention Deficit Hyperactivity Disorder (ADHD)**

The provision of diagnostic assessment and treatment of ADHD within adult mental health services is not currently commissioned from Trusts by SPPG. In spite of this, there has been a steady growth in referrals for new diagnosis and treatment of adults. This has been particularly apparent in the last five years when referrals have significantly increased. While the Trust initially tried to absorb this additional workload within existing resources, this has become increasingly challenging and can no longer be sustained. The Trust advised SPPG that the service can no longer accept new ADHD diagnostic referrals. Transitions from Child & Adolescent Mental Health Services (CAMHS) and Community Paediatrics for adult patients who are currently on a treatment pathway are being maintained. Individuals with a previous ADHD diagnosis who are referred back into service within 12 months of disengagement for ADHD medication management are also being accepted.

### **Psychological Therapies**

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

significant staffing pressures within the Personality Disorder Service and this has had a direct impact on ways of working with affected individuals including support for management of these patients within the acute emergency departments. A review of the service model has commenced to explore reformed ways of working and resource requirements. Given these challenges and the need to ensure that we direct our available resources to deliver services that have been commissioned, the Trust wrote to SPPG in September 2023 to advise we can no longer accept new ADHD diagnostic referrals as noted above.

### **Adult Learning Disability Services**

Work to redress the identified underfunding in Adult Learning Disability Services has now been completed. That work had an important PPI Co-Production process associated with it which has been independently reviewed. The Local Engagement Partnership (established under Phase 2 SW Strategy) has been identified as providing increased potential not only as a valuable opportunity for multi-agency and partnership working to enhance the experiences of service users and carers across the Trust area but also for further service user and carer involvement.

There has been a continued focus on PPI and coproduction within this service area with an eye to achieving improvement through involvement. This has yielded good outcomes in individual case work and in the day opportunities initiatives.

Within Adult Learning Disability it is noteworthy that with regard to RQIA at Lakeview hospital the previously applied compliance notices following an unannounced inspection in May 2023 have been removed and the service is awaiting a further inspection regarding two further areas for improvement, which were required to be met by October 2023. The related improvement plan has been progressed in line with the compliance requirement and will be assessed by RQIA at their next inspection.

At SWAH a new sensory room was officially opened in November 2023. Access to this room is helping adult learning disability patients feel more comfortable and find a space away from the busyness of the emergency department while they are awaiting assessment.

Learning disability has begun to focus on how we can improve hospital experiences for LD patients with regard to communication for better treatment outcomes.

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

The services remain challenged in terms of financial and human resource to meet need and deliver sustainable services in certain areas some of which is not commissioned. This continues to be particularly notable with regard to the Alcohol Related Brain Injury (ARBI) service which has generated a significant amount of activity and has placed considerable pressure on resource in terms of high cost enhanced placements. Waiting lists also continue to grow for diagnostic assessments for ASD and for post diagnostic

support. Within Physical Disability efforts have continued to support discussions and business planning in respect of Alcohol Related Brain Damage (ARBD) services and Attention Deficit Hyperactivity Disorder (ADHD). With regard to ARBD this area has continued to require high level investment in enhanced care and placements. The Community Mental Health Team are leading on a business case to seek funding for an ARBD service in the Trust. Core teams are currently scoping individuals who have a confirmed or suspected ARBD diagnosis alongside the cost of their support packages and the staffing resource required. However, consideration needs to be given to those with addiction issues that are high risk or vulnerable who also need intervention but may not meet the criteria for ARBD. This client group usually do not meet criteria for current services within adult services.

### **Adult Autism Spectrum Disorder Services (AASDS)**

With regard to autism services there continues to be significant waiting lists. A business case has been completed to request an increase in the workforce in AASDS to address this and meet current demand into the service. This has been agreed within the Trust and further discussion with SPPG is planned. There is currently no commissioning lead for Adult Autism in SPPG however it is expected that this post will be advertised in the coming weeks so we would anticipate progress during 2024/25. A further business case may be required for AASDS re direct care provision however clarity is required regarding what services are currently commissioned to AASDS.

### **Social Work**

Within social work and social care teams have continued to work hard to stay within safe boundaries to meet Directed Statutory Functions. Recruitment pressures especially in filling temporary positions challenges this work and critical need is prioritised to meet caseload demands. Notwithstanding the service has delivered some high quality work across the spectrum of need and managers across both social care and nursing have continued to monitor work with our care managed clients residing in independent sector facilities across Supported Living, Residential Care and Nursing Homes. A professional social work practice and governance forum which meets bi-monthly has been established for social work heads of service across the directorate. This forum addresses key social work issues requiring professional support and guidance and is a key part of delivery of social work supervision under the new policy. Of further note the Approved Social Work (ASW) service has worked hard this year to maintain as safe a service as possible in spite of significant staffing pressures and high demand. This workforce continues to operate at a deficit on a Trust-wide basis and continues to be challenged with increased demand for assessments and by protracted waits for beds.

A review of the ASW service model has been completed and recommendations are being progressed. Work to commence the establishment of an ASW hub model in line with the DoH ASW quality standards has been taken forward to support the stabilisation of the service. This has resulted in the appointment of a dedicated ASW coordinator

and 2 dedicated ASW's. Additional ASW's have been trained and joined the service rota.

### **Safeguarding**

The latter part of the year has also seen the commencement of an initiative to consider Directorate approaches to Adult Safeguarding for adults at risk. This is with a view to endeavouring to standardise practices across our system for cases which have been screened out or returned to teams following investigation by our Adult Safeguarding service. This is part of our preparation for the implementation of forthcoming Safeguarding legislation.

### **Nursing**

Within professional nursing, practice and governance has continued to develop and deliver on safe and effective care while being cognisant of the significant staffing pressures within the workforce. Governance oversight has been strengthened to provide additional support to nurses and to focus on RQIA readiness. Examples of good practice have been taken forward through the work currently being carried out through the development of AMHD safe and effective care dashboards. A monthly professional nursing governance meeting has been established directorate wide to ensure effective communication and to strengthen assurance regarding nursing practices. A significant audit programme has been designed and commenced in April 2024 as part of the nursing accountability and assurance process.

### **Community and Older People's Services**

#### **Directorate Restructuring**

The newly formed Directorate of Community & Older Peoples Services was established in October 2023 following a corporate restructuring. This resulted in professional nursing and AHP services moving into a newly established corporate Directorate and the care of elderly inpatient beds in Altnagelvin and South West Acute Hospitals moving into the Directorate of Unscheduled Care, Medicine, Cancer and Clinical Services.

#### **Domiciliary Care Optimisation Project**

The domiciliary care optimisation project was rolled out in Omagh during 2023/24. Plans are already in place to progress the project into the Lisnaskea area during 2024/25. Key learning from previous roll-outs has been incorporated into planning and preparation for Lisnaskea. To date, just over 5000 spot purchased hours have been reduced, with an overall total of 459 new or increased care packages (comprising of unmet need, hospital discharges and new referrals) totalling 4267 weekly hours also accommodated following rota optimisation in completed areas.

#### **Homeless Health Team**

The Directorate's Homeless Hub opened in June 2023 and is known as the Labre Hub. A nurse and podiatrist have already transformed the lives of this vulnerable group and the facility will provide dedicated health and social care support to individuals who find

themselves homeless. The facility is based at Frederick Street, in the Cityside area of Derry/Londonderry, adjacent to William Street residential home and on the site of the former Frederick Street playgroup. Since April 2023 the Service has provided 149 consultations regarding sexual health and wellbeing. These consultations identified 9 individuals with Hepatitis C and in total the Service has identified 25 individuals with Hepatitis C. The Nurse has worked closely with the Royal Victoria Hospital regarding the treatment for these people and 11 people have completed their treatment and are now clear. The service facilitates hospital and GP appointments and medication management and provide an interface with other Trust and Community and Voluntary services.

### **Carers' Week**

The Carer Support Team organised a number of events during Carers Week in June 2023, with 200 carers attending 2 day time events in Enniskillen and Derry/Londonderry, where they were able to avail of a range of information stalls, a complimentary therapy, Laughter Yoga workshop and lunch. 60 Carers attended an evening event in Omagh for a meal and table quiz. The Carer Support Team worked in conjunction with mental health services to facilitate three afternoon tea events for Carers between June and August, which gave carers the opportunity to avail of information and some time out from their caring role. The Team has continued to run a number of online activities for carers throughout the year including, yoga, pilates and coffee and chat sessions with guest speakers.

### **Opening of Dementia Garden at Greenfield**

The Chairman and the Chief Executive attended the opening of the Dementia Garden at Greenfield Residential Home in Strabane in August 2023. This outdoor area enables staff to support residents to engage in activities in a safe and user friendly space and enhance the lives of our residents through social integration and help improve their overall health and wellbeing.

### **Neighbourhood District Nursing (NDN)**

All district nursing teams across the Strabane, Derry/Londonderry and Limavady localities of the Trust now operate extended hours - Monday to Friday 8am to 6pm.

### **Vaccination Programme**

The uptake of the Flu and Covid vaccination programme has remained steady throughout the year, however, all Trusts are reporting poor uptake. A Spring Booster programme has been planned and will commence in April 2024. Approximately 5,000 Covid vaccines and almost 7,000 flu vaccines have been administered to both housebound clients and at Trust clinics.

### **Early Review Team**

An Early Review Pilot Team was set up in October 2023 to review all new and increased care packages for those aged 65+ years, who have been discharged from hospital and/or who live in the community. For those service users who are discharged from

hospital, the pilot will focus on those who do not go through any type of recovery scheme such as intermediate care and Reablement. Since commencement of the pilot, 3,029 care calls 1,515 hours were reviewed to ensure the service user's assessed care needs were appropriately met.

### **Enhanced Care Panel**

The Enhanced Care Panel continues to operate and consider all requests for care above the regional rate in Nursing and Residential Homes and above regional rate minus personal contribution for Self Directed Support (SDS) packages of care. During 2023/24, of the total cases considered by the panel, approximately 33% were reduced, ceased or not approved and the remaining applications were approved or the level of care increased, based on the individual's assessed care needs.

### **Repurposing of Statutory Residential Care Homes**

The Directorate secured capital funding to complete refurbishment work in two of its statutory residential care homes in order to provide an additional 7 dementia residential beds at Thackeray Place in Limavady and also 5 additional intermediate care beds at William St Residential Home in the Cityside area of Derry/Londonderry. It is envisaged that this work will be completed during May 2024.

During 2023-24, approximately 60 people were delayed >48 hours in Altnagelvin Hospital waiting on a dementia care home placement and 30 patients delayed waiting on bed-based intermediate care. These additional beds in Thackeray Place and William Street homes will support the on-going hospital flow challenges.

### **GP Practices**

The Trust continues to have operational responsibility for Dromore & Trillick, Racecourse Road and Brookeborough and Tempo GP Practices. The Trust has supported the delivery of primary care services to a combined practice list size of 19,000 patients. The Trust will assume operational responsibility for a fourth GP Practice, Fintona GP Practice on 1 April 2024.

### **Children & Families Service**

#### **Health Visiting and School Nursing**

The Public 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 (2023) and the effective delivery of the Healthy Child Healthy Future, Health Promotion Programme. Indicators of performance provided by the Public Health Agency report high levels of service contact delivery in a timely manner. The Family Nurse Partnership team have successfully enabled the reduction in teenage birth rates to below 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, aiming to further progress into the Castlederg area. Further investment is required to establish the MDT teams in the Omagh and Fermanagh areas.

The Home for Ukraine Scheme and the increasing numbers of refugees, asylum seekers and unaccompanied asylum seeker children have added capacity challenges to Health Visiting and Safeguarding teams in the Derry/Strabane localities. Limited non-recurrent funding has helped to address some of these challenges, by facilitating the health needs assessments for some of the unaccompanied children. Presently a Health Visiting Quality Improvement project is under way to assess the health needs of the adult asylum seekers, enabling identification of need and the collation of data to inform future service provision.

The Omagh and Fermanagh Health Visiting team have successfully received their 4 year revalidation for the Unicef Breastfeeding Gold Award, with the Derry/Strabane Teams successfully submitting their Gold Award application. 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 School Nursing Team continue to deliver the Enhanced School Nurses programme with positive outcomes for this population group. Text a Nurse funding has been continued until June 2024. The increased rates of measles in the UK required the School Nursing Team to deliver a catch up vaccination programme on Saturdays for 6 weeks until the end of March 2024 and a catch up programme within our special schools trust wide. The development of a School Nursing Measles Pathway will enable an effective response should there be an outbreak of measles within Schools. PHA have requested consideration by the Trust of a possible extension of the Saturday catch up programme. Further investment in the training of Specialist Community Public Health School Nurses is required to ensure the effective delivery in the future should we embrace the desired model of Enhanced School Nursing.

### **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. A contract remains in place with hospitals in the Republic of Ireland, which facilitates uninterrupted supply of donor breast milk. A service level agreement for the transportation is in place. The service delivery model is under review to ensure sustainability of this vital service with consideration being given to centralising the co-ordination role of this service within the Trust.

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, as well as the memory milk initiative which helps support bereaved mothers. Plans are in place to

launch the new Human Milk Bank logo in the coming months. A review of budgets will seek further investment in the workforce and increased space for the Human Milk Bank.

### **Sexual & Reproductive Health**

Work is ongoing to reduce the waiting lists for this service, staff recruitment for administration, nursing and medical staff following investment from SPPG has progressed. Implementation of the waiting list initiative has also helped address waiting lists in the Omagh and Fermanagh area where recruitment of medical expertise is more challenging. Staff continue to offer a service in the South West College, Enniskillen Campus for young people, and a service review with SPPG re effective outcomes has taken place in April 2024. Online ordering of sexual health tests and contraception is now available to clients.

### **Sexual Health & HIV**

With recurrent investment, the service continues to deliver Pre-exposure Prophylaxis (PrEP) to clients. This was previously only available through the Sexual Health and HIV services in Belfast and service provision in the Trust has helped address availability and waiting lists. The service has also continued with online testing ensuring that diagnosis and treatment is delivered promptly and therefore onward transmission rates of sexually transmitted infections are reduced. The team continue to support the Homeless project, and have achieved an award for their work in 2023. The team continue to offer a monkeypox service and facilitate treatment and vaccinations for clients as required. There has been investment in the nursing and medical workforce, with the appointment of the first specialist doctor in Northern Ireland.

### **Child & Adolescent Mental Health Service (CAMHS)**

The service recorded a marginal decrease in referral rate whilst recording a small percentage rise in acceptance figures. Referral rates are approximate 16% higher than those reported in 2020. There has been a slight increase (4%) in the level of new appointments offered this year with 1,549 appointments offered compared to 1,485 in 2022/23. This has also been reflected in the number of review appointments offered by the service with a 23% increase ie 9,332 appointments offered this year compared to 7,598 appointments in the previous year.

With respect to Emergency Mental Health crisis referrals, the acceptance rate has been maintained at 95%. Positive indicators would suggest a marginal fall in emergency mental health crisis presentations from 286 in 2022/23 to 246 attended assessments this year. Follow up analysis of referral outcomes would indicate that the majority of these young people are being stepped down appropriately into step 3 core CAMHS to avail of ongoing therapeutic targeted intervention.

Whilst the CAMHS Eating Disorder Service has noted a recorded decrease in Eating Disorder referrals from the prior year, a rise in review activity appointments offered has been recorded. An increase of 27% in review appointments offered has been noted within the year rising from 1,107 in 2022/23 to 1,408 appointments this year.



The CAMHS Drug & Alcohol Mental Health Service remains busy with increased activity levels across the reporting period.

The service has worked closely with Trust performance colleagues, Senior Managers and SPPG with respect to service delivery plans. Integrated Elective Access Protocol targets remain a challenge for the service as for all CAMHS Services regionally. CAMHS has recorded the lowest number of young people waiting to access the service regionally. There are currently 402 young people waiting to access the service at 31 March 2024.

Challenges remain with respect to timely access to inpatient beds within the Regional Adolescent Mental Health Service, acuity levels are assessed daily and demand or capacity issues are creating secondary pressures for community CAMHS.

### **CAMHS & Youth Justice Agency (YJA) Service Collaboration Pilot**

CAMHS and the Youth Justice Agency (YJA) have been working in partnership to assess and offer intervention in respect to the mental health needs of children and adolescents that are potentially at risk of being involved with YJA and CAMHS since April 2022. 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 of a further senior CAMHS mental health practitioner.

### **CAMHS Emotional Health & Wellbeing Team in School**

The DoH and DoE jointly published the Children & Young Persons Emotional Health and Wellbeing in Education Framework 2021 supporting a CAMHS led regional response using a universal approach to maximising prevention efforts by supporting all those working in educational settings to help promote emotional wellbeing, promote positive mental health, strengthen self-esteem and resilience in our children in NI.

- Remit - support post primary schools across the Trust area
- Phase 1 September 2023 – March 2024 completed – 9 post primary schools – youth baseline questionnaire completed regionally by 4,031 young people – inform service delivery and resource development moving forward to phase 2 which will involve a further 14 post primary schools.

The service has had significant and sustained workforce challenges throughout the year. Reduced service capacity has been directly related to workforce instability through vacant positions and this has been a primary concern for the service. Service development plans are being progressed with senior management in an attempt to address this issue. This includes a review of job descriptions and essential skills and ensuring relevant training opportunities to enable the service to have a sufficient cohort of staff to meet the changing needs of the service.

## **Family Support**

The Trust developed a new service model for the Looked After Children and Family Intervention Teams. The service improvement project was completed as part of Delivering Value. A successful pilot was introduced in the Fermanagh area with a number of KPI's being achieved. The 'Generic Model' has now been implemented in Strabane, Omagh and Limavady areas and is working well. The Moving On Therapeutic Recovery Service was established during this reporting period. The team provide therapeutic intervention to children and parents who have suffered sexual abuse.

## **Safeguarding**

All statutory visits are taking place directly with children and families despite staffing difficulties especially in the Looked After Teams. Support services also remain in place with all cases including those currently unallocated. Cases are reviewed regularly in terms of risk and need and all child protection cases are being worked. There is a high level of need given the cost of living crisis particularly in high deprivation areas.

## **Leaving Care & Housing Support**

With the support of the Corporate Management Team, the Family and Childcare Sub-Directorate have secured a number of Trust residential properties 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. Internal realignment of funding and investment from the Department of Health have allowed Family and Childcare to expand the Housing Support Team. This team focus on supporting young people who suffer homelessness including our Looked After 16+ children, separated & unaccompanied young people and young people at risk of homelessness due to placement breakdown. This team provides support for young people living in the community who have vulnerabilities and require support around developing independent living skills.

## **Medical**

### **Quality and Safety**

#### **Corporate issues**

The key quality corporate issues co-ordinated by the Quality and Safety Team continue to be managed through the Board assurance framework.

#### **Governance Review**

All 49 actions are now complete from an external Governance review 2021, signed off in December 2023.

## **Risk Management**

Implementation of the agreed risk appetite model for the Trust was fully adopted at a Trust Board workshop in April 2022 and was applied to the corporate risk register. A deep dive has been carried out on two corporate risks during the year. Adoption of the internal audit risk assurance model is being taken forward for 2024/25 along with roll out of the risk appetite across all Directorate risk registers.

## **Complaints**

The Trust adopted a revised assurance process which has reduced response times by making the process more efficient. The complaints forum has been re-instated into the assurance framework, in order to help mitigate and manage risk related to the failure to comply with response. In a response to significant increase in numbers (46% increase in formal complaints received when compared to 5 year pre-covid average (2015-2020) and complexity of complaints received, the complaints department secured funding for an additional complaints officer and that post has been filled in-year to help meet this additional demand.

## **Research and Development (R&D)**

In April 2023 the Public Health Agency (PHA) introduced a new approvals service (Centralised Governance Function) for all Trust R&Ds within Northern Ireland. The Research Gateway transitioned under this model over to PHA and in March 2024 all Trust R&Ds moved to phase two of the model. The centralised approvals service will streamline research in line with other UK Nations, will deliver a UK-wide vision and to ultimately grow clinical research and improve approval timelines within the Trust benefitting our patients, researchers and the wider population.

Research and development 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. 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. The Trust is actively involved in research in the following areas:- Brain Diabetes, Cardiovascular Health, Covid-19, Diabetes, Obesity, Critical Care, Gastroenterology, Renal, Respiratory Health, Rheumatology, Stroke and Adult Mental Health.

## **Western Trust CTRIC - Altnagelvin Research Element of wider Ulster University School of Medicine City Deal:**

The proposed expanded R&D facilities will enable the Trust C-TRIC to deliver more clinical trials, thereby presenting more research opportunities for patients, and greater access to novel treatments not otherwise available.

The solution proposed in this summary will allow Trust R&D C-TRIC to expand as a clinical research facility and meet future needs of the NHS and will income generate to ensure the facility's long-term sustainability and attract new staff to a world leading centre of research excellence via the chosen 3 innovation projects;

1. Clinical Partnerships: (SoM Clinical Medicine research work-stream)

This work stream creates a Research and Development department that focusses on delivering an increased volume of CTIMPs (Clinical Trial Investigation of a Medicinal Product) within strategic research areas.

2. Community Health Company: (SoM Public and Population Health research work-stream)

A Cooperative for Community And Research Enterprise (“Co-CARE”) will be created as a non-profit social enterprise operating as a health research company modelled on the successful Credit Union financial institution whereby participating members would become users, shareholders and beneficiaries of Co-CARE.

3. Precision Diagnostic Lab: (SoM Translational Experimental Research work-stream)

The Precision Diagnostic Laboratory work-stream focusses on the delivery of the first in UK and Ireland fully accredited Pharmacogenomics testing service for both public and private sector partners.

### **Appraisal and Revalidation**

The appraisal and revalidation team have been working diligently throughout the year and supporting medical personnel in their appraisals processes, following up on any outstanding appraisals or related queries and ensuring the facilitation of training for appraisees and appraisers.

An updated Trust Appraisal Policy for Doctors and Dentists is in its final stages of review. The review has taken account of new Good Medical Practice (GMP) guidance which has come into effect this year. The Trust policy will also support physician associates, anaesthetic associates and clinical academics and it is anticipated the updated version will be ready for submission to CMT by Summer 2024.

In relation to regional collaboration on appraisal and revalidation, work on a regional approach has been ongoing and led by an appointed regional coordinator for appraisal & revalidation. An operational forum has been established with representation committed by each Trust. Part of the work has required a maintenance regime to be developed for the Regional Appraisal System to ensure the domains and attributes are updated to match the new GMP 2024. In terms of revalidation within the Trust, there have been 65 positive recommendations submitted and 10 deferrals.

### **Medical and Dental Education and Training – MedEdWest**

MedEdWest are now planning for the final year of the Graduate Entry Medical School, Ulster University. This has been a very challenging year in this major change process, with the ongoing planning and project management of Graduate Entry Medicine, Queens University Belfast’s new curriculum for third to final year medical students. The Trust is well on track for business as usual August 2025. However, the impact is being felt across all levels of training requirements despite these major changes confined to undergraduate teaching and training. Despite this, MedEdWest continues to be

dynamic, agile and innovative, this is due to the seamless provision of educational requirements provided by MedEdWest.

### **Simulation and Virtual Reality (VR)**

Simulation and VR continues to grow and develop. Our Teach the Teacher (TTT) programme for doctors and dentists in training remains popular and is provided to final year medical students at Assistantship level to continue the excellent peer teaching so valued among their peers. Last academic year 80 postgraduate doctors and 21 undergraduate final year medical students were trained on the programme. MedEdWest are delighted that the TTT programme is now accredited with NIMDTA for GMC recognition of training and maintaining recognition status for senior medical staff in the Trust. Not only does this provide them with educational hours for continued recognition, but it provides them a basis of knowledge of simulation teaching, thereby developing simulation teaching throughout the Trust.

MedEdWest were thrilled that our teach the teacher programme was accepted by SESAM (Society for Simulation in Europe) annual programme 2023 held in Lisbon, Portugal in June 2023. This event was attended by members of the MedEdWest team to bring worldwide good practice back to the service to enable year-on-year simulation excellence. The Trust was heartened that our current practice is aligned with standards worldwide. Attendance and promotion of our activities at this level will ensure best practice translating to patient safety which is the end goal for all in the Trust.

MedEdWest also continues to support postgraduate in-situ simulation. In-situ based simulation education in the clinical environment can complement centre based simulation. One of the primary advantages is the opportunity to review and reinforce multi-disciplinary teamwork and communication behaviours that are critical to a high functioning health care team. The conduct of in-situ simulation allows for the exploration of environmental awareness, equipment awareness and malfunctions. Simulation allows for the practical skills needed in emergencies without relying on clinical opportunity and can reinforce psychomotor and critical decision-making skills. In-situ and multi-disciplinary simulation provides opportunities for professionals to interact and engage in scenarios prior to real life experiences. The scenarios are designed which are derived from real clinical, SAI incidents and patient safety issues. In addition, teaching sessions consistently refer to the Trust local processes and protocols, making them an integral part of the delivery of simulation sessions. By highlighting these previous scenarios and working through them in a supportive and nurturing way not only helps to create a safer clinical environment for patients and ultimately benefit the wider health service.

The Trustwide simulation statistics reflect the continuing value of the investment in terms of training provided. The statistics show the continued expansion to simulation in medical education in the Trust.

## **Teaching Clinical Fellowships**

Founded in 2014, the MedEdWest teaching fellowship is now in its 9th year and continues to recruit at least 18 participants every academic year, which are representative of doctors from a variety of medical and surgical specialities. The Trust has further expanded faculty with a number of clinical teaching fellow posts. MedEdWest is on track to evolve this model to meet the continued demands to 2025 and beyond.

MedEdWest continues to support and facilitate initiatives that engage school age children from all academic, social and ethnically diverse backgrounds to consider future careers in the healthcare system. This year, MedEdWest provided a virtual widening access session to medicine and physician associate careers in collaboration with speakers for schools. The Trust continue to find this to be a great experience engaging with the youth of our cities and the goal of increasing awareness of healthcare jobs, benefiting families, communities and the local Trust. This widening participation approach will continue with new and evolving initiatives to engage future medical professionals through engagement with programmes aimed at promoting access to these careers at an early stages in all schools future events making medicine an option for all in the Trust area.

## **Undergraduate teaching Quality assurance**

Specialties achieving quality scores of greater than 80% are considered to reflect high standard clinical teaching provided by Trusts. The Trust was praised for the quality of clinical teaching with almost all specialties for QUB scoring well above 80% which is deemed excellent. The first cohort of Graduate Entry Medical School University of Ulster year placements received a student scoring of 96%.

Considering the additional substantial changes and the further ones to come, medical education continues to be in a great place. MedEdWest continues to be a dynamic innovative medical education department with a seamless undergraduate, foundation and postgraduate structure. The Trust is extremely proud of our 'work smarter, not harder' approach to medical education and continues to harness the enthusiasm for education and learning by being somewhat different to other education providers by offering additional opportunities and providing a truly positive experience, which has been evident in feedback from our stakeholders. The Trust will continue to adapt, place innovation, engagement and professionalism at the heart of what it does and evolve and adapt education and training to the changing needs of our service users.

Dr Tom Frawley, Chair of Trust Board, highlighted the work of the MedEdWest team following the release of the Medical and Dental Education and Training Academic Report in 2023. The report recognised the significant contributions made by facilitators and staff to deliver high quality medical education and training, especially during this major change process for Medical Education, the focus on the value of medical education to medical and physician associate students, doctors in training and all medical staff in the Trust.

## **Finance, Contracts and Capital Development**

The Directorate continues to provide a range of high quality professional services to enable the Trust to meet its overall aim of delivering safe and effective services to patients and clients. The Directorate has prepared the Trust's statutory accounts, which is reporting having achieved against its break-even target in 2023/24 subject to external audit review.

It has been a very challenging year for the Trust and for this Directorate in supporting the Trust in the achievement of all of its corporate objectives. There were a range of responsibilities which challenged the Trust with delivering financial balance in 2023/24 and these included new funding and the availability of non-recurring funding, which has been integral in supporting HSC financial balance in recent years, budgets having been reduced to reflect savings targets, workforce supply limitations and availability at a very high premium cost and the level and complexity of demand for Trust services having never been greater.

The financial plan for 2023/24 was developed and communicated to Directorate Teams and the Corporate Management Team (CMT). Over the period of the year, Directorate senior teams, CMT, Finance & Performance Committee and Trust Board have been provided with updates in relation Trust performance against the plan. The over-arching principle established at the outset of the year was to provide financial leadership to the organisation against a "doable ask". Dedicated financial management teams have worked in partnership with senior Directorate professionals to support Directorate achievement against their financial key performance indicators of expenditure controls and delivery of savings.

Anticipating a challenging internal audit programme for 2023/24, as a consequence of a notable decline in the internal controls assurance framework of HSC and the NIAO Recommendation from their RTTCWG 2022/23, the Directorate implemented an improvement process intended to strengthen the management of draft internal audit reports reported as less than Satisfactory. At 31 March 2024 the Trust has achieved a Satisfactory Head of Internal audit opinion with 80% of outstanding recommendations implemented.

The Directorate took a lead role in supporting the Trust with its Delivering Value programme. Directorate staff have continued to develop further data analytics improvements which have been provided to support Director decision-making and action. In addition, staff led in the local implementation of the Patient Level Information Costing system (PLICs) as part of a regional initiative to enhance costing capability and reporting.

Financial services staff have continued to ensure core support to front-line services during the course of the year for the administration of financial assessments, direct payments, access to healthcare, petty cash management, car leasing, charitable funds and patient property funds administration, as well as liaison with the Business Services

Organisation in relation to Payroll, Income and Payment Shared Services arrangements.

The Contracts team have continued to maintain advice and support to the contract management requirements of the organisation.

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

- Completion of the design for the new paediatric area at Altnagelvin and securing the necessary planning approvals. The tender for the construction contract is now nearing completion with work to start this year.
- Revised approval for Lisnaskea Health & Care Centre enabling completion of a tender process to award the construction contract with work to start in Summer 2024.
- Completion of the detailed design for Cityside Health & Care Centre with discussions with planners and other relevant departments ongoing re the wider implications for the Fort George site.
- Continued development of the Outline Business Case for Mental Health at Omagh to enable approval to be given for the development of mental health inpatient care for Fermanagh and parts of Tyrone.
- In partnership, as part of the Derry City & Strabane District Council's City Deal programme, the development of outline business cases for Strabane Health & Care Centre, Teaching Accommodation at Altnagelvin for Ulster University Medical Students and expansion of the C-TRIC Research & Development facility.

### **Human Resources and Organisational Development Directorate**

The Directorate plan was reviewed in early 2023/24 with one aim of workforce stabilisation identified as a core focus. A detailed action plan was developed within each objective and this was regularly reviewed at People Committee throughout the year.

During the year a regional review to support implementation of the HSC Workforce Strategy was undertaken by HR senior teams across all Trusts. New regional work streams were introduced with the Trust both representing and leading across a range of key areas. Areas of significant activity include the review of recruitment, occupational health review, agency reduction and substantial regional digital transformation activities to support Equip (the replacement system for HRPTS) and Encompass.

The Directorate also supported a number of significant service changes and led the response to Industrial Action. This meant that business as usual work was impacted across all HR services. However in spite of this the Directorate achieved significant progress against its Directorate plan in all 4 strategic areas as outlined below.



## Strategic HR Theme 1: Looking After Our People

### Staff Support including Team Support and Occupational Health

The Organisation and Workforce Development (OWD) team designed and aligned a new team support model to deliver sessions to teams. The OWD team have engaged with 52 teams, delivering 64 sessions reaching a total of 1,101 staff.



The Occupational Health and Wellbeing (OHW) modernisation programme continues to embed and the multidisciplinary team has further developed to include Psychology, Physiotherapy and Occupational Therapy, offering holistic assessment and intervention. 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.

Whilst the service continues to progress with implementation of the modernisation plan, there have been significant staffing challenges, including the retirement of all 3 Occupational Health specialist nurses. There has been some preliminary success with recruitment of additional nursing and medical posts which will support service delivery in 2024/25.

The OHW service has played a key role in supporting workforce stabilisation. The service has introduced job analysis to support workplace assessments, standardised clinical processes and practices, revised treatment pathways, including crisis response and long term conditions, and developed managers' training and support toolkits. The introduction of a new digital information system (OPAS G2), has enabled improvements in data analysis which supports identification of patterns and trends to inform areas of focus.

### Supporting Improved Attendance and Wellbeing

The workforce stabilisation programme was established to enable focus on a range of workforce issues. A key objective of this work is to promote workforce efficiency and retention and the initial focus has been on supporting managers to effectively manage attendance and support staff wellbeing. HR worked closely with managers across a wide range of hotspot areas and facilitated 42 workforce efficiency workshops and a number of follow-up events, across all Directorates. These workshops focused on the importance of data to inform monitoring and decision-making, specifically with regard to attendance, turnover, acting arrangements, temporary staffing and additional hours.

A key objective of the work has been to promote managers' confidence and capability in managing complex workforce issues. A total of 514 managers attended Attendance at Work training, with a further 47 managers enrolled to complete in March 2024. A number of additional bespoke sessions were also facilitated to support managers with key people processes. A wide range of guidance, bite-size training and toolkits have been developed to support Directorates including resources to support absence audits, following a recommendation by Internal Audit. New resources have also been developed to support a fresh approach to managing long term absence and launched in pilot areas at the end of March 2024.

## Pay & Conditions

Work has continued to streamline and improve efficiencies in processing new starts and contractual changes. Significant efforts have been made to complete backlogs of job evaluation arrears which are now calculated as soon as received. Collaborative work was undertaken to streamline the onboarding of bank staff for support services which was highly commended. There was also continued development and improvement of the HR Knowledge Hub and there are plans to deliver terms and conditions clinics in 2024/25. Focused efforts and time has also been invested in proactively readying for equip and encompass.



An area to highlight was the work with Trust HR and Digital Services Teams with Microsoft to develop a new Manager People Portal which is an online tool helping all managers and supervisors manage their HR processes for staff joining, moving or leaving their teams more timely and accurately.

## Strategic HR Theme 2: Growing for the Future

### Workforce Stabilisation

A key aspect of workforce stabilisation has been the aim to reduce reliance on agency staff. The new nursing & midwifery agency framework was implemented in May 2023 with significant success in ceasing off framework nursing and midwifery usage. The use of social work agency has also ceased successfully in the Trust. The Trust Agency Reduction Group focused on support resources, strengthening governance and streamlining processes. All Directorates developed agency reduction plans with key focus on recruiting to vacancies through bespoke attraction and recruitment activities utilising Healthdaq. A focused workforce stabilisation programme within support services has led to a significant reduction on the reliance on agency across the Trust and stabilisation of the workforce through dedicated recruitment activities.

### Training and Development

26 managers successfully completed the Leader and Manager Framework across levels 1 and 2 (Bands 3 – 7). A further 106 managers are on the current cohort of the level 1 and 2 programme. The Leader and Manager Framework level 3 (Band 8A+) was launched and has 20 senior leaders within the organisation due to complete the programme over the coming months. Participants on level 3 will have completed 5 modules as well as 3 group mentoring sessions with 7 non-executive directors.

10 students successfully completed year 1 of the Post Graduate Diploma and are now on course to complete year 2 with graduation in September 2024. There were 28 virtual training sessions delivered on non-core mandatory HR training, covering 801 staff and there were 95 students upskilled in vocational training, with 20 of these now in their second year. The OWD team have been working on 41 team development programmes, with 9 of these completed and 26 being actively taken forward by the team.

### Coaching Network

The Trustwide Coaching Network launched on 1 December 2023. There are a total of 32 trained coaches on the network, with a further 5 coaches currently completing their qualification. Since the Coaching Network launched, a total of 48 coaching requests have been received comprising of both self-referrals and management referrals, with 35 coach matches confirmed. Development of our coaches is ongoing with 17 of our coaches having attended coaching refresher training in November 2023, and 3 coach supervision sessions have taken place.

## **Leadership Festival**

In June 2023 the 'We are West' Leadership Festival took place which was a week-long event. This event was co-produced by a steering group made up of colleagues from Communications, Quality Improvement, Health Promotion, Occupational Health and the Ethnically Diverse Staff Network group, the event was led by the OWD team.



The festival was an opportunity to launch the new Trust Vision and Mission statement and each day had an individual theme, "We are Caring", "We are together", "We are West" and "Our vision, Our People". The week closed with participants reflecting on what one thing they could do to live our vision and mission and the launch of 'We Are West Mission Cup' was announced. The festival adopted a hybrid approach with a mixture of online and in person events to allow flexibility for staff to attend from more locations and to select the sessions of greatest interest and relevance. Events were opened to staff from all grades and professions. A total of 924 attendances were recorded over the four day event with a delivery of 21 hours of content. The content delivery of the week involved 4 Directors committed to chair a day each, 13 external motivational and keynote speakers and 17 internal speakers highlighting best practice and successes. The event had greater reach and was more cost effective than the traditional one day conference in previous years.

## **Recruitment**

During the year, the Trust received and processed 3,378 recruitment requisitions across all services. This reflects a 23% increase in requisitions received compared with 2022/23. Attracting and retaining staff continued to present challenges across services, and innovative strategies were developed to address service needs. Targeted work was carried out across a range of services with significant work supporting workforce stabilisation in nursing and social work, reducing reliance on agency staffing. Targeted resourcing activity in other areas included nursing in Mental Health and Emergency departments as well as innovative approaches to recruiting support services and other entry level positions. One day recruitment events were carried out across Trust sites and in community locations, with a full recruiting process from application to conditional offer completed on the day, for roles in Support Services, Homecare and Adult Learning Disability Respite and Day Care facilities. The Trust was also involved in the delivery of regional recruitment campaigns for student nurses and new graduate social workers.

The Healthdaq project was extended and was initially commissioned to address high volume entry level positions. It continues to provide key support in recruiting to these roles, but has been used increasingly to fill bespoke 'hard to fill' roles including allied health professionals and roles in finance, information technology and senior management. More recently it has been used to recruit to medical roles. The Trust filled 640 roles via Healthdaq including 11 roles for medical staff. Healthdaq supplements normal recruitment activity through HSC Recruitment Shared Services, providing additional capacity to attract and recruit staff through an agile and flexible recruitment model, allowing the Trust to respond quickly to pressing service needs. Healthdaq provides access to global job boards and health and social care careers fairs for our vacancies.

## **Medical Recruitment**

The challenges with recruiting doctors and dentists to the Trust are well rehearsed and work is ongoing to focus on medical workforce stabilisation. Detailed work has been ongoing with all service areas, supported by financial management staff, to define funded staffing levels with a view to informing workforce planning going forward.

Demand for medical recruitment has increased and 261 requisitions for medical roles were received and processed. There were 116 medical appointees including 21 consultants, 13 specialty doctors, 56 junior doctors and 23 internal appointments to management roles or additional roles. The Trust also recruited to 3 new specialist doctor roles and introduced a clinical fellow development programme in palliative care which attracted 3 doctors who hope to progress to consultant grade through the programme. In addition the international recruitment project continued and were successful in recruiting 39 medical staff.

In support of medical resourcing a pilot project to test medical recruitment through the Healthdaq platform was initiated in July 2023. Since then 732 applications have been received across all vacancies from a wide range of countries. To date 9 doctors have been appointed and taken up post with a further 15 currently under offer. Applications have been received from a wide range of countries including UK, Ireland, Spain, Saudi Arabia, Poland, Greece, and India.

### Strategic HR Theme 3: Belonging in the Western Trust

#### Partnership Working

The Trust actively seeks opportunities to work in partnership with recognised trade unions to ensure their involvement and engagement in new initiatives and service changes, resulting in more effective outcomes for staff and service-users. Whilst formal Consultation Group meetings were stood down since the commencement of industrial action in 2022, a fortnightly meeting of HR staff and trade union representatives was established during the year to provide a regular forum for discussion and to progress consultations on critical service changes. During the year trade union side representatives participated and were members of a wide range of groups including General Surgical Review, Carers Framework, Digital Transformation Programmes, Organisation Development Steering Group, Just Culture Working Group, Menopause Group, HR Policy Design Group, etc. and were represented on the Trust's Staff Recognition Awards Judging Panel.

#### Open, Just & Learning Culture

The Trust developed an Open, Just and Learning (OJL) Culture Charter which supports the embedding of OJL principles throughout the Trust, empowering staff to learn when things do not go as expected.



We are **Open**: We feel psychologically safe within our teams to raise concerns and contribute ideas, without fear of negative consequences.



We are **Just**: When things do not go as planned, we prioritise accountability, fairness and compassion.



We are **Learning**: We focus on “what happened?” rather than “who did it?” to improve patient care and outcomes.

In March 2024 the Trust launched its first ever pulse survey to measure how colleagues feel about the culture in their workplace. It is the intention that feedback will be used to help re-shape existing cultures within teams, with the view to improving the patient experience, together with outcomes.

Within the HR Directorate, strong partnership working with managers and recognised trade unions promotes a culture of fairness, openness and learning, and this work has been supported further with the launch of a revised Conflict, Bullying and Harassment Policy,

together with the Regulation and Professional Registration Policy, both of which were updated in line with the Open, Just and Learning Culture principles.

### **Trust Vision and Mission Development**



In developing the mission and vision for the Trust, CMT sought input from staff through a number of forums including a staff focus group and senior leaders' forum. The Trust mission and vision was agreed and launched during the We Are West leadership festival in June 2023. Significant work and engagement continued throughout the year to develop a mission implementation framework which was completed in February 2024 and will allow key activities to provide continued focus on the Trust mission and vision through 2024/25.

### **The We Are West Mission Cup**

In line with the mission, “We are West. Caring Together: Committed to Better” a peer recognition programme was established through the We Are West Mission Cup. The Mission Cup represents recognition of teams who live and breathe our mission and provides an opportunity for teams across the organisation to be recognised by their peers. This creates an opportunity for a deeper sense of appreciation, working together and brings together our teams as a community. The Mission Cup was launched in November 2023 with the Homecare Team being named as the inaugural winners. Having held the cup for three months, the Homecare Team named the Breast Care Cancer Nurse Specialist team as the next winners of the cup following recognition of the outstanding and compassionate service they provide.



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### **Job Evaluation**

There has been steady progress with addressing the job evaluation backlog, in partnership with trade union colleagues. This work will continue in line with the plan to complete the backlog by December 2024. A key focus of the work has been on quality and improvement and the team have been raising awareness among senior management teams and managers to improve understanding of the job evaluation process and associated liabilities. Job evaluation is included as a core topic on the Leader and Manager Framework Programme and manager information sessions and drop in clinics will be rolled out from April 2024 across the Trust.

### **Staff Equality, Diversity & Inclusion**

The Ethnically Diverse Staff Network continued to support staff from ethnically diverse backgrounds. The network secured funding through the staff wellbeing fund to host two “Celebration of Diversity Events” for staff. The events have given more focus to the network and the membership has grown to include not only our ethnically diverse staff but others who believe they can make a difference in this area. The International Medical Peer Group also continued on a monthly basis to support medical colleagues who have relocated to work with the Trust.

## Strategic HR Theme 4: New Ways of Working

### Workforce Dashboards

The Workforce Information and Analytics team have continued to develop dashboards to improve the accessibility and accuracy of our people data. These pages have been designed to complement our standard monthly reports and provide service and directorate managers with all the information they need to make informed decisions. In addition to generic workforce dashboards, the team have created bespoke views that enable line managers to check their staff-in-post, absence and appraisal rates. These dynamic dashboards provide managers with a view of their own team and include a link that can be used to inform us where information needs updated. Although these were initially designed to assist HR and Finance teams with Internal Audit recommendations, this type of targeted messaging and response will be vital to cleanse our people data in preparation for the implementation of new systems under the encompass and equip digital programmes.

### Flexible Working

Following the successful rollout in 2022/23 of the WHSCT Flexible Working Policy in line with updated Agenda for Change terms and conditions, the organisation continues to see a significant interest and uptake of flexible working arrangements from staff across the Trust. Monitoring continues through bi-annual reporting with mid-year reporting in 2023/24 reporting continuing a high volume of requests and approvals from staff across all professional groups. 931 requests were received between 1 April 2023 and 30 September 2023 and there was an approval rate of 79.05%. Services continue to investigate opportunities for flexible working within their teams with HR continuing to support as required.

### Digital Transformation



In preparation for encompass go-live in April 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, assessing role impacts of encompass implementation, supporting services to redesign service delivery 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 are provided to the Trust Readiness Assurance Group and the Programme Board.



The equip programme is the replacement for HRPTS with design and build beginning in June 2024 and regional implementation scheduled for October 2025. The preferred vendor and software integrator have been procured during the year. HR have been involved in a significant volume of regional readiness activities within all functional areas in preparation for the new system implementation and this will increase during 2024/25. The Trust has established a local equip readiness group to oversee the local Trust implementation programme.

## Performance, Planning and Corporate Services

### 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 (except the “hard” FM services in SWAH), community facilities, and some GP premises.

### *Workforce Stabilisation*

A key priority agreed early in 2023 was to establish a Workforce Stabilisation Project within Support Services. The purpose of this project was to reduce reliance on agency staffing, investing and retaining our own staff.

A rapid recruitment campaign was piloted for the Altnagelvin site between August and November 2023 with over 200 applicants interviewed and 100 posts offered and accepted. A new intensive induction and onboarding program was delivered for the staff who were recruited, covering mandatory training modules, induction into the department, role-specific training including infection prevention and control, waste management, dysphagia and food safety training. A further 2 weeks on the job training was provided to all new recruits where they were able to shadow experienced staff. Feedback received from new recruits was positive, and teams have achieved a 95% retention rate to date.



This pilot has been hugely successful and has reduced agency by 80% on the Altnagelvin site. The project evaluation is now underway with learning to be embedded for rollout to all remaining sectors in 2024/25. Pictured are some of our staff at the new induction and onboarding programme in October 2023.



### *Digital Personnel Files*

Support Services has approximately 1,200 personnel Trust-wide. With a growing demand on technical enablement and efficiency savings, administrative processes were modernised this year, to use a digital records system for line management processes.

### *Opening of New Altnagelvin Hospital Restaurant “Crossroads”*

Altnagelvin’s new restaurant “Crossroads” opened on 23 August 2023. Situated on the ground floor at the heart of the hospital it replaced the level one canteen, and will deliver an improved dining experience for staff and patients. The restaurant will now open seven days a week from 8:30am to 8pm which will enable staff working different shift patterns and visitors attending for long hours to use the new facility. Crossroads also provides a secure rest area for clinical staff to provide welfare facilities during breaks out of hours. Crossroads has been awarded the Food Standards Agency (FSA) Gold Award and the Council’s Calorie Wise Scheme.



### *Capital Schemes*

The Estates Minor Capital Works Projects department received over £18m capital investment to support delivery of a range of key service developments and improvements across the organisation, including over £2 million of invest to save schemes within the Corporate Efficiencies programme.

A significant project to deliver a new Minor Injuries Unit (MIU) on the Altnagelvin site was delivered. A key enabler was the upgrade of Anderson House on the site and relocate the Trust's hospital based Maternity and Foetal Anomaly Scanning Out Patient Services.

The Team also delivered over £5 million ring fenced backlog maintenance monies in year which was deployed to a range of building and infrastructure upgrade schemes.

### *Transport*

The Transport Team has continued with its sustainable fleet management strategy to reduce environmental impacts of the Trust's transport fleet, through a combination of cleaner vehicles and fuels, and fuel efficient operation and driving. There are now 12 vehicles (5% of vehicle fleet) which are fully electric, and the division is also procuring hybrid vehicles in order to meet the geographical spread of the Trust.

### **Digital Services Division**

Digital Services Division (formerly ICT Department) is a corporate support function which underpins the effective working of the organisation through the management of the Trust's digital infrastructure, as well as projects and programmes at a local and regional level.

During the year, the main focus has been on contributing to the regional DHCNI programmes, specifically the digital elements of encompass, evolve, the Technology Enablement Programme (TEP), Northern Ireland Picture Archiving & Communications System (NIPACS+), Northern Ireland Digital Identity Service (NIDIS) and the Cyber Security Programme.

### *Cyber Security*

The risks associated with cyber threats remain high. The Digital Services Division continues to maintain robust cyber security through its continued focus on technical security measures, governance and compliance with the oversight of a Trust Cyber Oversight Group and in line with the Regional Cyber Security Programme Board.

### *TEP Programme*

The TEP Programme is primarily concerned with ensuring that all staff have access to the digital device and office software most suited to the way they work and to be digitally mobile where appropriate. Significant progress has been made in the standardisation of regional collaboration tools for communication across HSCNI (MS Teams, MS



Exchange Online etc.) as well as a substantial refresh of digital devices across the Trust.

### **Planning, Performance and Business Services Division**

Planning, Performance and Business Services Division provides a range of corporate services to the Trust including corporate planning, information services, emergency planning, information governance and records management. The division also provides programme management and oversight to the Trust's strategic change programmes, including the Delivering Value and Encompass programmes.

#### *Encompass*

Encompass is a HSC-wide initiative that will introduce a digital integrated care record to Health and Social Care in Northern Ireland (HSCNI), and Western Trust will go-live in Spring 2025. Support to go-live is being provided by a central programme team, and the Trust has established its local programme management office for the work. Given the importance of this work, CMT are directly engaged in its oversight, to ensure successful delivery, and Operational Readiness Boards have been established within each of the Directorates. Professional Leads and Clinical Leads have been working with teams across the Trust on the change management which this will bring, ensuring professional staff are trained and well prepared. The aim is to ensure a successful transition from the legacy processes to the new electronic patient record for the whole of NI, with standardised workflows which improve quality of care for patients and clients across hospital and community services.

#### *Business Intelligence*

Five new digital data analytics applications are now in use, delivering fresh insights and streamlined data processing to enable improved visibility of key data for our clinical, professional and management teams. The innovation to produce a South West Acute Pharmacy Medicines Reconciliation app, was recognised at the All Ireland Pharmacy Awards 2023, and the Theatre Utilisation app has been critical in supporting improvement work in our theatres.

#### *Emergency Planning and Business Continuity*

The Trust's Major Incident, Mass Casualty and Emergency Support Centre Plans were reviewed and approved through the Trust's governance processes during the year, and a range of training sessions were delivered across the Trust which included involvement from multiagency partners. A programme to test emergency response and business continuity plans within all critical and essential services is underway, and 29 service plans have been tested to date.

An Industrial Action working group was established to enable the preparedness required for delivery of services during ASOS and Strike Action days. A lessons learned debrief following strike action was used to ensure lessons which were identified was captured to enable service improvement and efficient preparedness for future Industrial Action.

### **South West Acute Hospital PFI Contract Management Division**

This division manages the Trust's PFI contract for the South West Acute Hospital, which is the only "whole hospital" PFI in Northern Ireland. The PFI is now 12 years into the 30 Year contract with PFI Partners Northern Ireland Health Group (NIHG) and their Facilities Management contractor Mitie FM. 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 a number of improvements for the facility, progressing specialist work on fire stopping defect rectification, delivering a range of energy initiatives, small works projects and contract variations. This has included the opening of a new Maternity Bereavement Suite in partnership with the Sands Charity and the upgrade of diagnostic imaging equipment. The level of PFI financial deductions and service failure points 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 a particular emphasis on safety, statutory compliance, lifecycle replacement and energy investments.

### **Integrated Care System (ICS) Division**

Integrated Care Systems Division provides expertise in population health and is the focus for the delivery of the new arrangements to introduce ICS within the Trust and with partners. Implementation of ICS is a priority for the Trust, and an ICS Implementation Board has been established to support the necessary establishment work in the Trust.

#### *Health Improvement, Equality and Involvement*

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

Training and capacity building initiatives delivered by the team remain popular and well attended. A hybrid approach to training and capacity building had been adopted to meet the needs of attendees. The department has used online and face to face approaches to facilitate 69 training and capacity building initiatives to 1,275 people.

A range of initiatives have been developed against our commissioning objectives, including:

- The "Link to Wellbeing" Project – Working with Trauma and Orthopaedics services in the Trust to support patients on their waiting lists. The project has provided 18 programmes across the Western Trust area and supported 248 patients to improved their health and wellbeing while waiting on surgery;

- Older People Community Grants – Working in partnership with Public Health Agency, Age Friendly Alliance and the 3 councils in our area, and alongside community and voluntary sector providers, 70 individual projects have been delivered enabling community and voluntary groups to support health and wellbeing of our older people during the winter months.

### **Corporate Communications**

The Corporate Communications Department supports the Trust in its messaging and engagement with patients and service users, the public, public representatives and the Trust's own staff. The Corporate Communication supported the Trusts senior teams in responding to media queries, proactively promoting the work of the Trust, and briefing our local elected representatives on key issues in the area. They also maintain a very active social media presence for the Trust through "X", Instagram YouTube and our own website presence. The team also supports the important work to ensure high quality and timely internal communications, and engagement with our leadership group, our Ethnically Diverse staff groups and our entire staff, including the corporate messaging and recognition through our staff magazine and the corporate staff awards.

## **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, the concerted efforts of our staff and the continued implementation of the Trust's Delivering Value Programme.

### **Financial Performance and Delivering Value 2023/24**

The Trust opened in 2023/24 with a financial deficit of £3.3m, the lowest deficit ever in our history. A poor budget settlement for HSC NI 2023/24 resulted in a cash savings target of £25.2m and the withdrawal of COVID funding. Other factors impacting financial out-turn included increased medical locum agency premium costs, limited demographic growth funding, very high costs for complex placements of clients within the Independent Sector, unfunded non-pay inflation and limited opportunities for savings in a system which had already delivered against a challenging recovery plan in the four years prior. Our ability to deliver against the statutory break-even duty was considerably threatened. Early forecasts in 2023/24 indicated a forecasted deficit of £46m, this reduced to £27.6m in July 2023 following the confirmation of the Trust budget. The mid-year assessment which was conducted in September resulted in a further reduction to the forecast deficit of £22m as a consequence of confirmation of additional funding from SPPG, a review of other income levels, our review of

expenditure trajectories and other opportunities. The Trust forecast for income and expenditure was demonstrated to be robust in the latter two quarters of the year, with the progression to a break-even position resulting as a consequence of deficit funding from SPPG.

Applying the principle of a “doable ask”, ambitious but realistic targets were proposed and agreed by Directors who delivered in full and are to be fully commended for this, given the scale of service challenge which they have also been managing.

The Trust has had a Delivering Value Management Board (DVMB) in place since 2019/20 for the purposes of financial savings and also for the achievement of improved efficiency and better value. It had originally been established to support the formal Trust Recovery Plan which was closed in 2022/23 having delivered against its financial targets. 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 the 2023/24 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 for the Trust during 2023/24 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 development of Data Analytics to enable improved information analysis and reporting. The 2023/24 programme for delivering value has included work streams in relation to nurse stabilisation which, for example, led on the local implementation, as part of a regional project, for full eradication of the use of off-contract nurse agency staff, full eradication of Trust reliance on agency social work staff, domiciliary care rota optimisation. There has also been a significant focus on understanding the level of dependency within the Trust on medical locum agency usage, factors and price. We will continue to build on this work into 2024/25.

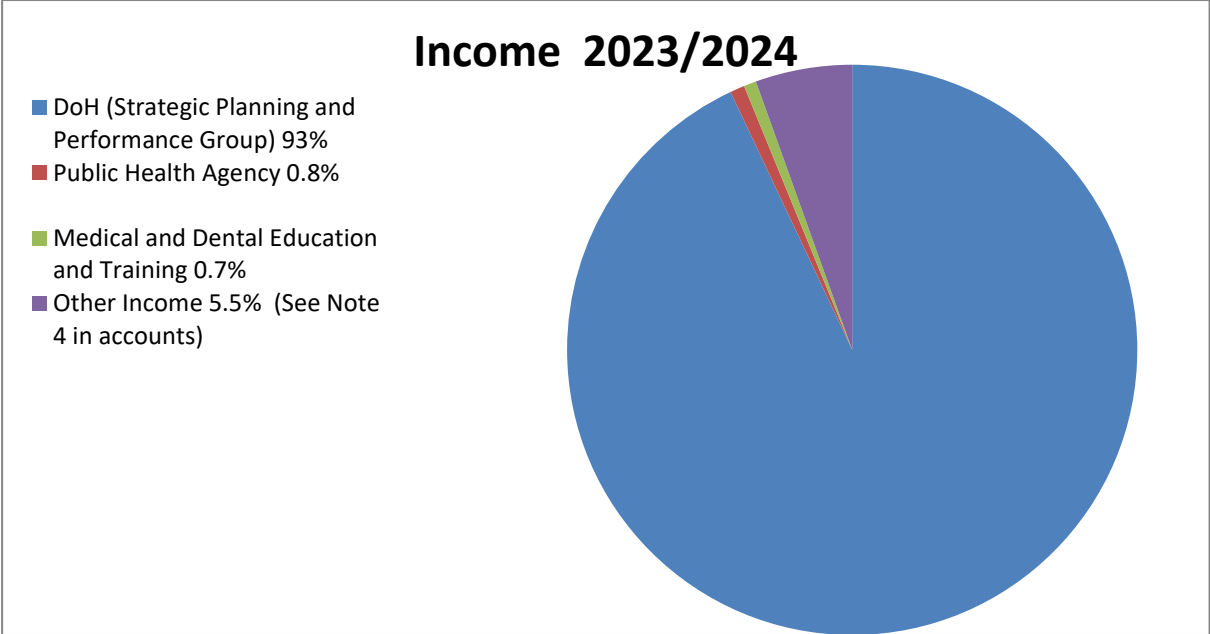
### **Financial Governance**

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.

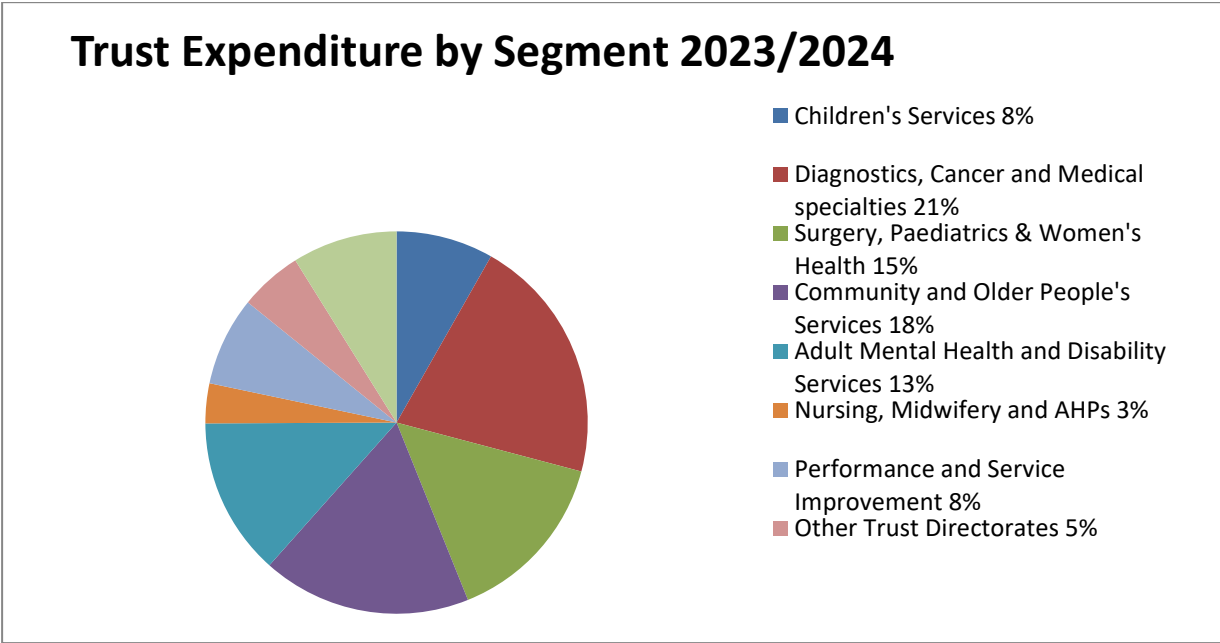
**Income and Expenditure**

The Trust had an annual income of £1,126m in 2023/24 (2022/23 £974m).

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



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

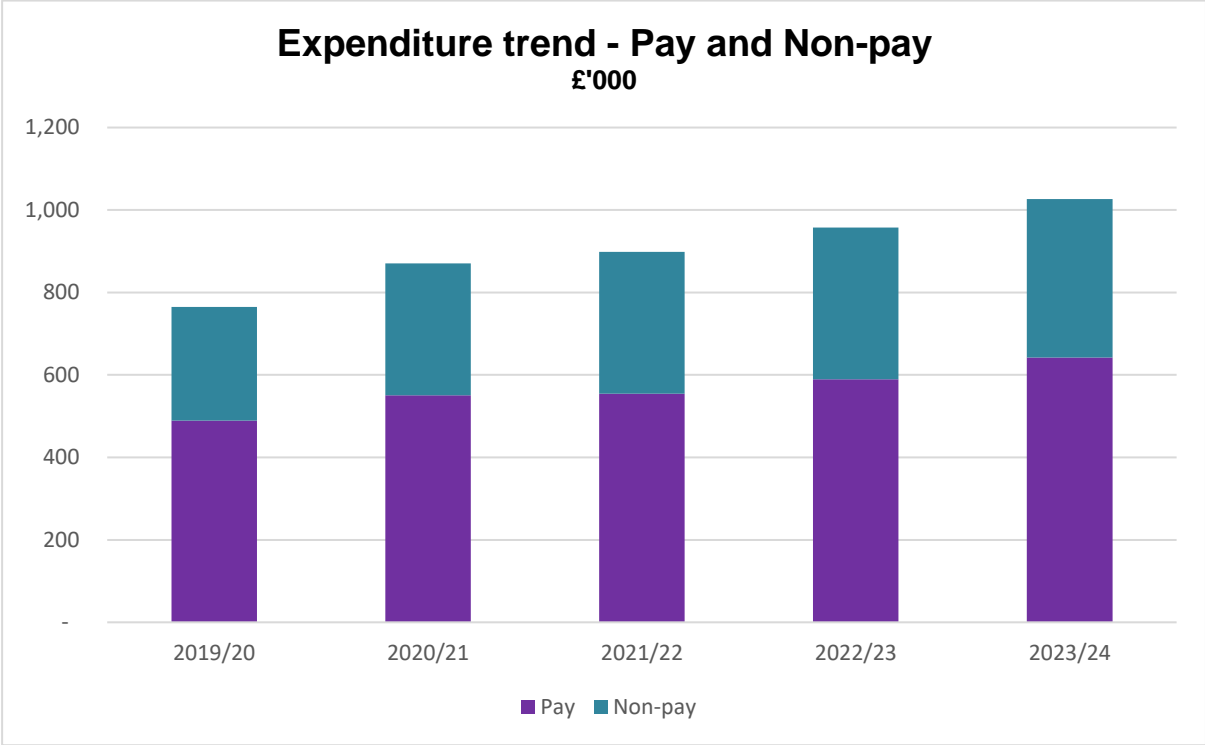


The largest cost incurred by the Trust is staff costs of £642m, representing 63% of total expenditure. Significant non-pay costs include £214m (21% of total expenditure) for the purchase of care delivered by other organisations on the Trust's behalf and £85m (8%) for clinical and general supplies such as drugs and medical equipment.

Non-cash expenditure of £82m included items such as depreciation, amortisation and impairment on non-current assets. 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 Trends**

The chart below shows actual revenue expenditure, broken down by pay and non-pay costs, incurred by the Trust from 2019/20 to 2023/24.



Pay expenditure was 63% of these two categories in 2023/24 (62% in 2022/23), which excludes other elements of non-cash revenue expenditure, such as depreciation on assets.

**Capital Investment**

In addition to the annual spend on paying staff and other expenses, the Trust is involved in a continuous process of improving its facilities and equipment. The Trust continued to deliver on a significant capital expenditure programme of £34m including £9.6m for specific capital projects, £13.4m for general capital invested in schemes, equipment and vehicles, £4.9m for maintenance of buildings, £2.8m for information technology, £2.0m for invest to save initiatives and £1.3m for various minor capital projects. 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.

**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 with a notable increase in expenditure of £1.3m from £0.6m in 2022/23. Commitments of £2.4m have also been made in the period for which expenditure will be incurred into future years.

Funds have been utilised to support a number of worthwhile initiatives such as :

- Two portable 3D ultrasound bladder scanners, which can be used at a number of sites on different days to quickly and accurately manage and treat urinary conditions;
- Update of breast screening software to allow information leaflets to be uploaded for the enhancement of service user experience;
- Bariatric stander to support the increasing number of patients passing through ICU with rehabilitation needs;
- Garden furniture and equipment for the enjoyment of residents allowing them to spend more time outdoors;
- Three automatic ECG arrhythmia detection systems, to detect atrial fibrillation in acute stroke patients to enable pharmacology management and prevent the onset of further stroke;

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 2024 was £102m (31 March 2023 £106m). 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 2024, the Trust had £96m (31 March 2023 £63m) of non-current provisions.

**Public Sector Payment Policy**

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

<b>Public Sector Payment Policy – Compliance</b>	<b>2024 Number</b>	<b>2024 Value £000s</b>	<b>2023 Number</b>	<b>2023 Value £000s</b>
Total bills paid	302,447	647,941	298,590	632,950
Total bills paid within 30 days of receipt of an undisputed invoice*	276,698	613,984	256,142	587,317
% of bills paid within 30 days of receipt of an undisputed invoice*	<b>91.5%</b>	<b>94.8%</b>	<b>85.8%</b>	<b>92.8%</b>
Total bills paid within 10 day target	219,507	538,095	211,229	521,078
% of bills paid within 10 day target	72.6%	83.1%	70.7%	82.3%

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

The amount of compensation paid for payment(s) being late was £260.68 for the year (2022/23 Nil). One of the key performance indicators of the Trust is the prompt payment of invoices. The DoH Prompt Payment target is to pay 95% of invoices within 30 days and the Trust has achieved 91.5% against this target (2022/23 85.8%).

**SUSTAINABILITY REPORT**

**Environmental Issues**

The Trust is committed to ensuring that the risks 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 has invested significantly in energy efficiency projects in recent years, and has been able to minimise the impact of a significant growth across 4 major hospital



sites, however ongoing investment is required to reduce the carbon footprint further. During the year, the Trust secured and invested approximately £2m in a range of energy efficient equipment and schemes, such as LED lighting upgrades throughout all the four major sites as well as community facilities, photo voltaic panels to provide a renewable source of electricity on the Omagh Hospital, Gransha and Altnagelvin sites as well as electrical vehicle charging points installed for Trust transport vehicles at a number of our sites. The Trust has also implemented Automatic Meter Reading (AMR) across all sites to allow real live energy data visibility.

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 is currently on target to deliver a Heat, Light & Power (HLP) KPI improvement of 4.92%, which is a significant increase from the 1% in last year's report.

### **Environmental Waste Management**

The Trust's Waste Management Plan aims to minimise waste and the amount sent to landfill. The Trust achieved its target of recycling and recovering over 85% of non-hazardous waste. Extensive efforts have been made to minimise waste on wards and departments, with the aim to reduce the amounts of waste unnecessarily going into the Clinical waste stream by availing of all waste streams following the latest Department of Health requirements (HTM07-01).

### **Climate Change Regulations NI 2024**

The above regulations has been adopted in 2024 which outlines the Western Trust responsibility towards climate change. The Trust has initially appointed the Director of Planning, Performance and Corporate Services supported by the Head of Estates in order to meet the obligations under the Climate Change Act. The DoH have developed a sustainability action plan in which the Trust in conjunction with all other Arm's Length Bodies are meeting on a regular basis to develop and take forward.

### **Essential Business Relationships**

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

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

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



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Mr Neil Guckian OBE  
Chief Executive and Accounting Officer

3 July 2024

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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 the following members:-

Name	Position on the Board
Mr S Pollock, CBE	Chair (term of office ended on 30 April 2023)
Dr T Frawley, CBE	Chair (term of office commenced on 1 May 2023)
Ms R Laird, CBE	Non-Executive Director
Dr J McPeake	Non-Executive Director
Mr S Hegarty	Non-Executive Director
Prof H McKenna, CBE	Non-Executive Director
Rev Canon J McGaffin	Non-Executive Director
Dr A McGinley	Non-Executive Director (term of office commenced on 1 January 2024)
Mr B Telford	Non-Executive Director (term of office commenced on 1 January 2024)
Mr N Guckian, OBE	Chief Executive
Dr B Lavery	Medical Director
Mr T Cassidy	Executive Director of Social Work and Director of Children and Families

Mrs D Kennan	Interim Executive Director of Nursing, Midwifery and AHP Services
Ms E McCauley	Executive Director of Finance, Contracts and Capital Development
Mrs G McKay	Director of Diagnostics, Cancer and Medical Specialities
Mr M Gillespie	Interim 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 (from 1 November 2023)
Mrs T Molloy	Director of Performance, Planning and Corporate Services
Mrs K Hargan	Director of Human Resources and Organisational Development

The Trust maintains a Register of Interests covering 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 21 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 of this area internal control issue in the Governance Statement.

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

## **NON-EXECUTIVE DIRECTORS' REPORT**

During 2023/24 the Western Health and Social Care Trust faced yet another year of unprecedented pressures and challenges while at the same time developing new ways of working, dealing with workforce challenges by developing new ways of working against a background of significant financial uncertainty.

The Non-Executive Directors have continued to provide support, challenge and guidance to assist the Trust in meetings its commitment to deliver safe services for the population it exists to serve and support management in achieving its objectives through both engaging with key stakeholders and contributing to the leadership of the organisation.

The Board has in relation to the Non-Executive membership experienced considerable change during 2023/24. At 30 April 2023, the Chair Mr Sam Pollock, completed his

tenure, and Dr Tom Frawley, took up the post from 1 May 2023. In January 2024, we welcomed two new Directors, Dr Aideen McGinley and Mr Brian Telford and on 13 March 2024, Professor Hugh McKenna CBE and Rev Canon Judi McGaffin were reappointed to the Board. This now completes the membership of the Board for the foreseeable future. These appointments provide both stability and continuity to the Board while also contributing specific areas of expertise that help to ensure the Board is both innovative and effective.

Non-Executive colleagues wish to take this opportunity to both thank and pay tribute to our outgoing Chair Mr Pollock for his leadership and support over the period of his tenure.

The Trust completed 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 the Assessment Tool by the Board. This consideration will allow the Board to decide which insights if implemented might improve the performance of the Board.

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 individual roles is available by reviewing the Committee reports and minutes. Critically from such a review it is clear 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, People Committee, and Adoption Committee. All Committees have continued to scrutinise and review that part of the Trust's business which is covered by their remit detailed in their terms of reference during 2023/24.

The Non-Executive Directors have continued to support the Corporate Management Team and Trust Board throughout 2023/24 to ensure the Trust's vision is delivered.

During 2023/24 NEDs supported the Board in a number of key areas including:

- Planning and oversight of the rebuild of services post Covid;
- Assurances on quality and safety of services including performance, finance and human resources;
- 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.

Non-Executive Directors continued to attend Trust Board meetings and workshops throughout 2023/24. Their support and challenge to the Corporate Management Team had the objective of ensuring an appropriate balance between organisational objectives and managerial imperatives. 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 in order to ensure Non-Executive Directors are in receipt of all relevant information that enables them to make informed decisions on what are very complex issues that may have implications for the population served by the Western Trust.

## **STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES**

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

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

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

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

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

## **GOVERNANCE STATEMENT**

### **Scope of Responsibility**

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

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

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

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

### **Compliance with Corporate Governance Best Practice**

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

The Trust Board completed its annual Board Governance Self-assessment for the 2023/24 and is assessed as being compliant with the Corporate Governance Code. Within the self-assessment and under the key area of leadership the Board was assured following the recent appointment of 2 Non-Executive Directors that all Governance requirements of Trust Board leadership are being complied with. The Trust undertook a programme of work to review and update its vision and mission to ensure



that it has a clear picture about where the organisation wants to be in the future and a statement of our purpose. Senior leaders and a cross section of our staff were involved in co-producing our vision and mission and they were launched at the Trust's Staff Recognition Awards ceremony in April 2023. All corporate policies are approved through the Assurance framework and each policy must align to the Trust vision and objectives. Trust Board are informed on, and are facilitated to challenge on, policies and financial and performance activity in the context of achieving the Trust's vision and objectives.

Implementation of a risk appetite model for the Trust has been completed with the approval in June 2023 of the revised Risk Management policy. The risk appetite model clearly aligns appetite to a range of target scores based on the outcome of each risk being realised against Trust objectives. Trust Board sets and reviews its tolerance levels against remaining above the appetite for each Corporate risk to help prioritise management of the risks for the year ahead including assurance on same. This is facilitated by Trust Board consideration of controls and gaps in controls supported by the three lines of assurance framework along with discussion on short, medium and long-term strategies to meet Trust objectives. This process includes a deep dive into selected corporate risks to ensure a greater understanding of all aspects of risk assessment and management.

The Trust Board assesses its performance using the Board governance self-assessment tool, which is based on the structure issued by the DoH. The Board also commissions Internal Audit to review the effectiveness of its internal controls and the Trust has implemented 80% of its internal audit recommendations at 31 March 2024.

### **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.

Regional guidance has been developed and issued to all Trust Board and Executive Team members as an aide memoire on the legislative requirements and matters to consider in their strategic decision-making. The guidance is issued as part of the Trust induction process for new appointees.

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. Engagement and formal consultation on the draft plans have greatly shaped the actions

over the next 5 years. An outcome report is being produced to share the feedback that has been received and how it will be responded to. The plans outline how the Trust will improve equality of opportunity and promote positive attitudes for those with a disability and improve their participation in public life. Progress on the actions within the Disability Action Plan and Equality Action Plan are reported on annually within the Trust Annual Report to the ECNI.

A regional forum has been established in partnership with colleagues in the Equality Commission, Human Rights Commission and Community Relations Council to help facilitate joint working and the sharing of information and expertise to help address inequalities and uphold human rights and promote equality and good relations in health and social care.

The Trust has posters highlighting the regional HSC good relations statement displayed in Trust facilities, with an unequivocal and consistent message in terms of its commitment to good relations and the behaviours expected from staff, service users and those with whom the Trust engages.

The Trust produces quarterly equality screening reports outlining the screening outcomes of policies and proposals etc. and are available on the Trust website. The Trust provides equality screening training for staff and this is complemented by a suite of relevant information. In addition, 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 Board has corporate responsibility for ensuring that the Trust meets its statutory responsibilities, fulfils its aims and objectives and for promoting the efficient, economic and effective use of staff and other resources allocated to it by the Department of Health. This includes:-

- 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 11 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 Trust Board agenda include Quality and Safety, Infection Prevention and Control, Corporate Risk Register and Board Assurance Framework, Performance Management and Financial Performance.

<b>Name</b>	<b>Title</b>	<b>Meetings to attend</b>	<b>Meetings attended</b>
Mr S Pollock, CBE	Chair (term of office ended on 30 April 2023)	1	1
Dr T Frawley, CBE	Chair (term of office commenced on 1 May 2023)	10	10
Mr N Guckian, OBE	Chief Executive	11	11
Mr S Hegarty	Non-Executive Director	11	11
Ms R Laird, CBE	Non-Executive Director	11	10
Dr J McPeake	Non-Executive Director	11	9
Prof H McKenna, CBE	Non-Executive Director	11	9
Rev Canon J McGaffin	Non-Executive Director	11	10
Dr A McGinley	Non-Executive Director (term of office commenced on 1 January 2024)	3	3
Mr B Telford	Non-Executive Director (term of office commenced on 1 January 2024)	3	3
Mr T Cassidy	Executive Director of Social Work and Director of Children and Families	11	10
Mrs D Keenan	Interim Executive Director of Nursing, Midwifery and Allied Health Professionals	11	11
Ms E McCauley	Executive Director of Finance, Contracts and Capital Development	11	8
Dr B Lavery	Medical Director	11	11
Mrs T Molloy	Director of Performance, Planning and Corporate Services	11	9

Mrs K Hargan	Director of Human Resources and Organisational Development	11	9
Mrs G McKay	Director of Diagnostics, Cancer and Medical Specialities	11	9
Mr M Gillespie	Interim Director of Surgery, Paediatrics and Women's Health	11	10
Ms K O'Brien	Director of Adult Mental Health and Disability Services	11	10
Dr M O'Neill	Interim Director of Community and Older People's Services (from 1 November 2023)	5	5

### **Audit and Risk Assurance Committee**

The Audit & Risk Assurance Committee met four times during the year with 84% 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 81% 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 and Performance, meets quarterly and provides assurance to the Governance Committee that assurance and risk management arrangements relating to corporate governance are effective.
2. The **Clinical and Social Care Governance (CSCG) Sub-Committee** is jointly chaired by the Medical Director and the Executive Director of Nursing. Its 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 core members meet monthly and receive reports from the Chairs of the reporting Clinical and Social Care Governance Working Groups on a quarterly basis. The joint Chairs report to the Trust Governance Committee on a quarterly basis advising on any escalating pertinent corporate issues. A Rapid Review Group (RRG), which is a sub-committee of CSCG, meets weekly to monitor and assess the review of SAls, red incidents, high risk complaints, claims and inquests to maximize the potential for identifying and sharing learning, as quickly as possible, across the organisation and where appropriate the region.
3. The **Quality and Standards Sub-Committee** is chaired by the Executive Director of Social Work, meets quarterly and oversees the implementation of clinical and social care standards and guidelines throughout the Trust and provides assurance to the Governance Committee that appropriate systems are in place to monitor standards relating to quality of care.

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

### **Remuneration & Terms of Service Committee**

The Remuneration Committee met 3 times during the year with the overall attendance level of members at 100%. It currently 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 had seven scheduled meetings (4 formal and 3 confidential) meetings during the year. An extraordinary confidential Committee meeting was also held during the year. The Committee therefore met eight times during the year, with 100% 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. At the confidential meetings, the Committee was briefed in depth

on matters relating to services with significant performance and access challenges, and on the developing position with the financial plan and out-turn for the year. An updated revised terms of reference for the Committee was endorsed at Trust Board on 8 June 2023.

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. The Committee fulfilled the requirements of its Terms of Reference during the year.

### **Endowments and Gifts Committee**

The Endowments & Gifts Committee met five times during the year with 69% attendance. The Committee is comprised of two Non-Executive Directors and the Trust Chair and is supported by a number of Trust officers. The role of the Committee is to oversee and fulfil the responsibilities of the Board as Trustees of Endowments and Gifts Funds. The Chair of the Committee briefs Trust Board following each meeting. The Committee had agreed an action plan for the year and received an update against actions at every meeting. The Committee is satisfied with its performance against the action plan for the year and has met the requirements of its terms of reference.

### **Improvement through Involvement Committee**

The Improvement through Involvement Committee is scheduled to meet quarterly. It met four times during the year with 85% attendance. The Committee also convened a number of workshops so Non-Executive Directors and Executive Directors could work collaboratively and consider specific strategic priorities for the Committee. These included issues such as the development of the Trust's Corporate Plan and the establishment of the Trust's Strategic Engagement Forum. 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. During the year, the Committee also met with the new Chief Executive and senior officers of the Patient Client Council, and with the Public Health Agency (PHA) Personal & Public Involvement (PPI) Senior Lead, as significant stakeholders and experts in the field of Involvement. The Committee has responsibility to provide assurance to the Board on the effectiveness of the Trust's arrangements for co-production and learning from experience in order to transform services and deliver improvements. The Committee Chair 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 attention or follow up.

## **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, however, due to the reduced number of Non-Executive Directors on Trust Board during the year there has only been one on the Committee. The role of People Committee is to provide assurance to Trust Board on the effectiveness of the Trust's arrangements for leadership, engagement, management, training, development and education. The Chair of the Committee briefs Trust Board following each meeting.

## **Business Planning and Risk Management**

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

### Corporate Plan

In previous years correspondence was received from the Permanent Secretary setting out expectations of Arm's Length Bodies (ALBs) in relation to corporate plans and which asked ALBs to roll forward their Corporate Plan for a one year period. No specific guidance was issued for 2023/24, however, in line with the approach taken in previous years, it was agreed to produce a further one-year plan. This reviewed and updated the 2022/23 plan and reflects the organisations renewed focus on strategic change, and the new Vision and Mission Statement for the Trust which was developed during 2022/23 and launched at the outset of 2023/24.

Work has however commenced on the development of a new three-year Corporate Plan for the Trust which will cover the period 2024/25 to 2026/27. The Trust has undertaken an engagement process with stakeholder groups, statutory partners and staff to inform this work. The new Corporate Plan 2024-27 is expected to be finalised by Summer 2024.

### Annual Business Plan

A HSC Service Delivery Plan was produced by the SPPG early in 2023/34, setting out the expected activity targets to return on a phased basis to pre-pandemic levels. Delivery is monitored on a monthly basis both internally via the Trust's performance management and accountability arrangements and regionally via the DoH Performance and Transformation Executive Board (PTEB). Performance against the ministerial targets contained in the 2019/20 Commissioning Plan Direction continues to be monitored and reported annually.

The Trust Board also receives a comprehensive quarterly report on performance against the Service Delivery Plan targets, supplemented by exception reports in intervening months. The quarterly reports are considered by the Finance and Performance Committee which also meets during the year in confidential session to be briefed on and scrutinise the most challenged areas of service performance.

### Accountability

Accountability mechanisms with DoH and Commissioners have been re-established, with performance oversight against the Trust Service Delivery Plan being undertaken normally monthly with DoH SPPG. Escalated issues from these meetings normally form the basis of the accountability meetings with DoH. A summary of performance in relation to Service Delivery Plans and CPD targets is provided in the performance section of this report.

### **Business Case Approval**

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

### **Direct Award Contracts**

The Trust has a Direct Award Contracts (DAC) register which is maintained by the Director of Finance's office. A total of 75 DACs were completed by the Trust during the year with a combined value of approximately £16.7m (79 DACs with a value of approximately £21.3m 2022/23). Publication returns have been completed throughout the year to BSO PaLS in respect of DACs with an individual value in excess of £30,000. The Trust's Audit and Risk Assurance Committee and Trust Procurement Board were routinely updated in relation to the Trust DAC Register during the year.

### **Risk Management**

The Trust's Risk Management Policy is in line with the regional approach to risk management using the ISO31000 Risk Management Standard, and was updated in June 2023 to incorporate the new risk appetite model adopted for the Trust.

Risks are identified at all levels of the organisation using a variety of means including the risk assessment process, incidents reports, serious adverse incident reviews, complaints, claims, inspections, audit, monitoring of performance and financial management systems, regulatory and legislative requirements. Individual Directorates, Wards, Departments, Specialties and Service Areas are required to identify and prioritise their risks. The policy has a 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 the CMT and Trust Board. Directorate risk registers are a standing item on the agenda of all Directorate Governance meetings. Current risks are reviewed and new risks for inclusion on the register are considered at these meetings. Directors are required to report on a quarterly basis to the Governance Committee on significant risks within their areas of responsibility.



Any material changes to the Corporate risk register must be approved by the CMT and the Trust Board. The Corporate risk register is reviewed quarterly by the Governance Committee. It is also tabled at Audit and Risk Assurance Committee which has responsibility to provide oversight assurance on the framework of management for corporate risks. The risk register is published with Trust Board papers and is posted on the Trust intranet site for access by employees.

Implementation of the agreed risk appetite model for the Trust has been completed. A process of risk review was carried out and a number of risks were merged and others de-escalated. Risk descriptors were revised to ensure they captured the cause, event and outcome. Categories and sub-categories were defined to allow setting a risk appetite target score based on the adopted model. The risk appetite process prompted a number of corporate risks for deep dive review at Governance Committee during the year.

Future monitoring and assurance of corporate risk performance and decisions on risk tolerance will be assisted by the identification and reporting against key performance indicators for each risk. The risk register was last presented to Trust Board on 7 March 2024.

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

The Quality and Safety Team provides quarterly reports for Directorate Governance Groups. This includes information on serious adverse incidents, incidents, complaints, litigation, health and safety, NICE guidance, RQIA reviews and other quality and safety indicators for discussion by the groups. A Quality and Safety Corporate Dashboard, which includes trends in relation to incidents, claims and complaints, is also considered by the Governance Committee quarterly. During the year, the information provided to Governance Committee has reflected the 'Quality Health Check' information provided to Teams and Directors and for Chief Executive Assurance meetings with Service Directors.

The Quality and Safety team are currently revising the Directorate structures to align with recent 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 maximise potential for immediate access to reports on current risks and the registers they relate to.

**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 of data protection legislation and 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 2023 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%

The Trust continues to see a significant increase in the total number of FOI requests received. Despite this, the Trust is increasing 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 2023 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%

The Trust’s Information Governance department received a total of 5,030 requests for copies of patient and client records. This is an increase of 25% in requests received from the previous calendar year. The Trust continues in its efforts to meet the information rights of individuals and to respond to requests in a timely manner with most requests processed within the statutory timeframes.

Information Risk

The Trust has a UK GDPR risk on the corporate risk register and this is monitored within the Trust’s governance framework. The risk has been subject to a substantive review, which led to a reduced risk scoring as the Trust’s strategic plans increase the security and safety of patient, client and staff information. Updates and progress on the risk are recorded via the IGSG which reports into Corporate Governance Sub Committee which will escalate progress through to Trust Board. The IGSG also has standing agenda items to review and assess progress of audit recommendations and to respond to incident trends or learning from SAI Reviews. The Trust reported two incidents to the Information Commissioner’s Office and had no information governance related serious adverse incidents. 89% of staff have completed information governance awareness training.

Records Management

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

**Serious Adverse Incidents (SAIs)**

The Trust reported 63 SAIs to the SPPG which was a reduction of 4 from the previous year. 21% related to unexpected serious risks, 38% related to serious injury, unexpected or unexplained death, 35% related to incidents involving suicide, 5% related to incidents of serious self-harm or assault and 1% related to an unexpected or significant threat to provide a service. All draft SAI reports are subject to quality assurance in the form of multi-disciplinary review at RRG. This forum also monitors the implementation of recommendations and reports on performance to the Governance Committee.

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

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

The Trust's Being Open policy and regional SAI procedures requires that when an SAI has been reported, the patient, client 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.

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.

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

The Trust Morbidity and Mortality (M&M) Outcome review Group, a sub-group of Clinical and Social Governance sub-committee and chaired by the Associate Medical

Director on behalf of the Medical Director, continues to work to ensure the systematic and continuous review of patient outcomes across the Trust, including M&M and monitors progress. Any relevant SAI reports are also considered at M&M, meetings and learning from M&M reviews are shared through RRG for onward sharing Trust wide as appropriate.

### **Fraud and Suspected Fraud**

The Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. The Trust's Fraud Policy and Fraud Response Plan were updated during the year and 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, co-ordinates investigations in conjunction with the 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. The Trust had 30 new suspected fraud cases being investigated this year (16 new suspected fraud cases 2022/23).

### **Whistleblowing**

The Trust's Whistleblowing Policy supports staff in raising any concerns where the interests of others or the organisation itself are at risk. Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as fraud. All concerns raised under this policy are screened to determine the most appropriate action which can include, informal action, formal investigation or consideration under another relevant Trust process. Trust Board and the DoH are provided with high level information about all concerns raised by staff through this policy and action taken to address any issues raised.

### **Public Stakeholder Involvement**

The Trust aims to plan, deliver and evaluate our services using a co-production approach and promote the opportunity for all sections of our community to partner with us to improve health and social care outcomes. The Trust has adopted a new Involvement and Consultation Scheme that provides a framework to how we will undertake the legal duty of involving and consulting and also how we will comply with our PPI responsibilities.

The Trust has further developed the newly established Monitoring and Assurance Framework for recording and reporting our Involvement work. This system now provides regular Involvement reports to CMT, PHA and the Improvement through Involvement Committee, which is a committee of Trust Board and provides reports to it quarterly.

The Trust completed a significant consultation with our stakeholders, service users and carers and the public, on the temporary withdrawal of Emergency General Surgery in South West Acute Hospital. The Trust engaged with 632 people at public engagement events. 2,168 people received a copy of the consultation document and the Trust received 101 responses to the consultation. The Trust also received 30,268 signed documents supporting a 5 point plan for SWAH. A findings report was completed and approved at Trust Board on 6 July 2023. The findings report was shared with all those that responded to the consultation. The Trust also used different channels to share the report with the wider public.

The Trust continues to engage with patients, service users and carers, local community and voluntary representatives and statutory partners, to develop our network of consultees. The Trust has now created a consultation list of over 2,400 people to support our involvement and engagement initiatives.

### **Assurance**

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

The Trust Integrated Governance and Assurance Framework document sets out the Trust vision and values aligned to the corporate plan and HSC accountability arrangements. It notes the development of ICS and how organisational structures may change to meet the needs of an evolving model of care delivery within a partnership approach. The document also sets out the 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. The Governance Assurance Framework organisational chart demonstrates the levels of assurance provided by the various Committees. It includes Directorate governance and the process for approving and reviewing the corporate risk register and assurance framework. Accountabilities and responsibilities for Trust governance and assurance arrangements is included along with employee responsibilities. The document also notes the monitoring requirements of the framework. The narrative is reviewed annually to reflect organisational and regional changes to governance arrangements so that the document can remain live and up to date. The Complaints Forum was re-instated into the assurance framework in April 2023.

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

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

The Trust has a PFI contract relating to the SWAH. A six monthly assurance report is produced which is presented routinely to the Corporate Governance Sub-Committee, with escalated issues reported at the next Governance Committee. An update on SWAH PFI assurance was last provided as part of the Corporate Governance Sub-Committee briefing at the Governance Committee on 27 March 2024.

A key source of assurance are the reports from Internal Audit from the audit plan which is based on key risks and systems within the organisation. Internal Audit completed an assurance mapping exercise and provided a briefing note on the assessment to the Trust. This was tabled at CMT where it was agreed to initiate a review on how best the process and templates can be utilised, further developed and populated in the Trust’s developing approach to its assurance framework. This work will be progressed in 2024/25 and will include full integration of the 3 lines of assurance model within all corporate risks.

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

**Self-assessment against Assurance Standards**

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

Area	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

Area	Compliance
Medical Devices and Equipment Management	Partial
Medicines Management	Partial
Security Management	Fully
Food Hygiene	Fully

### Budget Position and Authority

The Budget Act (Northern Ireland) 2024, which received Royal Assent on 14 March 2024, together with the Northern Ireland Spring Supplementary Estimates 2023-24 which were agreed by the Assembly on 9 April 2024, provide the statutory authority for the Executive's final 2023/24 expenditure plans. The Budget Act (Northern Ireland) 2024 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2024/25 financial year.

### Sources of Independent Assurance

The Trust obtains independent assurance from the following sources;

### Internal Audit

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

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
<b>Corporate Risk Audits</b>	
Management of Discharges in the Acute Hospital Setting	Satisfactory
Safeguarding of Children in Adult Wards	Satisfactory
Care Management	Limited
Point of Care Testing (POCT)	Limited
Management of Medical Gases	Limited
Business Continuity arrangements within the Trust (including in the event of a cyber-attack)	Satisfactory
<b>Governance Audits</b>	
Performance Management	Satisfactory
ICT Incident Management arrangements	Satisfactory
Medicines Management	Split satisfactory and limited
Management of Violence and Aggression Incidents	Satisfactory
<b>Finance Audits</b>	
Payments to Medical Staff and Management of Job Planning	Unacceptable
Management of Independent and Residential Nursing Home Contracts	Limited



AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
Governance & Management of Use of Non-Medical Agency Workers	Limited
Budgetary Control	Satisfactory
Financial Assessments	Satisfactory
Non-Pay Expenditure	Split satisfactory and limited
Management of Nursing Shifts at Wards	Satisfactory
Management of Petty Cash	Split satisfactory and limited, however follow up audit at year end provided satisfactory assurance.
Management of Client Monies in Independent Sector Homes	Split satisfactory and limited

In her annual report, the Head of Internal Audit for the year ended 31 March 2024 has provided **Satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. She has provided satisfactory assurance in a number of key areas including Performance Management, Budgetary Control, Management of Discharges, Business Continuity arrangements, and ICT Incident Management arrangements. She also acknowledges the progress made by year end, in implementing the significant recommendations made, particularly in some 2023/24 Limited audit reports. Although she is content to provide overall satisfactory assurance, she has highlighted that unacceptable assurance has been provided in respect of Payments to Medical Staff & Management of Job Planning. Limited assurance has also been provided in a number of key areas. The weaknesses that were identified which gave rise to the unacceptable and the limited assurance in audit areas were:

- Management of Petty Cash – Limited assurance was provided in relation to the management of petty cash at 2 of the 4 facilities visited.
- Management of Client Monies in Independent Sector Homes – Limited assurance was provided in relation to the Trust monitoring arrangements for residents' finances by key workers.
- Non Pay Expenditure – Limited assurance was provided on the basis that controls over management of revenue business cases needed strengthened and clarified.
- Management of Independent Residential & Nursing Home Contracts – Limited assurance was provided on the basis that the current regional contract is outdated, requires significant review and strengthening and is not fully reflective of services being provided by Homes.
- Payments to Staff and Medical Job Planning – Unacceptable assurance was provided on the basis that 79% of Consultants and SAS Doctors from the two directorates sampled did not have up to date (approved within the last year) job plans in place.
- Governance and Management of use of agency and bank staff – Limited assurance was provided on the basis that key forms had not been completed, as part of the commissioning of these workers.
- Point of care testing – Limited assurance was provided on the basis that there was evidence that staff have not been trained in point of care testing as

required; there is inappropriate sharing of barcodes amongst staff to allow staff to use devices to conduct tests; and point of care testing audits have not been conducted as required.

- Management of Medical Gases – Limited assurance was provided on the basis that control over the management of oxygen cylinders, used primarily when transferring patients across hospital sites, is not robust and training uptake on the management of medical gases is low.
- Care Management – Limited assurance was provided on the basis that 22% of annual care reviews were outstanding and audit testing found gaps in completion of care plan information.
- Medicines Management – Limited assurance was provided on the basis that prescribing of drugs and use of Kardex is not robust.

The Trust endeavours 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, 198 (80%) of the outstanding 247 recommendations examined were fully implemented and 49 (20%) 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. There are 12 audit recommendations in Payroll Service audits which are not yet fully implemented and 2 recommendations in both the Recruitment Shared Service audit report and the Accounts Payable Shared Service audit report which are not yet fully implemented.

A summary of audits completed during the year is as follows:

<b>Shared Service Audit</b>	<b>Assurance</b>
Payroll Service Centre	Split satisfactory and limited
Recruitment Shared Services Centre (RSSC)	Limited
Accounts Payable Shared Service	Satisfactory
Accounts Receivable Shared Service	Satisfactory

### **External Audit**

The Report to those Charged with Governance in relation to the audit of the 2022/23 accounts was issued to the Trust on 3 October 2023. There were 5 recommendations

(two priority 2 and three 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 2023/24.

### **Regulation and Quality Improvement Authority (RQIA)**

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

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

The Governance Manager within Quality and Safety oversees the themes presented within the RQIA Quality Improvement Plans, and shares opportunities for support with relevant colleagues. The themes and learning opportunities are reported through to the Quality and Standards Sub-Committee. A dissemination of learning group was established in response to feedback received from RQIA in February 2023. This group has been set up to oversee learning themes, trends and dissemination and implementation of learning to relevant areas of the Trust, in order to provide assurance of same.

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. The Trust has submitted an update of progress response to SPPG on 24 October 2023 in relation to this review with an update of the action plan in place for any outstanding recommendations.

The RQIA Review of Maternity Services in Northern Ireland commenced on 14 September 2022. A working group was established to take this forward. RQIA issued the final report to all Trusts in May 2023. Work is ongoing and at a regional level via the working group to implement all outlined recommendations within.

RQIA have also notified all Trusts of an exploratory fact finding exercise in relation to Preterm Induction of Labour in cases of severe fetal impairment or fetal anomaly. This exercise commenced in September 2023. This work is now complete and informed the service specification for managing this going forward. Women who now get a diagnosis of fatal fetal anomaly, are referred to Belfast Trust and if they decide to terminate the pregnancy they are given Feticide in the Belfast Trust and then these women return to their home Trust for Induction of labour and bereavement support.

On 22 February 2024, the Department of Health (DoH) wrote to RQIA to commission a review of the pathways associated with the temporary suspension of Emergency General Surgery at SWAH as a result of patient safety concerns escalated in a letter to the DoH (dated 8 February 2024) from a group of clinicians based within WHSCT. This work would be done under the remit of RQIA's improvement function.

The Trust has been working with RQIA to agree a terms of reference for this work and have provided information to them to support preparations for this review. The field work is likely to commence in early 2024/25, with a preliminary findings report being made available in advance of the end of June. An action plan has been developed in conjunction with Emergency Department Consultants, General Surgeons, Gastroenterology and members of the senior management team. It is anticipated that this work will be completed on 9 May 2024, following a sign off meeting.

### **Fire Enforcement**

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

### **Other Assurance Sources**

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

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

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

- **General Medical Council (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 2024.**

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department, the conditions and requirements set out in the MSFM and the new partnership agreement which came into effect during 2023/24, other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

### **1. Compliance with DoH Prompt Payment**

The Trust previously reported that the prompt payment target continues to be challenging and had failed to meet the requirements of payment of at least 95% of all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods and services, whichever is the later. A range of activities were implemented and targeted support was given to managers in areas of low compliance.

The Trust had delivered against its target during 2023/24 for most of the year, however, performance declined in the last quarter and we end the year with performance of 91.5%. However, this decline is as a consequence of staff absences in our centralised nurse bank administration function. While we have fallen short of the target we consider the divergence to be not significant and would consider this issue to be closed.

### **2. ENT Head & Neck – Lookback review**

The Trust previously reported that as part of the Trust's reset programme the ENT service undertook an extensive validation exercise of their inpatient and outpatient waiting lists which identified unexpected anomalies in patient assignment and waiting list management. A Lookback review was initiated in October 2021 and a serious adverse incident (SAI) was reported in November 2021. All patients identified have had appropriate treatment completed. Prior to the introduction of Federation of Surgical Specialty Association categorisation during the COVID-19 pandemic all patients were added to the surgical waiting list as red flag, urgent or routine. There was no distinction between the urgent patients with indeterminate investigation findings requiring diagnostic surgery and the urgent patients requiring surgery for benign indications. Actions were identified specific to prevention of recurrence. The lookback exercise has been completed and the report has been shared with CMT and Trust Board. A Trust action plan has been developed which highlights the Trust learning across the lookback exercises. The Trust considers this divergence closed.

### **3. Care Home, Enniskillen – Adult Safeguarding Investigation**

The Trust previously reported that a number of incidents had occurred in this independently owned care home with a similar pattern relating to skin care and pain management. The home had a number of safeguarding referrals and as a result the home was subject of an ongoing improvement plan. There has been a significant improvement in the running of this home. The Trust has invested significant staff time

and resources to support this home in making these improvements, including the deployment of a member of staff to work full time in the home to support the changes and the incoming new manager. A new manager is now in post and there has been positive feedback from residents and families, with the majority of the beds now occupied. The Trust is very aware that this level of improvement needs to be maintained and there has been significant learning from this incident. The Trust considers this divergence closed.

#### **4. Dromore & Trillick GP Practice**

The Trust previously reported that from 1 July 2022, it had been managing the contract for the Dromore and Trillick GP Practice. This arrangement had been made under the Alternate Provider of Medical Services (APMS) contract. The SPPG continued to contract with the locum GPs employed in the practice and the Trust had taken on responsibility for management of the GP rota. The Trust reviewed in excess of 2,500 clinical correspondence documents relating to the period from 1 July 2022 and attached to the patient record. The report concluded that no patient has come to serious harm as a result of the backlog.

The Trust also identified a risk associated with the reauthorisation of medication relating to a number of patients in the practice. These patients have been reviewed and the practice has put in place an online repeat prescription service and has placed a mailbox at the front of the surgery for receiving repeat prescriptions. In January 2023, a social worker took up post in the practice and is working closely with the GPs on a daily basis and a pharmacist took up post on 1 April 2023 and is strengthening medication governance in the practice.

The issues have been fully addressed and risks associated with Dromore & Trillick GP Practice have been removed from the risk register. The Trust considers this divergence closed.

#### **5. General Surgery – Lookback review**

The Trust previously reported that following the departure of a locum consultant surgeon in the northern sector of the Trust, a review highlighted concerns in relation to administrative processes including outstanding results, GP communications, a colorectal review list which was outside their clinically indicated time for review and the cohort of patients to be reviewed by the remaining substantive consultant team. The Trust undertook a review of the cases and all review patients attended or were reviewed by Trust general surgeons with no adverse findings reported. A final report was completed and submitted to both CMT and Trust Board. The Directorate developed guidance for clinical teams to ensure a consistent approach is in place to manage administration when a consultant leaves or is on sick leave. Learning has been shared across the Directorate and also by the Medical Director through internal processes. The Trust considers this divergence closed.

## **6. Direct Payments and Domiciliary Care**

The Trust previously reported that it was experiencing significant increases in referrals to provide assessed care needs by either a direct payment or by a traditional domiciliary care service. There continues to be challenges, however this demand is being managed within the service. The Trust considers this divergence closed.

## **7. Estate Risks**

The Trust previously reported that the age, condition and nature of the estate continues to pose potential risks that are exacerbated by limited capital investment in major renewal and replacement projects. The estimated investment required to address immediate backlog maintenance liabilities has increased to £318m from £272m in 2022/23. The rationale for the increase is predominantly due to an inflationary increase in construction costs of 8.5% (figures are based on an ongoing independent survey). Continued significant pressures are also being experienced on the revenue servicing and maintenance budgets, thus increasing potential risks to the safety of medical equipment, deterioration of the environmental condition of the estate and also increased backlog maintenance deficits. The Trust has secured approximately £4.9m in backlog maintenance funding compared to £2.75m in 2022/23 which will address high priority areas and continues to work closely with the DoH to address risks associated with Department owned “retained” vacant estate. The Trust is the local responsible agent for this estate and have secured funding to improve the overall health and safety of the vacant Stradreagh Estate on the Gransha site. The Trust considers that whilst the management of the estate is very challenging within the current financial landscape, it is a managed position and therefore this internal control divergence can be closed.

## **8. Continuous Positive Airway Pressure (CPAP) Philips Alert**

The Trust previously reported that a regional working group had been convened to work through issues associated with a CPAP Philips Alert relating to unstable material in fluctuating temperatures. Philips supply of machines for their swap and repair programme continues, similar to other Trusts in the region.

Existing arrangements with an alternative company for the supply of CPAP machines for all new diagnosed patients is ongoing while awaiting full resolution of the Philip’s issue. This specific type of equipment will be subject to tender in 2023/24. The new supplier of the alternative machines are actively engaged in the swap out of the Phillips CPAP machine. New patients are also being commenced on the therapy with the new product. No issues have been reported to date from patients through to the service. The Trust considers this divergence closed.

## **9. Adult Learning Disability Independent Sector Supported Living – Staff pressures**

The Trust previously reported workforce pressures across the independent sector that were impacting on service delivery including the ability to take on new work. A number of providers approached the Trust regarding staffing pressures as well as making



requests for increased funding to support recruitment and retention efforts as well as increasing costs arising from the cost of living pressures.

These matters have been brought to the attention of the regional Learning Disability Assistant Director Forum to ascertain potential for a regional response. All relevant financial uplifts have been applied, however many organisations continue to report financial deficits. The service remains committed to ensuring an ongoing process of review of client need whereby any changes in presentation and associated needs in staffing enhancements are understood and commissioned appropriately. The Trust considers that whilst these matters remain challenging within the current financial landscape, it is a managed position and therefore this internal control divergence can be closed.

#### **10. Blood Stock Levels – regional**

The Trust previously reported that the Northern Ireland Blood Transfusion Service (NIBTS) aims to hold over 5 days' stock of all blood groups and was struggling to maintain above 3 days of O-, O+ and A+ consistently. By contrast, hospital blood banks were consistently holding in excess of 5 days' stock of these groups. NIBTS didn't anticipate that stocks across the system would be sufficiently low to impact hospital activity in the immediate short term. Blood transfusion laboratories within the Trust continue to work with NIBTS to manage blood stocks at an effective level to ensure service deliverability. The Trust continues to support NIBTS by encouraging blood bank staff to hold no more than 5 days' stock of O-, O+ and A+, following the guidance issued by NIBTS and NITC regarding the appropriate use of O- red cells, and encouraging staff and those in communities to donate blood when sessions are in their area. The Trust considers this divergence closed.

#### **11. Paediatric Orthopaedic Outreach Service**

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

In recent years clinical provision has been reduced to 30 days (60 clinic sessions each year). There was further outreach capacity through scheduled monthly joint clinics with the community paediatrician and orthoptist, for children with neuro-disability, consultants provided support for the nurse led baby hip screening, assessment and treatment service and nurse specialists in baby hip clinics have extended their role. There is currently no significant review backlog and an 18 week wait for outpatients at this time. This performance is maintained with the assistance of the nurse led service. The Trust considers this divergence closed.

#### **12. Acute Surgical Consultant On-Call Rota at SWAH**

The Trust previously reported that the sustainability and continuing safe operation of the General Surgery Service in SWAH was identified as a key risk for the Trust since October 2021. That risk had been centred on the Trust's ability to have a sufficient

number of general surgeons, who could provide the required standard and continuity of care for our patients. This position changed at the beginning of October 2022 when the Trust experienced a number of critical staffing changes, which meant that the 24/7 rota for Emergency General Surgery at SWAH could not be sustained after 18 December 2022. This resulted in an unplanned and temporary change to emergency general surgery services at SWAH. During this temporary suspension, pathways were established to manage patients.

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

On 6 July 2023, the Trust Board meeting considered the Findings Report on the Trust's consultation on the temporary suspension of emergency general surgery at SWAH. Whilst the Trust noted there had been objections to the temporary change, it was recognised that the new pathways put in place have been working effectively. It was noted that an average of two patients per day have been admitted to Altnagelvin for emergency general surgery since 19 December 2022, and, there is no evidence that the temporary change to the pathways at SWAH has negatively impacted on patient clinical outcomes.

The Trust is satisfied that the temporary suspension of emergency general surgery at SWAH and the new pathways put in place to assess patients via the ambulatory pathway at SWAH, and to treat patients requiring admission at Altnagelvin, has significantly mitigated the patient safety risks. The alternative clinical pathways for the treatment of emergency general surgery patients at SWAH are carefully monitored by the Trust and this will continue. The Trust considers this divergence closed.

### **13. Older People Services – SAIs**

The Trust previously reported that the Older People's Mental Health Service had two serious in-patient incidents during 2021/22 and agreed as SAIs by the Trust's Rapid Review Group (RRG). One investigation and report has been concluded with a number of key learning points and recommendations identified and the second report is pending completion. This second report awaits completion due to staff absence and workload pressures. The Director has reviewed both SAIs and has confirmed that these SAIs are not control divergences. The Trust considers this divergence closed.

### **14. Staffing Pressures**

Staffing pressures across professional lines have been experienced within many services of the Trust. The Trust continues to endeavour to recruit and resolve vacancies. During 2023/24 a range of actions have been taken by the Trust to stabilise

services which include both national and international recruitment, new pathways, utilisation of bank and agency opportunities and investment. In addition, related services have risk mitigation arrangements in place and staffing levels continue to be monitored. These include:

- AHPs
- Care of Older Peoples wards
- Ophthalmology (including Paediatrics)
- Clinical Microbiology
- Consultant cover – Cardiology
- Family & Childcare Services
- Emergency Departments
- Radiology
- Cellular Pathology
- Consultant Oncology
- Maternity and Gynaecology
- Specialist Palliative Care Services
- Learning Disabled - regional hospital bed provision and staffing pressures
- Older People's Mental Health Service
- Clinical Health Psychology Staffing (New for 2023/24 as below)
- Southern Sector Social Work Staffing Levels – Primary Care & Older People (New for 2023/24 as below)
- Pharmacy Staffing (New for 2023/24 as below)

While the risk for these services indicated above has now reduced, services continue to remain fragile, however, they are no longer considered to be significant internal control divergences and are therefore closed.

The following were new divergences reported in our mid-year Governance Statement for 2023/24, and actions taken by the Trust in the interim result in their closure as significant as outlined in each.

#### Clinical Health Psychology Staffing

This significant internal control divergence was reported as a new divergence for 2023/24 in our mid-year report. The Trust reported increased demand for specialist psychological support as a result of increased waiting list times for patients, particularly in cancer services. Recruitment has been challenging. An investment has been made in the professional training of junior psychology staff, as well as looking at a wider skills mix within the service with recruitment of psychological wellbeing practitioners and cognitive behavioural therapists. The service continues to experience challenges, however the team have worked extremely hard to ensure that psychological input is provided to all funded specialties. The Trust has explored different ways of working to maximise capacity, using group-based interventions and hybrid working. A consultation document is also being prepared to explore recruitment of psychological therapists where appropriate. The Trust considers this divergence closed.

### Southern Sector Social Work Staffing Levels – Primary Care & Older People

This significant internal control divergence was reported as a new divergence for 2023/24 in our mid-year report. Community social work teams, particularly the Enniskillen Team, were experiencing significant staffing pressures as a result of recruitment challenges. Targeted work to focus on recruitment in this locality to stabilise the workforce has had an impact and work continues. The Trust considers that whilst staffing continues to be a challenge, it is being managed and therefore this internal control divergence can be closed.

### Pharmacy Staffing

This significant internal control divergence was reported as a new divergence for 2023/24 in our mid-year report. The Trust reported that it was an outlier in not providing a 7-day dispensing and clinical pharmacy service. Not all clinical areas had a clinical pharmacy service and there were gaps in particular services. Pharmacy was challenged in recruiting and retaining entry-level pharmacists and also pharmacists to carry out specialist roles in radiopharmaceuticals, procurement and aseptic services.

A number of peripatetic posts have been recruited and a project to look at new ways of flexible working was initiated to help with staff morale and retention. Actions have been taken to improve recruitment including holding a series of open evenings and also restructuring in Altnagelvin aseptic and dispensary. Trust pharmacy infrastructure and staffing levels are being addressed as part of the DoH NI's Pharmacy Workforce Review 2020 and also the SPPG Trust Pharmacy Infrastructure Project (TPIP). This is no longer considered a significant control divergence and is considered closed.

## **15. Medicines and medical gases management**

This significant internal control divergence was reported as a new divergence for 2023/24 in our mid-year report. The Trust reported that some patients were moved between wards with insufficient oxygen and limited assurance was provided in an internal audit report. Measures have been put in place to address this. Training has been provided to staff, ward cylinder oxygen stores have been visited, cylinders segregated and posters put on walls to show where full and empty cylinders must be segregated and stored. The semi-permanent capping of medical air outlets has been approved. Temporary caps are in place in the interim. Risk management are linking with each ward to advise that they carry out a localised standalone medical gases risk assessment ensuring their staff are trained and medical gases are used and stored appropriately. The Trust's Medical Gases Working group will oversee these actions and seek assurance of compliance.

The Trust also reported issues with compliance against processes to be followed and paperwork to be completed when using medicines and this has also been highlighted in an internal audit report where limited assurance was provided at ward level, particularly in relation to the controls for prescribing of drugs and use of Kardex. An action plan has been drawn up which is being regularly monitored. In addition, wards will also carry out quarterly medicines management self-audits. Adherence to

medicines management standards will be taken through the Trust's Nursing and Midwifery Governance Group and Medicines Management Group. The Trust considers that all necessary actions are in place to address this control divergence and considers this divergence now closed.

#### **16. Report on Inquiry into Hyponatremia related deaths**

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

A new Programme Management Structure was put in place to drive forward the work needed to complete implementation of all the recommendations. This structure has now been stood down with the delivery of the remaining recommendations being monitored by the Standards, Audit & Quality Improvement Group. The Trust considers this divergence closed.

#### **17. NISTAR**

The Trust previously reported that the inability of Northern Ireland Specialist Transport and Retrieval Service (NISTAR) to facilitate adult and paediatric inter-hospital transfers has created a reliance on Trust anaesthetic and paediatric staff to take the role which has created a delay in critical care and provision of sub-optimal services. The Trust has continued to engage with NISTAR and NIAS on incidents relating to delayed transfers particularly in SWAH and this can require patients to remain for longer periods in ICU or theatres. Training of Trust staff continues to ensure that there is a workforce that can undertake critical transfers as and when required. The Trust will continue to monitor the situation and this remains on the Trust's corporate risk register. The Trust considers that whilst NISTAR staffing remains challenging, measures are in place to address this. The Trust considers this divergence closed.

#### **18. Invited Service Review for the Royal College of Paediatrics and Child Health (RCPCH)**

This significant internal control divergence was reported as a new divergence for 2023/24 in our mid-year report. The Trust reported that it had initiated an Invited Service Review by the Royal College of Paediatrics of Acute Paediatric and Neonatal Services. This was carried out in June 2023 and the report was issued in August 2023. They outlined a number of concerns such as lack of pharmacists with appropriate paediatric expertise, reliance on locum support, inability to transition children with epilepsy to adult services, transport arrangements with NISTAR and band 6 paediatric nursing not being available for every shift at the paediatric unit at SWAH.

The Trust developed an action plan and regularly communicates with RCPCH and some issues have been raised with SPPG as they require investment. A business case has been developed to support the recruitment of a pharmacist for paediatrics and there

has been recruitment initiated for a new band 6 nursing post. The Trust will continue to monitor progress and considers this divergence closed.

### **19. Elective Provision & Rebuild**

The Trust previously reported that as a consequence of the COVID-19 pandemic waiting times for access to outpatient and elective surgery had extended beyond levels that were acceptable. The Trust Elective Care Group continues to monitor outpatient performance and meet with SPPG on a regular basis to provide an assurance and mitigation on any variation on performance will always be subject to local influences. The Trust is meeting all the parameters required in the Service Delivery Plan with the exception of Day Procedures. Omagh Day Procedure Centre is the main reason for this under delivery and, the Trust has currently taken a number of actions to improve this area which includes a monthly accountability process.

The Trust established a theatre rebuild plan and overall day case sessions have increased by 8%. The continuation of strict adherence to the theatre scheduling policy allows for the devising of theatre schedules well in advance which, if needed, will allow plans to change to meet the demand of red flags. The Trust has also developed a plan for Orthopaedics to return to its funded inpatient capacity in March 2024.

SWAH is operating at funded levels which includes 10 inpatient sessions and 9.5 day case sessions. Omagh has also been at full capacity for its day case sessions. Maximising these sessions remains a challenge and the Trust has undertaken mega clinics to support the development of active waiting lists for this facility.

SPPG has funded a plan totalling £9.3m for waiting list initiatives to target red flag, urgent and time critical patients across a range of specialties in 2023/24, however despite this investment lengthy waiting times continue. The Trust considers that whilst this continues to be a challenge for the Trust, it is being managed and additional non-recurrent funding is being secured for waiting list initiatives. The Trust will continue to monitor progress and considers this divergence closed.

### **20. Leases Professional Estates Letter (PEL 11/01)**

The Trust previously reported on the adherence to the PEL for leases. The Trust has implemented and is continuing to work within the revised policy PEL (11/01) in relation to leased accommodation. This has been implemented for all new leases and the Trust has in place an action plan. A further 6 leases have been brought into compliance and the Trust is working through the remaining existing leases that are “holding over” to bring into full compliance by 2025/26. Although the Trust has not been fully compliant as per the requirements of HSC(F)30/2022, the necessary steps to address this are in place. The Trust endeavours to implement & maintain robust asset management systems and processes to ensure that critical lease and licence dates are effectively managed and proformas are submitted to the DoH in compliance with the policy including timeframes. Compliance with the PEL is documented in the Trust’s annual

Property Asset Management Plan, which is approved by Trust Board for return to DoH. The Trust would consider that this is no longer a significant internal control divergence and that this should therefore be closed.

### **21. Lakeview in-patient assessment and treatment Hospital – RQIA inspection**

The Trust previously reported that RQIA had issued 2 improvement notices on the 11 March 2022 in relation to Lakeview In-Patient Assessment and Treatment Hospital. The Trust is pleased to report that following the most recent unannounced inspection by RQIA in May 2023, feedback confirmed the Trust being assessed as having achieved compliance with the requirements of both notices. The inspection report identified 2 further areas for improvement with a related improvement plan having been shared with RQIA in line with their October 2023 compliance requirement and will be assessed by RQIA at their next Inspection. The Trust would believe that the significant nature of this is de-escalated as a consequence of the improvements made and that this issue should therefore be considered closed.

### **22. Compliance with Statutory Requirement regarding Statementing Process**

The Trust previously reported that it receives requests from the Education Authority (EA) for reports to assist with children's statementing process (for those with special educational needs). There is a statutory requirement that the Trust returns the information to the EA within 6 weeks. Due to the increase in the number of referrals and staff vacancies, this timeframe of 6 weeks was challenging. A number of actions have been implemented including valid exemption requests being submitted where appropriate; training and support provided regularly to ensure understanding of the statutory obligation; standardisation of pathways and reporting mechanisms. The Trust continues to make progress in this area and the compliance rate is improving. There is a robust process of monitoring the compliance through the SEN Coordinator and if there are challenges, these are escalated immediately to the relevant service manager. The Trust would consider that this is no longer a significant internal control divergence and that this should therefore be closed.

### **23. Continence Services**

The Trust previously reported that it is providing adult continence services across different service pathways. There is a waiting list of women requiring pessaries or review of pessary. Following the retirement of a staff member, these patients have transferred to the gynaecology service. The backlog of patients has improved but this was only possible as additional pessary clinics were able to be set up and funded through elective care waiting list initiative (WLI) funding. A further staff retirement is anticipated and the Trust is providing training to a couple of nurses to support the service. There is no capacity to run additional clinics unless further WLI funds become available. While there remains a number of risks for this service and mitigating actions, the issue is no longer considered to be significant and therefore this divergence can be closed.

## **24. Cyber Security**

The Trust previously reported that the risks associated with cyber threats remain high. The digital services department continues to maintain robust cyber security through its continued focus on technical security measures, governance and compliance with the oversight of a Trust Cyber Oversight Group and in line with the Regional Cyber Security Programme Board. A regional business case to continue the Regional Cyber Programme has been prepared, and elements of the case are being supported.

The Network & Information Systems Regulation (NIS) Cyber Assessment Framework (CAF) Stage 1 and Stage 2 returns were completed in early 2023 and a programme of work was identified which is being taken forward. In particular, a considerable engagement with services on business continuity planning has taken place throughout the year. A process of monitoring through the NIS compliance confidence reviews has been established and will meet monthly. The Trust also made the decision to mandate cyber awareness training as a part of its core suite of mandatory training. Significant progress has been made and staged targets set by CMT have been achieved. Also an audit conducted by internal audit provided satisfactory assurance. The Trust is continuing to review its cyber corporate risk and associated action plans to take account of all these developments. Given the significant improvements to date, the Trust would consider that this is no longer a significant internal control divergence and can be closed.

## **25. Information Governance and Contract GDPR Compliance**

The Trust previously reported that it is not in compliance with Data Protection Legislation in regard to the requirement for social care contracts to have specific UK GDPR compliance clauses when the Trust is sharing data, some of which is classified as sensitive. The Trust have developed an information sharing agreement, and to date have issued this to 165 Nursing Home Providers. Republic of Ireland provider contracts have standard contractual clauses to cover off GDPR compliance. The Trust is currently 37% compliant across social care contracts and work will continue to increase compliance during 2024/25. Arrangements are in place to progress improvements and this divergence is no longer considered to be significant and is therefore closed.

## **26. Regional Shared Services - Recruitment (RSSC)**

The Trust previously reported that it was experiencing significant challenges across a wide range of services and staff groups in attracting applicants for vacancies and progressing appointments in a timely manner. The Regional Review of Recruitment Shared Services completed in August 2022 identified challenges and deficiencies across the overall end to end recruitment process and operating model. A Recruitment Review Programme Board was established to seek to progress the recommendations from the regional review working in partnership with RSSC to review the existing recruitment process and develop a new model that meets the needs of HSC.

In light of these challenges, the Trust has extended the contract with Health Sector talent for the delivery of a temporary recruitment platform – Healthdaq. This was to



address the high volume entry level positions, to develop a resourcing pipeline and to include bespoke and difficult to fill posts. The Trust's in-house recruitment team continues to support recruitment across services utilising this platform. Audits are conducted in BSO Recruitment Shared Services and the outcome of the audit is reported on page 82 of this report. Whilst recruitment challenges remain, they are closely monitored and a number of improvements are in place. Therefore the Trust considers this divergence closed.

## **27. Financial Balance – Regional**

The Trust previously reported that the 2023/24 budget allocation for HSC effectively represented a flat cash budget, with a similar level of funding to the previous year. The budget allocation therefore made no allowance for the increasing costs of running services and the rising demand for care across the population. This inevitability had an impact on the Trust's financial balance with financial pressures increasing due to demographic growth and the requirement for the Trust to contribute to the regional savings target. The Trust took a range of actions during the year to strengthen financial controls and financial accountability and worked closely with DoH and SPPG in relation to its financial plan and is reporting a break even position for 2023/24. Given the work which the Trust has and will continue to undertake to deliver against its statutory duty to break-even, the scale of this divergence is beyond the scope of the Trust to resolve in full and on that basis the Trust considers this divergence closed. I can provide assurance that the Trust will continue to endeavour to deliver against local and regional programmes for value, efficiency and financial balance to support sustainable financial balance for the Trust.

## **28. Social Care Procurement**

The Trust previously reported its non-compliance with the Public Contract Regulations 2015 where Trusts are required to procure health and social care services. This non-compliance is being addressed by the Trust with the support of the Regional Social Care Procurement Board which is doing some enabling work in relation to domiciliary care, care homes, enhanced domiciliary care (learning disability), fostering and substance use.

The Trust has made progress in developing its own tender documentation for the re-tendering of its Domiciliary Care Service and this Tender should be advertised within the next few months. The Trust has also recently progressed a tender for Family Support Time Out Service, which closed during April 2024 and the Trust hope to award the contract by June 2024. The Trust has the best performance in the region against this issue. In addition, while legislation has been in place for nine years, the Trust has not been subject to any legal challenges. As a region we anticipate full compliance to be many years into the future and as a consequence the Trust would no longer believe this divergence to be significant and is therefore closed.

## **29. Cardiology – Lookback review**

The Trust previously reported that clinical concerns were raised about the decision making and clinical outcomes of a cardiologist. As a result seven cases were reviewed. The initial review concluded that in three cases clinical care was not of the standard deemed acceptable. These cases were reported as SAIs and a lookback review was initiated in January 2022. The lookback review identified nine further patients who have now all been reviewed with appropriate assessment and treatment progressing. Whilst a final report was in draft format, a further issue was raised and investigated. The Trust with the agreement of the consultant involved asked for an external review of case notes and clinical practice by NHS Resolutions which occurred in November 2023. The lookback exercise has been completed and the report has been shared with CMT and Trust Board. A Trust action plan has been developed which highlights the Trust learning across the lookback exercises. The Trust considers this divergence closed.

## **Significant Internal Control Issues – update on previously reported issues that are not yet closed – as at 31 March 2024.**

### **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
- Approved Social Workers

Specific updates on previously reported divergences include:

#### Restriction of Neurology

The Trust continues to experience challenges with insufficient neurology consultant cover for Trust patients and active recruitment continues. Some outreach services by the Belfast Trust has resumed however patient waiting lists remain extensive. Issues regarding the commissioned outreach service from the Belfast Trust continues to be escalated to SPPG and active discussions to secure funding to allow further medical recruitment within this service continues. The Trust's neurology position is highlighted regionally. A band 7 nurse continues to support the neurology service and consultants.

The Trust has a shortfall in the availability of paediatric consultants with a special interest in epilepsy. A retired consultant is working part time to provide some cover and an international recruitment consultant is starting in the coming months who is willing to develop this special interest.

### Consultant and Nurse Endoscopist cover – Endoscopy

The Trust previously reported that within the endoscopy service the gastroenterologist and the consultant's surgeon's workforce and recruitment was challenging. Three consultant gastroenterologists posts have been offered however, the successful candidates have accepted fellowships overseas and are not due to commence until Autumn 2024. In the interim a locum gastroenterologist has been recruited. Nurse endoscopists are an integral part of endoscopy services and to address the workforce gaps, the service has recruited 2 nurses to train as nurse endoscopists. The training module commenced in September 2023. This will not provide capacity in the short-term as it takes 2 years to complete the training. The service continues to utilise capacity from independent sector providers and the Lagan Valley Regional Centre. Red flag waiting lists continue to be beyond expected time scales and cancer performance targets are not being met.

### Challenges in recruiting Psychiatrists

The Trust previously reported that the psychiatry workforce was at a critical level. The senior locum support is tentative and there are continued vacancies across all specialities and geographical areas. This perpetuates risks relating to patient safety and service continuity in both inpatients and community services. The service continues to robustly explore recruitment opportunities. There were no applications to 9 consultant posts which were advertised in September 2023. These posts were re-advertised, with the closing date extended to March 2024, due to lack of applicants however, there have been no further applicants. Meetings have been held bi-weekly to review recruitment strategies. HR colleagues, service representatives and Medical leads have met with locum agencies to encourage applications and with an international recruitment agency. A recruitment and retention business case is in the final stages for submission.

Some interim solutions have been put in place with cover being provided to community patients by 2 Consultant Psychiatrists, both of whom are working on a locum basis. Additionally, psychiatry cover to inpatients at Lakeview Hospital is provided by a Consultant Psychiatrist who holds a permanent contract within Mental Health. While this brings increased opportunity for planned and proactive work, there is a continued fragility associated with the temporary contracts and the speed at which the position can change, as well as increased financial costs.

Within hospitals, due to the high turnover of patients and diminished medical resource, there are challenges in meeting our responsibilities under the Mental Health Order and in maintaining registration for Part II tasks. There is a need for Part II registered doctors to maintain on call cover. The Trust is struggling also to identify capacity for specific trainee supervision and for educational supervisor lead roles. This puts at risk the trainee workforce, and ultimately the safe running of the hospital sites. These are tasks that require substantive, senior staffing, which the Trust does not have. The Trust has raised four early alerts to the DoH since May 2022 given the seriousness of the challenges being faced.

### 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 impacted by Regional Emergency Social Work Service (RESWS) not being able to meet current demand out of hours and have been unable at times to accept referrals or take over from day time ASW service. Those referrals not accepted during the out of hours period pose a risk to patient care and impacts on the day time ASW service capacity. The Trust has commenced an independent review of the ASW service and contingency plans due to delays with RESWS response. A virtual ASW hub model has been established in line with the ASW Quality Standards with a dedicated ASW Coordinator and 2 dedicated ASW's to support the sustainability of the service and work is progressing for a dedicated base to be in place in April 2024. Additional ASW's have also been trained and support the day time ASW rota.

During the year the DoH formally issued a Direction Order under the Mental Health (NI) Order 1986 and three further practice guidance documents to all HSC trusts in order to provide support to the ASW Service in the event of protracted waits for either beds or ambulance service. The Direction Order section from the recent memo from DoH Chief Social Work Officer advised of how additional training for social workers could be made available to enable a number of staff to be considered as appropriate support for ASW to increase capacity for the purpose of protracted waits and conveyancing. DoH provided training which 16 social workers have availed of and successfully completed. Staff are awaiting bank contracts with RESWS to support with those duties.

### Trust actions

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

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

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

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

The Trust finds itself geographically disadvantaged in its ability to recruit and retain skilled medical staff across many of its specialisms. This is both from a Northern Ireland wide perspective and also from the perspective of our border proximity with HSE, Republic of Ireland. With HSE being in a position to offer significantly higher pay terms and conditions to medical staff, the Trust has lost a number of key medical staff to HSE during 2023/24. With a limited supply of locum agency staff available across specialities, costs to support safe staffing levels have been driven up this year also. A regional report to support medical workforce planning has been developed in draft and the Trust awaits the outcome of this report. The Trust continues to endeavour to recruit at both a national and international level but regional solutions will also be required before this control divergence can be resolved fully.

## **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 and this feeds pressure further into the system. Demand continues to outstrip capacity, and child protection and looked after rates remain high. This is in addition to the growing number of Separated & Unaccompanied Asylum Seeking Children (SUASC) children. This has a direct impact on capacity across all service areas, both in terms of workforce but also on placement, accommodation and overall service delivery.

The focus on early intervention and increased support for those on the edge of care is a preventative measure to try and reduce the progression of children presenting with greater complex needs and the risk of progressing into the looked after system. The looked after teams are focusing on ensuring that every child who is looked after meets the criteria to be a child looked after and where assessed as possible and safe to do so, they are progressing the return of children and young people back to the care of their parents or relatives.

Changes have been made in structures of teams to try and create capacity and caseloads that are more manageable. Manageable caseloads will allow social workers to spend more time providing direct interventions which will help families to make changes and reduce reliance on statutory services. The Trust has also been focusing on a greater skill-mix with the workforce, to create supportive roles and give social work staff increased capacity to complete statutory duties and allow more time for direct intervention. The impact of these changes are being kept under review.

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

unaccompanied asylum seeking children (SUSAC) resulting in an increased number of young people being accommodated within unregulated placements.

Senior managers continue to monitor those young people who have had to be placed in unregulated placements due to their individual requirements and the inability to find registered suitable accommodation. Family and childcare have secured capital funding and progressed with remedial works to repurpose four Trust properties to residential accommodation for SUASC. 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. There are a number of young people aged 16-18 years old who are residing in unregulated accommodation, however they are all self-contained with staff support based on assessed need to reduce risk. SPPG and RQIA have been updated on this position following a recent regional scoping. On that basis the Trust considers that while the divergence remains, there are risk mitigation in place and that this issue should therefore be closed.

The Trust previously reported that it is, along with regional colleagues, continues to struggle to recruit foster carers to meet the demand for placements. This issue is exacerbated by the increased level of need and complexity of the children entering the looked after system. Despite numerous recruitment events the number of enquiries are low. Most new foster carers prefer to offer respite and short breaks rather than short term placements or long term placements. Following on from the recruitment campaign last year, we have approved 8 new sets of carers who have been assisting us with short breaks. Five of these have now taken short term placements with high support from link worker teams.

The fostering team run an intense local fostering campaign during April and May to try and generate additional foster carers. Regionally foster carer enquiries are at an all-time low and there is a significant need to recruit new foster carers as older carers' age out. There are 557 Looked After Children currently in foster care which equates to 77% of the total Looked After population at March 2024. Work is ongoing to try to increase the number of foster carers available.

Pressures are also significant within Residential Childcare Services. The majority of the young people admitted to residential care are within the age bracket of 12-16 years old. There are recent trends in terms of admissions which are of concern when thinking about our future need for residential childcare provision. One concerning trend being reviewed is the increase in young people under the age of 12 requiring residential care. This brings significant challenges when trying to care for this group of young people in homes that accommodate older children with multiple issues. It can also impact on placement availability within specific homes due to the placement of young people with extremely complex profiles.

Against the backdrop of young people presenting with more complex profiles, there are times when caring for the mix of young people can be extremely challenging within

residential care. Every effort is made to 'match' young people to homes but often this is superseded by the demands and vacancies in the homes.

The number of young people aged 16-17 years old presenting as homeless, who were previously unknown to social services, has been consistent at a level of 3-4 per month. This has added an extra pressure in terms of accessing appropriate supports and accommodation and in turn has also resulted 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 its statutory obligations under the Mental Capacity Act (NI) 2016 which came into effect on 2 December 2019 although good progress continues to be maintained particularly across community teams. The Trust is meeting MCA statutory obligations across its areas of operation with the exception of those 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 is a contributing factor in the increase in patients being discharged under emergency provisions, shifting completion of processes from Acute teams to Community teams, which subsequently places further pressures on community resources to pick up on this work.

The MCA Team are supporting a multi-disciplinary team service improvement project, targeting timely identification and completion of assessments in 2 acute wards. Following this, learning is to be shared with all inpatient areas. 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.

### **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 alongside COVID-19 pathways. Over the winter months the Trust continued to prioritise elective beds even with the demand on unscheduled care. The full capacity protocol and non-designated protocols have been utilised to assist in de-escalating EDs at times of extreme pressure. The use of the safer flow bundle has been deployed together with the use of flow boards to aid communication for effective discharge planning.

The Trust has reviewed feedback from external consultants with NHS improvement experience and verbal feedback via the Get It Right First Time (GIRFT) team and their summary ED indicator table dashboard. These elements have been incorporated into an unscheduled care and flow action plan with Director oversight through the Unscheduled Care and Flow Board which reports into the CMT Strategic Change Board. The Trust has supported the establishment of a Regional Control Centre via the Coordination Hub that became operational in November 2023.

A new Minor Injury Unit (MIU) opened in March 2024. It is anticipated that an expected 20,000 patients per year will be diverted away from ED. The introduction of the MIU should result in an increase in performance against the 4 hour target and also reduce the number of ED 12 hour breaches. This will be kept under review.

EDs have continued to be challenged in managing patients awaiting assessment or subsequent transfer and admission to an in-patient mental health facility. There has been improved collaboration across the ED and mental health services with a procedure in place for deploying mental health staff to support ED staff. The Trust is actively working with an independent consultant on the development of recommendations which can address some of the issues. These are being formalised into a plan which will be implemented by the newly formed Trust Unscheduled Care Board.

### **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 has suspended short break respite in the northern sector to accommodate the placement of a young person with severe complex behaviours and that there were also challenges to the provision of short break respite in the southern sector due to a number of beds being used to support young people awaiting long term placements. Short break services in the northern sector have moved to full time opening however staffing issues limit the number of beds available.

Short break services in the southern sector remain paused due to the medium to long term placement of 3 children. The young adult previously delayed in Jasmine Lodge residential children's home has successfully transitioned to his adult placement in November 2023. Works have recently commenced in Jasmine Lodge to bring the property to an acceptable standard to facilitate the transfer of the 3 children. It is anticipated they will transition in June 2024. Recruitment continues to fill vacancies across children's disability residential and short break services.

The Trust also previously reported that the regional CAMHS in-patient facility Beechcroft was at full capacity. Acuity levels are measured daily and change frequently. High levels of staffing are required to provide nursing care owing to inpatient needs. Undoubtedly acuity levels impacts on community CAMHS ability to access timely admissions when required on an emergency basis or equally on a more informed planned way as in the case of severe eating disorder admissions. In incidences where a young person is unable to be admitted owing to acuity, the secondary pressures on Community CAMHS is significant. Notification process and monitoring is escalated in the Trust and to SPPG through the Belfast Trust reporting arrangements. In addition, 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 specialist therapeutic services. The community social work team continue



to experience high levels of unallocated cases with 175 unallocated at 31 March 2024. This is a 55% increase from last year. An on-going Quality improvement project will review current pathway processes and levels of referrals coming into the service with a view to demonstrating demand and capacity levels within social work teams.

## **6. OMFS & ENT – Head and Neck**

The Trust previously reported that there was a temporary cessation to complex Head and Neck surgery in Altnagelvin due to sickness absence of a substantive surgeon and an early alert was raised to DoH in December 2022. In addition, the only ENT Head and Neck consultant who managed both cancer and benign head & neck conditions retired. Recruitment initiatives in June 2023 did not provide candidates for shortlisting and is being re-advertised. There are immediate concerns about the sustainability of the Head and Neck pathway for patients with a new diagnosis of cancer. Currently there are no patients waiting Head and Neck cancer surgery. A retired consultant returned on a part time basis for a short period of time however is no longer available, and as a consequence there is currently no ENT Head and Neck trained surgeon.

At present there is no provision or pathway for patients needing surveillance review in the first 2 years post treatment. The red flag diagnostic service will continue to be delivered for investigation of patients presenting with new symptoms, however, the Trust will no longer be in a position to provide operative surgery for this cohort of patients. An interim pathway is in place to allow for discussion of Head and Neck patients at the regional Head and Neck multi-disciplinary meeting and patients requiring Head and Neck cancer surgery are referred to Belfast Trust for treatment and care. The Trust has also an interim pathway with a general surgeon with an interest in thyroid surgery to manage new and current ENT thyroid patients. During the transition of care the consultant now overseeing the service has raised concerns with respect to patients operated on in the independent sector. Issues of concern were raised in relation to presentation at the regional MDT and onward decision making. On that basis a lookback has been established which will look at those thyroid patients who were transferred to the independent sector for thyroid surgery in the last 2 years and those who had their surgery in the Trust.

The Head and Neck challenges continue to be escalated and communicated to SPPG. Whilst there is mitigations in place, the Trust is currently dependent on mutual aid from the Belfast Trust. Progress has been made to validate and risk stratify the surveillance review patients who are within 2 years post treatment. Belfast Trust has facilitated additional clinics to review patients who need seen by a Head and Neck Consultant. This is a short-term solution to deal with a number of patients outside their clinically indicated time for review. The Trust has maximised all opportunities to minimise the risk associated with this service and areas of concern remain. The risk has been included on the Corporate Risk Register and given the current fragility in the workforce regionally this remains a significant ICD.

## **7. MH pressures: Over-occupancy and impact on ED's**

The Trust continues to report that all mental health services have experienced an increase in demand and acuity. The Trust is commissioned for 56 beds, however capacity has been reaching 120% across both sectors and this is impacting on both quality of care delivered and the staffing levels required to care for additional patients. The Trust continues to explore appropriate placements outside Northern Ireland and work is ongoing in its quality improvement initiative to improve bed flow. Process mapping is ongoing to identify change ideas to test within the system. The Trust also reported a shortage of stepdown facilities for some patients whose risk or complex needs means that they cannot be placed within current available services leading to delayed discharges. The Trust continues to work with multi-disciplinary teams and commissioners to explore options and avail of appropriate placements.

The Trust continues to report that the volume of patients awaiting admission to a mental health inpatient bed have increased. This creates additional risks and a review is ongoing in relation to the entire on-call provision including bed managers, approved social workers and flexible provision of support staff to the ED's. The crisis service has established an improvement board for inpatient adult mental health to support and address medical and nursing staffing pressures. Alternative ED pathways are also under consideration. In April 2024 four pathways will be tested to help reduce inpatient capacity.

## **8. Trust Regional Inpatient Complex Detox Unit - Reduced Consultant Input**

The Trust previously reported that the regional inpatient complex detox unit Asha in Omagh was under extreme pressure due to reduced consultant input and had to reduce the bed numbers from 8 to 4 beds. In May 2023 there was 5 beds open and a plan in place to open the remaining beds by June 2023. All beds were open at mid-year. Due to necessary building works, the 8 bedded unit has closed from 13 April 2024 and it is anticipated that it will be closed for one month. All inpatients have completed treatment at point of discharge and community outreach support and OST clinics will continue until full inpatient service can recommence.

## **9. Medical Devices**

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

In addition, Internal Audit carried out an audit on the Management of Medical Devices during the year. Limited assurance was provided on the basis that systems in place to record medical devices and manage the delivery of servicing and maintenance are not being complied with. Following the Internal Audit for Medical Devices, 8 of the 13 recommendations have been fully implemented. Of the remaining recommendations

the implementation plan for each has been shared with wards and departments. The key focus will be on each clinical department having an up to date register of all medical devices which will be maintained by their Head of Department or their Designated Departmental Equipment Controller (DEC).

## **Significant Internal Control Issues arising during 2023/24 – at 31 March 2024**

### **1. Haematology Service**

Belfast Trust provided notice in July and October 2023, of their intention to stand down the provision of general haematology services to Enniskillen patients. This was a long standing arrangement dating back to 2009, which provided an inpatient consultative haematology service for patients at SWAH and acceptance of new GP referrals for residents in the south west area. This arrangement was reviewed with commissioning colleagues in 2019 and whilst it was acknowledged that the Trust now have 3 consultant haematologists in post, there has been significant increases in demand and patient complexity and without additional resources the service could not be provided by the Trust.

The notification from Belfast Trust was that the above service would cease on 31 October 2023. This issue has been raised regionally and in November 2023 at the regional haematology meeting, there was no offer of mutual aid support for the Western Trust in terms of assistance for SWAH with calls for advice and new referrals. All referrals for general haematology management were being redirected from Belfast Trust following triage, however, the Trust received notification in April 2024 that Belfast Trust will no longer having capacity to triage referrals due to Encompass and will therefore will handover this responsibility to the Western Trust at the end of May 2024. The Trust are concerned regarding the impact this will have on the small consultant team who have no middle tier support to manage calls. Two consultant posts were advertised in early April 2024 and no applications were received. The Trust will be monitoring the impact of this workload on our consultant team.

### **2. Lookback review – Brookeborough & Tempo GP Practices**

The Trust took on operational responsibility for Brookeborough and Tempo GP Practices during the year. Shortly after the Trust became contract provider, the Trust identified a risk associated with patient clinical documents that had not been reviewed or actioned, some dating back to 2019. Furthermore, these documents had not been coded or filed in the patient's record. The Trust in partnership with SPPG, developed a plan to review all these clinical documents and action appropriately. This review was co-ordinated by SPPG Medical Advisors and involved the 3 previous GP partners reviewing batches of clinical documents. All documents have had initial review and the 3 GPs are reviewing those identified for further review and follow-up. SPPG Medical Advisors are quality assuring this work and have conducted audits on 10% of the clinical documents reviewed and these audits will continue until all clinical documents have

been reviewed. The Trust has now moved to stage 2 of the Lookback Review exercise and has established an Oversight group.

**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 2023 to 31 March 2024.

**Signed**



Mr Neil Guckian OBE  
Chief Executive and Accounting Officer

3 July 2024

Date

## **REMUNERATION AND STAFF REPORT**

### **Remuneration Report**

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

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

- Mr S Pollock CBE, Chair (term of office ended on 30 April 2023)
- Dr T Frawley CBE, Chair (term of office commenced on 1 May 2023)
- 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 Management Remuneration (This section has been subject to audit)**

<b>Non-Executive Directors</b>		<b>Salary</b>	<b>Bonus / Performance Pay</b>	<b>Benefits in kind (rounded to nearest £100)</b>	<b>Pension Benefits</b>	<b>TOTAL</b>	<b>Salary</b>	<b>Bonus / Performance Pay</b>	<b>Benefits in kind (rounded to nearest £100)</b>	<b>Pension Benefits</b>	<b>TOTAL</b>
		<b>2023/24 £'000s</b>	<b>2023/24 £'000s</b>	<b>2023/24 £</b>	<b>2023/24 £'000s</b>	<b>2023/24 £'000s</b>	<b>2022/23 £'000s</b>	<b>2022/23 £'000s</b>	<b>2022/23 £</b>	<b>2022/23 £'000s</b>	<b>2022/23 £'000s</b>
Mr S Pollock CBE (Chairman)	Left April 2023	0-5 (see note 6)	0	0	0	0-5	30-35	0	0	0	30-35
Dr T Frawley CBE (Chairman)	From May 2023	30-35 (see note 7)	0	0	0	30-35	0	0	0	0	0
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	0-5 (see note 8)	0	0	0	0-5	0	0	0	0	0
Mrs A McGinley	From January 2024	0-5 (see note 8)	0	0	0	0-5	0	0	0	0	0

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 2023	CETV at 31st March 2024	Real increase in CETV
		2023/24 £'000s	2023/24 £'000s	2023/24 £	2023/24 £'000s	2023/2024 £'000s	2022/23 £'000s	2022/23 £'000s	2022/23 £	2022/23 £'000s	2022/23 £'000s	2023/24 £'000s	2023/24 £'000s	2022/23 £'000s	2023/24 £'000s	2023/24 £'000s
<b>Executive Directors</b>																
Mr N Guckian OBE	Chief Executive	125-130	0	0	34	160-165	120-125	0	0	18	135-140	0-2.5 plus lump sum of 0-2.5	50-55 plus lump sum of 100-105	1061	1212	150
Ms E McCauley	Executive Director of Finance, Contracts & Capital Development	90-95	0	0	20	110-115	85-90	0	0	25	110-115	0-2.5	20-25 plus lump sum of 45-50	420	502	82
Mrs D Keenan	Interim Executive Director of Nursing Midwifery & AHP Services	90-95	0	0	20	110-115	85-90	0	0	46	130-135	0-2.5	40-45 plus lump sum of 110-115	894	1010	117
Mr T Cassidy	Executive Director of Social Work & Director of Children & Families Service	90-95	0	0	31	120-125	75-80 (see note 1)	0	0	23	100-105	0-2.5 plus lump sum of 0-2.5	45-50 plus lump sum of 125-130	976	1024	48
Dr B Lavery (from June 2022)	Medical Director	200-205	0	0	29	225-230	140-145 (see note 2)	0	0	13	155-160	0-2.5 plus lump sum of 0-2.5	50-55 plus lump sum of 90-95	812	980	168
Dr C McDonnell ** (retired June 2022)	Medical Director	0	0	0	0	0	35-40 (see note 4)	0	0	7	45-50	N/A	N/A	0	0	0
Mrs D Mahon** (retired May 2022)	Executive Director of Social Work & Director of Women & Children Service	0	0	0	0	0	5-10 (see note 3)	0	0	0	5-10	N/A	N/A	0	0	0
<b>Other Board Members</b>																
Mrs G McKay *	Director of Diagnostics, Cancer and Medical Specialities	90-95	0	0	0	90-95	85-90	0	2400	0	90-95	N/A	N/A	N/A	N/A	N/A
Mr M Gillespie (from November 2022)	Interim Director of Surgery, Paediatrics and Women's Health	85-90	0	0	49	135-140	30-35 (see note 9)	0	0	20	45-50	2.5-5 plus lump sum 2.5-5	35-40 plus lump sum of 65-70	567	714	148
Mrs T Molloy	Director of Performance, Planning & Corporate Services	110-115	0	0	27	140-145	105-110	0	0	17	120-125	0-2.5	35-40 plus lump sum of 65-70	771	877	106
Mrs K Hargan	Director of Human Resources & Organisational Development	95-100	0	0	22	120-125	90-95	0	0	27	115-120	0.2.5	30-35	410	490	80
Mrs K O'Brien	Director of Adult Mental Health and Disability Services	95-100	0	0	21	115-120	90-95	0	0	13	100-105	0-2.5	30-35 plus lump sum of 55-60	609	707	98
Dr M O'Neill (from November 2023)	Director Community and Older People's Services	35-40 (see note 1)	0	0	34	70-75	0	0	0	0	0	0-2.5 plus lump sum of 0-2.5	30-35 plus lump sum of 45-50	475	587	112
Dr E Brady (from September 2022- March 2023)	Director of Adult Mental Health and Disability Services	0	0	0	0	0	50-55 (see note 5)	0	0	21	70-75	N/A	N/A	0	0	0

Note 1 Full year effect 85-90  
Note 2 Full year effect 170-175  
Note 3 Full year effect 90-95  
Note 4 Full year effect 155-160  
Note 5 Full year effect 100-105  
Note 6 Full year effect 35-40  
Note 7 Full year effect 30-35  
Note 8 Full year effect 5-10  
Note 9 Full year effect 120-125

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

\*\* Not a Trust employee as at 31 March 2023

General Note: The payment of arrears to former directors, not listed in the table, are excluded from the figures above.  
The 2022/23 figures have been restated for comparative purposes. The restated figures exclude pay arrears in relation to 2018/19 and 2019/20, which were paid during 2022/23.  
The 2023/24 figures exclude pay arrears in relation to prior years. They include an accrual for 2023/24.



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 2024. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

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, 25<sup>th</sup> percentile or 75<sup>th</sup> percentile salary figures quoted in the table below. In 2023/24, the highest paid Director was the Medical Director and 46 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.

	2023/2024	2022/2023
Band of Highest Paid Director Remuneration	£200k - £205k *	£190k - £195k *
% Change from Previous Year	3.09%	10.85%
25 <sup>th</sup> Percentile Remuneration	£24,336	£23,177
25 <sup>th</sup> Percentile Pay Ratio	8.26	8.31
Median Remuneration	£30,639	£29,180
Median Pay Ratio	6.56	6.60
Mean Remuneration	£35,222	£33,507
% Change from Previous Year	5.71%	5.33%
75 <sup>th</sup> Percentile Remuneration	£42,617	£40,588
75 <sup>th</sup> Percentile Pay Ratio	4.72	4.75
Range of Staff Remuneration	£21,283 - £202,500	£20,270 - £192,500

\* In 2022/23 and 2023/24 the highest paid Director was the Medical Director. For the purposes of prior year comparison, the paid salary of the medical director in 2022/23 has been pro-rated to reflect full year effect since he took up post on 24 June 2022.

The percentage change in the highest paid Director remuneration in 2022/23 was due to a change in post holder of the Medical Director.

### Staff Report

Details of the Senior Trust staff as at 31 March 2024 are as follows. For the purposes of this note, senior staff is interpreted as including staff at Tier 3 and Band 8c in the Trust.

Level	Post	Grade	No.
Tier 1	Chief Executive	Senior Executive Pay scale	1
Tier 2	Director	Senior Executive Pay scale	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	76
<b>Total</b>			<b>92</b>

The gender split of Senior Trust staff was 69 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	38%	62	77%	9,406	81%	9,475	81%
Male	3	30%	5	62%	19	23%	2,263	19%	2,285	19%
<b>Total</b>	<b>10</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>81</b>	<b>100%</b>	<b>11,669</b>	<b>100%</b>	<b>11,760</b>	<b>100%</b>

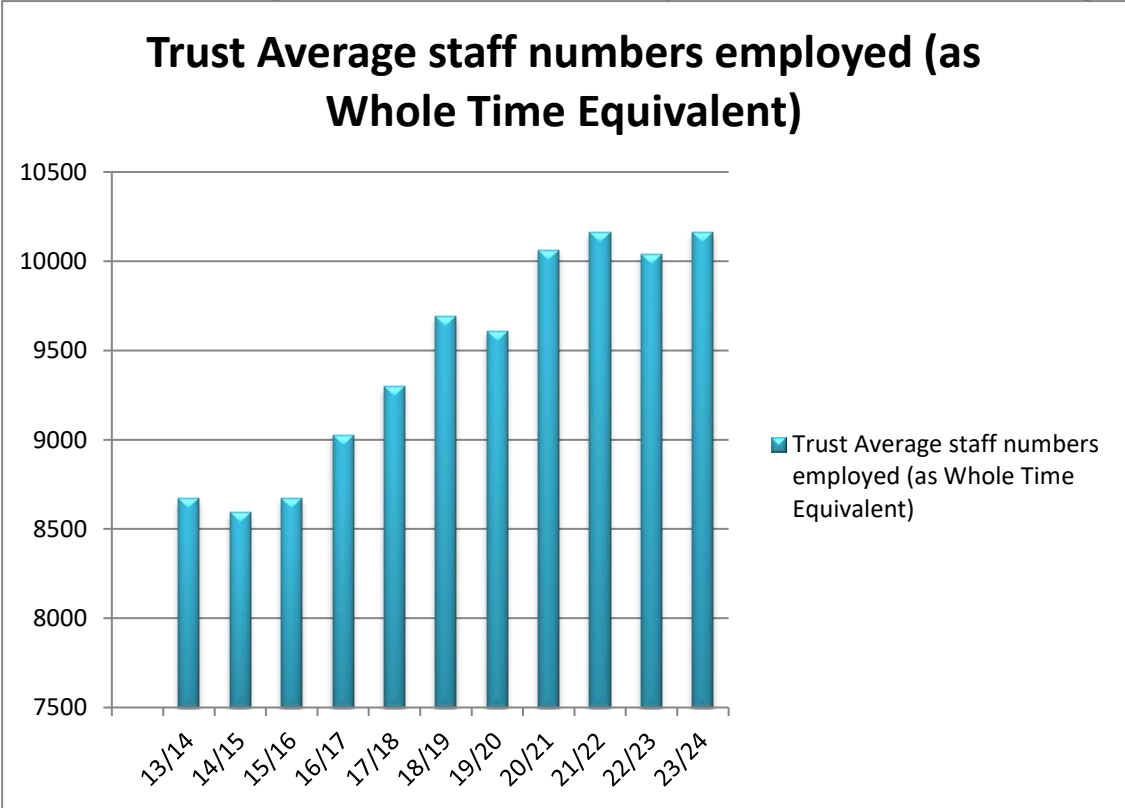
The average number of whole time equivalent persons employed during the year was as follows:

(The section below has been subject to audit)

	2024 Permanently Employed Staff No.	2024 Others No.	2024 Total No.	2023 Total No.
Medical and dental	430	155	585	569
Nursing and midwifery	3,823	376	4,199	4,185
Ancillaries	881	67	948	955
Administrative and clerical	1,743	47	1,790	1,782
Works	149	3	152	147
Other professional and technical	1,468	44	1,512	1,512
Social Services	1,719	64	1,783	1,797
Other	0	0	0	0
<b>Total average number of persons employed</b>	<b>10,213</b>	<b>756</b>	<b>10,969</b>	<b>10,947</b>
Less average staff number relating to capitalised staff costs	(16)	0	(16)	(27)
Less average staff number in respect of outward secondments	(34)	0	(34)	(9)
<b>Total net average number of persons employed</b>	<b>10,163</b>	<b>756</b>	<b>10,919</b>	<b>10,911</b>

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 2023/24 comprise the following:  
(The section below has been subject to audit)

		2024		2023
	Permanently Employed Staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	453,161	61,419	514,580	471,760
Social security costs	51,087	0	51,087	42,030
Other pension costs	77,620	0	77,620	76,969
<b>Sub Total</b>	581,868	61,419	643,287	590,759
Capitalised staff costs	(878)		(878)	(1,246)
<b>Total staff costs reported in Statement of Comprehensive Net Expenditure</b>	580,990	61,419	642,409	589,513
Less recoveries in respect of outward secondments			(1,587)	(699)
<b>Total net costs</b>			<b>640,822</b>	<b>588,814</b>

Total Net costs of which:	2024 £000s	2023 £000s
Western HSC Trust	642,409	589,513
<b>Total</b>	<b>642,409</b>	<b>589,513</b>

The Trust spent £61.4m on agency staff (£64.3m 2022/23) which included £32.2m (52%) of medical agency staff, £22.0m (36%) of nursing agency staffing and £7.2m (12%) 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.

The new regional nursing & midwifery agency procurement framework was implemented in May 2023, with significant success in ceasing off framework nursing and midwifery usage. The use of social work agency has also ceased successfully in the Trust. The Trust Agency Reduction Group continues to provide leadership and corporate resources, strengthening governance and streamlining processes.

Staff costs exclude £878k charged to capital projects during the year (2023: £1,246k).

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme was updated to reflect current financial conditions (and a change in financial assumption

methodology) has been used since 2017/18. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2023-24 accounts.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. The normal retirement age for this scheme is 60 years and it is a final salary scheme. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme. The normal retirement age for this scheme is currently 67.

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 2023-24 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 table below sets out the member contribution rates that apply in both the HSC Pension Scheme and the HSC Pension Scheme 2015 from 1 April 2022 to 31 October 2022.

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

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

The Department of Health (DoH) has introduced changes to the amount members pay towards their HSC pension. The DoH has updated the pensionable pay ranges used to decide the contribution staff members make towards their pension, and the percentage of paid to be a member of the Scheme. The changes introduced help to reduce the gap between the different tiers of contribution rates.

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

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

Employers contributions were payable to the HSC Pension Scheme at 22.5% 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 2023/24 (nil 2022/23).
- The Trust incurred no expenditure during the year on consultancy costs (nil 2022/23).
- The gender split for the Trust’s workforce, from a headcount of 11,760 permanent and temporary staff as at 31<sup>st</sup> March 2024, is currently 81% female and 19% male (2022/23: 81% female and 19% male).
- The cumulative rate of absence for all Trust staff for 2023/24 was 8.45% (2022/23 7.83%).
- The Trust did not have any staff benefit schemes in 2023/24 or 2022/23.
- The Trust did not have any exit packages in 2023/24 or 2022/23.

## **Trust's Equal Opportunities Statement**

The Western Health and Social Care Trusts is an Equal Opportunities Employer. We welcome and value diversity, and are committed to creating a truly inclusive workplace, representative of the communities we serve. We see diversity in the workplace as an asset, for both our organisation as a public health and social care provider, and for our colleagues. We recognise that there is strength in difference. We aim to have an inclusive workplace in which diversity is truly valued, where we develop colleagues to enable them to make a full contribution to meeting our objectives in improving the lives and health outcomes of our patients, service users and their families. We are committed to ensuring that every individual is valued, respected and accepted for who they truly are.

Our diverse workforce is one of our greatest strengths, and we are proud of our culturally diverse and inclusive workforce. With this in mind, it is important for us as an organisation to celebrate the values, contributions, and diversity of all our staff.

## **Staff Engagement**

The Trust's Engagement & Involvement strategy provides a solid foundation to enable the Trust to focus on developing engagement across the organisation. The Trust have continued to work towards supporting the 5 priority action areas within the strategy. Engagement and Involvement continue to be a core module within the Leader and Manager Framework programme promoting the importance of engagement in developing our leaders. The Trust continues to operate the Senior Leaders Forum on a monthly basis. This forum provides an opportunity for engagement for senior leaders across the organisation. Plans for a Business Support Network have also been approved with the network to commence in 2024/25.

Engagement with staff regarding the restructuring of directorates within the organisation continued during the year with further structures agreed. In the absence of an HSC staff survey, the Trust undertook a Staff Culture Survey in early 2024. Findings from this will be circulated across directorates and an engagement toolkit has been developed and will be circulated throughout the organisation to support managers to improve engagement and psychological safety within their teams. Regional work is ongoing to further develop engagement opportunities and discussions are underway regarding an HSC wide staff survey.

## **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:

2023/24 – 7.8%

2022/23 – 7.62%

<b>Trust Management Costs</b>	<b>2024 £000s</b>	<b>2023 £000s</b>
Trust Management Costs	29,842	28,497
<b>Income:</b>		
Revenue Resource Limit	969,128	908,799
Income per Note 4	55,921	48,002
<b>Total Income</b>	<b>1,025,049</b>	<b>956,801</b>
<b>% of total income</b>	<b>2.9%</b>	<b>3.0%</b>

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 2023/2024, there were 34 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £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:

- Management Statement and Financial Memorandum with DoH; which has been replaced by the Partnership Agreement and signed by the Trust and Permanent Secretary of the Department of Health during 2023/24.
- 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.

## Long term expenditure plans

### Private Financing Initiatives (This has been subject to audit)

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

The overall PFI liability excluding interest and service costs, for the two contracts as at 31 March 2024 was £102m. Further details of the PFI for arrangements can be found in Note 18 to the Accounts in Section 3 of this document. The current net book value of the two relevant assets was £275m as at 31 March 2024.

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

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. At 31 March 2024, the Trust had £96m of non-current provisions (31 March 2023 £63m).

<b>Losses and Special Payments (This has been subject to audit)</b>		
	<b>2023/24</b>	<b>2022/23</b>
Total number of losses	375	331
Total value of losses (£'000)	1,312	884
<b>Special Payments</b>		
Total number of special payments	89	87
Total value of special payments (£'000)	3,163	4,013
<b>Special Payments over £300,000</b>		
Compensation payments		
- Clinical Negligence (£'000)	1,100	2,900
- Public Liability	-	-
- Employers Liability	-	-
- Other	-	-
Ex-gratia payments	-	-
Extra contractual	-	-
Special severance payments	-	-
<b>Total Special payments over £300,000</b>	<b>1,100</b>	<b>2,900</b>

<b>Note</b>	<b>2023/24</b>
<b>Clinical Negligence Cases Over £300,000</b>	<b>£'000</b>
Case 1 – Marfan syndrome	600
Case 2 – Finger surgery	500
Total	1,100

### 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 2023/24 or 2022/23.

**Going Concern (This has been subject to audit)**

The consolidated financial statements of the Trust as at 31<sup>st</sup> March 2024 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 2023/24 year a total of 668 formal complaints were received by the Trust. This compares with 660 complaints received during the previous financial year.

The Trust’s Complaints Department also collates information relating to compliments received by Trust staff. During the 2023/24 year a total of 2,882 compliments were received. This compares with 2,363 compliments received during the previous financial year.

The Trust re-established a Complaints Forum in 2023/24 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 has worked 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.



Neil Guckian OBE  
Chief Executive & Accounting Officer

3 July 2024

\_\_\_\_\_  
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 2024 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 the Western Health and Social Care Trust's affairs as at 31 March 2024 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 the Western Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

#### **Conclusions relating to going concern**

In auditing the financial statements, I have concluded that the 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 the 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 the Western Health and Social Care Trust will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included [Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;

- making enquires of management and those charged with governance 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. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, 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;
- addressing the risk of fraud as a result of management override of controls by:
  - performing analytical procedures to identify unusual or unexpected relationships or movements;
  - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
  - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
  - investigating significant or unusual transactions made outside of the normal course of business; and

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://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 that reads "Dorinnia Carville". The signature is written in a cursive style with a large initial 'D'.

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

*4 July 2024*



# **ANNUAL ACCOUNTS**

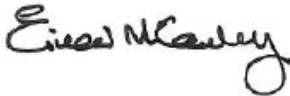
## **Western Health and Social Care Trust Annual Accounts for the Year Ended 31 March 2024**

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024**

**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 131 to 181) 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.

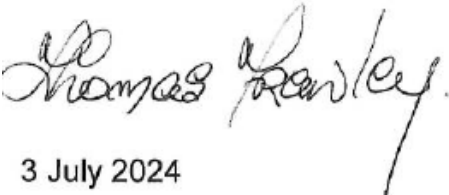


Director of Finance

3 July 2024

Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 131 to 181) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

3 July 2024

Date



Chief Executive

3 July 2024

Date

## WESTERN HEALTH AND SOCIAL CARE TRUST

### CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2024

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.

		2024 £000s		2023 £000s	
	Note	Trust	Consolidated	Trust	Consolidated
<b>Income</b>					
Revenue from contracts with customers	4.1	46,001	46,001	38,195	38,195
Other operating income	4.2	9,920	10,048	9,807	10,194
<b>Total operating income</b>		<b>55,921</b>	<b>56,049</b>	<b>48,002</b>	<b>48,389</b>
<b>Expenditure</b>					
Staff costs	3	(642,409)	(642,409)	(589,513)	(589,513)
Purchase of goods and services	3	(301,065)	(301,065)	(281,341)	(281,341)
Depreciation, amortisation and impairment charges	3	(39,186)	(39,186)	(27,318)	(27,318)
Provision credit / (expense)	3	(43,043)	(43,043)	9,771	9,771
Other expenditures	3	(72,123)	(72,714)	(75,791)	(76,349)
<b>Total operating expenditure</b>		<b>(1,097,826)</b>	<b>(1,098,417)</b>	<b>(964,192)</b>	<b>(964,750)</b>
<b>Net operating Expenditure</b>		<b>(1,041,905)</b>	<b>(1,042,368)</b>	<b>(916,190)</b>	<b>(916,361)</b>
Finance income	4.2	0	185	0	97
Finance expense	3	(10,325)	(10,325)	(10,052)	(10,052)
<b>Net expenditure for the year</b>		<b>(1,052,230)</b>	<b>(1,052,508)</b>	<b>(926,242)</b>	<b>(926,316)</b>
Adjustment to Net Expenditure for Non-cash items		<b>83,140</b>	<b>83,140</b>	<b>17,520</b>	<b>17,520</b>
Net Expenditure funded from RRL		<b>(969,090)</b>	<b>(969,090)</b>	<b>(908,722)</b>	<b>(908,722)</b>
Revenue Resource Limit (RRL)	22.1	969,128	969,128	908,799	908,799
Add back charitable trust fund net expenditure		0	0	0	0
		<b>969,128</b>	<b>969,128</b>	<b>908,799</b>	<b>908,799</b>
<b>Surplus / Deficit against RRL</b>		<b>38</b>	<b>38</b>	<b>77</b>	<b>77</b>

		2024 £000s		2023 £000s	
	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	16,284	16,284	42,705	42,705
Net (loss) gain on revaluation of charitable assets	6.1/8/6.2/8	0	193	0	(215)
<b>Total comprehensive expenditure for the year ended 31 March</b>		<b>(1,035,946)</b>	<b>(1,036,031)</b>	<b>(883,537)</b>	<b>(883,826)</b>

The notes on pages 135 to 181 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 2024

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	2024 Trust £000s	Consolidated £000s	2023 Trust £000s	Consolidated £000s
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	864,256	864,256	851,708	851,708
Intangible assets	6.1/6.2	4,317	4,317	5,694	5,694
Financial Assets	7	0	2,992	0	2,799
<b>Total Non Current Assets</b>		<b>868,573</b>	<b>871,565</b>	<b>857,402</b>	<b>860,201</b>
<b>Current Assets</b>					
Inventories	11	7,642	7,642	8,053	8,053
Trade and other receivables	13	29,365	29,329	28,450	28,389
Other current assets	13	5	5	134	134
Financial assets	7	0	0	0	0
Cash and cash equivalents	12	4,045	7,468	4,992	8,569
<b>Total Current Assets</b>		<b>41,057</b>	<b>44,444</b>	<b>41,629</b>	<b>45,145</b>
<b>Total Assets</b>		<b>909,630</b>	<b>916,009</b>	<b>899,031</b>	<b>905,346</b>
<b>Current Liabilities</b>					
Trade and other payables	14	(186,073)	(186,167)	(146,777)	(146,722)
Other liabilities	14	(5,329)	(5,329)	(4,745)	(4,745)
Provisions	15	(30,577)	(30,577)	(28,460)	(28,460)
<b>Total Current Liabilities</b>		<b>(221,979)</b>	<b>(222,073)</b>	<b>(179,982)</b>	<b>(179,927)</b>
<b>Total Assets less Current Liabilities</b>		<b>687,651</b>	<b>693,936</b>	<b>719,049</b>	<b>725,419</b>
<b>Non Current Liabilities</b>					
Provisions	15	(96,134)	(96,134)	(62,615)	(62,615)
Other payables > 1 year	14	(100,378)	(100,378)	(104,529)	(104,529)
<b>Total Non Current Liabilities</b>		<b>(196,512)</b>	<b>(196,512)</b>	<b>(167,144)</b>	<b>(167,144)</b>
<b>Total assets less total liabilities</b>		<b>491,139</b>	<b>479,424</b>	<b>551,905</b>	<b>558,275</b>
<b>Taxpayers' equity and other reserves</b>					
Revaluation Reserve		274,711	274,711	258,537	258,537
SoCNE Reserve		216,428	216,428	293,368	293,368
Other Reserves - Charitable Funds		0	6,285	0	6,370
<b>Total equity</b>		<b>491,139</b>	<b>479,424</b>	<b>551,905</b>	<b>558,275</b>

The notes on pages 135 to 181 form part of these accounts. The financial statements on pages 131 to 134 were approved by the Board on and were signed on its behalf by:

  
Signed (Chairman): Date: 3 July 2024

  
Signed (Chief Executive): Date: 3 July 2024

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 MARCH 2024**

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	2024 £000s	2023 £000s
<b>Cash flows from operating activities</b>			
Net operating expenditure		(1,052,508)	(926,316)
Adjustments for non cash costs		81,161	14,058
(Decrease)/(increase) in trade and other receivables		(811)	(2,770)
Decrease/increase in inventories		408	134
Increase/(decrease) in trade payables		34,928	4,732
Less movements in payables relating to items not passing through the Net Expenditure Account:			
Movements in payables relating to the purchase of property, plant and equipment		657	(166)
Movements in payables relating to finance leases		4,159	4,233
Movements in payables relating to PFI and other services concession arrangement contracts			
Use of provisions	15	(7,407)	(8,677)
<i>Net cash outflow from operating activities</i>		(939,413)	(914,772)
<b>Cash flows from investing activities</b>			
(Purchase of property, plant and equipment)	5	(33,134)	(36,530)
(Purchase of intangible assets)	6	(588)	0
Proceeds on disposal of property, plant and equipment		96	289
Net cash outflow from investing activities		(33,626)	(36,241)
<b>Cash flows from financing activities</b>			
Grant in aid		976,000	956,000
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(4,063)	(4,715)
Net cash inflow from financing activities		971,937	951,285
<b>Net increase in cash and cash equivalents in the period</b>		<b>(1,101)</b>	<b>272</b>
Cash and cash equivalents at the beginning of the period	12	8,569	8,297
Cash and cash equivalents at the end of the period	12	7,468	8,569

The notes on pages 135 to 181 form part of these accounts.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

#### FOR THE YEAR ENDED 31 MARCH 2024

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
<b>Balance at 31 March 2022</b>		<b>253,150</b>	<b>225,395</b>	<b>6,659</b>	<b>485,204</b>
<b>Changes in Taxpayers' Equity 2022-23</b>					
Grant from DoH		956,000	0	0	956,000
Other reserves movements including transfers		10,332	(9,563)	0	769
(Comprehensive expenditure for the year)		(926,242)	42,705	(289)	(883,826)
Auditors remuneration	3	128	0	0	128
<b>Balance at 31 March 2023</b>		<b>293,368</b>	<b>258,537</b>	<b>6,370</b>	<b>558,275</b>
<b>Changes in Taxpayers' Equity 2023-24</b>					
Grant from DoH		976,000	0	0	976,000
Other reserves movements including transfers		(840)	(110)	0	(950)
(Comprehensive expenditure for the year)		(1,052,230)	16,284	(85)	(1,036,031)
Auditors remuneration	3	130	0	0	130
<b>Balance at 31 March 2024</b>		<b>216,428</b>	<b>274,711</b>	<b>6,285</b>	<b>497,424</b>

The notes on pages 135 to 181 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 subsequently 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.

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 2020 by Land and Property Services (LPS) with the next review due by 31 January 2025.

Fair values are determined as follows:

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

## 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 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. Right of use assets 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-off 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.

### 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. The Trust has exercised this option where it has not been possible to separate the components.

### The Trust as lessee

The 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**

Right of use assets 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

A PFI Asset will be measured in one of two ways:

- a) Where the contract is able to be split between the service element, the interest charge and the infrastructure asset, the asset will initially be measured in accordance with IFRS 16 with the interest charge and the service element recognised in the Statement of Comprehensive Income over the term or the lease; or
- b) Where there is a unitary payment stream that includes infrastructure and service elements that cannot be separated the service element of the payments must be estimated by obtaining information from the operator or by using the fair value approach. The fair value of the asset will determine the amount to be recorded with the offsetting liability. The total unitary payment will then be split into three elements, the service charge, the repayment of capital and the interest expense.

Where the interest rate cannot be determined the rate provided by HM Treasury.

### 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.

The two elements required are:

- a) Initial measurement - the future PPP liability at 1 April 2023 will include the indexation linked changes to the capital element which have taken effect in the cash flows since the PPP arrangement commenced.
- b) 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 DoH body 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 DoH body'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 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.

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.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

#### **Financial liabilities**

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

#### **Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role in creating risk than would apply to a non-public sector body of a similar size, therefore the Trust is not exposed to the degree of financial risk faced by business entities.

There are limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing its activities. Therefore the Trust is exposed to limited credit, liquidity or market risk.

### **Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. There is therefore low exposure to currency rate fluctuations.

### **Interest rate risk**

The Trust has limited powers to borrow or invest and therefore there is low exposure to interest rate fluctuations.

### **Credit risk**

Because the majority of the Trust's income comes from contracts with other public sector bodies, there is low exposure to credit risk.

### **Liquidity risk**

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

## **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 a survey to ascertain leave balances as at 31 March 2024. 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 2023-24 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. Grants are treated as income in the Statement of Comprehensive Net Expenditure.

## **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 2024

### NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non-Executive Directors, Chairman and Chief Executive form the Trust Board which 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. The information disclosed reflects the realignment of directorates that took place in 2023/24 and 2022/23 figures are restated to provide meaningful comparison from year to year.

Directorate	2024			2023 Restated		
	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s
Children and Families Services	61,782	30,849	92,631	55,073	29,178	84,251
Diagnostics, Cancer and Medical Specialties	178,656	56,580	235,236	165,247	48,953	214,200
Surgery, Paediatrics & Women's Health	136,975	29,526	166,501	123,199	32,885	156,084
Community and Older People's Services	75,959	123,011	198,970	70,820	112,594	183,414
Adult Mental Health and Disability Services	78,680	71,601	150,281	70,092	64,803	134,895
Nursing, Midwifery and AHP's	32,563	5,419	37,982	30,054	4,981	35,035
Performance & Service Improvement	57,280	27,358	84,638	48,165	30,840	79,005
Other Trust Directorates	20,514	39,136	59,650	26,863	43,111	69,974
<b>Expenditure for Reportable Segments net of Non Cash Expenditure</b>	<b>642,409</b>	<b>383,480</b>	<b>1,025,888</b>	<b>589,513</b>	<b>367,345</b>	<b>956,858</b>
<b>Non Cash Expenditure</b>			<b>82,263</b>			<b>17,386</b>
<b>Total Expenditure per Net Expenditure Account</b>			<b>1,108,151</b>			<b>974,244</b>
<b>Income (Note 4)</b>			<b>(55,921)</b>			<b>(48,002)</b>
<b>Net Expenditure</b>			<b>1,052,230</b>			<b>926,242</b>
<b>Revenue Resource Limit</b>			<b>969,128</b>			<b>908,799</b>
<b>Other items per note 22</b>			<b>83,140</b>			<b>17,520</b>
<b>Surplus / (Deficit) against RRL</b>			<b>38</b>			<b>77</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### 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 Diagnostics, Cancer & Medical Specialities**

- 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**

- Healthcare
- Surgery & Anaesthetics
- Paediatric & Women 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
- 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 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 2024**  
**NOTE 3 OPERATING EXPENSES**

	Trust £000s	2024 CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	2023 CTF £000s	Consolidation adjustments £000s	Consolidated £000s
<b>3.1 Operating Expenses are as follows:-</b>								
Wages and salaries ^	513,702	0	0	513,702	470,514	0	0	470,514
Social security costs	51,087	0	0	51,087	42,030	0	0	42,030
Other pension costs	77,620	0	0	77,620	76,969	0	0	76,969
Purchase of care from non-HPSS bodies	192,868	0	0	192,868	180,723	0	0	180,723
Revenue grants to voluntary organisations	1,305	0	0	1,305	1,124	0	0	1,124
Personal social services	21,209	0	0	21,209	19,032	0	0	19,032
Recharges from other HSC organisations	3,160	0	0	3,160	2,976	0	0	2,976
Supplies and services – Clinical	73,237	0	0	73,237	65,671	0	0	65,671
Supplies and services – General	12,034	0	0	12,034	15,707	0	0	15,707
Establishment	9,161	0	0	9,161	8,367	0	0	8,367
Transport	2,850	0	0	2,850	2,840	0	0	2,840
Premises	26,823	0	0	26,823	33,033	0	0	33,033
Bad debts	820	0	0	820	2,504	0	0	2,504
Interest charges	10,325	0	0	10,325	10,052	0	0	10,052
Contingent rental	6,715	0	0	6,715	3,848	0	0	3,848
PFI and other service concession arrangements service charges	5,266	0	0	5,266	5,072	0	0	5,072
BSO services	7,785	0	0	7,785	7,344	0	0	7,344
Training	1,346	0	0	1,346	1,545	0	0	1,545
Patients travelling expenses	713	0	0	713	687	0	0	687
Other Charitable Expenditure	0	1,303	(712)	591	0	613	(340)	273
Miscellaneous expenditure	7,862	0	0	7,862	6,820	0	0	6,820
<b>Non-cash items</b>								
Depreciation	36,399	0	0	36,399	34,597	0	0	34,597
Depreciation - On Balance sheet PFI (funded by notional non cash RRL)	6,481	0	0	6,481	6,036	0	0	6,036
Amortisation	1,965	0	0	1,965	2,188	0	0	2,188
Impairments	(5,659)	0	0	(5,659)	(15,503)	0	0	(15,503)
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(96)	0	0	(96)	(289)	0	0	(289)
Increase in provisions (provision provided for in year less any release)	49,652	0	0	49,652	5,531	0	0	5,531
Cost of borrowing of provisions (unwinding of discount on provisions)	(6,609)	0	0	(6,609)	(15,302)	0	0	(15,302)
Auditor's remuneration	130	10	0	140	128	10	0	138
Add back of notional charitable expenditure	0	(10)	0	(10)	0	(10)	0	(10)
<b>Total</b>	<b>1,108,151</b>	<b>1,303</b>	<b>(712)</b>	<b>1,108,742</b>	<b>974,244</b>	<b>613</b>	<b>(340)</b>	<b>974,517</b>

^Further detailed analysis of staff costs is located in the Staff Report on pages 109-120 within the Accountability Report.

# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2024

### NOTE 4 INCOME

#### 4.1 Revenue from Contracts with Customers

	Trust £000s	CTF £000s	Consolidation adjustments £000s	2024 Consolidated £000s	Trust £000s	2023 CTF £000s	Consolidation adjustments £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	4,529	0	0	4,529	4,199	0	0	4,199
HSC Trusts	415	0	0	415	384	0	0	384
Non-HSC-Private Patients	513	0	0	513	492	0	0	492
Road Traffic Accident income	1,091	0	0	1,091	1,656	0	0	1,656
Client contributions	30,302	0	0	30,302	25,453	0	0	25,453
Other income from non-patient services	9,151	0	0	9,151	6,011	0	0	6,011
<b>Total</b>	<b>46,001</b>	<b>0</b>	<b>0</b>	<b>46,001</b>	<b>38,195</b>	<b>0</b>	<b>0</b>	<b>38,195</b>

#### 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	8,503	0	(712)	7,791	8,374	0	(340)	8,034
Supporting people	1,265	0	0	1,265	1,340	0	0	1,340
Donation / Government grant / Lottery funding for non-current assets	152	0	0	152	93	0	0	93
Charitable Income received by Charitable Trust Fund	0	840	0	840	0	442	0	442
Investment Income	0	185	0	185	0	97	0	97
<b>Total</b>	<b>9,920</b>	<b>1,025</b>	<b>(712)</b>	<b>10,233</b>	<b>9,807</b>	<b>539</b>	<b>(340)</b>	<b>10,006</b>
<b>TOTAL INCOME</b>	<b>55,921</b>	<b>1,025</b>	<b>(712)</b>	<b>56,234</b>	<b>48,002</b>	<b>539</b>	<b>(340)</b>	<b>48,201</b>



# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2024

### NOTE 5.1 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
<b>Cost or Valuation</b>									
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
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	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)
<b>At 31 March 2024</b>	<b>49,829</b>	<b>810,606</b>	<b>27,728</b>	<b>19,274</b>	<b>153,183</b>	<b>11,584</b>	<b>78,402</b>	<b>24,121</b>	<b>1,174,727</b>
<b>Depreciation</b>									
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
<b>At 31 March 2024</b>	<b>0</b>	<b>101,267</b>	<b>4,169</b>	<b>0</b>	<b>125,675</b>	<b>6,974</b>	<b>59,566</b>	<b>12,820</b>	<b>310,471</b>
<b>Carrying Amount</b>									
At 31 March 2024	<b>49,829</b>	<b>709,339</b>	<b>23,559</b>	<b>19,274</b>	<b>27,508</b>	<b>4,610</b>	<b>18,836</b>	<b>11,301</b>	<b>864,256</b>
At 31 March 2023	<b>49,827</b>	<b>700,382</b>	<b>22,649</b>	<b>11,909</b>	<b>31,381</b>	<b>4,827</b>	<b>20,113</b>	<b>10,620</b>	<b>851,708</b>
<b>Asset financing</b>									
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
<b>Carrying Amount</b>									
<b>At 31 March 2024</b>	<b>49,829</b>	<b>709,339</b>	<b>23,559</b>	<b>19,274</b>	<b>27,508</b>	<b>4,610</b>	<b>18,836</b>	<b>11,301</b>	<b>864,256</b>

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
<b>Total</b>	<b>152</b>	<b>93</b>

# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2024

### NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2023

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2022	47,568	704,181	22,742	4,292	123,003	10,719	69,853	18,873	1,001,231
IFRS16 Opening balance adjustment	0	1,467	0	0	1,329	0	0	0	2,796
Indexation	0	43,232	1,590	0	15,143	627	0	214	60,806
Additions	1,689	9,842	1,012	7,617	9,790	1,259	4,085	1,971	37,265
Donations / Government grant / Lottery funding	0	0	0	0	74	15	4	0	93
Reclassifications	0	0	0	0	65	0	(65)	0	0
Transfers	250	637	0	0	83	0	0	0	970
Revaluation	320	0	0	0	0	0	0	0	320
Reversal of impairments (indexation)	0	15,208	295	0	0	0	0	0	15,503
Disposals	0	0	0	0	(3,547)	(1,310)	0	0	(4,857)
<b>At 31 March 2023</b>	<b>49,827</b>	<b>774,567</b>	<b>25,639</b>	<b>11,909</b>	<b>145,940</b>	<b>11,310</b>	<b>73,877</b>	<b>21,058</b>	<b>1,114,127</b>
<b>Depreciation</b>									
At 1 April 2022	0	45,554	1,769	0	97,587	6,431	47,897	8,754	207,992
Indexation	0	5,195	209	0	12,522	383	0	112	18,421
Transfers	0	124	0	0	77	0	0	0	201
Disposals	0	0	0	0	(3,543)	(1,285)	0	0	(4,828)
Provided during the year	0	23,312	1,012	0	7,916	954	5,867	1,572	40,633
<b>At 31 March 2023</b>	<b>0</b>	<b>74,185</b>	<b>2,990</b>	<b>0</b>	<b>114,559</b>	<b>6,483</b>	<b>53,764</b>	<b>10,438</b>	<b>262,419</b>
<b>Carrying Amount</b>									
At 31 March 2023	<b>49,827</b>	<b>700,382</b>	<b>22,649</b>	<b>11,909</b>	<b>31,381</b>	<b>4,827</b>	<b>20,113</b>	<b>10,620</b>	<b>851,708</b>
At 31 March 2022	<b>47,568</b>	<b>658,627</b>	<b>20,973</b>	<b>4,292</b>	<b>25,416</b>	<b>4,288</b>	<b>21,956</b>	<b>10,119</b>	<b>793,239</b>
<b>Asset financing</b>									
Owned	49,827	423,153	22,649	11,909	30,267	4,827	20,113	10,620	573,365
Leased	0	3,223	0	0	1,114	0	0	0	4,337
On B/S (So FP) PFI and other service concession arrangements contracts	0	274,006	0	0	0	0	0	0	274,006
<b>Carrying Amount</b>									
<b>At 31 March 2023</b>	<b>49,827</b>	<b>700,382</b>	<b>22,649</b>	<b>11,909</b>	<b>31,381</b>	<b>4,827</b>	<b>20,113</b>	<b>10,620</b>	<b>851,708</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2024**

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

Any fall in value through negative indexation or revaluation is shown as an impairment. The fair value of assets funded from the following sources during the year was:

	<b>2024 £000</b>	<b>2023 £000</b>
Donations	0	0
Government grant	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2023**

	<b>Software Licence £000s</b>	<b>Information Technology £000s</b>	<b>Development Expenditure £000s</b>	<b>Total £000s</b>
<b>Cost or Valuation</b>				
At 1 April 2022	15,285	1	150	15,436
Additions	381	0	0	381
<b>At 31 March 2023</b>	<b>15,666</b>	<b>1</b>	<b>150</b>	<b>15,817</b>
<b>Amortisation</b>				
At 1 April 2022	7,784	1	150	7,935
Provided during the year	2,188	0	0	2,188
<b>At 31 March 2023</b>	<b>9,972</b>	<b>1</b>	<b>150</b>	<b>10,123</b>
<b>Carrying Amount</b>				
At 31 March 2023	<b>5,694</b>	<b>0</b>	<b>0</b>	<b>5,694</b>
At 1 April 2022	<b>7,501</b>	<b>0</b>	<b>0</b>	<b>7,501</b>
<b>Asset financing</b>				
Owned	5,694	0	0	5,694
<b>Carrying Amount</b>				
At 31 March 2023	<b>5,694</b>	<b>0</b>	<b>0</b>	<b>5,694</b>
<b>Asset financing</b>				
Owned	7,501	0	0	7,501
<b>Carrying Amount</b>				
At 31 March 2022	<b>7,501</b>	<b>0</b>	<b>0</b>	<b>7,501</b>

# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2024

### NOTE 7 INVESTMENTS

Market value of investments as at 31 March 2024

	<b>Charitable Trust Fund £000s</b>	<b>2024 Non-current assets £000s</b>	<b>2023 Non-current assets £000s</b>
Balance at 1 April	2,799	2,799	3,014
Revaluation	193	193	(215)
<b>Balance at 31 March</b>	<b>2,992</b>	<b>2,992</b>	<b>2,799</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**NOTE 8 IMPAIRMENTS**

<b>2024</b>	<b>Property, plant &amp; equipment £000s</b>	<b>Total £000s</b>
Total Impairments credited to Statement of Comprehensive Net Expenditure	(5,659)	(5,659)
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	0	0
<b>Total value of impairments for the period</b>	<b>(5,659)</b>	<b>(5,659)</b>

<b>2023</b>	<b>Property, plant &amp; equipment £000s</b>	<b>Total £000s</b>
Total Impairments charged to Statement of Comprehensive Net Expenditure	(15,503)	(15,503)
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	0	0
<b>Total value of impairments for the period</b>	<b>(15,503)</b>	<b>(15,503)</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### 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

	<b>2024</b>	<b>2023</b>
	<b>Non-current assets £000s</b>	<b>Non-current assets £000s</b>
Balance at 1st April	2,799	3,014
Revaluations	193	(215)
<b>Balance at 31<sup>st</sup> March</b>	<b>2,992</b>	<b>2,799</b>
Trust	<b>0</b>	<b>0</b>
Charitable Trust Fund	<b>2,992</b>	<b>2,799</b>
<b>Balance at 31<sup>st</sup> March</b>	<b>2,992</b>	<b>2,799</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE**

The Trust had no assets held for sale at 31 March 2024 or 31 March 2023.



**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**NOTE 11 INVENTORIES**

Classification	2024		2023	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Pharmacy Supplies	5,229	5,229	4,941	4,941
Theatre Equipment	355	355	402	402
Building and Engineering Supplies	328	328	255	255
Fuel	369	369	367	367
Community Care Appliances	440	440	482	482
Laboratory Materials	573	573	576	576
X-Ray	48	48	47	47
Stock held for resale	10	10	9	9
Other	290	290	974	974
<b>Total</b>	<b>7,642</b>	<b>7,642</b>	<b>8,053</b>	<b>8,053</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### NOTE 12 CASH AND CASH EQUIVALENTS

	2024			2023		
	Core Trust £000s	CTF £000s	Consolidated £000s	Core Trust £000s	CTF £000s	Consolidated £000s
Balance at 1st April	4,992	3,577	8,569	4,632	3,665	8,297
Net change in cash and cash equivalents	(947)	(154)	(1,101)	360	(88)	272
<b>Balance at 31st March</b>	<b>4,045</b>	<b>3,423</b>	<b>7,468</b>	<b>4,992</b>	<b>3,577</b>	<b>8,569</b>
<b>The following balances were held at 31st March were held at</b>						
Commercial banks and cash in hand	4,045	3,423	7,468	4,992	3,577	8,569
<b>Balance at 31st March</b>	<b>4,045</b>	<b>3,423</b>	<b>7,468</b>	<b>4,992</b>	<b>3,577</b>	<b>8,569</b>

#### 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:

	2024			2023		
	£000s	Opening balance adjustment £000s	Restated (leased liabilities only) £000s	Cashflows £000s	Non-cash changes £000s	Total £000s
Lease Liabilities	4,508	0	4,508	(851)	488	4,145
PFI Liabilities	105,702	950	106,652	(4,159)	0	102,493
<b>Total liabilities from financing activities</b>	<b>110,210</b>	<b>950</b>	<b>111,160</b>	<b>(5,010)</b>	<b>488</b>	<b>106,638</b>

The Opening balance adjustment is due to the re-measurement of the PFI liability in accordance with IFRS16 from April 2023. 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.

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER CURRENT ASSETS**

	2024				2023			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
<b>Amounts falling due within one year</b>								
Trade receivables	10,527	0	0	10,527	8,417	0	0	8,417
VAT receivable	7,602	0	0	7,602	7,463	0	0	7,463
Other receivables - not relating to fixed assets	11,236	21	(57)	11,200	12,570	141	(202)	12,509
<b>Trade and other receivables</b>	<b>29,365</b>	<b>21</b>	<b>(57)</b>	<b>29,329</b>	<b>28,450</b>	<b>141</b>	<b>(202)</b>	<b>28,389</b>
Prepayments	5	0	0	5	134	0	0	134
<b>Other current assets</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>134</b>	<b>0</b>	<b>0</b>	<b>134</b>
<b>Total trade and other receivables</b>	<b>29,365</b>	<b>21</b>	<b>(57)</b>	<b>29,329</b>	<b>28,450</b>	<b>141</b>	<b>(202)</b>	<b>28,389</b>
<b>Total other current assets</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>134</b>	<b>0</b>	<b>0</b>	<b>134</b>
<b>Total receivables and other current assets</b>	<b>29,370</b>	<b>21</b>	<b>(57)</b>	<b>29,334</b>	<b>28,584</b>	<b>141</b>	<b>(202)</b>	<b>28,523</b>

The balances are net of a provision for bad debts of £8,251k (2023: £7,531k).

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER CURRENT LIABILITIES

##### Note 14.1 Trade payables and other current liabilities

	2024				2023			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
<b>Amounts falling due within one year:</b>								
Other taxation and social security	18,825	0	0	18,825	30,203	0	0	30,203
Trade capital payables – property, plant and equipment	4,115	0	0	4,115	6,367	0	0	6,367
Trade revenue payables	43,750	82	0	43,832	37,730	86	(141)	37,675
Payroll payables	102,172	0	0	102,172	56,362	0	0	56,362
Other payables	3,970	69	(57)	3,982	4,463	61	(61)	4,463
Accruals - relating to property, plant and equipment	12,310	0	0	12,310	10,715	0	0	10,715
Lease liability	931	0	0	931	936	0	0	936
<b>Trade and other payables</b>	<b>186,073</b>	<b>151</b>	<b>(57)</b>	<b>186,167</b>	<b>146,777</b>	<b>147</b>	<b>(202)</b>	<b>146,722</b>
Current part of imputed lease element of PFI contracts and other service concession arrangements	5,329	0	0	5,329	4,745	0	0	4,745
<b>Other current liabilities</b>	<b>5,329</b>	<b>0</b>	<b>0</b>	<b>5,329</b>	<b>4,745</b>	<b>0</b>	<b>0</b>	<b>4,745</b>
<b>Total payables falling due within one year</b>	<b>191,402</b>	<b>151</b>	<b>(57)</b>	<b>191,496</b>	<b>151,522</b>	<b>147</b>	<b>(202)</b>	<b>151,467</b>
<b>Amounts falling due after more than one year</b>								
Leased liability	3,214	0	0	3,214	3,572	0	0	3,572
Imputed lease element of PFI contracts and other service concession arrangements	97,164	0	0	97,164	100,957	0	0	100,957
<b>Total non current payables</b>	<b>100,378</b>	<b>0</b>	<b>0</b>	<b>100,378</b>	<b>104,529</b>	<b>0</b>	<b>0</b>	<b>104,529</b>
<b>Total trade payables and other current liabilities</b>	<b>291,780</b>	<b>151</b>	<b>(57)</b>	<b>291,874</b>	<b>256,051</b>	<b>147</b>	<b>(202)</b>	<b>255,996</b>

##### 14.2 Loans

The Trust did not have any loans payable at either 31 March 2024 or 31 March 2023.

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2024**

	<b>Clinical negligence £000s</b>	<b>Other £000s</b>	<b>Total £000s</b>
Balance at 1 April 2023	67,127	23,948	91,075
Provided in year	22,919	34,110	57,029
(Provisions not required written back)	(5,816)	(1,561)	(7,377)
(Provisions utilised in the year)	(5,791)	(1,616)	(7,407)
Cost of borrowing (unwinding of discount)	(5,280)	(1,329)	(6,609)
<b>At 31 March 2024</b>	<b>73,159</b>	<b>53,552</b>	<b>126,711</b>

**Comprehensive Net Expenditure Account charges**

	<b>2024 £000s</b>	<b>2023 £000s</b>
Arising during the year	57,029	26,757
Reversed unused	(7,377)	(21,226)
Cost of borrowing (unwinding of discount)	(6,609)	(15,302)
<b>Total charge within operating costs</b>	<b>43,043</b>	<b>(9,771)</b>

**Analysis of expected timing of discounted flows**

	<b>Clinical negligence £000s</b>	<b>Other £000s</b>	<b>Total £000s</b>
Not later than one year	29,943	634	30,577
Later than one year and not later than five years	25,896	47,349	73,245
Later than five years	17,320	5,569	22,889
<b>At 31 March 2024</b>	<b>73,159</b>	<b>53,552</b>	<b>126,711</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2024 (Cont'd)

Provisions have been made for six types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Holiday Pay, Pay Modernisation 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, in order to take account of the return that can be earned from investment.

##### Holiday Pay Liability

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for holiday pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgement to the Supreme Court and the hearing concluded on 15 December 2022. A judgement was handed down on 4 October 2023 confirming 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 as far as 1998. The Trust provision at 31 March 2024 reflects this time frame. HSC has retrospective and prospective liabilities arising from this outcome.

The HSC working group considering resolution of the liabilities has indicated that the final solution is likely to be a number of years away as it will require system change and, in the meantime, discussions are ongoing with trade unions in respect of an interim solution. In light of industrial action and the ongoing legal cases, there have been delays in Trade Unions discussions regarding settlement of the historic liability and the interim solution.

The Trust in calculating this provision has used the following estimates and assumptions:

- The provision has been estimated based on our knowledge of settlements of retrospective liabilities that have been made in other jurisdictions. The provision has been estimated back to 1998/99 based on the outcome of the Supreme Court judgement.
- Defined wage types have been used to determine the provision using data from 2014/15 following the introduction of the current HRPTS system.
- A further estimate has been added for the impact of other potential contractual liabilities.
- For the years 1998/99 to 2013/14 an annual average has been calculated based on the defined wage types using the three years 2014/15 to 2016/17.
- This annual average has been adjusted for agreed pay agreements under Agenda for Change for changes in staffing.

- Actual staff numbers are available from 2008/09, when the Review of Public Administration (RPA) took place, with the exception of 2 years 2009-11, but not prior to 2008/09. The staff level for 2008/09 is used in calculating these two years.
- An assumption has been made on the annual changes in staff numbers from 1998/99 to 2007/08. The assumption being a 1% increase per annum, which has been applied to the annual average for each relevant year
- The balance has then been subject to discounting to determine the net present value of the provision.
- The provision does not include any late payment interest which may be required to be paid over to claimants.

The key areas of uncertainty include:

- The reliability of the data used.
- The terms of the settlement which is subject to negotiations and agreement with Trade Unions.
- 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.

The overall impact has been to increase this provision from £12.8m in 2022/23 to £37.9m.

#### 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 the additional expected costs were accrued at 31 March 2023.

Whilst the Trust maintains the accounting treatment applied to these cases in 2022/23 was appropriate given the information available at the time, this has been reviewed for 2023/24. The outstanding pay award for Senior Executives for 23/24 has been treated as an accrual this year and is reflected in the Senior Executive note. An amount is also being carried as a provision relating to the potential outcome of the pending legal case as it has become clear that the issue of Senior Executive Pay will not now be resolved as swiftly as anticipated previously.

Given that the level of uncertainty around the timing of some liabilities has increased, it is therefore deemed more appropriate to treat them as a provision under IAS 37 at 31 March 2024. The best estimate of the value of the liability is still considered to be in line with the principles set out in the original accounting treatment, with discounting to present value applied as appropriate.

#### Discount rate for special damages awards

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. The rate is currently -1.5% as set (with effect from 22 March 2022) by the Government Actuary under the Damages Act 1996 as amended by the Damages (Return on Investment) Act (Northern Ireland) 2022. Under the 1996 Act as amended, the Government Actuary must begin a review of the discount rate on 1 July 2024 and conclude the review within 90 days. Any new discount rate arising from the review would not come into effect until during the 2024-25 financial year.

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**PROVISIONS FOR LIABILITIES AND CHARGES- 2023**

	<b>Clinical negligence £000s</b>	<b>Other £000s</b>	<b>Total £000s</b>
Balance at 1 April 2022	95,221	14,302	109,523
Provided in year	11,121	15,636	26,757
(Provisions not required written back)	(16,352)	(4,874)	(21,226)
(Provisions utilised in the year)	(7,549)	(1,128)	(8,677)
Cost of borrowing (unwinding of discount)	(15,314)	12	(15,302)
<b>At 31 March 2023</b>	<b>67,127</b>	<b>23,948</b>	<b>91,075</b>

**Analysis of expected timing of discounted flows**

	<b>Clinical negligence £000s</b>	<b>Other £000s</b>	<b>Total £000s</b>
Not later than one year	26,101	2,359	28,460
Later than one year and not later than five years	18,536	14,683	33,219
Later than five years	22,490	6,906	29,396
<b>At 31 March 2023</b>	<b>67,127</b>	<b>23,948</b>	<b>91,075</b>



## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### NOTE 16 CAPITAL AND OTHER COMMITMENTS

##### NOTE 16 CAPITAL COMMITMENTS

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

	<b>2024 £000s</b>	<b>2023 £000s</b>
Property, plant & equipment	4,807	6,603
<b>Total</b>	<b>4,807</b>	<b>6,603</b>

These commitments include £0.90m for Strategic Capital Development Projects, such as Altnagelvin Redevelopment Phase 5.1 and the Lisnaskea Health & Care Centres, equipment of £1.1m and other Trust Estates managed capital schemes of £2.8m.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### NOTE 17 COMMITMENTS UNDER LEASES

##### 17.1 Right of use assets

	2024 Buildings £000s	2024 Plant and Machinery £000s	2024 Total £000s	2023 Buildings £000s	2023 Plant and Machinery £000s	2023 Total £000s
As at 1 April 2023	3,223	1,114	4,337	1,467	1,329	2,796
Additions	445	(14)	431	2,191	0	2,191
Depreciation expense	(524)	(246)	(770)	(435)	(215)	(650)
<b>As at 31 March 2024</b>	<b>3,144</b>	<b>854</b>	<b>3,998</b>	<b>3,223</b>	<b>1,114</b>	<b>4,337</b>

##### 17.2 Lease Liabilities

	2024 £000s	2023 £000s
<b>Buildings</b>		
Not later than 1 year	628	547
Later than 1 year and not later than 5 years	1,682	1,587
Later than 5 years	1,030	1,250
	<b>3,340</b>	<b>3,384</b>
Less interest element	(149)	(123)
<b>Present value of Obligations</b>	<b>3,191</b>	<b>3,261</b>
	2024 £000s	2024 £000s
<b>Plant and Machinery</b>		
Not later than 1 year	350	426
Later than 1 year and not later than 5 years	621	814
Later than 5 years	0	34
	<b>971</b>	<b>1,274</b>
Less interest element	(17)	(27)
<b>Present value of Obligations</b>	<b>954</b>	<b>1,247</b>
<b>Total Present Value of Obligations</b>	<b>4,145</b>	<b>4,508</b>
<b>Current Portion</b>	<b>931</b>	<b>936</b>
<b>Non-current portion</b>	<b>3,214</b>	<b>3,572</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### NOTE 17 LEASES (Cont'd)

##### 17.3 Elements in the Statement of Comprehensive Net Expenditure

	<b>2024 £000s</b>	<b>2023 £000s</b>
Other Lease payments not included in Lease liabilities	485	387
Expenses related to short term leases	209	276
Expenses related to low value asset leases (excluding short term leases)	0	1
	<b>694</b>	<b>664</b>

##### 17.4 Total cash outflow for leases

	<b>2024 £000s</b>	<b>2023 £000s</b>
Total cash outflow for leases	<b>851</b>	<b>517</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

#### 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 2024 or 31 March 2023.

##### 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 £5,266k (2022-23:£5,072k). 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:

	<b>2024</b> <b>£000s</b>	<b>2023</b> <b>£000s</b>
Minimum lease payments:		
Due within one year	14,731	14,433
Due later than one year and not later than five years	48,316	50,843
Due later than 5 years	141,094	153,085
<b>Total</b>	<b>204,141</b>	<b>218,361</b>
Less interest element	101,648	112,659
<b>Present value</b>	<b>102,493</b>	<b>105,702</b>
Service elements due in future periods:		
Due within one year	5,437	5,266
Due later than one year and not later than five years	23,363	22,644
Due later than five years	86,479	92,497
<b>Total service elements due in future periods</b>	<b>115,279</b>	<b>120,407</b>
<b>Total Commitments</b>	<b>217,772</b>	<b>226,109</b>

# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2024

### 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.

	2024 £000s	2023 £000s
Clinical negligence	1,664	1,530
Public liability	11	113
Employer's liability	134	122
Other	23	0
<b>Total</b>	<b>1,832</b>	<b>1,765</b>

#### 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 has been reached through mediation for the design and implementation of a future scheme. DoH is continuing to work on this in conjunction with the BMA. Any scheme will require Ministerial approval and a period of public consultation prior to introduction. Whilst the current litigation has been paused, it has not been withdrawn, and therefore the legal case has continued to be treated as a contingent liability at 31 March 2024. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

##### 19.2 Employment Tribunals

HSC Trusts may have open Tribunal Cases where a liability has not yet been established and cannot be quantified. In particular the Trusts are aware of a number of linked employment tribunal cases lodged by Trade Unions on behalf of their members in respect of remuneration for 'Sleep-ins'. These are night shifts where staff sleep at a Trust premises and work on an 'as-called-upon' basis throughout the night. A single test case in respect of the NHSCT was heard during 2023/24 and while the action failed it is to be appealed. This matter will be kept under close review as the case progresses during 2024/25.

##### 19.3 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 to challenge the policy and the BHSC 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 is in the process of considering the judgement and its implications for the policy and its application. All Trusts are awaiting revised guidance in order to be able to identify service users who may meet the criteria and quantify the associated costs.

#### **19.4 Payment of part time staff who work additional hours whilst on annual leave and sick leave**

The Trust has identified an issue in relation to the payment of part time staff who work additional hours when on annual leave or sick leave. Initial assessment in the Trust has indicated that not all part time staff who work additional hours are paid in line with Sections 13.9 and 14.4 of the Agenda for Change Handbook. A project team was established to scope out the current position within the Trust and developed a proposed response plan in order to meet the obligations as set out within the Agenda for Change Handbook. The programme of work will therefore focus on establishing the historical financial liability regarding the issue, propose an agreed solution and a future standard process and system fix. As at 31st March 2024, 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.

#### **19.5 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. Uncertainty also exists in relation to whether interest or any other uplift is payable on the sums due to the Claimants to reflect the effluxion of time. This matter is not agreed and therefore no provision has been made in Note 15.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 20 RELATED PARTY TRANSACTIONS

The Trust is an arm's length body of the Dept. of Health and as such, the Dept. of Health is a related party from which the Trust has received income during the year of £1,025m consisting of £969m RRL (note 22) and £56m 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 2023/24. 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 2023/24 £	Amount paid by Trust during 2022/23 £
Dr Thomas Frawley, Southern HSC Trust	Chairman	£51,192	£24,659
Dr Thomas Frawley, Open University	Chairman	£16,431	£15,909
Sean Hegarty, Clarendon Medical	Non-Executive Director	£2,327	£5,225
Professor Hugh McKenna, Alzheimer's Society	Non-Executive Director	£336,045	£324,447
Professor Hugh McKenna, Ulster University	Non-Executive Director	£358,501	£220,053
Aideen Mc Ginley, Aisling Centre Enniskillen	Non-Executive Director	£90,943	£90,304
Aideen Mc Ginley, Fermanagh Trust	Non-Executive Director	£14,359	£18,046

#### Neil Guckian OBE, Chief Executive

Mr Guckian's brother is a Board member of Foyle Hospice.

During 2023/24, the Trust received income from Foyle Hospice of £75k and was owed £6k at year-end. The Trust also made payments of £96k during 2023/24.

#### Tom Cassidy, Executive Director of Social Work and Director of Children and Families

Mr Cassidy is a governor at Oakgrove Integrated Primary School. During 2023/24, the Trust made payments of approximately £597 to Oakgrove Integrated Primary School.

#### Donna Keenan, Interim Executive Director of Nursing, Midwifery and AHP Services

Ms Keenan is a nurse advisor to Western Urgent Care.

During 2023/24, the Trust made payments of approximately £563k to Western Urgent Care and received income of £38k.

**Karen Hargan, Director of Human Resources and Organisational Development**

Mrs Hargan's spouse holds a bank contract for Northern Ireland Ambulance Service (NIAS). During 2023/24, the Trust received income of approximately £1m and was owed £979k from NIAS at 31<sup>st</sup> March 2024.

**Other Senior Managers**

Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2023/24. The details 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 admin duties with Cornfield care centre. During 2023/24, the Trust made payments of approximately £5.5m to Cornfield care centre.

**Patrick Armstrong, Governance Lead Family and Children**

Mr Armstrong is a governor at St Cecilia's College. During 2023/24, the Trust made payments of approximately £3k to St Cecilia's College.

**Ms Sandra McNeill, Sub Dean Undergraduate Education**

Ms McNeill is a casual lecturer for University of Ulster. 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 31<sup>st</sup> March 2024.

Ms McNeill is also Honorary Senior Lecturer for Queen's University Belfast. During 2023/24, the Trust made payments of approximately £45k to Queen's University Belfast and received income of £52k. The Trust was owed £2k from Queen's University Belfast at 31<sup>st</sup> March 2024.

Ms McNeill is also a committee member for 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 with Glendermott medical practice. During 2023/24, the Trust received income of approximately £4k from Glendermott medical practice and made payments of approximately £140 to Glendermott medical practice.

**Louise Mc Mahon, Adult Mental Health Nurse**

Ms McMahan is a Nurse development/educator with University of Ulster QUB NIPEC. 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 31<sup>st</sup> March 2024.

During 2023/24, the Trust made payments of approximately £45k to Queen's University Belfast and received income of £52k. The Trust was owed £2k from Queen's University Belfast at 31<sup>st</sup> March 2024.

**Caragh McLaughlin, Head Of Service for community social work**

Mrs McLaughlin's partner is currently a staff nurse employed with Ann's Care Home but working within the Grouse Care Home. During 2023/24, the Trust made payments of £3.9m and owed £5k at year end to Ann's Care Home. During 2023/24, the Trust also made payments of £700k to Grouse Care Home.

**Barry Tierney, Advanced Nurse Practitioner, Hospital at Home**

Mr Tierney is a Community First Responder with Northern Ireland Ambulance Services. During 2023/24, the Trust received payments of £23k and was owed £980k from Northern Ireland Ambulance Services at year end.



**Tara Boyle, Project Manager, Capital Development**

Ms Boyle is a Director of the Tara Centre, Omagh. Ms Boyle is also a Director with Derry Well Women Centre. During 2023/24, the Trust made payments of approximately £57k to Tara Centre, Omagh. The Trust also made payments of approximately £146k to Derry Well Women Centre.

**Carol Reid, Assistant Director of Nursing**

Ms Reid is the Chairperson of First Steps Children's Centre. During 2023/24, the Trust made payments of approximately £16k to First Steps Children's Centre.

**Dr Paul Farry, Consultant Radiologist**

Dr Farry is an independent practitioner that carried out private examinations at Kingsbridge North West. Dr Farry is not employed directly by Kingsbridge North West. 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 the Kingsbridge Healthcare Group. The Trust has made payments of approximately £4.9m to 3Fivetwo in 2023/2024.

**Dr John Doherty, Consultant Anaesthetist**

Mr Doherty is the Chief Executive Officer of JACE Medical and JACE Ambulance. During 2023/24, the Trust made payments of approximately £2.5k to JACE Medical and £29k to JACE Ambulance.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 21 THIRD PARTY ASSETS

The assets held at the reporting period date to which it was practical to ascribe monetary values comprised £3,870k. These third party assets relate to Patient and Resident monies held by the Trust and are set out in the table below.

	<b>2024 £000s</b>	<b>2023 £000s</b>
Monetary assets such as bank balances and monies on deposit	3,870	3,467
<b>Total</b>	<b>3,870</b>	<b>3,467</b>

# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2024

### NOTE 22 FINANCIAL PERFORMANCE TARGETS

#### 22.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend.

Following the implementation of review of Financial Process, the format of Note 22.1 has changed as the Department has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. Western Health and Social Care Trust has remained within the budget control limit it was issued. From 2022-23 onwards, the materiality threshold limit excludes non-cash RRL.

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:

<b>RRL Allocated from:</b>	<b>2024 Total</b>	<b>2023 Total</b>
	<b>£000s</b>	<b>£000s</b>
DoH – Finance Directorate	953,427	892,150
Public Health Agency	8,465	9,562
Northern Ireland Medical & Dental Training Agency	7,236	7,087
<b>Total RRL Received</b>	<b>969,128</b>	<b>908,799</b>
<b>Net RRL position</b>	<b>969,128</b>	<b>908,799</b>
<b>Revenue Resource Limit Expenditure</b>		
Net Expenditure per SoCNE	1,052,230	926,242
<b>Adjustments</b>		
Capital Grants for Research and Development	(933)	0
Research and Development under ESA 10 (amounts not capitalised)	0	62
Depreciation	(36,399)	(34,597)
Amortisation	(1,965)	(2,188)
Impairments	5,659	15,503
Notional Charges	(130)	(128)
Increase/Decrease in provisions (provisions provided for in year less any release)	(43,043)	9,771
PFI and other service concession arrangements/IFRIC 12	(6,481)	(6,036)
Adjustment for Income received re Donations/Government Grant/Lottery funding for non current assets	152	93
<b>Total adjustments</b>	<b>(83,140)</b>	<b>(17,520)</b>
<b>Net expenditure Funded from RRL</b>	<b>969,090</b>	<b>908,722</b>
<b>Surplus / (Deficit) against RRL</b>	<b>38</b>	<b>77</b>
<b>Surplus / (Deficit) as a percentage of RRL</b>	<b>0.004%</b>	<b>0.008%</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2024

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

##### 22.2 Financial Performance Targets Less Deficit Funding

For the year ended 31<sup>st</sup> March 2024 the Trust received £22.7m of non-recurrent funding from the Department of Health to address the deficit that would otherwise have occurred.

	<b>2024 £000s</b>
The Revenue Resource Limit (RRL)	969,128
Less Deficit Funding received	(22,700)
	946,428
Net Expenditure Funded from RRL	969,090
Surplus/(Deficit) against RRL Less Deficit Funding received	(22,662)

##### 22.3 Capital Resource Limit

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

	<b>2024 Total £000s</b>	<b>2023 Total £000s</b>
<b>CRL Allocated from:</b>		
Department of Health – Investment Directorate	34,053	36,545
Public Health Agency	0	62
Total CRL Received	34,053	36,607
Total CRL Issued	0	0
Net CRL Position	34,053	36,607
<b>Capital Resource Limit Expenditure:</b>		
Capital expenditure per additions in Asset notes	34,103	37,739
Charitable Trust fund capital expenditure	(152)	(93)
PFI and other service concession arrangements	(805)	(1,014)
Receipts from sales of fixed assets up to Net book value	(26)	(25)
<b>Adjustment to add items not capitalised in accounts</b>		
Capital grants for Research and Development	933	0
<b>Net Expenditure Funded from CRL</b>	34,053	36,607
<b>Surplus (Deficit) against CRL</b>	<b>0</b>	<b>0</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2024**

**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 04 July 2024.

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**PATIENTS'/RESIDENTS' MONIES ACCOUNTS**  
**YEAR ENDED 31 MARCH 2024**

## **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 2024 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 2024 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 is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Western Health and Social Care Trust’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this 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; 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; or

### **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 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 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 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 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.

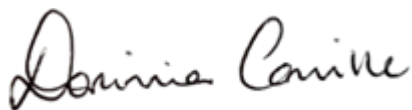
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and 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; and

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://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.



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

*4 July 2024*

**WESTERN HEALTH AND SOCIAL CARE TRUST  
YEAR ENDED 31 MARCH 2024  
ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS**

Previous Year £	Receipts	£	£
10,029	Balance at 1 April 2023		
	1. Investment (at cost)	10,040	
3,338,848	2. Cash at Bank	3,439,762	
11,600	3. Cash in Hand	16,800	3,466,602
1,471,982	Amounts received in the year		2,333,205
11	Interest Received		91,515
<b>4,832,470</b>	<b>Total</b>		<b>5,891,322</b>
	<b>Payments</b>		
1,365,868	Amounts paid to or on behalf of patients / Residents		2,021,022
	Balance at 31 March 2024		
10,040	1. Investments (at cost)	3,552,554	
3,439,762	2. Cash in Bank	300,946	
16,800	3. Cash in Hand	16,800	3,870,300
<b>4,832,470</b>	<b>Total</b>		<b>5,891,322</b>
<b>Cost Price £</b>	<b>Schedule of investments held at 31 March 2024</b>	<b>Nominal Value £</b>	<b>Cost Price £</b>
10,040	Bank of Ireland	3,552,554	3,552,554

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:

3 July 2024

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

Chief Executive:



Date:

3 July 2024