# WESTERN HEALTH AND SOCIAL CARE TRUST

# ANNUAL REPORT AND ACCOUNTS

# FOR THE YEAR ENDED 31 MARCH 2022

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

28 July 2022

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Please see web link to Charitable Trust Fund Accounts –

thttps://westerntrust.hscni.net/about-the-trust/corporate-information/financial-information/


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## FOREWORD FROM THE CHAIR

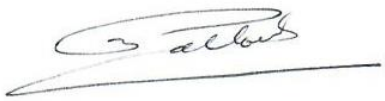
I am pleased to present the Western Health and Social Care Trust Annual Report for the year 2021/2022. The Report gives a comprehensive outline of the business and services of the Trust in what has been another unprecedented and challenging year for all staff, patients, carers and their families.

On behalf of the Board of the Trust, I express the deep sympathy of us all to those staff and families who have lost loved ones. I also express our huge gratitude and admiration for the way our staff, our volunteers and indeed the wider community support services have worked selflessly to maintain services in our hospitals and communities. I would like to commend their professionalism, dedication and commitment to deliver safe and effective care for so many on a daily basis, sometimes at great personal cost and risk, thank you so much.

The Trust continued to be led in a most competent and proactive manner by our Chief Executives, Dr Anne Kilgallen and Neil Guckian, and a strong team of Directors, who stepped up to meet the challenges of the COVID-19 pandemic. I welcomed Neil in taking responsibility for leading our Trust and the Senior Executive Team.

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

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



**SAM POLLOCK**
**CHAIR**

## FOREWORD FROM THE CHIEF EXECUTIVE

As I write this foreword for my first Annual report, I am very mindful of how the year started. Few of us would have believed in April 2021 that COVID-19 would continue to dominate our delivery of Health & Social Care for our population.

I want to begin by paying tribute to my predecessor, Dr Anne Kilgallen, for her leadership of the Trust from 2017 to 2021. I wish her well in her well-deserved retirement. I also want to acknowledge the significant contribution to our organisation by Mr Alan Moore, Director of Strategic Capital Development and Dr Bob Brown, Director of Primary Care & Older People's Services and Executive Director of Nursing, who also retired during 2021/22.

2021/22 was another extraordinary year of challenge for Health & Social Care and Western Trust services and staff. All Western Trust staff should be immensely proud of all the achievements of the Trust over the last year. A small selection of our top achievements would be:

COVID-19 response: The way our staff continually showed commitment and flexibility to protect our patients and clients in hospitals and community services. This includes the significant increase in demand for Mental Health and Disability Services.

Our introduction of the nMabs and anti-viral services for non-hospitalised patients at short notice. This service continues to keep COVID-19 positive clinically vulnerable patients out of hospital / ICU.

Our Vaccination Programme has delivered 217,696 vaccinations up to 31 March 2022. This has made a major contribution to the community of the West returning to normal whilst reducing the level of illness and deaths.

The Working Safely Together Programme, in every service in the Trust, along with the leadership and guidance from our Infection Prevention and Control Team, have resulted in the maintenance of low levels of COVID-19 infection in our facilities, thereby protecting patients and staff.

One of our many service developments during 2021/22 was the appointment of a dedicated Hospital at Home Team, led by Dr Mark Roberts, and supported by a multi-disciplinary team. Early evaluations show a significant avoidance of hospital admission (82%).

During the year we launched the Mobile Health Unit to improve access for our homeless population – some of the most marginalised in society.

We continued our preparations for the Graduate Entry Medical School – this will represent a significant opportunity, and the Trust will embrace it to develop our medical workforce over the next decade.

Our services have been gradually rebuilding and recovering from the impact of the pandemic. Most services finished the year at over 85% of pre-pandemic levels. Our first priority in 2022/23 will be to get back as close as possible to our previous service levels. We are well aware that this will be insufficient to address many of the waiting list challenges, and we will work with DOH to identify innovative solutions.

We have been supporting staff in many ways, including Psychology services, Care-Lines, Occupational Health, team focus. This will develop further in 2022/23 with commitments made in recent months. Many staff have been adversely impacted by the last two years, we will do all we can to support them.

Throughout 2021/22, as I have visited many teams (virtually and physically) I have been amazed by our incredible staff who continue to work tirelessly for our patients and clients. I am so grateful to our staff for all they do every day.

On behalf of CMT, Trust Board and our populations, thank you.

**NEIL GUCKIAN**
**CHIEF EXECUTIVE**

## PERFORMANCE REPORT

### Purpose

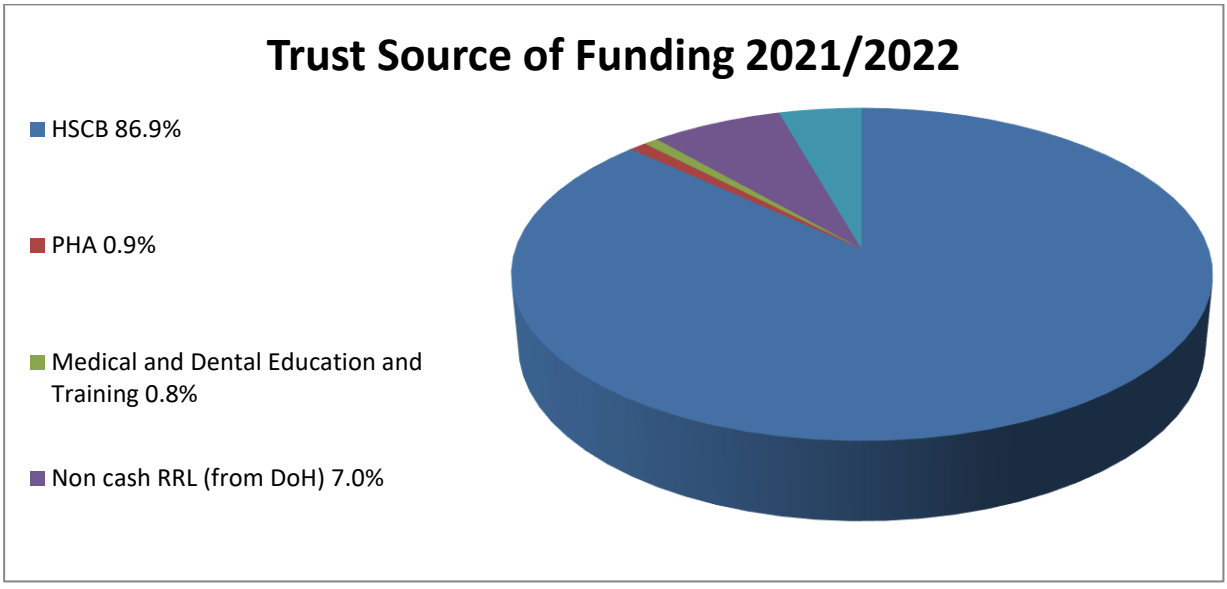
This section of the report presents the corporate perspective on the Western Health and Social Care Trust's (the "Trust") performance over the period 2021/22. It also summarises the purpose and activities of the Trust and provides a brief description of the business model and operating environment, organisational structure and strategies. Key issues and risks that could affect the organisation in delivering against its objectives are identified and the section concludes with an outline of performance over the reporting period.

### The Western Health and Social Care Trust

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

The Trust employs approximately 12,500 staff (2020/21 12,000) and in 2021/22 had an annual income of £959m (2020/21 £954m).

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




### *Business Model*

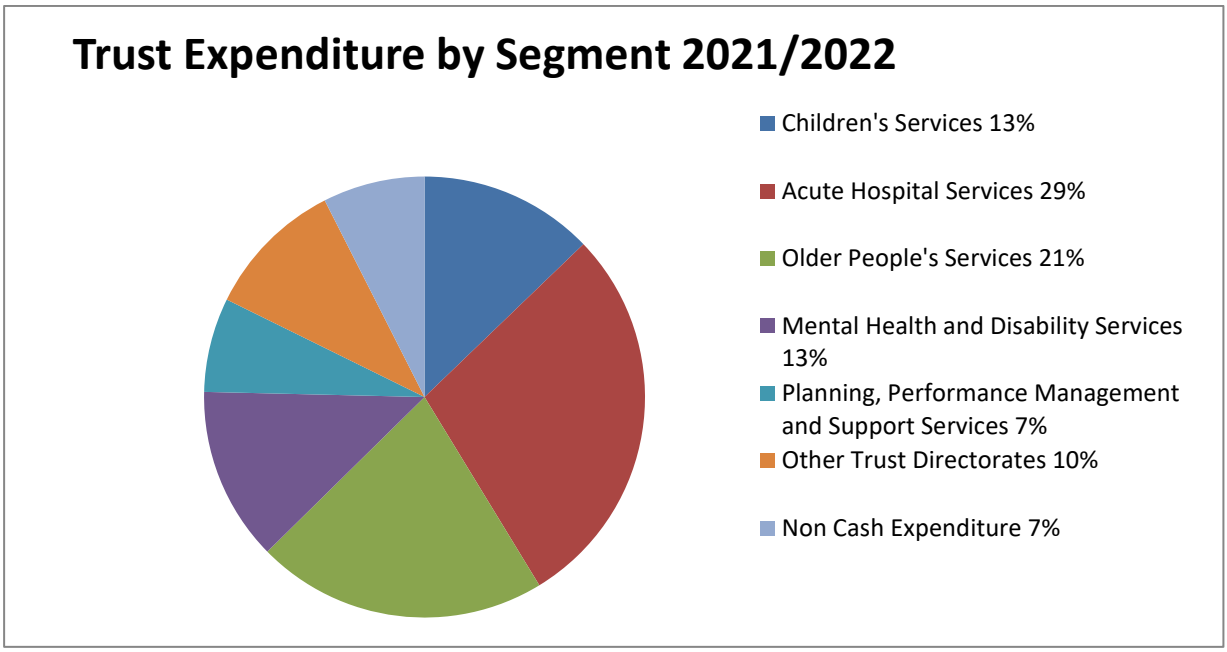
The Trust provides services across 4,842 sq. km of landmass and delivers services from a number of hospitals, community based settings and directly into individuals' homes. This comprehensive range of services is provided through the following operational Directorates:

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

The service Directorates are supported by the

- Chief Executive's Office,
- Finance, ICT and Contracting Directorate (including Strategic Capital Development),
- Human Resources Directorate,
- Medical Directorate,
- Performance and Service Improvement Directorate, and

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




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

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

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

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

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

***Vision and Values***

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

**Performance Overview**

Normally, each year the Department of Health (DoH) issues its Commissioning Plan Direction to the Health and Social Care Board (HSCB), which contains the priorities and targets for the region. In turn, the HSCB issues the Trust with an annual Commissioning Plan, which details what the HSCB expects the Trust to deliver in the coming year. Each of the targets will have associated measures or performance indicators, by which the Trust’s performance will be measured.

For 2021/22, the Commissioning Plan Direction (CPD) and Commissioning Plan (CP) were rolled forward. Annual Trust Delivery Plans were modified to focus on HSC rebuild of services after the first wave of the COVID-19 pandemic. This was in response to the requirements set out in the Framework for Rebuilding Health and Social Care (HSC) Services, which was approved by the Minister for Health in June 2020. Since this time,

Trust Rebuild Plans have been agreed with DoH on a quarterly basis, and include targets and performance metrics to incrementally recover activity across a range of services to pre-pandemic levels, and adopt new ways of working.

In response to the COVID-19 pandemic it was necessary for the Trust to implement a number of extraordinary measures which impacted on Trust services. Many areas of routine work were affected, as all services were required to prioritise emergency, urgent and crisis patient and client need. Throughout the successive COVID-19 surges, hospital services were scaled back or stood down, in order to escalate critical care capacity in Intensive Care Units (ICUs) and to support respiratory wards in our acute hospitals across N.I. During 21/22 services were particularly affected by workforce absence due to high transmission rates for COVID-19, which required staff to self-isolate due to infection or as a close contact.

The Trust implemented a COVID-19 treatment service for highly clinically vulnerable community patients from 16 December 2021. This has required staff to be diverted from other roles. In the first two months, 450 patients were triaged with 160 receiving intravenous or oral treatment. Just 2 of these were admitted to hospital with COVID-19 symptoms. Numbers referred continue to rise.

**Performance Analysis**

Due to the COVID-19 Pandemic, the DoH agreed that the standards set out in the 2019/20 Commissioning Plan Direction (CPD) were rolled forward to 2020/21 and 2021/22. Given that many of these standards were no longer achievable, particularly in a COVID-19 environment, the DoH revised the planning approach for HSC bodies to 3 monthly cycles. The Trust adopted the new planning approach in July 2020 and the Trust's monitoring and performance management processes have been aligned with this planning approach with monthly monitoring now in place against Service Rebuild/Delivery Plans for the 4 quarters of 21/22.

The context within which these plans were set was challenging. Hospital services were asked to continue to support escalation of Critical care provision in Intensive Care Units (ICUs) in the first part of the year, and to maintain a surge capacity in respiratory wards in response to COVID-19. In addition, a key feature of the 2nd year of the pandemic was the high levels of staff COVID-19 related absence and increased unscheduled care pressures, and these factors made service delivery even more challenging to manage during 2021/22.

Unscheduled care saw a return to higher attendances at Emergency Departments (ED), consistent with pre-pandemic levels, even though hospital capacity was reduced due to the need to maintain separate "green" and "red" pathways for patients. This impacted on the length of time people waited for assessment and treatment and onward transfer to wards for admission when required. Over the past year more than 13,000 people waited longer than 12 hours in our ED's and 58% of patients waited longer than 4 hours at Altnagelvin, 46% at South West Acute Hospital. The current Unscheduled Care demand levels are expected to continue.

However, in spite of the ongoing challenges in relation to capacity, staffing and increased demand over the past year the Trust has delivered a strong performance across Outpatients, Day Case, Diagnostics and Cancer Services. During 2021/22 91% of pre-pandemic Day Case activity and 86% of pre pandemic Outpatient activity was delivered, less progress was made in Inpatient delivery due to the requirement to support the regional Critical Care plan, and because bed capacity was required for COVID-19 patient pathways. In Diagnostics, the Trust has returned to or is close to pre-pandemic levels in most modalities with activity for 2021/22 at 95% of activity delivered in the pre-pandemic baseline year 2019/20.

The Trust retained its customary strong performance against cancer targets. Despite some difficult months, the service has recovered its performance against the 14-day breast target, which increased to 94% by March 2022. Performance against the 31-day target has remained high throughout the year, and was at 98% at the end of March 2022. Delivery against the 62-day pathway has been challenged throughout the year particularly with the impacts of the pandemic, and the limited access to surgery, endoscopy, TP Biopsy and oncology services, but it continued to deliver better than the regional average.

The Trust delivery of critical community services during 2021/22 has remained challenging with access to services continuing to be impacted by the pandemic. However, the Trust has made substantial progress in rebuilding its community services with some services, such as adult and children's mental health, dietetics, psychological therapies, children's autism, community nursing and community paediatrics exceeded pre-pandemic activity levels.

Areas which have been challenged to achieve this level of rebuild include community dental and day care services. However, the Trust has delivered an improvement in the January to March 2022 quarter with Day Care services increasing to 78% of pre-pandemic levels. Capacity and attendance levels are expected to continue to increase as the Trust progresses towards full service resumption in line with PHA advice on IPC controls, particularly social distancing, and the Trust will progressively move to implement the DoH Pathway for remobilisation of Adult Day Centres, Short breaks and Transport services.

Mental Health Services have faced considerable pressures particularly Acute Adult Inpatient Services with bed occupancy rates over 100% (9 out of 12 months) and increasing demand for Adult Mental Health Services, CAMHS, Psychological Therapies and Dementia services. Despite this, Adult Mental Health Services have delivered 94% against pre-pandemic activity levels at the end of March 2022.

Domiciliary Care services both in house and contracted providers continue to operate at near to full capacity with service activity at pre-pandemic levels and increasing.

In order to optimise performance and to support continued delivery of care, the Trust is taking forward a range of rebuild measures:

- Critical Care bed provision has returned to normal commissioned levels and all theatre staff who had been redeployed to support the surge plan have returned

to their substantive roles. The need for increased ICU beds has not featured as prominently in recent months and this trend is expected to continue into 2022/23. A post-COVID-19 ICU review clinic is planned to commence providing virtual and face to face assessment and Multi-Disciplinary follow up post ICU discharge.

- The Trust will continue to make optimal use of theatre capacity and plan to incrementally increase elective theatre sessions in line with available resources and continued provision of COVID-19 and non-COVID-19 surgical pathways.
- Emergency and elective surgery for prioritised cancer and urgent patients will be provided in line with the Regional Prioritisation Oversight Group to ensure equitable access to treatment across the region for patients based on agreed clinical prioritisation criteria.
- The Trust will develop plans to undertake regional day procedures using capacity in the Omagh Hospital and Primary Care Complex (OHPPC) for regional approval and commissioning. The Trust will maximise opportunities to undertake additional in-house and independent sector activity via waiting list initiatives and within the funding allocation offered.
- The Trust has established an Unscheduled Care Oversight Board which is focusing on immediate actions, including timely assessment and discharge planning from hospital. "Reset" initiatives have taken place, and an action plan for improvement has been prepared, which Corporate Management Team (CMT) will have oversight of.
- As part of the regional No More Silos programme, the Trust will continue to work with the Regional NMS Project Board and with the Local Implementation Group on new and alternative direct referral pathways in primary, secondary and community settings, to improve the experience of those requiring emergency care.
- The Trust's Acute Mental Health Services are exploring alternative ways to avoid the need for admission to an acute hospital. Mental Health Liaison service will expand provision within the Trust's acute hospital sites, and aim to reduce long waits at EDs for these patients.
- The Trust will work in partnership with clients, families and all services involved to implement the DoH Pathway for the remobilisation of Adult Day Centres, Short Breaks and Transport services.

While access to our services continues to be impacted by the pandemic the Trust has made good progress across most of its services to resume activity and delivery at close to pre-pandemic levels. Addressing patient and staff safety through social distancing, infection prevention control and testing measures in line with existing guidance remains a priority for the Trust.

Given this context, the Trust will prioritise the most clinically urgent people requiring care, and as a result, some patients will have to wait longer than we would like.

The end-of-year position on the Trust's performance against the Commissioning Plan and Direction targets are summarised below (Table 1). It is acknowledged by the DoH that many of these targets are no longer achievable, and they have been replaced by Rebuild/Delivery monitoring (Table 2).

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

**TABLE 1**

| Summary of Trust Performance against 2021/22 Commissioning Plan Targets - March 2022 | |
|---|---|
| By March 2022, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate. | R |
| By March 2022, all urgent diagnostic tests should be reported on within 2 days. | R |
| During 2021/22, all urgent suspected breast cancer referrals should be seen within 14 days. | R |
| During 2021/22, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. | G |
| During 2021/22, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. | R |
| By March 2022, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment. | R |
| By March 2022, no patient should wait longer than 52 weeks for an outpatient appointment. | R |
| By March 2022, 75% of patients should wait no longer than 9 weeks for a diagnostic test. | R |
| By March 2022, no patient should wait longer than 26 weeks for a diagnostic test. | R |
| By March 2022, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test. | R |
| By March 2022, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test. | R |
| By March 2022, 55% of patients should wait no longer than 13 weeks for inpatient/daycase treatment. | R |
| By March 2022, no patient should wait longer than 52 weeks for inpatient/daycase treatment. | R |
| By March 2022, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional. | R |
| By March 2022, to establish a baseline of the number of hospital cancelled, consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2021 seek a reduction of 5%. | R |
| By March 2022, 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. | R |
| By March 2022, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours. | R |
| By March 2022, at least 80% of patients to have commenced treatment, following triage, within 2 hours. | R |
| By March 2022, ensure that 90% of complex discharges from an acute hospital take place within 48 hours. | R |

| | |
|---|---|
| By March 2022, ensure that no complex discharge from an acute hospital takes more than seven days. | R |
| By March 2022, all non-complex discharges from an acute hospital to take place within six hours. | R |
| By March 2022, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. | R |
| By March 2022, no patient waits longer than 9 weeks to access adult mental health services. | R |
| By March 2022, no patient waits longer than 9 weeks to access dementia services. | R |
| By March 2022, no patient waits longer than 13 weeks to access psychological therapies (any age). | R |
| During 2021/22, ensure that 99% of all learning disability discharges take place within 7 days of the patient being assessed as medically fit for discharge. | G |
| During 2021/22, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge. | G |
| During 2021/22, ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge. | R |
| During 2021/22, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge. | R |
| By March 2022, the proportion of children in care for 12 months or longer with no placement change is at least 85%. | G |
| By March 2022, 90% of children, who are adopted from care, are adopted within a three-year time frame (from date of last admission). | G |
| By March 2022, no patient waits longer than 9 weeks to access child and adolescent mental health services. | R |
| By March 2022, secure a 10% increase in the number of direct payments to all service users. | R |
| By March 2022, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users. | G |
| By March 2022, 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. | A |

## TABLE 2 – Performance against DoH Rebuild/Delivery Plans

The Red status denotes Not Achieving Target, Amber denotes 90-99% Achieved and Green denotes 100% Achieved or Overachieved Target.

| TARGET AREA | | | DELIVERY PLAN (2021/2022) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Baseline 2019/2020 | % of activity delivered compared to baseline | Delivered | Predicted | % of plan delivered compared to Predicted | Variance on predictions | |
| **OUTPATIENTS** ***(Includes Core & Non Core Specialties)*** | NEW | Face to Face | 62,887 | 80% | 43,984 | 39,487 | 111% | 4,497 | Target Met |
| | | Virtual | 323 | | 6,846 | 6,965 | 98% | -119 | |
| | | Other | 6,909 | 104% | 7,205 | 5,734 | 126% | 1,471 | Target Met |
| | | **Total** | **70,119** | **83%** | **58,035** | **52,186** | **111%** | **5,849** | **Target Met** |
| | REVIEW | Face to Face | 122,571 | 87% | 75,306 | 66,734 | 113% | 8,572 | Target Met |
| | | Virtual | 2,028 | | 33,715 | 34,642 | 97% | -927 | |
| | | Other | 19,193 | 88% | 16,889 | 19,583 | 86% | -2,694 | |
| | | **Total** | 143,792 | 88% | 125,910 | 120,959 | 104% | 4,951 | Target Met |
| | **TOTAL** | | **213,911** | **86%** | **183,945** | **173,145** | **106%** | **10,800** | **Target Met** |
| **INPATIENTS / DAY CASES and ENDOSCOPY** | Inpatients | Original | 6,010 | 52% | 3,130 | 2,799 | 112% | 331 | Target Met |
| | | Other | 943 | 86% | 815 | 775 | 105% | 40 | Target Met |
| | | **Total** | **6,953** | **57%** | **3,945** | **3,574** | **110%** | **371** | **Target Met** |
| | Daycases | Original | 15,572 | 93% | 14,483 | 12,760 | 114% | 1,723 | Target Met |
| | | Other | 6,541 | 86% | 5,646 | 5,534 | 102% | 112 | Target Met |
| | | **Total** | **22,113** | **91%** | **20,129** | **18,294** | **110%** | **1,835** | **Target Met** |
| | Endoscopy *(4 scopes: OGD, Colonoscopy, Flexi Sigmoidoscopy and ERCP)* | | 9,931 | 82% | 8,161 | 7,804 | 105% | 357 | Target Met |
| **CANCER SERVICES** | 14 day | % performance | 100% | | 71% | 65% | | 6% | Target Met |
| | | Activity | 2,688 | 123% | 3,319 | | | | |
| | 31 day | % performance | 99% | | 98% | 96% | | 2% | Target Met |
| | | Activity | 1,410 | 103% | 1,449 | | | | |
| | 62 day | % performance | 61% | | 52% | 59% | | -7% | |
| | | Activity | 679 | 116% | 789 | | | | |
| **DIAGNOSTICS** | MRI | MRI | 15,585 | 91% | 14,168 | 14,221 | 100% | -53 | Target Met |
| | | Cardiac MRI | 301 | 90% | 271 | 291 | 93% | -20 | |
| | CT | CT | 32,923 | 102% | 33,604 | 31,594 | 106% | 2,010 | Target Met |
| | | Cardiac CT | 837 | 99% | 829 | 804 | 103% | 25 | Target Met |
| | NON OBSTETRIC ULTRASOUND | | 42,936 | 92% | 39,454 | 37,449 | 105% | 2,005 | Target Met |
| | ECHO | | 9,603 | 83% | 8,011 | 6,805 | 118% | 1,206 | Target Met |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **ALLIED HEALTH PROFESSIONALS Elective /Scheduled Contacts** | Physiotherapy | New | 18,174 | 83% | 15,090 | 15,325 | 98% | -235 | |
| | | Review | 53,433 | 85% | 45,224 | 44,480 | 102% | 744 | Target Met |
| | | **Total** | **71,607** | **84%** | **60,314** | **59,805** | **101%** | **509** | **Target Met** |
| | Occupational Therapy | New | 10,039 | 89% | 8,972 | 8,313 | 108% | 659 | Target Met |
| | | Review | 36,193 | 81% | 29,223 | 33,257 | 88% | -4,034 | |
| | | **Total** | **46,232** | **83%** | **38,195** | **41,570** | **92%** | **-3,375** | |
| | Dietetics | New | 3,806 | 128% | 4,880 | 4,747 | 103% | 133 | Target Met |
| | | Review | 13,379 | 112% | 14,921 | 13,852 | 108% | 1,069 | Target Met |
| | | **Total** | **17,185** | **115%** | **19,801** | **18,599** | **106%** | **1,202** | **Target Met** |
| | Orthoptics | New | 2,562 | 73% | 1,874 | 1,587 | 118% | 287 | Target Met |
| | | Review | 9,975 | 73% | 7,233 | 7,380 | 98% | -147 | |
| | | **Total** | **12,537** | **73%** | **9,107** | **8,967** | **102%** | **140** | **Target Met** |
| | Speech & Language Therapy | New | 2,758 | 100% | 2,750 | 2,782 | 99% | -32 | |
| | | Review | 29,492 | 100% | 29,600 | 28,505 | 104% | 1,095 | Target Met |
| | | **Total** | **32,250** | **100%** | **32,350** | **31,287** | **103%** | **1,063** | **Target Met** |
| | Podiatry | New | 4,525 | 71% | 3,203 | 3,197 | 100% | 6 | Target Met |
| | | Review | 40,814 | 84% | 34,185 | 33,616 | 102% | 569 | Target Met |
| | | **Total** | **45,339** | **82%** | **37,388** | **36,813** | **102%** | **575** | **Target Met** |
| | **TOTAL** | | **225,150** | **88%** | **197,155** | **197,041** | **100%** | **114** | **Target Met** |
| **MENTAL HEALTH Contacts** | Adult Mental Health (Non Inpatient) | New | 6,469 | 77% | 4,977 | 5,269 | 94% | -292 | |
| | | Review | 49,738 | 104% | 51,823 | 48,994 | 106% | 2,829 | Target Met |
| | | **Total** | **56,207** | **101%** | **56,800** | **54,263** | **105%** | **2,537** | **Target Met** |
| | CAMHS | New | 1,075 | 111% | 1,194 | 733 | 163% | 461 | Target Met |
| | | Review | 7,619 | 97% | 7,393 | 8,226 | 90% | -833 | |
| | | **Total** | **8,694** | **99%** | **8,587** | **8,959** | **96%** | **-372** | |
| | Psychological Therapies | New | 1,857 | 100% | 1,862 | 2,272 | 82% | -410 | |
| | | Review | 12,141 | 116% | 14,079 | 15,599 | 90% | -1,520 | |
| | | **Total** | **13,998** | **114%** | **15,941** | **17,871** | **89%** | **-1,930** | |
| | Dementia | New | 482 | 80% | 387 | 506 | 76% | -119 | |
| | | Review | 4,764 | 116% | 5,538 | 4,550 | 122% | 988 | Target Met |
| | | **Total** | **5,246** | **113%** | **5,925** | **5,056** | **117%** | **869** | **Target Met** |
| | Autism Childrens | New Diagnostic | 291 | 172% | 501 | 471 | 106% | 30 | Target Met |
| | | New Intervention | 253 | 174% | 440 | 394 | 112% | 46 | Target Met |
| | | **Total** | **544** | **173%** | **941** | **865** | **109%** | **76** | **Target Met** |
| | Autism Adults | New Diagnostic | 85 | 72% | 61 | 46 | 133% | 15 | Target Met |
| | | New Intervention | 23 | 174% | 40 | 51 | 78% | -11 | |
| | | **Total** | **108** | **94%** | **101** | **97** | **104%** | **4** | **Target Met** |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **DAY CARE and DAY OPPORTUNITIES** | Day Care | Number of Attendances | 150,114 | 66% | 98,941 | 92,412 | 107% | 6,529 | Target Met |
| **ADULT SOCIAL CARE** | Domiciliary Care | Hours Delivered (Stat) | 399,926 | 101% | 402,397 | 411,899 | 98% | -9,502 | |
| | | Hours Delivered (Ind) | 1,386,418 | 96% | 1,335,753 | 1,345,257 | 99% | -9,504 | |
| **COMMUNITY NURSING** | District Nursing | Contacts | 171,042 | 136% | 233,146 | 220,500 | 106% | 12,646 | Target Met |
| | Health Visiting | Contacts | 61,918 | 142% | 87,990 | 92,100 | 96% | -4,110 | |
| **COMMUNITY PAEDIATRICS** | Outpatients | New | 987 | 95% | 939 | 1,005 | 93% | -66 | |
| | | Review | 2,594 | 128% | 3,319 | 3,215 | 103% | 104 | Target Met |
| | | **Total** | **3,581** | **119%** | **4,258** | **4,220** | **101%** | **38** | **Target Met** |
| **COMMUNITY DENTAL** | Outpatients | New | 3,158 | 69% | 2,189 | 2,139 | 102% | 50 | Target Met |
| | | Review | 12,662 | 74% | 9,307 | 8,630 | 108% | 677 | Target Met |
| | | **Total** | **15,820** | **73%** | **11,496** | **10,769** | **107%** | **727** | **Target Met** |

**** Cancer Services - Activity is not predicted on and therefore no % against predictions is available***

## Outline of organisation performance

### Elective Care

### Inpatients, Daycases

At the end of March 22 the total inpatient and day case waiting list has increased slightly to 23,977 patients from 22,848 in March 21, reflecting a 6% increase in a period of 1 year. Significantly 53% of these patients are now waiting >52 weeks however this is a reduction compared to 60% at the end of March 2021.

The Trust's Inpatient services during 2021/2022 (Phases 5 – 8 of the Service Delivery Plan) delivered 3,945 inpatient treatments against a predicted 3,574. Delivery against predicted activity only dropped below expected in Phase 6 (Jul – Sept), particularly as services responded to surges in COVID-19 admissions to hospital across these months, overall 110% of the predicted activity for 2021/2022 was delivered.

For Daycase services, overall during 2021/2022 (Phases 5 – 8 of the Service Delivery Plan) the Trust delivered 20,129 daycase treatments against a predicted 18,294. The delivery against predicted activity was consistent and only dropped below expected in Sept 21 and March 22, and overall delivered 110% of the predicted activity for 2021/2022.

### Outpatients

New outpatient referrals grew significantly in the year 2021/2022 and Outpatients services saw a 30% (25,707) rise in consultant-led new outpatient referrals. This increase in demand has meant that the waiting list has grown to 56,436, reflecting a 14% increase in year. Significantly 51% of these patients are now waiting >52 weeks however this is a slight reduction when compared to 54% at the end of March 2021.

In terms of rebuild of new outpatient services, overall during 2021/2022 (Phases 5 – 8 of the Service Delivery Plan) the trust delivered 58,035 new outpatients against a predicted 52,186. There were 43,984 face-to-face appointments delivered against a predicted 39,487 and 6,846 virtual appointments delivered against a predicted 6,965. For Other specialties, the Trust delivered 7,205 against a predicted 5,734 at 126% over target. Delivery against predicted for Total New activity consistently met the target except for January 2022 and overall delivered 111% for 2021/2022.

For review outpatients, 125,910 were delivered against a predicted 120,959. There were 75,306 face-to-face appointments delivered against a predicted 66,734 and 33,715 virtual appointments delivered against a predicted 34,647. For Other specialties, the Trust delivered 16,889 against a predicted 19,583, which was 86% of predicted, and under target.

Overall, services delivered 104% of the predicted activity for 2021/2022. In 2021/2022 there have been 9,923 outpatient appointments cancelled due to COVID-19 reasons which is a vast reduction from the 31,339 cancelled in 2020/2021 year.

**Diagnostics**
Overall, during 2021/2022 (Phases 5 – 8 of the Service Delivery Plan) the Trust delivered 88,326 diagnostic imaging tests for 5 modalities against a predicted 84,359, and delivered a level of activity which averaged at 95% of the baseline year 2019/2020. The Trust exceeded the predicted activity in 4 of the 5 modalities and exceeded the overall monthly target in 9 out of the 12 months, delivering 105% of the predicted rebuild activity for the year. The Trust delivered 8,011 Echos against a predicted 6,805, meeting or exceeding predicted rebuild in 10 out of the 12 months and delivering 118% of the predicted activity for the year.

**Cancer Care**
Suspect cancer referrals have risen above pre-pandemic levels in 2021/2022 with a 24% increase from 2020/21. An increase in red flag referrals is particularly evident in Gynae [25%], Head & Neck [23%], Lung [47%], Lower GI [35%], Skin [30%], Upper GI [31%], and Urology [36%] suspect cancer tumour sites. The number of patients seen in all 3 of the cancer pathways also increased with 14-day breast growing by 6%, 31 day up by 24% and 62 day pathway increasing by 27% of the activity delivered in 2021/2022.

**14-Day Breast Pathway**
In terms of rebuild, during 2021/2022 (Phases 5 – 8 of the Service Delivery Plan) of the 3,319 patients seen, 71% were seen within 14 days of referral and 976 patients waited >14 days. Access within 14 days varied across the months, however the Trust achieved the target during 8 of the 12 months. Throughout the year, the activity ranged from a low of 22 % in Phase 5 to high of 97% in Phase 6 with continued improvement into phase 8.

**31 Day Pathway and 62 day Pathway**
In terms of rebuild, during 2021/2022 (Phases 5 – 8 of the Service Delivery Plan) of the 1,449 patients treated, 98% received their first definitive treatment within 31 days of a decision to treat against a predicted 96% and 30 patients waited >31 days. The Trust achieved its target during 11 of the 12 months of rebuild. The 31-day activity ended the year above the 2019/20 baseline with 103% being met and so shows a continued growth.

Overall, of the 789 patients treated, 52% received their first definitive treatment within 62 days of a decision to treat against a predicted 59% and 378 patients waited >62 days. The Trust failed to achieve the predicted target during 10 of the 12 months. The 62-day activity ended the year above the 2019/20 baseline with 116% being met and so shows a continued growth and increase in demand.

**Endoscopy**
At the end of March 2022, the total endoscopy waiting list has grown slightly to 5,151 patients, reflecting a 3% increase from March 2021. Significantly 55% of these patients are now waiting >52 weeks compared to 45% at the end of March 2021 and 4% at the end of March 2020. The trust delivered 8,161 endoscopies against a predicted rebuild level of 7,804 and achieved the target during 8 of the 12 months of rebuild (COVID-19

surge in Sept 21 and Jan 22 affected delivery in 2 of the 12 months), and overall delivered 105% of the predicted activity for 2021/2022.

During 2021/22, the Endoscopy service continued to be significantly impacted by the downturn in activity during the pandemic, due to staff redeployment and reduced capacity due to the need for IPC measures. The service ended the year at 82% of its level of activity in comparison to pre-pandemic baseline 2019/20. For this reason, waiting times and the number of patients waiting for endoscopy treatment both continued to grow significantly for non-urgent patients.

**Unscheduled Care**
In general, ED attendances are back to pre-pandemic levels in both sites with SWAH showing a slight increase.

**Altnagelvin Hospital:** During 2021/2022 there was a 22% increase in ED attendances, 42% of patients were admitted or discharged within 4 hours and 9,251 patients waited >12 hours.

The conversion of ED attendance to admission to hospital remained stable at 19% of the total patients seen in ED, and there was a 7% increase in Adult Unscheduled admissions with the overall average length of stay increasing by 0.49 days on average. 85% of Complex Discharges were discharged within 48 hours and 155 (7%) of Complex discharges waited >7 days.

**South West Acute Hospital:** During 2021/22 there was a 23% increase in ED attendances, 54% of patients were admitted or discharged within 4 hours and 4,022 patients waited >12 hours. Overall there was a further 7% reduction in Adult Unscheduled admissions (22% reduction from 2019/20) however the overall average length of stay has increased by 1.42 days.

68% of Complex Discharges were discharged within 48 hours and 155 (24%) of Complex discharges waited >7 days. These figures mark a significant decrease from 2020/21 where 89% of patients were discharged within 48 hrs and 7% of patients waited over 7 days, and demonstrate the challenges in maintaining flow for our complex patients being discharged to home or into a community setting.

## Community Services

**Adult Mental Health**
The Trust's Acute Mental Health Services are working closely with community services to explore alternative ways of working to avoid their admission to an acute hospital. Bed Occupancy rates exceeded 100% (9 out of 12 months) throughout the year. Mental Health Liaison service will expand provision within the Trust's acute hospital sites, aiming to reduce long waits at E.Ds.

Performance against the 9 Week access Target has improved slightly throughout 2021/22. Overall, the Total Number Waiting for a New AMH outpatient appointments

increased by 5% compared to the previous year. At the end of March 2021, there were 165 people waiting more than 9 weeks, which decreased to 159 by March 2022.

The overall level of demand in 2021/2022 has increased 28% from 2020/2021 and the Urgent referrals have seen a significant increase, 32% on the previous year, which is impacting on the waiting lists.

During 2021/2022 (Phases 5 - 8 of the Service Delivery Plan), the Trust delivered 4,977 New Outpatients against a predicted 5,269 (94%), achieving the predicted target during 5 of the 12 months. A total of 51,823 Review Outpatients were also delivered against a predicted 48,994 (106%), achieving the predicted target during 8 of the 12 months and also achieving above the pre-pandemic baseline level during 8 of the 12 months.

**Psychological Therapies**

There has been a slight improvement in access to this service during 2021/2022. Overall, the Total Number Waiting for a New Psychological Therapies outpatient appointment reduced by 11% from March 2021. At the end of March 2021, there were 1,326 waiting more than 13 weeks, which decreased to 1,267 at end of March 2022.

Although the overall demand has decreased, the level of Emergency referrals has increased 71% compared to the previous year.

Given the instability in this service, the Trust delivered 1,862 New Outpatients against a predicted 2,272 (82%), only achieving the predicted target during 2 of the 12 months.

A total of 14,079 Review Outpatients were also delivered against a predicted 15,599 (90%), achieving 4 of the 12 months predicted target but managed to exceed the pre-pandemic baseline level during 8 of the 12 months.

**Dementia Services**

The total number of people waiting for a New Dementia outpatient appointment increased by 27% from March 2021. At the end of March 2021, there were 366 waiting more than 9 weeks, this increased to 484 (32%) at end of March 2022.

Overall, during 2021/2022 (Phases 5 - 8 of the Service Delivery Plan), the Trust delivered 387 New Outpatients against a predicted 506 (76%). The service were largely unable to meet the rebuild estimates set in the Trust plans, only achieving to meet the predicted target during 2 of the 12 months, but managed to achieve above pre-pandemic baseline levels during 5 of the 12 months.

5,538 Review Outpatients were also delivered against a predicted 4,550 (122%), achieving the predicted target during 10 of the 12 months and also achieving above pre-pandemic baseline levels during 9 of the 12 months.

**Allied Health Professional (AHP) Services**

There has been an increase in access to this service during 2021/2022. Overall the Total Number Waiting for a New Outpatient appointment increased by 25% from March

2021. At the end of March 2021, there were 4,622 waiting more than 13 weeks, which increased to 5,802 at the end of March 2022.

The position is largely due to the increase in the overall level of demand in this service, which rose by 44% from 2020/2021. The Urgent referrals have also seen a significant increase, 64% on the previous year, which is impacting on the waiting lists.

During 2021/2022 (Phases 5 – 8 of the Service Delivery Plan), the Trust delivered 36,769 New Outpatients against a predicted 35,951 (102%).

A total of 160,386 Review Outpatients were also delivered against a predicted 161,090 (100%).

Overall, the service achieved the predicted target during 6 of the 12 months and delivered 88% of activity, compared to the pre-pandemic baseline levels.

AHP services plan to sustain or increase the levels of planned activity across all settings, whilst ensuring that services are delivered in a safe environment, observing social distancing and infection control requirements within clinical assessment and treatment areas.

**Children's Services**

**Child and Adolescent Mental Health Services (CAMHS)**

Overall during 2021/2022, the total number waiting for a new CAMHS outpatient appointment has significantly increased by 83% in March 2022 (499), compared to March 2021 (273). At the end of March 2021, there were 131 children waiting more than 9 weeks for the CAMHS service, this has now increased to 346 in March 2022.

The position is largely due to the increase in the overall level of demand in this service, which rose by 56% from 2020/2021, and the Urgent referrals have also seen a significant increase, 128% on the previous year, which is also impacting on the waiting lists.

During 2021/2022 (Phases 5 - 8 of the Service Delivery Plan), the Trust delivered 1,194 New Outpatients against a predicted 733 (163%), achieving the predicted target during 10 of the 12 months and also achieved above the baseline target (2019/2020) during 6 of the 12 months.

A total of 7,393 Review Outpatients were also delivered against a predicted 8,226 (90%), only achieving the predicted target during 4 of the 12 months but achieved above the pre pandemic baseline level during 6 of the 12 months.

CAMHS have experienced increasing demand throughout 2021/22 and waiting times have continued to grow, however they delivered 97% compared to pre-pandemic baseline overall.

**Children's Autism**

Autism services have seen a mixed position during the year. The Diagnostic Access Target was not achieved, and there has been a deterioration in waiting times throughout 2021/2022. Overall, the Total Number Waiting for a New Diagnostic assessment increased by 15% from March 2021. At the end of March 2021, there were 988 waiting more than 13 weeks and due to COVID-19 social distancing restrictions and IPC, this increased to 1,075 at end of March 2022.

However, the New Intervention Access Target has significantly improved from April 2021. Overall the Total Number Waiting for a New Intervention appointment decreased by 71% from March April 2021. At the end of March 2021, there were 17 waiting more than 13 weeks and at the end of March 2022, there were no one waiting more than 13 weeks.

Overall, during 2021/2022 (Phases 5 - 8 Service Delivery Plan), the Trust delivered 501 New Diagnostic appointments against a predicted 471 (106%), achieving the predicted target during 10 of the 12 months and also achieving above the baseline (2019/2020) target during all 12 months.

A total of 440 New Intervention appointments were also delivered against a predicted 394 (112%), achieving the target during 7 of the 12 months and also achieving above the baseline (2019/2020) target during 10 of the 12 months.

The Autism diagnostic service demand has increased during 2021/22 which has resulted in increased waiting times, however the service continued to deliver well against predicted activity and compared to pre-pandemic baseline 2019/2020 levels.

The intervention service has seen an increase in demand during 2021/2022 although waiting times have decreased. This is a result of the service undertaking a review of the Post-Diagnostic Intervention Pathway and implementing an online parental training package to help with the intervention process.

**Adult Autism**

The Diagnostic Access Target was not achieved throughout the year. Overall, the Total Number Waiting for a New Diagnostic assessment increased by 33% from March 2021. At the end of March 2021, there were 127 waiting more than 13 weeks, this has increased to 161 at end of March 2022.

The New Intervention Access Target has also increased during 2021/2022. Overall the Total Number Waiting for a New Intervention appointment increased by 16% from March 2021. At the end of March 2021, there were 31 waiting more than 13 weeks and at the end of March 2022, this reduced to 24 waiting more than 13 weeks.

Overall, during 2021/2022 (Phases 5 - 8 Service Delivery Plan), the Trust delivered 61 New Diagnostic appointments against a predicted 46 (133%),

A total of 40 New Intervention appointments were also delivered against a predicted 51 (78%). The service also achieved above the pre-pandemic baseline levels during 10 of the 12 months.

**Child Protection**
Overall, during 2021/2022, the number of Children on the Children Protection Register has remained static. The position at March 2022 (529) reflects a 2% increase compared to March 2021 (518).

A deep dive exercise was completed to identify those children where de-registrations were appropriate and had not been completed due to the impact of COVID-19.

The Principal Practitioner for Safeguarding and Principal Social Workers are undertaking work on cases that have been subject to child protection for a prolonged period; this has resulted in a reduction of risks and subsequent deregistration's.

**Looked After Children (LAC)**
During 2021/2022, the overall Number of Looked After Children has not increased significantly.

The position at March 2022 (699 children) reflects a 2% increase compared to March 2021, even though admissions to care continue to increase.

Children returning home continues to be a key area of work for the Trust under Delivering Value, which has led to increased numbers of discharges from care, mitigating against upward trajectory in admissions. The data indicates that the trajectory for the number of looked after children will continue in an upward trend but at a lower level than previously anticipated.

**Children Waiting for a Social Work Allocation**
During 2021/22, there was an incremental increase in the number of Unallocated Cases from May to September 2021, since then they have steadily decreased until March 2022, where they start to increase again.

The position at March 2022 (133) reflects a 75% increase compared to March 2021 (76).

The Gateway team have been impacted by workforce issues/staffing shortages, which directly impacts on unallocated figures. Recurrent funding for additional posts was allocated to address the number of unallocated cases, which resulted in a decrease since October 2021, for the Family Intervention Service.

The service commenced a Pilot within the Southern Sector combining social work staff from Gateway, Family Intervention Service (FIS) and Looked After Children (LAC); this allows social workers to hold a mixed caseload and work cases from beginning to end. This pilot has been successful in implementing a zero unallocated case figure in the Southern Sector from November 2021 to March 2022.

**Day Care**
Overall, during 2021/2022 (Phases 5 - 8 Service Delivery Plan), the Trust delivered 98,941 attendances against a predicted 92,412 (107%), achieving the predicted target during 8 of the 12 months. However, the Trust has delivered an improvement in the January to March 2022 quarter with Day Care services increasing to 78% of pre-pandemic levels.

**Domiciliary Care**
Overall, during 2021/2022 (Phases 5 – 8 of the Service Delivery Plan), the Trust delivered 402,397 Statutory Hours against a predicted 411,899 (98%). They were unable to achieve the predicted target for most months, but they achieved above the baseline target (2019/2020), during 8 of the 12 months. There were a total of 1,335,753 Independent Hours against a predicted 1,345,257 (99%). They achieved the predicted target during 8 of the 12 months.

**Carers Assessments**
During 2021/2022, the target of 328 was achieved every quarter for Carers Assessments Offered.

Overall in 2021/2022, there was a total of 1,832 Carers Assessments Offered with 52% (944) Completed and 48% Declined (888). The assessments declined were due to the carer advising that the time, place and/or environment offered was unsuitable and that they wished to consider an assessment at a later date.

In comparison to 2020/2021, there has been a 54% increase in the number of Carers Assessments Offered and 66% increase in the number Completed.

**Direct Payments**
During 2021/22, the Trust Target has not been achieved. There has been an incremental increase in the number of Direct Payments in place from May 2021, but has seen a steady decrease since January 2022.

March 2022 (1,701) has seen a 3% increase, compared to March 2021 (1,659).

**Self-Directed Support**
During 2021/2022,the total number of service users in receipt of Self Directed Support decreased slightly from April 2021 to June 2021, but has increased month on month since then.

At the end of March 2022, there was a total of 6,737 service users in receipt of Self Directed Support. This reflects a 2% increase when compared to the number of Service Users at the end of March 2021 (6,605).

**Performance - Other Issues**

**Long Term Liabilities**
The most significant long-term liabilities of the Trust arise in two areas:

1. *Private Financing Initiatives (PFI)*

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

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

*2. Provisions greater than 1 year*

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. Discounting future liabilities converts amounts due to an equivalent value due at the reporting date. At 31 March 2022, the Trust had £96m of non-current provisions.

**Public Sector Payment Policy**

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

| **Public Sector Payment Policy – Compliance** | **2022 Number** | **2022 Value £000s** | **2021 Number** | **2021 Value £000s** |
|---|---|---|---|---|
| Total bills paid | 267,705 | 585,793 | 240,663 | 519,533 |
| Total bills paid within 30 days of receipt of an undisputed invoice* | 244,368 | 565,208 | 230,074 | 499,740 |
| % of bills paid within 30 days of receipt of an undisputed invoice* | **91.3%** | **96.5%** | **95.6%** | **96.2%** |
| Total bills paid within 10 day target | 203,335 | 504,108 | 198,269 | 444,073 |
| % of bills paid within 10 day target | 76.0% | 86.1% | 82.4% | 85.5% |

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

The amount of compensation paid for payment(s) being late was nil for the year (2020/21 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 91.3% against this target (2020/21 95.6%).

**Employee issues & Disability Policies**

The cumulative rate of absence for all Trust staff during 2021/22 was 7.32%.

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

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

  Training for managers on both these polices is conducted regularly.

**Accounts and Audit**

The Trust has prepared a set of accounts for the year ended 31 March 2022 which have been prepared in accordance with Article 90(5) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health. The Trust accounts are set out in Section 3 of this document.

The Trust's External Auditor is the Comptroller and Auditor General who sub-contracted the audit to Deloitte (NI) Limited for 2021/22. The Trust was charged £132,000 for the statutory audit of the accounts, £122,000 for Public Funds and £10,000 for Endowments and Gifts (2020/21 Public funds £66,000 and Endowment and Gifts £7,000).

## DIRECTORATE PERFORMANCE

### Acute Services

**Altnagelvin Area Hospital**

In last year's report we referred to the refurbishment of the ED. While this has helped improve the waiting room surroundings for those awaiting assessment and treatment, provide a new Minors Area and a new ambulance handover area, the ongoing staffing challenges and large number of patients awaiting admission has led to challenges consistently staffing these areas. However, the Ambulance Handover, when operational, provides additional space for Northern Ireland Ambulance Service (NIAS) crews to handover patients to ED staff, and also assists in releasing the NIAS crew from the department in a timely manner.

The Trust continues to provide elective pathways, primarily focusing on patients requiring red flag and clinically urgent cases. These areas are protected from unscheduled pressures. The Critical Care Unit, as directed by the Regional Critical Care Hub has been able to stand down its additional surge beds which is assisting the theatre environment and staffing reset their services. The Trust continues to work with

the HSCB to utilise capacity in the independent sector for a number of specialities, including orthopaedics. During the second half of this year, the Trust have been able to recommence a small number of weekly inpatient orthopaedic surgery. The focus for Acute Services is now the rebuild plan for inpatient elective and increasing the capacity for outpatients.

Work has been completed within the Critical Care Unit which has provided a further side room within the High Dependency Area assisting in the management of COVID-19 positive patients and will provide further isolation areas moving forward.

The Directorate is focusing on further developing its plans for 'No More Silos' (NMS), the reform of unscheduled care. NMS Plan sets out 10 Key Actions (KA) for consideration, to ensure that Urgent and Emergency Care Services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. The Trust has prioritised the following Key Actions:

- KA 3 Rapid Access Assessment and Treatment Services, this includes an enhanced Ambulatory Care Unit. The unit has relocated to an expanded space that allow an additional 8 GP Direct Access beds. Ambulatory Respiratory Hub operating 5 days per week (Monday to Friday).
- KA 4 24/7 Telephone Clinical Assessment Service (Phone First) (Ministerial Priority) operating in conjunction with Western Urgent Care providing clinical telephone triage 7 days a week from 8am to 12 midnight.
- KA 7 Hospital at Home within the Southern Sector, this provided equity with Hospital at Home in the Northern Sector.
- KA 8 Ambulance Hand over Zone, currently operating within the Altnagelvin Site staff permitting.

**South West Acute Hospital and Omagh Hospital and Primary Care Complex**

Throughout 2021/22, the two hospitals balanced meeting the needs created by COVID-19 and maintaining elective services. COVID-19 brought many challenges with ED creating a new surge area which allowed the creation of a COVID-19 pathway through the main ED. Elective surgery continued throughout the pandemic for the most part and South West Acute continued a "Test of Change" initiative to provide elective capacity for the Region for lists with a greater clinical priority but to a lesser extent than the previous year. The site also initiated a separate initiative for Orthopaedics in partnership with Musgrave House Healthcare which has delivered successful hip replacement surgery from January 2022 using uncommissioned theatre capacity within South West Acute Hospital. Musgrave House Healthcare also opened inpatient beds within Ward 4 in South West Acute. This has been extremely successful and observing the patients who have been waiting for extended timeframe for surgery leaving the hospital on day one after surgery was a great morale boost for the site. This work is also to continue in the new financial year.

Many clinicians have embraced new ways of working throughout the COVID-19 pandemic including virtual clinics, telephone clinics and transitioning of urgent clinics to partner site in Omagh.

Prior to the formation of 'Our Hearts Our Minds' the Trust was only able to offer a cardiac rehab service to 31% of eligible patients with only 13% of those attending. The structures afforded by the 'Our Hearts Our Minds' model resulted in 87% of eligible patients availing of cardiac rehabilitation. 95% of those who attended the programme completed the course. From April 2019 to February 2022 1883 patients were invited with 1635 attending.

To further promote the service and the good work done by the team, members prepared and submitted educational posters to the British Association for Cardiovascular Disease Prevention and Rehabilitation (BACPR). 9 of these submissions were accepted for presentation at the BACPR conference with one of them winning a national award.

The work of the team has attracted a high level of media interest with BBC News interviewing staff and patients on the work of Our Hearts Our Minds for television, news and internet publication. There have been several articles in the local and provincial papers and this has all brought a considerable amount of positive publicity to the Trust.

Correspondence between the Independent Nurse Publication and Our Hearts Our Minds resulted in a member of staff writing an article on how nurse leadership can improve cardiovascular outcomes. The article was published in this respected journal and was well received.

Certification of Our Hearts Our Minds by BACPR has been green on all core standards, with all 6 key performance indicators met.

**Cancer and Diagnostics**

Throughout 2021/22, the Cancer and Diagnostics Hospital Management Team have worked together to further develop the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients.

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

Rising demand, changes to services due to COVID-19 and COVID-19 fears have made it challenging to meet cancer waiting time standards. Work continues to ensure diagnostic capacity and associated staffing are in place to meet rebuild demand.

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

The Trust Head and Neck Cancer team won a Macmillan Professional Excellence Award in November 2021.

Macmillan Health & Wellbeing Campus was successful in retaining the Macmillan Quality Environment Mark (MQEM)

**Pharmacy**

Throughout 2021/22, the Pharmacy Service has continued to provide safe and effective medicines services to patients.

During the COVID-19 pandemic, pharmaceutical expertise has been key in the vaccination programme, procurement and supply management of critical medicines, safe management of oxygen and Personal Protective Equipment (PPE), provision of up-to-date clinical information and support for patients with COVID-19, clinical trials, new COVID-19 treatments and aseptic provision of injectable medicines.

The Aseptics service had successful inspections from the MHRA and the Regional Pharmaceutical Laboratory Service. A replacement isolator programme is underway.

Due to national pharmacy recruitment concerns, it has been a challenge to recruit especially to temporary posts. A NI Pharmacy Workforce Strategy has been put in place.

**Clinical Health Psychology Services – ACUTE**

Throughout 2021/22, the Clinical Health Psychology Service has continued to provide psychological support to individuals with physical health difficulties on both an inpatient and outpatient basis. New ways of working which were developed in response to COVID-19 related challenges, has resulted in patients being offered a choice of face-to-face and virtual contact options. Group based interventions were reviewed, with a hybrid model being trialled for Pain Management Programme, where patients had a mixture of face-to-face, virtual, individual and group-based sessions.

Service delivery has been compromised due to staff resignations and staff sick leave (both COVID-19 and non-COVID-19 related) however due to recent successful recruitments, it is anticipated that performance targets will improve significantly in coming weeks.

The Consultant Clinical Psychology Lead has also been working half-time in Staff Support, which has involved a number of initiatives which have benefitted individuals, teams and the wider organisation. Included in this, has been the co-ordination training of a new cohort of Trust-wide based staff in the use of Critical Incident Stress Management – a standardised framework and protocol to assist staff in the aftermath of a traumatic work-related event.

A number of training initiatives are underway to support staff in dealing with psychological issues which patients are experiencing. These training processes are currently underway in Cancer and Diabetes services. A further grant of £99k over 24

months, has been secured from Kidney Care UK, to help develop psychological support for staff and patients within the Renal Service, and is due to commence April 2022.

## Adult Mental Health and Disability Services

The AMHD Directorate has continued to work hard in 2021/22 to deliver high quality services to the population it serves. This has been achieved in the midst of significant challenges for the workforce posed by the ongoing stress in the system due to the COVID-19 pandemic, and by increasing demand for services related to growing levels of need which had also been evident in the pre pandemic world.

Challenges have been significant with regard to bed availability and staffing levels in our hospitals and in our other community settings.

As part of this annual report we would like to acknowledge and commend our staff for their continued commitment and hard work in our endeavours to maintain services with due attention to our regulated services and our delegated statutory functions, and reaching out to patients and service users in as safe and effective way as possible throughout this year.

Currently Services are continuing to focus on the requirement to “Reset and Rebuild” in order to bring recovery to service delivery as we return to pre pandemic levels – this remains challenging due to ongoing community transmission of COVID-19 and related increasing levels of staff absence in health and social care services.

Throughout the year we have submitted a number of early alerts to the Department when we have been concerned about the level of risk in situations where we have found it highly challenging to meet the need / demand. This has been particularly the case in our Adult Learning Disability Hospital and our Adult Mental Health hospitals which have been consistently working over capacity and impacted also by stresses in crisis services, home treatment and ED Departments. Of particular note also is the unannounced inspection of Lakeview hospital by Regulation & Quality Improvement Authority (RQIA) in August 2021 which has ultimately resulted in RQIA issuing 2 improvement notices with regard to ‘Failures to Comply’ in two areas: Safe and Effective Care / Ensuring safe practice and the appropriate management of risk.

A robust improvement project is underway with a plan to bring about compliance with these standards and to work on other areas within the facility which require attention.
In this regard it is still important to note that while excellent progress has been made and we continue to work to fulfil the improvement plan there are a number of challenges which we believe require significant regional attention regarding the appropriate model of assessment, treatment and care for the Learning Disability population.

Notwithstanding the challenges encountered, the Directorate has also made good progress in the delivery of a program of work focussing on Delivering Value and Quality Improvement, and has also maintained its focus on Involvement of patients, service users and carers. The latter is particularly so in the Adult learning Disability world but is also embedded in areas of work within Adult Mental Health and Physical Disability.

By way of summary while each of these areas continue to present us with challenges, Quality Improvement under Delivering Value has seen progress and tests of change in work associated with

- Serious Adverse Incidents
- Absence management
- Use of Spruce house to provide short breaks to some LD clients
- Adult Psychological Therapies
- Interface work AMH/ED

In addition the Directorate has co-facilitated a Trust Wide approach to work to improve compliance with Carer Assessments as part of a DSF Compliance improvement area, and has been active in the Independent Sector Assurance group as part of Directors Oversight, as well as pursuing an initiative to capture learning and challenge practices at the interface between AMH and Children's Services.

Finally with regard to AMHD estate, operational managers have been working with business colleagues to progress plans and ideas to improve our facilities and the environment therein for service users and patients. This includes consideration to capital and revenue requirements for facilities such as – Lakeview (development of individual PODS), Grangewood PICu and development of rehabilitation services among other things.

In addition Operational areas have highlighted the following the following updates for the Trusts annual report:

**Adult Mental Health Services**

The Trust continues to experience significant demand, in line with the region, for mental health services, including adult mental health, psychological therapies and child and adolescent mental health services (CAMHS). With raised acuity, this has had a particular impact locally and across the region on acute inpatient beds. Rathview has been reconfigured as Mental Health estate to support inpatient pressures.

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

**Psychological Therapies**

Psychological Therapies remains an area of concern across the region and HSCB has signalled its intent to commence an improvement and reform programme. Within Adult Mental Health Psychological Therapies, a Quality Improvement Project continues to focus on demand, capacity, processes and pathways and reformed ways of working. The AMHD Psychology service continues to be impacted by Psychology workforce challenges due to difficulty in recruiting to vacant posts contributed to by staff retirements, maternity leaves and staff absences. A Psychology Workforce Working Group was established in December 2021 to review the service workforce and introduce a model which enables skill mix to support increased capacity for assessment and intervention.

**Adult Learning Disability Services**

Work remains ongoing to redress the identified underfunding in Adult Learning Disability Services. A prioritised spending plan has been developed in consultation with carers and service users through the established PPI/Co-Production process. The engagement process has been impacted by the limited opportunities to meet in the past year. However in the recent months considerable activity has been directed towards this work supported by the availability of PPI Facilitators. All the Local Involvement Groups (LIGs) have re-established a calendar of meetings and are focused on determining local priorities including extending membership. Consideration is also being given to how the service user input is more meaningfully facilitated. The Local Engagement Partnership (established under Phase 2 SW Strategy) has also re-established a meeting schedule and provides a valuable opportunity for multi-agency and partnerships working to enhance the experiences of service users and carers across the Trust area partnership.

**Physical Disability, ASD, Brain Injury, Sensory Support and Self Directed Support**

The development of a single point of entry into the service has been a key initiative for this sub directorate in 21/22. The service has created increased accessibility and equity across the Trust area and has offered valuable data to inform how we deliver services for the future. It has increased proactive signposting to community and voluntary organisations thus helping ease some stress in the system.

.As part of Sensory Support services I-pads are now available in EDs to enable individuals to access remote interpreting and ensuring effective communication between the individual and the medical practitioner. This service has also extended to nursing homes and individuals through a new technology library funded through HSCB which has received very positive feedback from individuals and their families

However, services which operate within this sub directorate remain challenged in terms of financial and human resource to meet need and deliver sustainable services in certain areas some of which the sub directorate is not commissioned to provide.

## Primary Care and Older People's Services

The Directorate of Primary Care and Older People's Services continued to face significant service challenges during 2021-22 year due to the continuation of the COVID-19 pandemic and existing funding pressures. This has led to a number of new emerging issues that are presenting challenges to the Directorate:

- During the year the Directorate has experienced significant growth in self-directed support, particularly where the client opts to receive their care using a direct payment. This is reflective of the personal choice being made by our residents to remain and receive support in their own home. There is currently 668 PC&OPs clients are in receipt of a direct payment, receiving a total of 29,327.10 hours of support per week, this level of support has resulted in the Directorate reporting a significant overspend which will require a funding solution to continue. A scoping exercise completed earlier in the year has identified the vast majority of direct payment within PCOPS goes towards direct personal care with the minority towards day opportunities. There has also been a significant number of direct payments paid in lieu of bed based care for informal carers during the past year.

- Throughout the year the Directorate has experienced difficulty securing timely packages of care resulting in unmet need for 905 clients waiting on a total of 8,892.90 hours of care per week.

- Unscheduled care pressures have been very significant, resulting in a high number of very complex patients requiring support to transfer out of hospital. This has presented difficulties meeting a key target where no Delayed Transfers of Care should take more than 7 days. Additional community supports will be required in both domiciliary care and EMI care home placements to improve this position. The Directorate has completed an overview exercise to determine current and future need for nursing and residential care home placements and a number of recommendations have been identified, which will be presented to the Trust's CMT during 2022 for consideration of the recommendations and an Action Plan will be developed to take forward and implement the recommendations. The Directorate continues to participate in Reset Days in Altnagelvin which focus on patient flow and removing barriers to discharge.

- Waiting lists for the following key service areas have continued to challenge the Directorate and will remain challenged without Waiting List Initiative/additional funding to reset to pre-pandemic service delivery:
    - Psychological Therapies
    - Dementia Services
    - AHPs – Physiotherapy, Occupational Therapy, Dietetics, Orthoptics, Speech and Language Therapy and Podiatry
    - Self-directed support

- Day Care Services within the Directorate have been able to reset to 72% of pre pandemic levels. It is important to note however, that all service users previously receiving day care have had some level of provision returned where it has been feasible for them to do so. It has also been possible to facilitate new members as well. The Trust continues to implement the PHAs Pathway for the Remobilisation of Adult Day Care, Short Breaks and Transport. This is dependent on transport

provision's ability to return to pre-pandemic capacity, social distancing measures, PPE, fluctuating staffing levels and some service users may choose not to return.

- Care Homes – our care home sector (both statutory and independent sector) has been deeply impacted by the ongoing pandemic, with the number of homes temporarily closed to admissions due to either being in active COVID-19 outbreak or as a situation of interest. The high number of temporary closures impacts adversely on our ability to make timely placements from both the hospital and the community. This is expected to continue as and when new variants of COVID-19 are active within our community.

- Absence – For the past year the Directorate has been significantly challenged with staff absenteeism due to both COVID-19 related and non COVID-19 related absence. The Directorate's overall absenteeism level decreased slightly from 8.3% in December 2021 to 8.0% in January 2022 but remains above the overall Trust absenteeism level of 7.0% in January. This will continue to present a challenge for the directorate as community transmission of COVID-19 remains high.

- Our eleven Community social work teams remained extremely challenged during the year due to COVID-19 and non COVID-19 related absence, vacant posts and increasing demand. The teams are managing on average 3,500 social work caseloads and almost 850 social work assistant caseloads. Across the teams there are 13.7 wte vacant posts, equating to 17% of the funded workforce, recruitment efforts are ongoing however difficulties and delays are being experienced in filling posts. The reduced capacity within the teams has resulted in on average over 200 social care referrals not being able to be allocated to a social worker/social work assistant and on average almost 500 caseloads, with a peak of 793 in January 2022, uncovered due to sickness related absence.

- OPMH services – Maintaining adequate staffing levels and recruitment remains a challenge for medical, psychology, nursing and social work staffing in Older Peoples Mental Health Service. Also there is increasing demand on the service due to the growing older people's population. As a consequence the following services have been impacted:
    - **The Community Mental Health Team service**
      Due to inability to fill vacant nursing and social work posts as well as sick leave in the four community mental health teams, the service does not have the capacity to carry out routine keyworker contact visits/telephone calls to patients. Urgent cases are prioritised. The CMHT managers and key workers RAG rated all patients on caseloads as either red, amber or green. Those patients rated as amber or green receive a letter to inform them of the other pathways and options open to them should their needs change, including how support from the team can be accessed.
    - **The memory service**
      Memory assessments have temporarily been stood down since November 2021 due to insufficient medical staff to do diagnosis clinics. There was a significant backlog of patients who had been assessed by the multi-disciplinary team as having a probable dementia diagnosis but were waiting a considerable time to receive their diagnosis appointment from the Consultant. This can result in patients' assessments being out of date at time of diagnosis. The service has paused memory assessments until such time

as the diagnosis appointments can take place. Northern sector has reduced the diagnosis waiting list and re-started the memory assessments on 21st February at 50% capacity.

Memory assessments are unable to restart in the Southern sector due to the ongoing medical and nursing staff shortages. The diagnosis waiting list has not been reduced. In the Southern sector patients continue to wait on a diagnosis appointment for approximately one year after their assessments. Patients are waiting over 2 years from referral to diagnosis. In the Northern sector patients are currently waiting 9 months from referral to diagnosis.

- Secondary Care In-Patient services - Managing Unscheduled Care service demands for older people alongside the need to provide capacity to manage COVID-19 patients has been challenging in 2021/22. Difficulty securing packages of care and care home placements for patients in our wards has resulted in an increased length of stay for some patients and an increased number of delayed transfers of care.

- Community Nursing services have continued throughout the pandemic to support our GP Practices, to provide nurse led support for our housebound, continence and treatment room patients. District nursing teams continued to swab patients with suspected COVID-19 symptoms and those who required respite in a care home or to attend a hospital facility. District Nursing staff were seconded from all four localities to support the Trust mobile vaccination teams delivering the care home vaccination programme throughout the year. The following critical care services have been provided to highly dependent clients:

    - 2,702 patients active on District Nursing case load
    - 318 patients active on Rapid Response case load
    - 582,074 interventions delivered in our Treatment Rooms
    - 1,778 patients active on Continence service care load and 161 urology patients.

**Community Specialist Nursing Teams – Long Term Conditions Management.**
The 2021/22 year has witnessed an extremely challenging time for the specialist nursing teams delivering long term conditions services. The specialist nursing teams incorporate Diabetes, Respiratory, Parkinson's disease, Stoma Care and Cardiac Rehabilitation which has worked an integral part of the Our Hearts Our Minds service.

The primary aim of the specialist nursing teams' actions is to reduce hospital admissions for people with long term conditions through prompt assessment, treatment and education for the patients together with their families and carers.

As a result of COVID-19 the specialist nursing teams were forced to urgently review practice and introduce alternative methods of maintaining the core functions of the services. Telephone triage and review clinics were introduced and in some cases changing to virtual clinics as the technology became available.

During COVID-19 surge phase 1 March – June 2020 there was a demand for specialist nurses to be deployed to support hospital care. Due to the limited access to GPs and primary care colleagues, the consequence of the specialist nurses not being available was that a number of people with long term conditions were admitted to hospital. A risk

management approach was applied during subsequent surges to maintain a presence of the specialist nursing service to provide the care and support to a vulnerable section of our population.

The demand on specialist consultants to support the demand for hospital based care also reduced their capacity to provide clinical guidance to specialist nurses with more complex patients. This resulted in the specialist nurses taking clinical decisions and increasing their monitoring arrangements for the more complex patients.

Many of the specialist nursing teams experienced increases in demand for their service due to the impact of COVID-19 on people who routinely self-manage their conditions. For example, specialist respiratory nurses experienced an increase in the referrals for people who did not have an underlying respiratory illness but due to the impact of COVID-19 required support and education to help them manage their symptoms during a prolonged recovery. The specialist diabetes nurses also reported increases from people who normally manage their own condition but due to the impact of COVID-19 struggled to maintain normal blood glucose levels. The lack of access to elective surgical service resulted in patients with temporary stomas or planned for stoma reversal surgery remained on the Stoma Care Nurses caseload for a longer period of time.

**Hospital Sterilisation and Decontamination Departments**
The reduction in elective surgical activity resulted in a reduced level of demand for sterilisation and decontamination services. The Head of Department deployed the staff to support new challenges and demands such as preparing COVID-19 swabbing kits and managing the distribution of PPE for centralised hospital storage. These support functions made a significant contribution to the overall Trust response to the COVID-19 pandemic.

- **Professional Nursing – Workforce Planning, Education and Development.**
  The Nursing and Midwifery Workforce Planning Team managed significant challenges from preparing workforce plans for designated COVID-19 wards with highly dependent and acutely ill patients, escalation care areas, change of use of residential care facilities and the potential need to use local hotel capacity. The service need to respond to rapidly escalating situations had to be underpinned by nursing workforce plans with skill mix configurations which meet the range of acuity and care demands. The plans often required the need for allied health professional staff to be integrated into the workforce models to achieve an acceptable minimum skill mix. The work culminated in the development of a Nurse Staff Extreme Escalation Protocol integrating the regional principles. The engagement and discussions with Ward Sisters, Charge Nurses and Senior Nurses was critical to achieving an understanding that critical nurses staffing could be a realistic experience. Robust monitoring arrangements were required to highlight when nursing and midwifery teams, both hospital and community, were experiencing some of the trigger factors for extreme escalation.

- **Nurse Bank Office**
  The Nurse Bank Office experienced an exponential increase in demand for shift cover due in response to the increase in staff absence as a result of COVID-19. This demand was ongoing particularly during COVID-19 surge 2 and 3. In addition the Nurse Bank Office were asked to support the demand for staffing in

the Care Homes and the Vaccination Centres. The Nurse Bank Office, and particularly the Nurse Bank Coordinator, led on the induction of the high volume of nursing staff who joined the Trust through the Workforce Appeal. The structure of the programme enabled a new Workforce Appeal candidate to be 'job ready' within two weeks. This focus on the individuals has resulted in the retention of approximately 80% of the people within the Trust. The consequence of the higher volumes of agency staff being employed was a higher volume of agency invoices to be processed by the Nurse Bank Office to maintain the 30 day compliance standard.

**Intermediate Care:**

The Directorate of Primary Care and Older People's Services have developed a number of services through Transformation and No More Silos (NMS) funding streams. These services are in line with the Directorate's vision to support our acute hospitals through developing out of hospital care and providing services in the person's own home. To achieve this we want to deliver person-centred community based services that will help older people and those with long-term conditions to live healthy lives in the most appropriate place for them and with access to supports that maximise their health and wellbeing. This will involve building on our existing services to provide an integrated approach working more closely with primary care teams. With this in mind the following services have been developed:

- **Hospital at Home Test of change**

  A Hospital at Home service referred to as Acute Care at Home has been in place in the Northern Sector of the Trust (Londonderry, Limavady & Strabane) since 2014. This service is led by a Consultant Geriatrician and includes a multi-disciplinary team of health care professionals. Acute Care at Home is a service that provides treatment by health care professionals in the person's own home for a condition that would otherwise require acute hospital in-patient care. The Acute Care at Home Team also support appropriate earlier discharge for those people who have needed to be admitted to hospital.

  This service has been earmarked as a central element in the future regional model for Intermediate Care as well as the 'Enhancing Clinical Care into Care Homes' regional initiative in keeping with local needs, Pathfinder engagement feedback and regional policy. It has been a priority of the Directorate to replicate this service in the Fermanagh and Omagh localities.

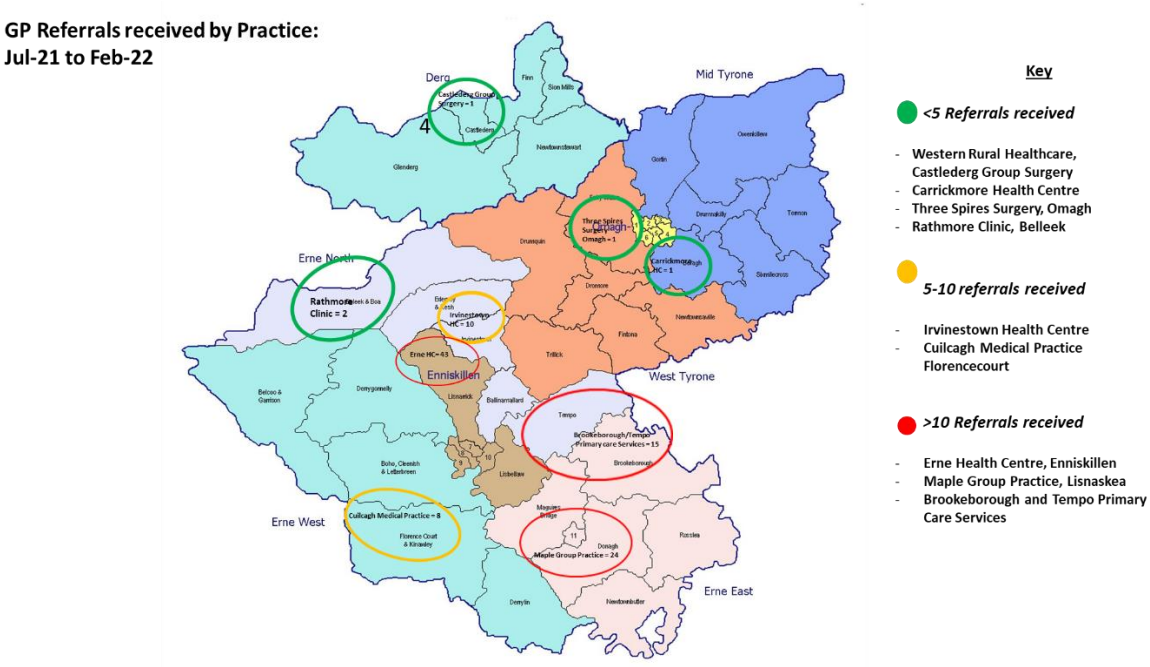
  In November 2020, a Hospital at Home Development Group was formed with representatives from Hospital Services in the SWAH, Pharmacy and PCOP staff. The objective of this group was to develop and oversee an action plan to put in place a service test of a hospital at home service. With support from the Medical team in South West Acute Hospital, Pharmacy and the Rapid Response Nursing team a test of a hospital at home service was established on 14 December 20. This service test initially involved working with 4 Care Homes in Enniskillen including Millcroft Care Home, The County Care Home, Meadow View Care Home and The Graan Abbey Nursing Home. During the COVID-19 pandemic the aim was to assess and treat residents in these Care Homes thus avoiding the need to attend ED and an admission to hospital.

  In July 2021 the Trust appointed a dedicated Hospital at Home Team. The team is led by Dr Mark Roberts, Consultant Integrated Care (Fermanagh & West

Tyrone) and is supported by a multi-disciplinary team including Medical, Nursing, Pharmacy, Occupational Therapy and Physiotherapy staff.

The "Hospital at Home" service, which was developed in the middle of the COVID-19 pandemic, has received a high level of support from the public as it seeks to provide an additional strand of support to the Trust's Hospitals and Care Homes. The service has treated 195 patients since it started in December 2020 with the majority of these patients 134 being treated since the full staffing compliment was put in place in July 2021. It has supported 74 people to remain in their Nursing or Residential Home setting, avoiding attendance at ED and hospital admission. Of the total patients treated, 82% (160 patients) avoided a hospital admission and the median length of stay since December 2021 in Hospital at Home is 5 days. This service has saved at least 1560 hospital bed days based on an average length of stay of 8 days in hospital. The average length of stay in Medical ward, South West Acute Hospital is 10.1 days and in Ward 7, care of the elderly it is 22.9 days. *(Activity based on 1 January 2021 to 31 December 2021, source: Information Services).*

The following diagram presents the GP practices who have referred to the Hospital at Home team in Fermanagh.




Due to the initial success of the programme and in keeping with the Pathfinder vision, it is the intention of the Trust to seek further funding to expand the Hospital at Home service, over time to the Omagh locality and West Tyrone area.

- **Recovery & Care at Home**
  For the 6 months April 2021 to 30 September 2021, the Directorate has undertaken a service test of a multi-disciplinary home based rehabilitation service, referred to as Recovery & Care at Home using a quality improvement approach. The scope of the test was a single referral pathway for patients being discharged from South West Acute Hospital to the Omagh locality. Staff in the three service areas, Occupational Therapy rehab, Reablement and Community Physio rehab were aligned to create the new pathway. Additional Physio,

Occupational Therapy and Social Work staff were put in place in the locality through Transformation funding. This provided a single referral pathway into a multi-disciplinary home based service. The service provided a holistic assessment of need by the multi-disciplinary team. This test provided a much more responsive service and better joined up assessment of need which provided better outcomes for the service user. Through this test and evaluation the Directorate has secured funding through Transformation to put this model in place. The funding identified will allow the Trust to implement a responsive multi-disciplinary home based service in the Omagh locality of the Trust and this will be scaled across the other localities as we receive further investment.

- **Omagh Hospital Rehab Ward**
  To support the flow from our Acute hospitals, the function and purpose of the Rehabilitation ward in Omagh Hospital & Primary Care complex has been reviewed. The Ward consists of a multi-disciplinary team including Medical, Pharmacy, Nursing, Occupational Therapy, Physiotherapy and Social Work staff. The role of the multi-disciplinary team is to support patients with rehabilitation potential to reach their maximum level of function, wellness and independence through assessment, treatment, health promotion and education.

  A newly revised access criteria has been developed and circulated to referring Wards. This access criteria has been enhanced to extend the service to all residents across the Trust. Alongside this a video has been developed to promote the service, identifying the team members and their role in the patient's rehabilitation journey.

- **Integrated Care Virtual Pilot**
  Since October 2021 the Directorate has piloted an innovative approach to narrowing the gap between general practitioner and hospital doctors in Fermanagh and West Tyrone. This pilot has been the idea of Dr Mark Roberts, Clinical Lead for Integrated Care in the Southern sector of the Trust. A small project team lead by Dr Roberts with involvement from GPs and practice managers have co-designed a service that aims to enhance the care of our target population: older patients with multiple comorbidities in a locality of the Trust that struggles with recruitment and retention of medical staff.

  Dr Roberts has set up a pilot - Integrated Care Virtual calls on the Zoom platform with GP practices in the Southern Sector of the Trust to create an opportunity to discuss older people with multiple comorbidities, in a partnership, shared decision way and done in real time through virtual, secure discussion rooms operating as a 'drop-in' service four times per week. There are currently 5 GP practices both urban and rural involved in the pilot and a plan is in place to offer the service to the remaining practices. To date 31 patients have been discussed in these integrated care call sessions, approximately 1/3 of this patient group have had changes to their medication and around 1/3 have had an advanced care plan developed.

  This service combines and strengthens existing resources and clinician expertise, reduces practitioner isolation and promotes patient centred decision making that is timely and effective. It promotes working together to deliver out of hospital care in line with the unscheduled care programme of work. Some

unedited written feedback from our GP colleagues who are using this service so far has included:

‘Ease and speed of accessibility to the expertise of a secondary care specialist enhanced my on the ground live management plans for complex patients. Things I had not considered but where beneficial to patient care were brought to my attention & incorporated into plans = win win for Dr and patient.’

‘Most importantly in my personal opinion there was a sense of collective clinical ownership of patient care between the GP & consultant. Sometimes patients with multiple co-morbidities can become somewhat homeless. This gave them a home.’

`Very helpful to discuss complex cases with Consultant colleagues especially if trying to avoid admission/referral and you just need some advice`.

**Post COVID-19 Service**

The Older People’s directorate has been instrumental in setting up the first strand of the Post COVID-19 Service in the Trust, which is the multi-disciplinary assessment service. The purpose of this service is to provide timely, effective and equitable access to the multi-disciplinary team for patients referred by primary or secondary care who have not already been assessed in other COVID-19 related clinics. In March 2022, the multi-disciplinary team commenced provision of triage assessments to those patients on the waiting list. The Post COVID-19 service will shortly be working towards developing varying types of interventions for these post COVID-19 patients and may also include onward referral to other appropriate services such as pulmonary rehabilitation, psychological support, specialist investigation or treatment, or to social care support services or the voluntary, community and social enterprise sector.

**Professional Nursing – Safe and Effective Care**

**Falls**

The Trusts Slips, Trips and Falls group continues to meet regularly to review falls with the Trust and look at potential mechanism to reduce these. Compliance within the Trust for the falls safe bundle audit remains high at 94%. A falls prevention leaflet has been designed for patients whilst they are in hospital to support their needs, a regional falls leaflet is currently being designed. Falls continue to remain the highest type of incident which in the Trust. With only one Falls Coordinator the directorate is planning to submit a business case to increase the number of coordinators.

The Trust Falls Coordinator has been working alongside residential homes to implement the falls risk assessment and post fall pathway, this has so far had positive feedback and there has been a reduction of falls in one of our residential homes. The plan is to role this out within our independent care homes also. This is a regional directive.

The Trust Stepping On programme which looks at strength and balance for older people, continues within both sectors of the Trust. This is delivered in partnership with the Healthy Living Centres, council areas and the Trust, each programme runs for 8 weeks. This is a multidisciplinary programme that involves a range of healthcare

professionals. Last year a new programme was able to be established in the Limavady area.

A falls survey monkey was completed during falls awareness week, which had very positive feedback from users, which had led to positive outcomes for patients and carers.

Education sessions for falls awareness is delivered by the CEC for Trust staff and independent sector.

Some funding has come from PHA to care homes to help with ordering equipment to prevent falls. Further specialised equipment has been secured to assist with assisting patients / clients from the ground when they are unable to get up themselves.

The Trust Falls Coordinator has attended Men's Health programmes to deliver information on falls and falls prevention.

A fall awareness digital survey had been approved for patients to use, the data received from this survey will allow patients to receive information emailed or posted to them to support them with preventing falls at home.

**Nutrition**

The Trust's Nutritional Steering Group, continues to meet regularly to highlight and address any concerns regarding nutrition within the Trust.

Within the last year there have been recommendations from the PHA, HSCB and RQIA regarding choking and patients at risk of choking.

The Professional Nursing team has worked very closely with the Speech and Language Team to review these recommendation and design a plan to implement them, ensuring the safety of all patient's.

Recently an Eating, Drinking and Swallowing (EDS) group has been established within the Trust to take forward the recommendations from these reports and further recommendations from an National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) 'Hard to Swallow': Parkinson's patients report.

The EDS group is multidisciplinary with representation from all areas.

The Trust has established a Mealtimes Matter group in line with the regional Mealtimes Matter Group. This group has been established to ensure mealtimes are a safe enjoyable experience for all patients.

The Trust is committed to Co-Production and a service user has been asked to join each of these groups.

**The Deteriorating Patient Group**

The Trust Deteriorating Patient group continues to meet regularly to highlight and concerns regarding safe and effective patient care.

The group has overseen the implementation of the National Early Warning Scores (NEWS) 2 an updated version of the previous, to all acute areas within the Trust. A

NEWS 2 chart has been devised to suit the needs of the Acute Care at Home team and will be implemented in coming weeks. A new neurological NEWS 2 chart has been designed for the Trust's mental health areas and will be implemented in coming weeks. Following the introduction of the NEWS 2 chart to acute areas, the resuscitation team completed a snap shot audit in January to ensure understanding and compliance with the new tool, no new issues were highlighted. All staff are encouraged to complete the NEWS 2 e-learning programme prior to using the tool.

The group is also reviewing the use of pumped medical air within the Trust and the potential risk to patients. Two pilot studies have recently been completed on the Altnagelvin and SWAH site to return to nebulised air. When the results of these pilot studies are ready the aim would be to remove pumped medical air for most areas, thus reducing the potential for harm to patients. Whilst this work is ongoing regular audits of medical air at ward / department level are ongoing, to ensure patient safety. Currently a business case is being written for nebulisers to replace piped medical area in agreed areas.

**Achievements during the Year:**

- During the year our nursing teams made a huge contribution of 7,533 COVID-19 vaccination doses administered to 60 Care Home staff and they also gave 4,982 COVID-19 vaccinations to our housebound patients which helped the Trust achieve the staggeringly successful vaccination programme.
- In June 2021 the Trust and Ulster University published an article titled: "Simulated Based Dementia Training: Impact on Empathic Understanding and Behaviour Among Professionals and Cares".
- One of our Occupational Therapist's received The Brain Charity Outstanding Healthcare Professional Award for 2021.
- Our Homeless Health Team in partnership with the Welcome Organisation's launch the Mobile Health Unit to break down barriers for homeless people to access health and social care.
- Our Speech and Language Therapy Team were delighted to support World Development Language Disorder Awareness Day.
- Two of our Tissue Viability nurses travelled to an international Wound Care Conference in Abu Dubai, this was partially funded by the Nightingale Course that our senior Tissue Viability senior nurse completed and at which the Trust gave a poster presentation. The poster focused on learning from our ICU unit that was then shared internationally.

**Women and Children's Services**

**Family Support**

The Trust has recently focused on developing a dedicated intensive family support service targeting young people in the adolescent age range. This is in response to the high number of young people known to our teams, who present with complex needs and are at risk of progressing further into the statutory Social Services' system and entry into care.

The aim of this service is to provide a viable wraparound support service, which is flexible and responsive and works intensively with this cohort of young people within a family context. It is hoped that this will help change their pathway away from care, enabling them to remain within their families and communities, where appropriate.

The service is currently provided by a team of Youth Workers and Family Support Workers. Young people and their families have direct access to Family Therapy.

The service has developed links and partnerships with the EA Youth Services, local community and voluntary sector and to the Trust's contracted services. This will offer ongoing sustained support to young people as part of the 'step-down' model.

**Safeguarding**

All statutory visits are taking place directly with children and support services are have resumed. Risk assessments continue to be carried out on all children within the FIS who are looked after to facilitate direct contact arrangements with their birth family at the appropriate level to meet everyone's needs. Contact venues remain a difficulty but staff continue to be innovative in sourcing community venues.

**Health Visiting and School Nursing**

The Health Visiting and School Nursing Teams' input to the vaccination delivery in the Mass Vaccination centres has now stopped. The focus for these 2 services is to return to business as usual and address the unmet need accumulated during the COVID-19 pandemic.

Health Visiting will return to delivering the full programme of Healthy Child Healthy Future. There is a significant number of health reviews which are unmet: a number of Saturday clinics have been facilitated by Health Visiting staff to address this unmet need.

School Nursing are being supported by the PHA Workforce Appeal to ensure delivery of the HPV and flu vaccines in a timely manner. School Nursing have a number of outstanding holistic health appraisals to catch up on for Looked After Children and plans are in place to address capacity issues to deliver over the next year. This pilot will be reviewed in June 2022. The School Nurse service is also delivering on the Enhanced School Nurse Programme, which places a named school nurse within the school environment on a regular basis. This pilot will be reviewed in June 2022.

The School Nursing Team are part of a regional pilot 'Text a Nurse' Service. This aims to ensure children and young people are empowered and assisted to take care of their emotional health and wellbeing. The service will provide a secure and confidential text messaging service for young people aged 11 to 19 years old, which will allow them to easily and anonymously get in touch with a school nurse for advice and support. The pilot will be subject to review in advance of the expiration date in 2023 in order to evaluate performance and determine future plans for the programme but initial indicators are very positive.

**The Trust Human Milk Bank**

The Human Milk Bank continues to successfully provide donor breast milk to Neonatal Units throughout Ireland. A recent media campaign has been instigated to ensure the ongoing donation of human milk. Post-COVID-19 restrictions have seen a decline in donations. However the Milk Bank continues to meet the demand for supply throughout the Island of Ireland.

A service level agreement remains in place with hospitals in the Republic of Ireland which facilitates uninterrupted supply of donor breast milk following Brexit.

**Sexual and Reproductive Health**

The Early Medical Abortion (EMA) Service ceased in April 2020 due to staffing resources. There are ongoing communications with the Department of Health re the commissioning of the EMA service within the Trust. The provision of this service is a very emotive issue. Protests against the delivery of the service continue to take place and this is having a detrimental impact on staff and service users.

SH24 online ordering of contraception is now available to clients within the Trust.

**Sexual Health and HIV Services**

The service continues to deliver Pre-exposure Prophylaxis (PrEP) to clients from the West. This was previously only available through the SH/HV services in Belfast and there were long waiting lists for PrEP services. This is funded on a temporary basis through Transformational funding. The service has also continued with SH24 testing ensuring that diagnosis and treatment can be delivered promptly and therefore onward transmission rates of STIs are reduced.

**Children and Young People's ASD Service**

The Trust continues to see an increasing demand for Autism diagnostic assessment and ongoing support and intervention both pre and post diagnosis. The current level of demand outstrips the capacity of the Diagnostic Assessment Team, the Psychology Team and the Social Work Team. An external audit (BSO) of the management of the ASD Assessment waiting lists concluded a satisfactory result with no recommendations suggested highlighting that the waiting time was a result of demand and capacity issues.

The Children and Young People's ASD service have continued to rebuild and from July 2021 have been delivering activity in excess of the baseline activity pre-pandemic figures in 2019/20 for diagnostic assessment and post diagnostic intervention. At 30th September 2021, the service had delivered 50% of the annual capacity of the team for diagnostic assessment.

Within Children's ASD, as a consequence of the COVID-19 pandemic, the service has experienced an increasing demand for Psychological Interventions, Family Support and Social Work support including self-directed support (SDS) and short break provision. This is placing additional demands on staff with heavy caseloads. The increasing

demand for family support/SDS has also resulted in an increase in demand for financial resources, impacting on a budget which is already underfunded prior to COVID-19.

**CAMHS**

The Trust Child & Adolescent Mental Health Service (CAMHS) has continued to encounter serious challenges with respect to staffing. A number of recruitment drives has resulted in a slight reduction in vacancies but recruitment to senior positions remains challenging.

Currently the Service has 536 young people on its waiting list. All referrals are screened and clinically triaged by the CAMHS referral coordinator to ensure the most vulnerable young people at risk receive timely assessment and intervention. Whilst the service meets regional access targets with respect to emergency and urgent referrals it has consistently been unable to reach the ministerial 9 week target for routine choice appointments.

The Trust CAMHS is the first service regionally to roll out a preceptorship programme for clinical psychologist that have completed training. This two year period endeavours to equip the position holder to attain competencies and skills to meet the senior position supported by the Multi-disciplinary team and clinical supervision. Given the positive evaluation of this there is impetus to also follow this pathway with respective nursing and social work senior positions.

**Healthcare**

Healthcare staff have focussed on developing, implementing and sustaining pathways to ensure the delivery of safe care whilst protecting staff throughout COVID-19. This included:

- In Altnagelvin ward 43 flipped from an elective green pathway to allow red flag surgery to proceed. This involved reallocation of staff. In addition, due to pressures during the year in the ED, the Ward had to reorganise to help with the flow through ED.
- Paediatric staff supported the ED with the flow of children and young people during times of extreme pressure.
- Redeployment of staff from specialist nurse and midwifery roles to core services continued.
- Move to virtual clinics and support incrementally increased.

**Paediatrics and Neonatal Services**

Paediatrics have now recruited to a Paediatrician with special interest in paediatric cardiology which is aligned to the all-Ireland cardiology network. He took up post January 2022 and it is envisaged this role will help address the waiting list for paediatric cardiology appointments.

New funding has been received which has enabled the recruitment of a Consultant Midwife, a Governance Midwife and a lead for Continuity of Care model.

**Community Dental Services**
The Community Dental Service has been incrementally trying to reset services but there remains some long waiting lists.

## Medical

## Quality and Safety

**Corporate issues**
The key Quality Corporate issues co-ordinated by the Quality and Safety Team continue to be managed through the Safety and Quality Management System Action Plan which is monitored by the Governance Committee and Trust Board. The Improvement Plan has also incorporated actions from the independent Governance Review report of July 2020.

**Governance Review**
The Project Lead presented a progress report to Trust Board in September 2021 with 34 of 49 recommendations complete at that time. At March 2022 there are currently 40 actions complete including an integrated Governance and Assurance Framework narrative document approved by Trust Board in September 2021 and establishment of a new Trust Policy Group to manage corporate policies.

**Risk Management**
Implementation of the agreed Risk Appetite model for the Trust has progressed significantly. The mapping of each Corporate Risk to revised target scores was agreed at CMT in August 2021 and provisionally agreed at Trust Board in September 2021. It is planned to fully adopt the Risk Appetite model at a Trust Board risk workshop in April 2022. Preparation for the workshop has included a deep dive at Governance Committee of one Corporate Risk in December 2021 with another to be completed in March 2022.

During the COVID-19 Emergency, the Risk Management Team continued to support Managers across the Trust to provide advice and information to manage risk.

**Complaints**
The complaints department has focused on reducing re-opened complaints in year. A process review pilot has also commenced within the AMHLD Directorate to with the aim of increasing compliance and is due for review and expansion in April 2022. A internet based system or managing Complaints has also been rolled out amongst the complaints team, leading to higher efficiencies in reporting. To date this combined work has generated a 27% decrease in re-opened complaints.

**Morbidity and Mortality (M&M)**
The M&M department continues to report 7 days per week on mortalities related to COVID-19. M&M also attends and contributes to the Regional nosocomial review

process, allowing for on-going trends to be established and learning to be shared. Participation in the Independent Medical Examiner Pilot commenced in November 2020.

**Standards and Guidelines**
Workshops have been completed with each Directorate to streamline and agree the implementation of Standards and Guidelines processes. As a result, pilots are underway within Acute and AMHLD. A new database has also been progressed with Microsoft to aid implementation and enhance recording mechanisms. This is due for completion and trial in April 2022.

**Quality Improvement (QI) and Audit:**
An expansion of the Standards and Guidelines Triage Group to incorporate Audit and QI took place in January 2022. This allows for oversight to completed and planned audits and Quality Improvement projects, and for analysis of potential learning to all Directorates.

Quality Improvement initiatives continue to play a vital role in developing staff and services to improve quality and safety Trust wide and beyond. The increased demand for places on the Trust in-house training programme has demonstrated staff's interest and appetite to learn how to use improvement science in making improvements within quality and safety despite all of the ongoing challenges that have been experienced.

The Quality Improvement & Innovation Event took place on Friday 12th November at the end of World Quality week with over 220 attendees. This event showcased various improvement projects and shared presentations under the categories of Building Reliable Care, Innovation & Transformation and Integrating Care Across Boundaries. In addition there was a summarised presentation of all applications for the Davin Corrigan legacy award which focused upon improvements in service user/patient safety through service user/ family engagement.

**Doctors Hub**
This initiative that commenced as a response to the pandemic COVID-19 continues to support our frontline doctors holistically as well as the support of managing safe and effective rota planning.

**Bereavement**
The Bereavement Support Team continues to provide follow up bereavement support calls to the next of kin of patients who have died within Trust hospitals, approximately. Approximately 1,800 families have been contacted with a condolence call to date.

The Trust bereavement coordinators have developed a regional bereavement booklet to replace individual Trust booklets and the PHA COVID-19 booklets. This is in the final stages of editing and will be available within the next few months.

Bereavement Services supported the National Audit on Care at End of Life (NACEL), April – August 2021; findings to be presented at a conference on 21/3/2022.

**Research and Development**

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 is given to local needs and priorities.

We are looking to the future of research, and will use what we have learned from COVID-19 as a springboard to build back and have better quality research. As a research and development department we stand at an inflection point for global healthcare. Research driven by data and analytics, cutting-edge technologies and treatments, including precision medicines and artificial intelligence, are transforming the way we treat our patients.

With the pressures of the pandemic beginning to ease and COVID-19, work is underway to support the recovery of research and to increase the strength of our research base and life sciences sector. This supports the vision set out by the Department of Health and Social Care in the document Saving and Improving Lives: the future of UK clinical research delivery.

As we continue to emerge from the Pandemic the delivery of the plan “Saving and improving lives” will be overseen by the Northern Ireland Clinical Research, Recovery, Resilience and Growth (NICRRG) programme. Northern Ireland has put in place a Clinical Research Recovery, Resilience and Growth (NI CRRRG) Taskforce to develop a local implementation plan for the delivery of the vision, which will complement the document “Saving and Improving Lives”.

Discoveries from COVID-19 research have shaped the standards of care and saving lives in the UK and across the world. These treatments were only available to participants enrolled in clinical trials. Thanks to more volunteers joining studies and the funding into dozens of urgent public health studies, faster results have been achieved. Research has played its part in the fight against coronavirus by developing diagnostic tests, treatments and vaccines and to prevent and manage the spread of the virus. There is a renewed appreciation of clinical research without which we would not be as far forward as we are today.

The population of the North West consent willingly to getting involved in research alongside with academics, health and social care professionals contributing to our work and achievements in developing the highest quality research, not only does it benefit our service users, carers and their families, but it also has huge benefits for our staff. By working together we’re able to learn and share best practice that helps us to

continually make improvements to the services we provide and by also enabling the economic progress of our community.

**Clinical Trial Participation**

The Trust has been central to this drive by being intrinsically involved in the recruitment of patients to clinical trials to determine the most effective treatments for COVID-19 and continue to do so. Our organisation is participating in the following 4 COVID-19 research trials.

**RECOVERY Trial**

The RECOVERY trial discovered dexamethasone which is a widely and cheaply available steroid cut deaths by a third among critically ill patients hospitalised with COVID-19. This discovery was immediately adopted for use in NHS hospitals for all COVID-19 patients. More recently RECOVERY found another effective treatment tocilizumab further reduces risk of death from severe COVID-19. RECOVERY also found that some high profile ideas for treatment didn't work. RECOVERY is constantly evolving to test new treatments. The Trust has enrolled 86 research participants in this study to date.

**REMAP-CAP**

REMAP-CAP uses a novel and innovative adaptive trial design to evaluate a number of treatment options simultaneously and efficiently. This design is able to adapt in the event of pandemics, and increases the likelihood that patients will receive the treatment that is most likely to be effective for them. The Trust has recruited 25 participants to this trial to date.

**SIREN**

The objective is to help to understand whether prior infection with SARS-CoV2 (the virus that causes COVID-19) protects against future infection with the same virus. By doing both swab and blood tests together, regularly over time we will be able to assess whether prior infection (measured through an antibody test) protects against future infection (measured through detection of virus on a swab test). The Trust recruitment target of 250 research participants has been achieved.

**HEAL-COVID-19**

The HEAL-COVID-19 study was set up to look at different treatments that work on the complications and symptoms seen in patients with Long COVID-19. The treatments in this study to compare are called Atorvastatin and Apixaban. The patient will be randomised into either arm of the study and outcomes reviewed.

## Infection Prevention & Control

### Meticillin-Resistant Staphylococcus aureus (MRSA) Bacteraemia Surveillance

Due to the COVID-19 pandemic the DoH did not set a reduction target for MRSA bloodstream infections in 2021/22. Surveillance remained ongoing, however, and a total of nine cases were reported as of 30/03/22.

### Clostridium difficile Infection Surveillance

The DoH did not set a reduction target for *Clostridium difficile* associated infection in 2021/22. The surveillance programme continued and a total of 81 cases were reported as of 30/03/22.

### Enhanced Gram-Negative Bacteraemia (GNB) Surveillance

As a result of the COVID-19 pandemic the DoH did not set a reduction target for the Trust for healthcare-associated GNBs (specifically *Escherichia coli*, *Klebsiella* species and *Pseudomonas aeruginosa*) in 2021/22. However, surveillance remained mandatory and a total of 43 healthcare-associated GNB cases were reported as of 30/03/22.

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

In 2021/22 the Trust's C-section SSI rate remained below the N.I. average and the rate for Orthopaedic SSIs remained below 1%. There have been no Critical Care Device Associated Infection reported since 2018.

### Infection Prevention and Control (IP&C) Training

The Regional IP&C E-Learning and Aseptic Non Touch Technique training was launched in June 2020. This training is hosted on the HSC Learning platform.

The attendance target for each year is 50% of the total number of staff who require training (i.e. 5,667 out of 11,334 applicable staff).

As attendance at IP&C Training is required on a biennial basis, the attendance rate over a 24 month period has also been calculated. As of the end of December 2021 it was 72.12%.

### COVID-19 Response

The Infection Prevention and Control (IP&C) Team continues to be significantly involved with the management of any suspected or confirmed cases of COVID-19, the continued development of patient pathways, reset/ rebuild of services, contact tracing processes and outbreak management.

The IP&C Team is also required to continue to support Independent Sector care homes in the event of any declared outbreaks. As a result of the increased demands upon the team and within the current IP&C resources, there are challenges in attending to other core work. This has impacted on the ability to achieve other HCAI reductions,

participate in mandatory surveillance and improvement programmes. The Trust is managing the risk through the Risk Register Process whilst working on a plan to increase the IP&C capacity and a recovery plan.

**COVID-19 Training**

The IP&C Team launched a programme of Zoom COVID-19 training sessions commencing in mid-September 2020. Previously the training was delivered through a combination of face-to-face and virtual sessions. The face-to-face sessions were restricted to small groups in order to comply with social distancing requirements. The training is now fully virtual.

**Personal Protective Equipment (PPE) Safety Officers**

The IP&C team initiated a new development with the training of 288 PPE Safety Officers across the Trust. These staff received bespoke training and support to enable a local ward/department approach to providing key information and education on the safe and effective use of PPE.

**Compliance with IPC standards of practice**

The IP&C Team continue to monitor staff compliance with hand hygiene, the use of PPE and other High Impact Intervention audits during the COVID-19 response. Support and education is provided to staff at the time of auditing and results are communicated to the ward/department managers and senior managers for action. The audit results are also reported through the Chief Executive HCAI Accountability forum and normal directorate governance arrangements.

**Appraisal and Revalidation**

During 2021/2022 Appraisal and Revalidation activities returned to relative normality with consideration given to in-year pandemic surge and associated clinical commitments. To support our doctors the Trust implemented extended deadlines for 2019 and 2020 appraisals and also implemented a baseline 2020 appraisal template to account for pandemic restrictions on clinical and development activities.

Revalidation of doctors recommenced during 2021/2022 and there were 124 recommendations submitted, all were approved by the General Medical Council.

All appraisal training is now delivered virtually. Feedback has been very positive especially because attendance can be from almost any location.

The Trust continues to work collaboratively with the other HSC organisations on Appraisal & Revalidation matters, with opportunities to share expertise, learning and to continue development of the Regional Appraisal System.

## Medical Education & Training 2021/22

The pressures of the pandemic continue into the provision of medical education, as elsewhere. Providing medical education in this environment has demanded, and continues to necessitate, a review of priorities. The impact of the COVID-19 pandemic has brought unprecedented and unexpected challenges to medical education. We continue to adapt to the new normal in delivering medical education in a different way which is much more challenging. Everything that will be done in the year ahead will continue to incorporate the learning from the changes which have occurred and also, continue to utilise the unique opportunities that are emerging from the pandemic.

In medical education, the new ways of educating must be embraced and we will lead the way in training and assessing our medical students and doctors for the NHS of the future not of the past. Hybrid teaching has become the norm within MedEdWest. Zoom is now used regularly for most MedEdWest teaching and training. In addition, the platform is used to easily record sessions for those students/trainees who cannot attend. This recording facility is incredibly time efficient in terms of staff input and enables a greater flexibility of service provision.

At the start of the pandemic we made the COVID-19 teaching programme and resources available via the *'PageTiger'* platform as a communication tool for trainees and students. This platform was accessible on their devices at any time of day, thereby getting the information they required when they needed it. If training was missed, recordings were made available (consent/confidentiality permitting) on the platform for catch-up. This platform has further been developed to '*MedEdWest – Medics'.*

### Innovation

- **Simulation/Virtual Reality**
  Pre-COVID-19, MedEdWest began to introduce gamification type teaching to undergraduate medical students in the form of clinical escape rooms. The feedback was very positive and this new way of teaching will be expanded to include different levels of students and potentially to postgraduate teaching in future academic years. In addition to this Virtual Reality (VR) has extended to provide teaching in Eyes/surgery/T&O/General medicine. MedEdWest are proud of the new innovative methods of teaching and training and fly high well above the other education centres in the region in providing extra-curricular education and training and faculty.

- **Teaching Fellows/Clinical Fellows**
  Founded in 2014, the MedEdWest teaching fellowship is now in its 8th year. The programme started with a single fellow and the scheme has grown steadily recruiting at least 18 participants every academic year, which are representative of doctors from a variety of medical and surgical specialities. The teaching programmes which include simulation, are well embedded in the delivery of undergraduate and postgraduate education. This programme has continued to

expand with 22 junior teaching fellows recruited to MedEdWest since 2021. These roles are remunerated and provide near-pear teaching and education to the medical students. This has since evolved to include clinical teaching fellow posts which will expand year-on-year from September 2022. Currently there are 5. It is our plan for 4 additional, 50:50 clinical fellow posts (half clinical, half educational) from September 2022. If this model works these roles will also expand to 2025 and beyond.

- **Clinical Learning and Simulated Skills (CLASS)**
  This weekly programme for foundation doctors which is a blend of both theory and simulation programme is now in its 3rd year. It was the first of its kind providing generic skills for F1 trainees in the region. With the introduction of the new foundation curriculum MedEdWest realised that our innovative CLASS programme met most of the new requirements already, making us a leading education centre in the region.

- **Registrar Ready Course**

This one day course took place for the first time in the Trust in MedEdWest in July 2021.

The course was aimed at ST3+ IMT trainees about to take the step up to the senior tier of medical trainees. The Reg Ready course utilises a series of simulated scenarios, with debriefing, to facilitate learning around how to manage a team to care for multiple sick medical patient which "come with the territory" of holding the on-call "Medical Reg" bleep.

- **Difficult Catheter course**
  Difficult catheter insertion was an identified training need for doctors. A half day course was designed for emergency medicine and surgical specialities to focus on troubleshooting common problems to the insertion of suprapubic catheters. The sessions have been well received by the attendees, who felt that it was valuable for their clinical practice. The course has run several times, with the aim of continuing into the future.

These innovative cultures reportedly enhance the creation and implementation of new ideas and working methods in organisations. We need to harness that enthusiasm for education and learning by being slightly different to other education providers by offering additional opportunities and providing a truly positive experience here in the Trust at an early stage in their career.

These initiatives are very much valued by the medical students and the junior trainees. By providing extra curriculum initiatives and embedding programmes of near/peer assisted learning (PAL) and teaching/clinical fellow roles within the clinical education programmes in MedEedWest we can attract and retain doctors to the Trust as a "great place to work".

**Widening Access to Medicine**

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. It has been 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.

MedEdWest engaged with a local year 13 pupil from Lumen Christi College in Derry to help facilitate and support a virtual clinical work experience programme. This was a non-fee programme over 3 days, which enabled students interested in a career in medicine an introduction to some of the specialities available. MedEdWest are already in the planning process for future events, making medicine an option for all.

**Graduate Entry Medical School**

With the announcement of the new graduate entry medical school (GEMS) in Ulster University's Magee campus, Derry and the training of Physician Associates under the umbrella of MedEdWest we have begun to cultivate a strong relationship with Ulster University to ensure medical education continues to thrive in this part of the region.

MedEdWest are excited to welcome the first cohort of 70 medical students who join the Trust on clinical placements in September 2022. This is a landmark occasion for the Trust, the countdown has begun!

Year on year, MedEdWest are delivering better and more focused training. Considering the substantial changes this year, medical education continues to be in a great place. These new ways of teaching and support will become more normalised and Medical Education will continue to adapt, place innovation, engagement and professionalism at the heart of what we do, to address the new challenges without losing momentum of the gains in education made pre-COVID-19.

Our continued growth, innovation and vision translates to consistently frantic but creative education centres. In medical education, the new ways of educating must be embraced and we will lead the way in training and assessing our medical students, Physician associates and doctors for the NHS of the future not of the past. We are proud of our continuous expansion of faculty to include: educators; simulation educators; nursing staff; technicians; administration; pastoral support and academic leads. We will continually build on our theme "The West is Best".

## Financing, Contracting and ICT

The Finance, Contracting, ICT and Strategic Capital Development Directorate provides a range of high quality professional services to enable the Trust to meet its overall aim of delivering safe and effective services to patients and clients.

In 2021/22, with the retirement of the Director of Strategic Capital Development, the Strategic Capital Development department has been assigned on a temporary basis to the Finance, Contracting and ICT Directorate. This is set to become a permanent arrangement in 2022/23.

This report reflects the successes and challenges in delivering services to and meeting the needs of the communities we serve.

The Directorate has prepared the statutory accounts, which confirm the Trust's financial position for 2021/22.

**Financial Management**

The Financial Management division led on the development and monitoring of the Trust financial plan for 2021/22, which included monthly financial performance reporting to Trust Board, Trust Committees, HSC Board (now Strategic Planning and Performance Group (SPPG) and DoH. Monitoring and support was also provided to the Financial Recovery Plan. The division also led on the financial planning, monitoring and development of business cases to HSC Board (SPPG), PHA and DoH to support Trust services during the COVID-19 pandemic.

The division has also provided support to revenue funding bids, providing robust costings and affordability analysis for approximately 150 business cases for additional funding.

In addition, the division set the annual budget for the Trust, which is devolved to Directors, Assistant Directors and Heads of Service, and provided monitoring for these monthly at Trust Board, CMT and Directorate Management team meetings. The division is currently developing the 2022/23 Financial Plan based on a broad range of inputs.

**Capital, Costing and Efficiency**

The Capital, Costing and Efficiency division continued to support the ongoing response to the pandemic including the monitoring of both PPE stock levels and initial vaccination programme.

The division provided regular updates to Delivering Value Management Board and Finance and Performance Committee in respect of the Trust Recovery Plan for 2022/23. The division has worked with service colleagues to develop meaningful dashboards (using Power BI) to support project based data analytics which will assist the organisation in its return to Business as Usual.

The division have also provided support to the Trust's extensive Capital programme by developing and monitoring 439 capital business cases. The division continues to work alongside Strategic Capital Development in relation to ongoing and emerging strategic

projects. A Regional Costing Review, which commenced in year is ongoing and work will continue into 2022/23.

**Access to Healthcare**

The Access to Healthcare team is in place to support the provision of health and social care services to paying patients, private patients, non-UK residents, overseas visitors and other non-contract activity and to ensure that the Trust is appropriately compensated. In 2021/22, assessments were completed on 12,532 inpatients and new outpatient's referrals as well as 360 cross border workers entitled to access free care.

In addition, 191 European Health Insurance Cards (GHIC/EHIC), were processed to a value of £253k The EHIC incentive scheme paid £63k of income to the Trust. By using the access to healthcare assessment process, the team were also able to identify additional income of £173k through non-contract activity.

**Direct Payments**

The Direct Payments Team experienced another year of significant increases in both the volume and value of payments made to individuals in the community who have elected to commission their own social care support. The overall level of expenditure increased by £3.8m (24%). The numbers of individuals paid increased by 233 over 2020-21.

**Financial Assessments**

Financial Assessments has continued the initiative to move all residential and nursing homes to payment on a gross rather than net basis. All new admissions to homes are now paid for on a gross basis. As anticipated, this development has increased the level of debt that the Trust must directly manage and has led to an associated increase in the volume of invoicing, cash receipts and other transactions processed by the department. Average monthly transactions have increased from 1,030 to 2,265 with a current year increase in the level of debt of approx. 18%.

**Retained Finance**

The Retained Finance Team has oversight for effective delivery of services to the Trust by the Business Services Organisation (BSO) in relation to accounts payable, accounts receivable and payroll. A key role of the team is to ensure that these services are delivered in accordance with the agreed Service Level Agreement with the Business Services Organisation. To support the Trust's level of compliance with the prompt payment target, the team is in regular contact with Trust managers reminding them to receipt goods and approve invoices.

**Contracting Services Department**

The Trust Contracts department supports the Trust to manage 584 social care / income contracts. A further 116 contractual agreements ranging from contract addendums, variations and new services have also been put in place during 2021/22.

During 2021/22, the Contracts Department supported Contract Lead colleagues in supporting our Independent Sector colleagues during the pandemic, this included facilitating sometimes daily, bi-weekly business continuity meetings with providers. The Contracts team also established and maintained information return process to inform a risk matrixes to assist Contract Leads in managing risk.

**Information Communications Technology**

In 2021/22, the ICT Department continued to provide technical solutions and infrastructure to support the Trust response to COVID-19 including the Vaccination programme and mobile working technologies. At the same time, the ICT Department continued to support local priorities as well as the regional Digital Health and Care Northern Ireland (DHCNI) programme which includes flagship systems planning and implementation for HSC such as Encompass which aims to introduce a digital integrated care record for HSC and the Equip project for Finance and HR systems replacements.

**Cyber Security**

Cyber Security continues to dominate the ICT and business agenda. In 2021/22 an emerging threat around supply-chain incidents has highlighted potential security concerns with more focus on Third Party suppliers' security posture and the impact on Trust services' Business Continuity arrangements.

This has been incorporated into an updated Trust Cyber work-plan including technical solutions, cyber awareness training, a continued focus on governance, as well as a more robust approach to supplier and contract management. More detail is provided in the Governance statement.

**Technology Enablement Programme**

The Technical Enablement Programme (TEP) is a Regional collaborative Programme of work to design and deliver a regional HSC Microsoft (MS) Office 365 platform. It is primarily concerned with ensuring that all staff have access to secure devices and up to date MS Office software.

**CIS – Community Information System Project Closure**

The Community Information System (CIS) Project finished at the end of January 2022. The project successfully procured and implemented the Paris system in 128 services and pathways in community and mental health services within the Trust.

**Strategic Capital Development**

**Altnagelvin Hospital Redevelopment**

Following the completion of the new North Wing facility at Altnagelvin, the redevelopment programme is now focusing on the construction of a new hospital restaurant, to support both staff and visitors to the site. Located centrally on the ground

floor of the Tower Block, the new facility will provide a welcoming and calm environment for staff to eat and relax. The new restaurant will be complete around summer 2023, allowing the existing restaurant to transfer and close.

In addition, works have also focused on the clearance and closure of older parts of the Tower Block for future redevelopment. In particular, the Trust aims to develop lower floors as quickly as possible to support a permanent location for paediatric services.

The Trust has submitted a first stage of the Phase 5.2 business case of approximately £84.5m, to the Department of Health, to seek support for the redevelopment and enhancement of critical services located in the West Wing (Nucleus Building) of the hospital. The Trust is currently awaiting the outcome of that review.

**Citywide Health and Care Centre**

The Trust received OBC1 approval for the Cityside Health and Care Centre on 15th March 2021. This approval was to enable the site purchase and undertaking initial design of the new facility (RIBA Design Stages 2 and 3 concept design and spatial co-ordination up to and including planning application). Following this, the Trust has now appointed an Integrated Consultancy Team to progress the design of the new facility and planning application. The Trust is also working closely with Department for Communities to progress the site purchase for the new major health and care centre hub at its preferred location at the Fort George site. It is anticipated that both the site purchase and design of this facility will be complete within the next 18-24 months. This development is part of Tranche 2 of the regional Primary Care Infrastructure Development programme and is in line with the Department of Health's vision document and "Health and Wellbeing 2026: Delivering Together". This has the main objectives of:

- Improving the quality of the primary and community care estate.
- Supporting service developments.

- Increasing the accessibility to primary and community care services.
- Reconfiguring Trust services to ensure best use of existing estate.

As well as the provision of GP services, a large number of Trust services will be based at this hub drawn from Primary Care and Older People, Women and Children's, Mental Health and Disability and Acute services. In addition, other services such as ambulance deployment, GP out of Hours and research access will be based at this location.

**Acute Mental Health Unit at Omagh**

The Trust had submitted a business case to the Department of Health (DoH) for a new Centre for Mental Health to be located in Omagh. Due to funding constraints DoH returned the business case to the Trust advising that they were currently unable to progress it's consideration although are fully committed to the development going forward. The Trust continues to highlight the priority of this project.

**Lisnaskea Health and Care Centre**

The Trust received approval of an £18.5million Outline Business Case in November 2021 for a new build health and care centre in Lisnaskea. The new centre, which is to be built on the former Lisnaskea High School site, will support the delivery of high quality integrated primary and community care services for the population of Lisnaskea and the surrounding East Fermanagh area. It will improve accessibility, provide an increase in the range of services available within Lisnaskea, support multi-disciplinary working, provide increased support for older people and improve delivery of mental health services.

Following approval, an integrated consultancy team has been appointed and the design phase of the project has commenced with the project team engaging with key users to ensure their needs will be met. The project is programmed to commence on site construction in early 2024, with the new facility opening late 2025.

**City Deal Projects**

The Trust is currently working with a number of organisations on business cases for 2 projects which are either part or mainly funded via City Deal agreements.

The first is the creation of a health & care centre at Strabane as part of the Strabane Regeneration Strand of City Deal which will be part funded through City Deal agreements. This business case aims to provide a health & centre hub for the Strabane area and as part of the overall Strabane Regeneration scheme will enable the integration of public sector services in a central, historic site in the centre of Strabane alongside public realm schemes. This will deliver an integrated regeneration scheme of significant importance to the population of the Strabane area.

The second is working in conjunction with the Ulster University (as lead partner) and CTRIC with the intention to establish a new Health Research Institute which represents a further expansion of the Northern Ireland Centre for Stratified/Personalised Medicine as a partnership between academics, NHS clinicians and the community. This business

case is known as the Transformation for Healthcare Research Innovation and Value Based Ecosystem (THRIVE) and is an expansion of an existing productive partnership between Ulster University, CTRIC and the Trust. The Thrive Partnership is a not for profit collaboration which focuses on the achievement of better quality care for the indigenous population served by the Western Health and Social Care Trust. The partnership enables medical research which is supported by the community and embraces the potential of personalised medicine. This is about establishing bespoke treatment for the individual as well as enabling better diagnosis across a range of chronic conditions.

**Human Resources**

The Human Resources (HR) Directorate developed a HR Directorate Plan which mapped key objectives aligned to the Trust's Strategic Organisation Development Themes. During 2021/2022 the Directorate achieved a number of key objectives within this plan whilst also supporting the needs of the Trust and our workforce during the significant challenges of the COVID-19 pandemic.

## Looking after our People

- Trust Wellbeing Framework developed aligned to best practice, professional recommendations and local survey results.
- Endowments and Gifts sub-committee established to undertake the planning, development, implementation and monitoring of plans associated with the £3m charitable donation received from DoH in 2020/21.
- Menopause Group established and survey completed to inform priorities and work plan.
- Successful vaccination programme completed with 221,696 COVID-19 vaccinations delivered in the Trust area.
- Occupational Health carried out 1,742 Management referrals, 1,462 pre-placement assessments and responded to 1,950 enquires from managers and staff.
- 1,191 face fit tests carried out internally and 5,554 tests carried out by external providers.
- High volume of individual cases managed to support attendance at work and 180 managers trained in Attendance at Work.
- Revised staff appraisal process focused on health & wellbeing of staff with a reported completion rate of 26%. This will continue to be an area of focus to increase completion during 2022/23.
- As part of the implementation of the Agenda for Change pay award, reworking of approximately 5,000 individual staff pay records. The payment of

## Growing for the Future

- Development and launch of the new Leader & Manager Framework with 90 managers enrolled for levels 1 & 2.
- 19 students enrolled in the Post Graduate Diploma in Health and Social Care Management.
- 104 virtual training sessions delivered on non-core mandatory training.
- 42 students upskilled in Vocational Training.
- 3,364 recruitment requisitions processed representing a 34% increase on 2020/21.
- Significant work associated with 2,969 applications to HSC Workforce appeal, resulting in 848 appointments.
- Extensive recruitment activity to support operational priorities including a targeted recruitment campaign for Elective Care, 112 medical staff and 58 Medical Student Technicians recruited and introduction of streamlined regional recruitment processes for recruitment of student nurses and social workers.
- Support to escalate staffing of mass vaccination centres as part of national response to accelerate the COVID-19 vaccination booster programme in December 2021.

historical assimilations completed and the implementation of the Medical & Dental pay award.
- Comprehensive range of case management activity supported, providing advice and guidance to managers/ staff. This included 43 grievances received and processed, 27 formal disciplinary investigations commenced, 20 statutory cases received, and 5 whistleblowing cases received and investigated.
- 101 staff trained in Difficult Conversations and 87 staff trained in Whistleblowing Awareness.
- 36 Job Evaluations and 126 Desktop Evaluations completed.

- Significant reduction in number of temporary staff with more than 4 years' service.
- Introduction of new SAS contracts and migration of 34 doctors to the new contract.
- Band 1 Agenda for Change closure completed and staff migrated to Band 2.
- Partnership working with Ulster University on the development of the Graduate Entry Medical School at Magee, including recruitment to joint appointments and new roles.

## Belonging in the Western Trust

- Continued facilitation of the Ethnically Diverse Staff Network.
- Establishment of the International Medical Peer Support Group.
- All EQIA/FOI/ Department requests responded to within required timeframes.
- Corporate welcome and onboarding redesigned and launched digitally.
- Dedicated onboarding for Director posts launched.
- Engagement Strategy and tools included within the Leader & Manager Framework.
- Echo Staff Network term 2 successfully delivered.
- Strong partnership working with Trade Union colleagues on service planning and service changes. This work was particularly beneficial during planning for periods of COVID-19 surge.
- Introduction of Just Culture principles into Employee Relations processes. Further work planned to embed Just Culture principles more widely throughout Trust policies and procedures.

## New Ways of Working

- Organisation Development (OD) Steering Group established to oversee a number of workstreams: Working Longer, Routes to Employment, Embedding the HSC Values and Just Culture Groups.
- Development and launch of new roles including Physicians Associates, Ward Support Officers.
- Introduction of new role of Clinical Fellow and appointment of 11 CFs to support medical workforce.
- Progression of Single Lead Employer Project - majority of junior Doctors have now transferred.
- Commencement of Unscheduled Care Workforce Project with aim to improve workforce stabilisation.
- Involvement in regional partnership working with Trade Union colleagues on Agenda for Change Flexible Working arrangements and associated culture change programme.

**People Committee**

The People Committee met on 4 occasions throughout 2021/2022 to provide assurance to Trust Board on the effectiveness of the Trust's arrangements for leadership, engagement, training, development and education of staff. The Committee reviewed HR Metric information at each meeting i.e. Sickness absence, Mandatory Training compliance, and completion of staff appraisal and job plans for Consultants. The Committee also heard from staff regarding their experiences of working in the Trust.

**Trade Unions Engagement**
The Trust promotes partnership working and engagement with recognised Trades Unions through ensuring their involvement in a number of forums such as Hospital and Community Planning Groups, Policy Development Groups, as well as transformational culture change groups at both a local and regional level. Trust Consultation group took place every 3 weeks during 2021/2022 to ensure any service changes were consulted upon prior to implementation.

**Excellence in Organisation Development Award**
The Trust were delighted to achieve a national award in September 2021 from Healthcare People Management Association (HPMA) for Excellence in Organisational Development for its development of the Supporting Safety Echo Network.

## Performance and Service Improvement (PSI)

### Facilities Management

### Estate Services

**Fleet & Transport**
During 2021/22, Estates commenced the development of its' electric transport fleet with the purchase of 4 electric vehicles and installation of 10 electric vehicle charging points for its' transport fleet. The purchase of these vehicles is in support of achieving the UK Government's 'Road to Zero,' which has a target of 50% electric vehicles within the Trust fleet by 2030. Achievement of this target will see the sales of petrol and diesel vehicles being phased out from 2030 onwards. The Trust is committed to meeting our obligated targets under both the 2019 NICS Energy Management Strategy and Action Plan to 2030 and also the 2022 new Energy Strategy – The Path to Net Zero Energy which was agreed by the Executive and published in December 2022. Those strategies task the Trust with reducing our net energy consumption, reducing the reliance on fossil fuels, which are unsustainable, and improving our carbon footprint. Those policies will offer support in transitioning to low and zero carbon fuel for vehicles and also taking forward work to deliver electric infrastructure. See also sustainability report on page 66.

**Small Works Projects**
The Trust Estates team received £12.085m capital investment during 2021-22 to support delivery of a range of key service developments and improvements across the organisation.

Some of these projects included critical COVID-19 upgrade working in our facilities, which were in support of our "Working Safely Together" programme.

| Project | Spend |
|---|---|
| Electroencephalogram (EEG) Expansion – Altnagelvin to enable additional clinical space for delivery of EEG service | £200,000 |
| Breast Screening Development – provision of additional clinical space | £200,000 |
| Macular Service Development- re-development of space to allow expanded Macular Service in Northern Sector | £185,000 |
| Mental Health Task & Finish Works (T&F Elm, Lime, PICU) – range of works to support Mental Health Teams across Southern Sector | £407,500 |
| Ventilation Works – to improve ventilation across a range of areas. | £100,000 |
| CCTV Upgrades | £510,000 |

## Support Services

### Laundry support to Northern Trust

During July-August 2021, the Trust provided emergency support to the Northern Trust in response to a fire within their laundry, which disrupted critical service provision. Altnagelvin laundry increased laundry operations to a 7 day working week to enable the provision of approximately 150,000 pieces of laundry to the Northern Trust to support the delivery of front line services during an 8 week response period. By providing this emergency support; the Northern Trust were able to rebuild their service and resume normal operation within a short time frame with no adverse impact on either Northern or Trust patient services.

### Staffing

Support Services continued to maintain delivery of front line services during a very challenging year. This included continuation of enhanced cleaning requirements in line with IPC and PHA advice to reduce and prevent COVID-19 transmission. During January 2022, the team ran a successful rapid recruitment event and recruited 34 staff for the Altnagelvin support services team. During 2021/22, the team have also been carrying out a pilot in relation to absence management with support of HR to focus on reducing absence levels.

### South West Acute Hospital PFI

The South West Acute Hospital (SWAH) PFI will reach a milestone 10 years into the 30 year contract in 2022. During the pandemic, the teams successfully maintained full business continuity across all PFI services with relatively low absence levels amongst the workforce. The PFI partnership played an important role in establishing safe systems of work and COVID-19 patient pathways at the hospital, supporting staff with the necessary help, guidance and environmental adaptations.

Following the merger from Interserve FM to Mitie FM on 1st December 2020, the Facilities Management contractor at SWAH is currently completing a corporate transition which is being closely monitored with no adverse impacts experienced. The Trust has established regular engagement with the Mitie senior team to bring forward opportunities and benefits from this acquisition.

The Trust continued to implement a robust system of contract monitoring to ensure that PFI service provision is compliant with core statutory and contractual obligations essential to maintain the safety and quality standards necessary for an acute hospital. The status is formally reviewed twice per year through a PFI Assurance Report.

The contract continues to impact by performance levels which are below contracted standards and which is generating a high level of performance and financial penalties. This under-performance has resulted in a breach of Performance Thresholds in the Project Agreement.

Statutory compliance continues to be considered satisfactory where the emphasis remains on safety and quality, risk management and financial assurance. From a robust system of audit and risk assessments, improvements are targeted in the area of fire protection and a programme of rectification to fire stopping is underway, and due to be completed by December 2022. The Trust has also sought an increase in PFI Provider Northern Ireland Health Group's (NIHG) investment in lifecycle with planned replacements requested on a number of key assets. Progress has been made with the replacement of a number of ley assets in the period.

**Health Improvement, Equality and Involvement**

The Health Improvement, Equality and Involvement Department (HIEI) continued to maintain delivery of commissioned programmes and services during a challenging year. In addition, the Department led on the management of the Trust Mobile Vaccination Programme. Working with multi agency partners and community/voluntary groups the Department coordinated 74 outreach clinics throughout the Western Area with 12,837 people vaccinated.

On the easing of COVID-19 restrictions 94 new Walk Leaders completed training which resulted in 344 Walk Leaders currently supporting 140 Walking for Health Groups Trust-wide. HIEI co-ordinated a 'Keeping Walking for Health' webinar to 120 Walk Leaders regionally and issued 51 small grants to support restart of Walking Groups post COVID-19.

Staff Wellbeing remains a priority for the department. During 2021/22 HIEI developed new and innovative programmes to support staff wellbeing. For example a new LGBTQIA+ inclusivity and awareness staff wellbeing programme developed 2 training courses on LGBT awareness, created a new LGBTQIA+ staff reference group and developed and shared 6,500 resources to colleagues across the Trust.

HIEI work with stakeholders was highlighted during the Neighbourhood Health Improvement Project Webinar, Building Healthy Neighbourhoods. Following an opening address by Communities Minister, Deirdre Hargey, we heard from service users that have benefited from participation in the project. This year 3,089 people benefited from 72 health initiatives in neighbourhood renewal areas.

Equality staff have supported Trust staff, service users and community and voluntary groups on a number of issues. Within the reporting year there has been an increasing volume of queries and support provided around both foreign language interpreting and sign language interpreting, including for those attending the Trust Mass Vaccination sites. Equality staff also worked with the British Deaf Association to deliver Deaf Awareness Training via zoom and worked with RNIB to deliver an online Visual Awareness Training programme for staff.

**Communications**
The Corporate Communications Department has continued to support the Trust in its engagement with patients and service users, the public, public representatives as well as Trust staff.

Significantly, in May 2021 the Communications team launched a staff engagement mobile app, WeAreWest. This new internal communications channel has improved our engagement with staff who are deemed hard to reach. Staff across all directorates have registered on the App. Internal communication channels such as StaffWest continue to be of importance to staff with an average of 7,076 users per month. The Communications Team continued to facilitate Senior Leaders Forum meetings, produced 10 NOW staff newsletters and shared approximately 800 Trust Communications with staff.

Corporate Communications supported 970 media queries in 2021/22 while also issuing 215 press releases/good news stories to local, regional and cross border media. The Trust's digital channels of communication continue to grow, with our Facebook channel having an engagement of 120,854 per month and a total reach of 2,383,980 per month; with over 14,000 Twitter followers, this channel has a monthly average impression of 535,417; as our newest social media channel, Instagram continues to grow in reach year-on-year achieving over 8,500 followers and an average of 11,000 video views per month.

Private messaging continues to be a prominent channel of direct communication with the Trust by members of the public with a significant increase in messages received through the social media private inboxes, due in large part to the roll out of the COVID-19 vaccination programme.

In 2021, our YouTube channel strategy shifted from an archive for videos to one of sharing content in the same way as proactive channels, resulting in a significant rise in engagement and subscribers, now averaging 160 per month.

The Trust's website is continuously updated with current information for patients and the general public. The site currently has approximately 30,000 users each month.

The Trust continued to engage with MLAs and MPs via virtual briefing sessions supplemented by the presence of our Public Representatives online hub which provides access to information and updates on Trust business.

**Emergency Planning and Business Continuity**
The Trust invoked its business continuity plans in March 2020, in response to the need to maintain services during the COVID-19 pandemic. The arrangements established continued during 2021/22, through three operational teams, (two acute and one community), and a Vaccination team, which facilitated timely decision making and effective working across disciplines and organisational structures.
The Trust reviewed and updated the following Emergency Plans:

- Major Incident Plan. v.6.1
- Casualty Major Incident Plan including Mass Casualty Incidents v1.1
- Emergency Support Centre Plan, v1.1

Within 2021/22 the Trust responded to 19 incidents (7 resulting in the activation of the Emergency Support Centres in the community, 1 fire, 3 cyber incidents and 4 adverse weather incidents).

The Trust has also undertaken 16 training sessions/workshops and 9 exercises to validate Emergency and Business Continuity Plans.

**Transformation**
During 2021/22 the Trust has received £8.9m for 34 Transformation projects. These projects have been managed with the support of a small Transformation Programme Management Office (PMO) within the PSI Directorate.

Projects funded in 2021/22 are categorised as "Assumed recurrent" for 2022/23. However, some projects have reduced funding and are being re-modelled. Whilst the Trust awaits formal confirmation on funding, contracts have been extended for one year to 31 March 2023 for fully funded projects.

During the year the PMO has worked closely with each project lead to ensure project delivery was to plan.

Transformation projects have now, with a small number of exceptions, been transitioned to "business as usual" within service directorates.

**Pathfinder**
During 2021/22 Pathfinder continued to work in partnership with many stakeholders, building a shared consensus of the population health needs and actions in the Fermanagh and West Tyrone area.

Leading on from last year's programme, Pathfinder continues to focus upon effective models of care for those with multi-morbidities and this with mental health illness. This work is increasingly aligned with the wider development of new models of planning, commissioning and delivering integrated care. Pathfinder continues to reflect a commitment to co-production in all its processes to deliver on integrated care. Throughout the pandemic Pathfinder was able to gain a better shared understanding of community based provision and new and creative ways were supported to deal with challenges with upwards of 70 organisations engaged in regular meetings throughout the early months of the pandemic.

Building on from this; and in view of the region moving towards an Integrated Care System (ICS), Pathfinder developed a Project ECHO programme to facilitate shared understanding and learning on Integrated Care Systems during 2022. Planning and implementation for auctioning the key recommendations has commenced in the early months of 2022.

As part of the work with Pathfinder Implementation Groups and through the use of virtual technology was promoted and was well received by members as it promoted the inclusion of people and this was welcomed in particular by carers.

Learning and evolving from this, Pathfinder was delighted to be involved with mPower to carry out a small test of change for approx. 6 months, whereby Memory Clinics were facilitated virtually in community settings. Although in its infancy (commenced Feb 2022), feedback so far has been extremely positive from service users, their carers and staff.

Pathfinder continues to collaborate with the local education authorities to help develop a dynamic workforce to bolster the existing compliment, ensuring sustainability, longevity and clarity of the fantastic opportunities and pathways that can arise when embarking on a career within healthcare.

A close working relationship has been maintained with Fermanagh and Omagh District Council and statutory partners in the Fermanagh and Omagh area throughout this period.

**Environmental Issues (Sustainability Report)**

The Trust is committed to ensuring that the risks from installing, maintaining and operating the Trust Estate are minimised, and operates a Trust wide ISO14001 Environmental Management System to support this agenda. The Trust has in place a robust environment policy which outlines how the Trust effectively manages the activities that may have a potential impact on the environment, including monitoring of emissions and discharges, management of energy and water, management of waste, management of biodiversity, transport and car parking, procurement of goods/services and work, maintenance of buildings, plant and equipment, and grounds maintenance.

The Trust's Waste Management Plan continues to be implemented through the minimisation of waste and the amount sent to landfill. In 2021/22, the Trust achieved its target of recycling/recovering over 85% of non–hazardous waste. Throughout the COVID-19 Pandemic, there has been an exceptional demand on clinical waste collections and disposal, (approximately 150% increase), this has been monitored and managed.

In 2021/22, the Trust invested approximately £313,000 in a range of energy efficiency improvement and carbon reduction projects. Completion of these schemes is forecasted to deliver £83K revenue savings and will enable the Trust to work towards its objective of lowering net energy consumption by 30% by 2030 in accordance with the Management Strategy and Action Plan for Northern Ireland. For 2021/22, the team is currently on target to deliver a Heat/Light/Power (HLP) KPI improvement of 1.0%, measured against the 2019/20 baseline year.

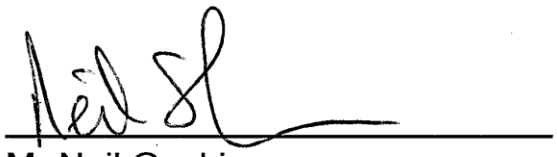
The Trust have also achieved "Good Quality Combined Heat & Power Quality Assurance (CHPQA)" for the calendar year 2021. This will deliver approx. £180K cost saving via CCL exemption on CHP fuel.

See also Fleet and Transport section on page 61.

**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.
- HSC Board 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.



27 June 2022

Mr Neil Guckian
Chief Executive and Accounting Officer

Date

## ACCOUNTABILITY REPORT

## Governance Report

## DIRECTORS REPORT

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

| Name | Position on the Board |
|---|---|
| Mr Sam Pollock | Chairman |
| Mr Joe Campbell | Non-Executive Director (term of office ended 31 December 2021) |
| Ms Ruth Laird | Non-Executive Director |
| Dr John McPeake | Non-Executive Director |
| Mr Sean Hegarty | Non-Executive Director |
| Prof Hugh McKenna | Non-Executive Director |
| Rev Judi McGiffin | Non-Executive Director |
| Mrs Catherine O'Mullan | Non-Executive Director (term of office ended 30 September 2021) |
| Dr Anne Kilgallen | Chief Executive (left on 30 June 2021) |
| Mr Neil Guckian | Chief Executive (effective on 1July 2021) |
| Dr Catherine McDonnell | Medical Director |
| Ms Deirdre Mahon | Executive Director of Social Work and Director of Women and Children's Services from Dec 2021 |
| Dr Bob Brown | Executive Director of Nursing and Director of Primary Care and Older People's Services (retired on 31 January 2022) |
| Mrs Donna Kennan | Executive Director of Nursing and Director of Primary Care and Older People's Services |
| Mrs Geraldine McKay | Director of Acute Services |
| Ms Karen O'Brien | Director of Adult Mental Health and Disability Services |
| Mrs Teresa Molloy | Director of Performance and Service Improvement |

| | |
|---|---|
| Mrs Ann McConnell | Director of Human Resources (retired 12 March 2021) |
| Mrs Marie Ward | Interim Director of Human Resources (from 13 March 2021) |
| Mrs Karen Hargan | Director of Human Resource and Organisational Development (from 17 May 2021) |
| Ms Eimear McCauley | Acting Director of Finance and Contracting (from 1 November 2021 – March 2022 current) |
| Mr Paul Quigley | Director of Finance and Contracting (from 1 July to 31 October 21) |

Changes to membership of the Board taking place in 2021/22 include as follows:

- Mrs Karen Hargan took up post as Director of HR effective from 17 May 2021;
- Dr Anne Kilgallen retired as Chief Executive on 30 June 2021;
- Mr Neil Guckian took up post as Chief Executive commencing 1 July 2021;
- Alan Moore retired on 3 September 2021;
- Dr Catherine O'Mullan, Non-Executive Director's term of office ended on 30 September 2021;
- Mr Joe Campbell, Non-Executive Director, stepped down on 31 December 2021;
- Dr Bob Brown, retired on 31 January 2022;
- Mrs Donna Keenan, became interim Director of Primary Care and Older People's Services/Executive Director of Nursing from 13 December 2021;
- Mr Paul Quigley was acting Director of Finance and Contracting from 1 July to 31 October;
- Ms Eimear McCauley was acting Director of Finance and Contracting from 1 November to 31 March 2022;
- Mr Tom Cassidy was Interim Director of Women and Children's Services from 16 November 2020 – 7 November 2021;

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

Register can be viewed by contacting the Chief Executive's Office. Further detail is provided in Note 21 to the Accounts at Section 3 of this document.

The Trust is required to report data security / information breaches to the Information Commissioners Office (ICO). Further detail has been included in the associated disclosure of this significant internal control issue arising 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 2021/22 the Western Health and Social Care Trust has continued to face unprecedented challenges as a result of the COVID-19 pandemic with the need to continue to provide safe services during a pandemic while developing new ways of working, dealing with workforce and continuing financial pressures and delivering on strategic capital developments.

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

The Trust completed a Board Governance Self-Assurance Tool which was reported to Trust Board on 8 July 2021. This included measuring the impact of the Board using a case study approach. The Trust scored Satisfactory in all areas.

An integrated Governance and Assurance Framework document was approved by Trust Board in September 2021 which provides detail of assurance and accountability/management arrangements and explains the Trust Risk Management and assurance process referencing Regional and National Guidance.

Trust Board also approved adoption of a new Risk Appetite model in September 2021 was then fully integrated into the Corporate Risk register by the end of March 2022 in preparation for the Trust Board Corporate Risk workshop in April 2022.

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

The Audit and Risk Assurance Committee, Governance Committee, Remuneration Committee, Finance and Performance Committee, Endowments and Gifts Committee, Improvement through Involvement Committee, People Committee, and Adoption Committee have all met their Terms of Reference during 2021/22.

The Board had many areas to focus on during 2021/22 including:

- Planning and oversight of the response to the COVID-19 pandemic.
- Assurances on quality and safety of services and performance and finance.

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

During 2022/23 Trust Board will be focused on the continuing COVID-19 response and oversight of the rebuilding of services.

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

**Financial Recovery Plan Programme**

In common with the wider Health and Social Care System, the Trust continues to face significant financial challenges. During 2021/22, we continue to be unable to achieve a breakeven position, although this has been recognised by the DoH, who have allocated a Control Total of £12m.

A Control Total is a means of supporting achievement of the fiscal framework through providing authorisation of spend which forms part of a multi-year financial recovery process where necessary in an Arm's Length Body. This arrangement will continue in 2022/23.

The Trust has been able to operate within its £12m Control Total in 2021/22, having delivered a £12.1m deficit, thereby ensuring all expenditure is deemed regular (within Managing Pubic Money NI and the Trust's Management Statement and Financial Memorandum).

Financial Management and Control through the Recovery Plan period has been maintained through the Delivering Value Management Board, Chief Executive Assurance Meetings and the newly formed Directorate Finance Focus Groups (which meet monthly) and regular interface between senior finance and Directorate staff.

Trust Board oversight is provided through detailed scrutiny at Finance and Performance Committee and reports to the Trust Board meeting.

Significant progress has been made with £28m of the £39m Recovery Plan in total now delivered. This was achieved through a combination of cash savings, regional funding and management/prevention of pressures.

The Trust submitted a 2 year recovery plan for 2021/22 and 2022/23 to DoH with £5m of the £19m being achieved in 2021/22. This was despite the COVID-19 pandemic continuing to affect progress in many of the areas and with elements of the programme delayed during 2021/22 as a result.

The oversight arrangements for the Recovery Plan will continue in 2022/23.

**Pathfinder Initiative for the Population of Fermanagh and West Tyrone**

Pathfinders are initiatives, sponsored by the Department of Health, designed to provide increased support to health and care economies where there are specific challenges to providing high quality and sustainable services to the local population in the long term using the current service model. The Pathfinder Initiative is committed to identifying the health and social care needs of the population of Fermanagh and West Tyrone for the 10 year period to 2029.

During 2021/22, Pathfinder continued to work in partnership with many stakeholders, building on the population health plan for accessible and integrated care in the Fermanagh and West Tyrone area through an ECHO project. The ECHO project worked with key stakeholders to co-produce 5 recommended areas that the Pathfinder Project will focus on as we move towards the new model of Integrated Care Systems across Northern Ireland.

As we move forward, the Pathfinder Team will continued to work alongside our partners through our Collaborative Implementation Groups, and beyond, to develop more integrated and better co-ordinated services for the people in our area.

## 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 (FReM) 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 FReM have been followed and disclose and explain any material departures in the accounts;

- prepare the accounts on a going concern basis, *and*

- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and takes personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

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

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

## GOVERNANCE STATEMENT

### Scope of Responsibility

The Board of the Western Health and Social Care Trust (WHSCT) 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 Department of Health (DoH).

For services commissioned from the Trust by the HSC Board (HSCB) (Strategic Planning and Performance Group (SPPG) of DoH effective from 1 April 2022) and other Health and Social Care 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 Department of Health and the Minister of Health.

Trust senior executives meet regularly throughout the year with colleagues in the DoH and the HSCB / Public Health Agency (PHA) and other Trusts. Their key focus during the current year has been in responding to the COVID-19 pandemic, however they have continued to participate in a wide range of other meetings, including accountability meetings with the DoH and performance management meetings with the HSCB. They also take part in regional meetings such as Adult Safeguarding Board, Rebuild Management Board and 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 (HSE), a wide range of community and voluntary sector organisations and public representatives. The Trust is committed to involving and engaging with service users, carers and the wider public and there are also effective patient and client forums in place for a wide range of services to maximise the involvement of patients and clients in determining the manner of delivery of their own treatment and care through a range of local projects, the transformation agenda and the pathfinder project.

### Compliance with Corporate Governance Best Practice

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

The Trust Board assesses its performance using the Board Governance Self-Assessment Tool, which is based on the structure issued by the DoH. The assessment identified areas requiring further action. Progress against these actions is being

monitored at the Trust Board. The Board also commissions Internal Audit to review its effectiveness.

**Governance Framework**

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

In March 2021 a senior manager was seconded to take forward the recommendations of the 'Governance Review' report that was received in July 2020. Forty of the forty nine recommendations have been completed with the remainder being progressed and monitored through a clear action plan via the Safety Quality Management System.

**The Trust Board**

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

This includes:-

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

The Chief Executive is accountable to the Trust Board for the quality of care and services provided across the Trust. The Trust Board receives assurance on quality and safety of services, performance and finance from the assurance framework and reports from its supporting Committees. The Medical Director and Director of Social Care are the designated lead Directors accountable to the Trust Board for Clinical and Social Care Governance arrangements respectively. In addition, 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 the 2021/22 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes and the detail is given in the table below. Standing items on Trust Board agenda include Quality and Safety, Infection Prevention and Control, Corporate Risk Register and Board Assurance Framework, Performance Management and Financial Performance.

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Mr S Pollock | Chairman | 11 | 10 |
| Mr N Guckian | Chief Executive (from 1 July 2021 - former Executive Director of Finance and Contracting) | 11 | 11 |
| Dr A Kilgallen | Chief Executive (retired 30 June 2021) | 3 | 3 |
| Mr J Campbell | Non-Executive Director (until 31 December 2021) | 8 | 7 |
| Mr S Hegarty | Non-Executive Director | 11 | 11 |
| Ms R Laird | Non-Executive Director | 11 | 10 |
| Dr J McPeake | Non-Executive Director | 11 | 11 |
| Dr C O'Mullan | Non-Executive Director (until 30 September 2021) | 5 | 5 |
| Prof H McKenna | Non-Executive Director | 11 | 9 |
| Rev Canon J McGaffin | Non-Executive Director | 11 | 11 |
| Mrs D Mahon | Executive Director of Social Work and Director of Women and Children's Services from 8 November 2021 (returned from secondment) | 4 | 4 |
| Mr T Cassidy | Interim Executive Director of Social Work and Director of Women and Children's Services (16 November 2020 until 7 November 2021) | 7 | 7 |
| Dr B Brown | Executive Director of Nursing and Director of Primary Care and Older People's Services (retired 31 January 2022) | 9 | 8 |
| Mrs D Keenan | Interim Executive Director of Nursing and Director of Primary Care and Older People's Services (from 13 December 2021) | 3 | 3 |
| Mr P Quigley | Acting Executive Director of Finance and Contracting (from 1 July 2021 until 31 October 2021) | 3 | 2 |
| Ms E McCauley | Acting Executive Director of Finance and Contracting (from 1 November 2021 to 31 March 2022) | 5 | 5 |
| Dr C McDonnell | Medical Director | 11 | 8 |
| Mrs T Molloy | Director or Performance and Service Improvement | 11 | 10 |
| Mrs K Hargan | Director of Human Resources and Organisational Development (from 17 May 2021) | 9 | 9 |
| Mrs M Ward | Acting Director of Human Resources (until 14 May 2021) | 2 | 2 |
| Mrs G McKay | Director of Acute Services | 11 | 11 |
| Ms K O'Brien | Director of Adult Mental Health and Disability Services | 11 | 9 |
| * Mr A Moore | Director of Strategic Capital Development (retired 3 September 2021) | 5 | 4 |

* Note, the Strategic Capital Development function transferred to the Directorate of Finance and Contracting from September 2021.

**Audit and Risk Assurance Committee**

The Audit and Risk Assurance Committee, which has a central role in the Trust's Governance Framework, is a formal committee of the Board 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 Committee has completed its self-assessment for 2021/22 and has adapted the updated National Audit Office template for this purpose. The outcome of the assessment for 2021/22 is that the Committee is performing effectively in all areas. The Chairman 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. The Committee met four times during 2021/22 and all meetings were quorate. Attendance was as follows:

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Mr J Campbell | Non-Executive Director (Chair until 31 December 2021) | 3 | 3 |
| Mr S Hegarty | Non- Executive Director (Chair from 1 January 2022) | 1 | 1 |
| Dr C O'Mullan | Non-Executive Director (until 30 September 2021) | 2 | 1 |
| Mrs R Laird | Non-Executive Director | 4 | 4 |
| Dr A Kilgallen | Chief Executive (retired 30 June 2021) | 2 | 1 |
| Mr N Guckian | Chief Executive (from 1 July 2021 - former Executive Director of Finance and Contracting) | 2 | 2 |
| Mr P Quigley | (A) Executive Director of Finance and Contracting (from 1 July 2021 until 31 October 2021) | 1 | 0 |
| Ms E McCauley | (A) Executive Director of Finance and Contracting (from 1 November 2021 until 31 March 2022) | 1 | 1 |

**Governance Committee**

The role of the Board is to oversee the management and governance of the Trust. Trust Board has primary responsibility for effective governance and the Chairman must ensure that the Board keeps this at the centre of its work.

The Governance Committee is a standing Committee of the Board, chaired by a Non-Executive Director plus 2 other Non-Executives, Executive Directors and members of staff with a corporate quality and safety remit.

The Governance Committee along with its reporting sub-committees provides a second level of assurance within the integrated governance and assurance framework.

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

The Governance Committee met five times during 2021/22 (March 2021 meeting was rescheduled to 7 April 2021) and attendance by members was as follows:

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Dr J McPeake | Non-Executive Director (Chair) | 5 | 5 |
| Dr A Kilgallen | Chief Executive (retired 30 June 2021) | 2 | 2 |
| Mr N Guckian | Chief Executive (from 1 July 2021 - former Executive Director of Finance and Contracting) | 3 | 3 |
| Mr J Campbell | Non-Executive Director (until 31 Dec 2021) | 3 | 3 |
| Rev Canon J McGaffin | Non-Executive Director | 5 | 5 |
| Ms D Mahon | Executive Director of Women and Children's Services (from 8 November 2021) | 2 | 1 |
| Mr T Cassidy | Acting Executive Director of Women and Children's Services (from 16 November 2020 to 7 November 2021) | 3 | 1 |
| Dr B Brown | Executive Director of Primary Care and Older People's Services (retired 31 January 2021) | 3 | 2 |
| Mrs D Keenan | Interim Executive Director of Primary Care and Older People's Services (from 13 December 2021) | 2 | 1 |
| Mrs G McKay | Director Of Acute Services | 5 | 5 |
| Ms K O'Brien | Director of Adult Mental Health and Disability Services | 5 | 3 |
| Dr C McDonnell | Medical Director | 5 | 4 |
| Mrs T Molloy | Director of Performance and Service Improvement | 5 | 4 |

The structures currently in place to support the Governance Committee are as follows:

**Governance Committee Sub Committees**

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 Director of Nursing. Its work is to provide strategic direction and oversight of risk management arrangements relating to Clinical and Social Care Governance in the Trust. The Sub-Committee core members meet monthly and receives 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 and escalating pertinent corporate issues.
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.

**Rapid Review Group**

In October 2018 the Trust established a Rapid Review Group (RRG), as a sub-committee of CSCG. The purpose of the Group, which is Director led and meets weekly, is to monitor and assess the review of SAIs, 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. Learning from all SAIs, Claims, Inquests and Morbidity and Mortality (M&M) reviews are also shared through this group for sharing Trust wide or regionally as required. The RRG provides a quarterly report to the Governance Committee.

**Directorate Governance Groups**

Individual directors have a responsibility for governance arrangements within their respective Directorates and they have established Directorate Governance Groups. These met regularly during 2021/22 to progress the governance agenda and provide Directorate assurance. Directors formally report to Governance Committee using an agreed reporting template.

**Remuneration Committee**

The Remuneration Committee meets to monitor the performance and development of the Chief Executive and all other Senior Executives. It approves the performance objectives of the Chief Executive and other Senior Executives, assesses their performance in line with established policies and circulars and considers their future development needs. It recommends to Trust Board pay awards and performance related pay, where appropriate, in line with circulars.

It is chaired by the Chairman of the Trust and includes a further three Non-Executive Directors. The committee met on three occasions during 2021/22 on 29 April 2021, 1 September 2021 and 24 September 2021. Details of members' attendance are given in the table below. The Chair brings the recommendations of the Remuneration Committee to Trust Board following each meeting and its recommendations are

discussed under Confidential Items. The committee therefore met the requirements of its Terms of Reference for 2021/22.

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Mr S Pollock | Chair | 3 | 3 |
| Dr A Kilgallen | Chief Executive (until 30 June 2021) | 1 | 1 |
| Mr N Guckian | Chief Executive (from 1 July 2021 - former Executive Director of Finance and Contracting) | 2 | 2 |
| Dr J McPeake | Non-Executive Director | 3 | 3 |
| Mrs R Laird | Non-Executive Director | 3 | 3 |
| Prof H McKenna | Non-Executive Director | 3 | 3 |
| Mrs M Ward | Acting Director of Human Resources (until 14 May 2021) | 1 | 1 |
| Mrs K Hargan | Director of Human Resources & Organisation Development (from 17 May 2021) | 2 | 2 |

**Finance and Performance Committee**

The Finance and Performance Committee meets in advance of Trust Board to consider in detail the financial and performance information, which is to be presented at the formal Board meeting. The Committee is comprised of two Non-Executive Directors and the Directors of Finance and Performance and Service Improvement. The Chair of the Committee is asked to comment at each Board meeting on any issues relating to the finance and performance reports, which need to be highlighted.

The Committee had eleven scheduled meetings during the year however due to COVID-19 pressures, one Committee meeting was cancelled. The Committee fulfilled the requirements of its Terms of Reference during the year.

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Mr S Hegarty | Non-Executive Director (Chair) | 10 | 10 |
| Rev Canon J McGaffin | Non-Executive Director | 10 | 10 |
| Mr N Guckian | Executive Director of Finance and Contracting (until 30 June 2021) | 3 | 2 |
| Mr P Quigley | Acting Executive Director of Finance and Contracting (from 1 July 2021 until 31 October 2021) | 3 | 2 |
| Ms E McCauley | Acting Executive Director of Finance and Contracting (from 1 November 2021 until 31 March 2022) | 4 | 4 |
| Mrs T Molloy | Director of Performance and Service Improvement | 10 | 9 |

**Endowments and Gifts Committee**

The purpose of the Endowments and Gifts Committee is to oversee and fulfil the responsibilities of the Board as Trustees of Endowments and Gifts Funds. The committee is made up of two Non-Executive directors and is supported by a number of

Trust officers. The Committee met on six occasions during 2021/22 and was fully quorate. Details of members' attendance are set out in the table below.

The Chair of the committee briefs the Trust Board following each meeting. The committee therefore met the requirements of its terms of reference for 2021/22. 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 2021/22.

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Rev Canon J McGaffin | Non-Executive Director (Chair) | 6 | 6 |
| Mr S Pollock | Chairman | 6 | 4 |
| Dr J McPeake | Non-Executive Director | 6 | 6 |
| Mr N Guckian | Executive Director of Finance and Contracting (until 30 June 2021) | 2 | 2 |
| Mr P Quigley | Acting Executive Director of Finance and Contracting (from 1 July 2021 until 31 October 2021) | 1 | 1 |
| Ms E McCauley | Acting Executive Director of Finance and Contracting (from 1 November 2021 until 31 March 2022) | 3 | 1 |
| Ms K O'Brien | Director of Adult Mental Health and Disability Services | 6 | 3 |
| Mrs G McKay | Director Of Acute Services | 6 | 3 |
| Mrs M Ward | (A) Director of Human Resources Interim Director of Human Resources (until 14 May 2021) | 1 | 1 |
| Ms K Hargan | Director of Human Resources (from 17 May 2021) | 5 | 3 |

**Improvement through Involvement Committee**

Four meetings of the Trust's Improvement through Involvement Committee were held during 2021/22.

At each meeting the Committee were provided with an update on progress within each of the duties contained within the Committee's Work Plan and the Mapping Exercise which had been undertaken to provide a baseline of involvement activity within the Trust. A dashboard was developed to reflect the service user and involvement projects being carried out within the Trust and an update was presented at each meeting. The Committee worked closely with the Medical Director and Risk Management on important development work on SAI's and service user involvement which was presented to the Committee and subsequently to Trust Board.

A schedule of presentations was agreed at the outset of the 2021/22 year, which aimed to give insight to the range of involvement work across the Trust's services, including its strategic developments. The following presentations were made to Committee

meetings to inform the Committee on Improvement and Involvement Initiative Projects within the Trust:

- Fermanagh and West Tyrone Pathfinder
- Service User and Carer Involvement within Mental Health Services
- People's Priorities – presented by Chief Executive, Patient Client Council
- Care Opinion – COVID-19 Survivor
- Care Opinion – Responder Role
- Key Themes, Emerging Issues and Trends from Complaints and Serious Adverse Incidents
- COVID-19 Vaccination Programme
- Service User Involvement in Adult Learning Disability Services
- Cancer Connected Communities Project

The Committee Chair introduced strategic planning sessions with Executive and Non-Executive members to collectively discuss key issues and provide guidance on an ongoing basis for the Committee. This has ensured a flexible however challenging scope and pace to Committee work in the year, and has enabled planning to be aligned to the Trust's strategic reform priorities.

In this context, the Committee has been particularly sighted on the innovative work to bring service user and staff involvement within two strategic areas of Trust business: the "No More Silos" Unscheduled Care project, and the Fermanagh and West Tyrone Pathfinder project. It has also provided time for the Committee to gain an early insight to the exciting potential to mainstream involvement within commissioning processes, with the introduction of the Integrate Care System (ICS) in Northern Ireland, when that is legislated for and implemented in the latter part of 2022/23.

During the year, the Committee was pleased to see the Trust's CMT adopt and receive progress reports on an Integrated Involvement Plan (IIP). Work was also noted on the refresh of the Trust's Consultee List by the Trust, to keep an up to date and relevant database on Community and Voluntary Sector representative groups and individual service users who would support the involvement initiatives.

The Committee Chair has held meetings with the Chair of the Trust's People Committee and Director of Human Resources and Organisational Development, to discuss the Trust's Organisational Development Strategy and the element of involvement.

The following is a record of the attendance at Committee meetings in 2021/22

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Mrs R Laird | Non-Executive Director (Chair) | 4 | 4 |
| Prof H McKenna | Non-Executive Director | 4 | 3 |
| Dr B Brown | Executive Director of Nursing and Director of Primary Care and Older People's Services (retired 31 January 2022) | 3 | 3 |

| | | | |
|---|---|---|---|
| Mrs D Keenan | Interim Executive Director of Nursing and Director of Primary Care and Older People's Services (from 13 December 2021) | 4 | 3 |
| Mrs T Molloy | Director of Performance and Service Improvement | 4 | 3 |
| Dr Ying Kuan | Associate Medical Director (Quality Improvement) | 4 | 2 |
| Mr S McLaughlin | Assistant Director of Social Work: Learning, Development, Governance, MDT Social Work and Adult Safeguarding | 4 | 3 |
| **In Attendance** | | | |
| Dr M O'Neill | Assistant Director of Performance and Service Improvement | 4 | 4 |
| Mrs B McMonagle | Involvement Manager | 4 | 3 |
| Mr Ward | Head of Health Improvement | 4 | 2 |

**People Committee**

The purpose of the 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 committee is made up of two Non-Executive Directors (one of which is the Chair), however, in September 2021 the term of office ended for one of the Non-Executive Directors. The Chair of the Committee briefs Trust Board following each meeting. The Committee met on four occasions during 2021/22 (11 May 2021, 10 August 2021, 9 November 2021 and 29 March 2022).

Details of members' attendance are set out in the table below:

| Name | Title | Meetings to attend | Meetings attended |
|---|---|---|---|
| Dr C O'Mullan | Non-Executive Director (Chair until 30 September 2021) | 2 | 2 |
| Mrs R Laird | Non-Executive Director (Chair from 1 October 2021) | 4 | 4 |
| Dr A Kilgallen | Chief Executive (until 30 June 2021) | 1 | 1 |
| Mr N Guckian | Chief Executive (from 1 July 2021 - former Executive Director of Finance and Contracting) | 1 | 3 |
| Mrs D Mahon | Executive Director of Social Work and Director of Women and Children's Services from 8 November 2021 (returned from secondment) | 4 | 4 |
| Mr T Cassidy | Interim Executive Director of Social Work and Director of Women and Children's Services (from 16 November 2020 until 7 November 2021) | 7 | 7 |
| Dr B Brown | Executive Director of Nursing and Director of Primary Care and Older People's Services (retired 31 January 2022) | 9 | 8 |
| Mrs D Keenan | Interim Executive Director of Nursing and Director of Primary Care and Older People's Services (from 13 December 2021) | 3 | 3 |
| Mrs K Hargan | Director of Human Resources & Organisation Development (from 17 May 2021) | 3 | 3 |
| Mrs M Ward | Interim Director of Human Resources (until 14 May 2021) | 1 | 1 |
| Dr C McDonnell | Medical Director | 4 | 3 |
| Mrs R Santiago | Assistant Director of HR (Designated Deputy for Director of HR) | 4 | 3 |

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

The Trust has in place a Corporate Plan covering the period 2019/20 to 2020/21 which sets out its key priorities during this period. The DoH wrote to Trusts on 23 March 2021 to advise that, given the response of Health and Social Care organisations to the COVID-19 pandemic, Trusts were required to review and roll forward their existing Corporate Plan into 2021/22 for a one year period which the Trust did through a single year addendum for 2021/22.

In line with Department of Health requirements, the Trust also normally produces an annual Trust Delivery Plan (TDP) which details the key actions that will be taken forward by the Trust. For 2021/22, the Commissioning Plan Direction (CPD) and Commissioning Plan (CP) were rolled forward. Annual Trust Delivery Plans were modified to focus on HSC rebuild of services after the first wave of the COVID-19 pandemic. This was in response to the requirements set out in the Framework for Rebuilding Health and Social Care (HSC) Services. Trust Rebuild Plans have been agreed with DoH on a quarterly basis.

Monitoring of the extent to which the Trust is meeting its obligations from the Rebuild Plans and Commissioning Plan Direction targets is carried out via internal Trust performance management and accountability arrangements. Performance against the rebuild activity indicators is reviewed by CMT and Trust Board on a monthly basis. Performance monitoring returns are also submitted monthly to HSCB. Performance against the ministerial targets contained in the rolled forward Commissioning Plan Direction are reported monthly to the Trust's CMT and improvement or recovery actions discussed by exception.

The Trust Board also receives a comprehensive monthly report, and key issues are highlighted at the Finance and Performance Committee, which is a committee of Trust Board. Previous accountability mechanisms with DoH and Commissioners were largely stood down over this period, with performance oversight against Trust plans being undertaken through the Rebuild Management Board.

Detailed analysis of performance in relation to Rebuild Plans and CPD targets is provided in the performance section above.

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

**Direct Award Contracts**

The Trust has a Direct Award Contracts (DAC) Register which is maintained by the Director of Finance's office. A total of 93 DACs were completed by the Trust in 2021/22 with a combined value of approximately £21.8m.

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 ISO3000 Risk Management Standard, and was formally approved by Trust Board in July 2019. The policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the Trust to manage and control risks relating to the achievement of Trust objectives, together with clear systems for identifying and controlling risks, so that all Trust employees understand their role in managing risk, which will lead to measurable improvements in patient/client and staff safety. The policy clarifies individual staff responsibilities on reporting and managing risks. Training on the principles of risk management is seen as an integral part of the training of staff at all levels of the Organisation.

Risks are identified at all levels of the organisation using a variety of means including the risk assessment process, incidents reports, serious adverse incident reviews, complaints, claims, inspections, audit, monitoring of performance and financial management systems, regulatory and legislative requirements. Individual Directorates/Wards/Departments/Specialties and Service Areas are required to identify and prioritise their risks. The policy has a statement on risk appetite and guidance for managers when considering new and emerging risk.

The Risk Management 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. 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 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 progressed significantly during 2021/22. A risk appetite model based on University Hospitals Birmingham Risk Appetite model (which aligns appetite to a range of target scores based on the outcome of each risk), was adopted by Trust Board in October 2020.

- Subsequently a process of risk review was carried out and a number of risks were merged and others de-escalated.
- Risk descriptors were revised to ensure they captured the Cause, Event and Outcome.
- Categories and sub-categories were defined to allow setting a risk appetite target score based on the adopted model (each sub-category has a defined target score).

Each risk was aligned to a Category and sub-category reflecting the risk outcome, to give a target range. A target score for each risk was then selected based on the most relevant consequence/outcome if the risk was realised. This was provisionally agreed at Trust Board in September 2021 and the approach was tested with a deep dive of two Corporate risks completed before the Risk Appetite model was fully adopted at a Trust Board risk workshop in April 2022.

Future monitoring and assurance on Corporate risk performance and decisions on risk tolerance will be assisted by the identification and reporting on key performance indicators for each risk. To help facilitate this, the reporting template for all sub-groups within the assurance framework was revised in 2021 to include the requirement to report on these indicators where relevant. The Risk Register was last presented to Trust Board on 3 March 2022.

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 Rapid Review Group will consider and approve the learning letter prior to submission to the HSCB.

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

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

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

**Information Governance Records Management (Including General Data Protection Regulation)**

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 support its requirement for assurance in this area. This Group continued to include issues related to COVID-19 and specific information risks during the period.

In July 2021, Internal Audit gave the Trust a limited assurance assessment, following an Information Governance Audit. The key recommendations included increasing the compliance with IG training for staff; ensuring that Information Asset Owners were identified and trained; and reviewing records management processes within the southern sector of the Trust.

The Trust has established an Information Governance Steering Group which monitors the progress against the audit recommendations.

In respect of mandatory Information Governance training, the Trust has a compliance rate which equates to 68% of staff in the Trust (an increase of 7% on the previous year). To improve information governance training compliance, the Trust has set specific targets for Directorates.

**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 2021 position is set out below:

| FOI performance | | | | |
|---|---|---|---|---|
| **Year** | **Requests received** | **Compliance with 20 working day deadline** | **Missed deadline** | **Overall compliance** |
| 2021 | 546 | 338 | 208 | 62% |

The Trust has seen a 48% increase in the total number of FOI requests received during calendar year 2021 (546 requests) when compared to the previous year 2020 (369 requests). In previous years the Trust has met the compliance standard set by the Information Commissioner's Office (ICO) with over 90% of FOI responses issued within the required timeframe. The Trust's FOI performance has, however, been impacted by the pandemic, with some responses delayed due to the need to prioritise patient and client-facing duties. During this time the ICO has recognised the unprecedented challenges facing public authorities and how redirecting resources and switching priorities would impact on their compliance with freedom of information legislation.

**Data Protection Subject Access Requests / Access to Health Records**

The right of access under data protection legislation, commonly referred to as "subject access request" (SAR), gives individuals the right to obtain a copy of their own personal data. Under UK data protection legislation (UK General Data Protection Regulation / UKGDPR) 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 2021 position is set out below:

| SAR / AHRO performance (requests for patient/client records) | | | | | |
|---|---|---|---|---|---|
| **Year** | **Total Requests received** | **Total processed within 30 days** | **Total processed between 30 and 90 days** | **Total exceeding 90 days to process** | **Overall compliance (% within 90 days)** |
| 2021 | 3,566 | 2,266 | 637 | 663 | 81% |

During the 2021 calendar year (January to December), the Trust's Information Governance Department received a total of 3,566 requests for copies of patient/client records. This is an increase of 15% from the previous calendar year.

The pandemic continues to have an impact on Trust performance due to, for example, the availability of staff to copy and review records. Despite the challenges over the past few years, the Trust continues in its efforts to meet the information rights of individuals and to respond to requests in a timely manner with most requests processed within the statutory timeframes.

**Information Risk**

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

The Trust has a UK GDPR risk on the Corporate Risk register and this is reviewed and monitored within the Trust's Governance framework. The Risk has been subject to a 'deep dive' by Trust Board, to provide assurance on the actions, ensuring it is appropriately resourced and that the Trusts' Directors and Chief Executive have the appropriate oversight of progress. Updates and progress on the Risk are recorded via the Information Governance Steering Group (IGSG) which reports into Corporate Governance Sub Committee which will escalate progress through to Trust Board (which form part of the Trust's wider Assurance Framework which provides assurance to the Chief Executive and assurance and accountability 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 Serious Adverse Incident Reviews.

In respect of cyber security, the Trust's Information Governance department promotes good governance controls to ensure the physical security of the personal data it holds. This includes ensuring contracting organisations which have access to the personal data held by the Trust, have the appropriate agreements, protocols or contracts in place to ensure the organisations and their staff are suitably trained and have the appropriate ICT controls (as per requirements of UK GDPR) in place to prevent or mitigate against a cyber-attack. Information Governance Awareness training also promotes the requirement of business continuity planning for Trust service areas and ensures all repositories of personal data are recorded on the Trust's Information Asset Register.

**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, with an upgrading of the secondary records facilities the Great Hall in Omagh and the planned first stage installation of shelving in the old Laundry Building in Omagh (April 2022). 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)**

During the calendar year 2021, the Trust reported 77 Serious Adverse Incidents (SAIs) to the Health and Social Board which was a reduction of 9 from 86 in the calendar year

2020. 34% related to unexpected serious risks, 31% related to serious injury or unexpected/unexplained death, 27% related to incidents involving suicide, 5% related to serious self-harm or assault and 3% related to serious incidents of public interest.

The Trust Rapid Review Group (RRG) is co-chaired by the Director of Nursing and the Medical Director and continues to monitor and assess the review of SAIs, Red Incidents, High Risk Complaints, Claims and Inquests to maximize the potential for identifying and sharing learning as quickly as possible.

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.

It is Trust policy when an SAI has been reported for the lead officer to involve the patient/client/family at the earliest opportunity. The HSC Board on behalf of the DoH monitor the Trust compliance with the family engagement checklist twice yearly. The RRG also monitors compliance with engagement requirements monthly. A regional policy on Being Open has been adopted for use in the Trust and was approved in June 2021. The organisation is committed to improving the safety and quality of the care we deliver to the public. This 'Being Open' policy expresses this commitment to provide open and honest communication between health and social care staff and a service user (and/or their family and carers) when they have suffered harm as a result of their treatment.

The Trust has secured the funding for a Family Liaison Officer post for a 12 month pilot. The post holder came into post in July 2021 and has been involved in 15 SAIs as at 8th March 2022. The post involves establishing, developing and promoting a proactive liaison service for service users, relatives and carers who have had contact with a serious adverse incident or submitted a complaint to the Trust regarding death of a service user.

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.

SAI reports are subject to multi-disciplinary review at RRG. This forum also monitors the implementation of recommendations and reports on performance to the Governance Committee.

SAI training currently is provided as a section of the incident reporting training to all staff. Online training has been developed in-year in response to the challenges of COVID-19 and is available monthly with extra sessions on demand. On-line SAI specific training sessions are also provided on an ad-hoc basis.

Regional learning from SAIs, including Safety Quality Alerts issued from the HSCB and Public Health Agency, 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 HSCB/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' which is identified and raised through RRG 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, introduced in 2018 by the HSCB. In the period April 2021 to March 2022 the RRG raised two learning templates for sharing regionally to HSCB/PHA.

Significant progress has been made to complete and submit SAI reports. At 8th March 2022 there were 54 overdue. Work is continuing to improve further with additional resources recruited on a 12 month pilot in year to support SAI Chairs, 2 Band 7 professional staff to undertake timelines and 2 Band 4 Administration staff to provide administrative support to Chairs and SAI panels. The team have worked on over 50 SAIs to date and have recently provided support on SEAs and Nosocomial Reviews. A SharePoint site has been set up as a central repository for storing all SAI, Lookback and Nosocomial Review information. An information pack for Chairs has been developed which includes a flowchart detailing the team's responsibilities in the SAI process as well as information on the role of the Family Liaison Officer.

The Trust continues to work with clinicians and the PHA to ensure compliance with the child death review and notification process.

The Trust Morbidity and Mortality (MandM) 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 MandM and monitors progress. Any relevant SAI reports are also considered at MandM meetings and learning from MandM reviews are shared through Rapid Review Group 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. We have put in place a Fraud Policy and Fraud Response Plan to outline our 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 (FLO) of the Trust promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel in relation to fraud reporting arrangements. All staff are invited to participate in fraud awareness training in support of the Fraud Policy and Fraud Response Plan. Fraud update reports are provided to the Audit and Risk Assurance Committee.

**Public Stakeholder Involvement**

The involvement of service users, carers, the public and staff remains a high priority in all levels and programmes of work across the Trust. We are committed to ensuring involvement is an integral part of the commissioning, planning, delivery and evaluation of all our services. We recognise the importance of involvement and coproduction in helping to address health inequalities and effectively meet the needs of our population. The Trust has seen a successful and progressive year in terms of involvement.

The Trust has established a Board Committee to provide assurance and leadership in this important area, the Improvement through Involvement Committee (ITI). This provides oversight of involvement and coproduction within all levels and programmes of work within the Trust. This year has seen the implementation of a monitoring dashboard and Outcomes Based Accountability tool which has helped capture the qualitative and quantitative data from local and region wide involvement projects. The ITI committee has also helped identify opportunities for shared learning and exchanging innovative practice across our stakeholders and communities.

The Trust has implemented and successfully achieved the outcomes from its first Integrated Involvement Plan which have created an integrated process for governance and accountability that has strengthened the Trust's culture of service user/carer, staff and stakeholder involvement.

Following the very successful webinar in February 2021 a No More Silos service user / carer reference group was established with representation from service users / carers and the community voluntary sector. The group has met regularly and supports the work of the No More Silos project board. Plans to integrate service user / carer representatives into the No More Silos work streams will continue into 2022/23.

Pathfinder continues to keep a strong emphasis on ensuring the user's voice is heard and play a key role in developing and implementing new service and care pathways. Pathfinder provided a range of opportunities for involvement through the establishment of the Experts by Experience panel, involving local service user and carer voices to help shape the programme from a strategic view point. Pathfinder also published a 14 page tiger report as part of Project ECHO to pull together the opinions, ideas and viewpoints of a range of stakeholders on the issue of Multi-morbidities: providing integrated care in a rural area.

The Trust has been an integral part of the PHA's monitoring task and finish group over the past 12 months. The process has allowed for the development of a robust tool to capture a more standardised view of involvement data across all HSC organisations.

Given the restraints with COVID-19, there were limitations to areas of involvement work such as training and event opportunities. It is hoped we will reinvigorate these in the coming year.

**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 integrated Governance and Assurance Framework document was approved by Trust Board in September 2021. This followed a recommendation from a Governance Review carried out by an independent consultant and completed in July 2020 which recommended that the Trust 'develop a narrative which supports the integrated Governance Framework that provides an outline of assurance and accountability/management arrangements including a summary of the roles and responsibilities for key stakeholder's i.e. Chairman, Non-Executive Directors, Executive Directors and Trust Board Committees and Sub- Committees.

This document sets out the Trust Vision and Values aligned to the Corporate Plan and HSC accountability arrangements. It notes the development of Integrated Care Systems (ICS) and how organisational structures may change to meet the needs of an evolving model of care delivery within a partnership approach. The document also sets out the Trust Corporate Management arrangements and organisational chart and explains the Trust Risk Management and assurance process referencing Regional and National Guidance.

The document also sets out the Trust Organisational arrangements related to the Assurance Framework and explains the roles of Committees, Sub-Committees, Directorate Groups and other reporting Groups in providing assurance to the Board. The Governance Assurance Framework Organisational Chart demonstrates the levels of assurance provided by the various Committees. It includes Directorate Governance and the process for approving and reviewing the Corporate Risk Register and Assurance Framework. Accountabilities and responsibilities for Trust Governance and Assurance Arrangements is included along with Employee Responsibilities.

The document also notes the monitoring requirements of the Framework. CMT have recommended that the narrative should be reviewed annually to reflect organisational and regional changes to governance arrangements so that the document can remain live and up to date. The Lead Director is the Medical Director and the Lead Officer is the Trust Governance Lead.

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 South West Acute Hospital. 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. This was last reported to the March 2022 Corporate Governance Sub-Committee.

A key source of assurance is the reports from Internal Audit and the audit plan is based on key risks and systems within the organisation.

During 2021/22, Internal Audit undertook an audit of the operation of the Assurance Framework. Internal Audit reviewed the robustness of the operation of the assurance framework from 9 working groups reporting and providing assurance to the 3 formal sub-committees, reporting to the Governance Committee and onwards to the Trust Board. Internal Audit reported that satisfactory assurance is provided on the basis that there are defined and agreed structures for obtaining assurance from operational level through to Non-Executive and Board level within the Trust.

In addition to the Assurance Framework, the Governance Committee receives quarterly governance reports from Directors on a template agreed by Trust Board, which highlights key risks, performance and planned actions.

**Self-assessment against Assurance Standards**

The Trust continues to implement 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 2021/22 is summarised in the table below:

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

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

**European Union (EU) Exit**

The Trust has continued to monitor the phase following formal EU Exit. Whilst there has been ongoing engagement with the Department of Health on any updates, many of the previously identified issues & risks have been de-escalated to an operational level. The NI Protocol still remains as an area of negotiation between the UK & EU which is being monitored by the Trust and the Department of Health.

**Budget Position and Authority**

The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also included a Vote on Account which authorised departments' and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2022-23 financial year. The cash and resource balance to complete for the remainder of 2022-23 will be authorised by the 2022-23 Main Estimates and the associated Budget Bill based on an agreed 2022-23 Budget. In the event that this is delayed, then the powers available to the Permanent Secretary of the Department of Finance under Section 59 of the Northern Ireland Act 1998 and Section 7 of the Government Resources and Accounts Act (Northern Ireland) 2001 will be used to authorise the cash, and the use of resources during the intervening period.

**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. In 2021/22, Internal Audit reviewed the following systems:

| Reports Issued 2021/22 | Assurance Provided |
|---|---|
| **Finance Audits** | |
| Payments to Staff | Limited |
| Non Pay Expenditure | Satisfactory<br>Limited - Off Contract Agency Expenditure |
| Endowment & Gifts Funds | Satisfactory |
| Direct Payments | Limited |

| | |
|---|---|
| Management of Cash and Service Users' Finances in Trust Managed Adult Supported Living Facilities | Satisfactory |
| Management of Client Monies in Independent Sector Homes | Satisfactory |
| Estates On-Call | Satisfactory |
| Lakeview Financial Review | Limited |
| Co-Operation and Working Together (CAWT) | Satisfactory – Financial processes and Governance<br>Limited – Recruitment processes |
| **Corporate Risk Based Audits** | |
| Statutory Responsibilities – Children's Services | Satisfactory - Governance and management of Autistic Spectrum Disorder (ASD) diagnostic assessment waiting lists<br>Limited - Governance and management of unregulated placements |
| Information Governance | Limited |
| Complaints Management | Satisfactory |
| Domiciliary Care – In House Service | Limited |
| **Governance Audits** | |
| Operation of Assurance Framework | Satisfactory |
| ICT Project Management | Satisfactory |
| Fire Safety | Satisfactory |
| Mandatory Training | Limited |
| Health & Safety Management | Satisfactory - Control of Substances Hazardous to Health (COSHH) in Community Settings<br>Limited - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). |

In the annual report, the Head of Internal Audit reported that the Trusts' system of internal controls was Satisfactory.

Weaknesses in control were identified and gave rise to the limited assurance ratings identified in the above table, i.e.

- **CAWT Review**
  Limited assurance was provided on the basis of the significant issues found in recruitment processes.
- **Payments to Staff**
  Limited assurance was provided on the basis that the control environment for timesheet processing remains not sufficiently robust and the staff in post verification and validity process needs further developed.
- **Non Pay Expenditure - Off-Contract Agency Expenditure**
  Limited assurance was provided on the basis that 31% of a Directorate's agency expenditure was with off-contract agencies.
- **Direct Payments**
  Limited assurance was provided on the basis that the systems and processes in place require strengthening to manage and monitor direct payments.
- **Lakeview Financial Review**

Limited assurance was provided on the basis that further work is required to strengthen controls in the management of patient monies.

- **Statutory Responsibilities Children's Services - Governance and management of unregulated placements**
  Limited assurance was provided on the basis that issues were identified in relation to the accuracy of the monitoring of unregulated places and the accuracy of information provided internally to Trust management and externally to the HSCB. Issues were also identified in relation to the requirement for the Trust to notify the HSCB within 48 hours (2 days) of an unregulated placement.
- **Information Governance**
  Limited assurance was provided on the basis that improvements were needed in terms of seeking assurances in relation to Information Governance activities, the review and update of the Information Asset Register and the need for an increase in the uptake of mandatory Information Governance training.
- **Domiciliary Care – In House Service**
  Limited assurance was provided on the basis that the Trust needs to ensure contact monitoring occurs at agreed intervals to ensure that desired outcomes are being achieved and that these are appropriately documented and managed. The Trust needs to also strengthen monitoring arrangements for scheduled calls not delivered and to develop standard operating procedures.
- **Mandatory Training**
  Limited assurance was provided on the basis that there is a need for further work to improve consistency, reporting and visibility of compliance across non-core mandatory training.
- **Health & Safety Management - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).**
  Limited assurance was provided on the basis that there is significant delays in the reporting of incidents thereby delaying reporting to the HSENI.

**BSO Shared Services Audits**

A number of audits were conducted in BSO Shared Services during 2021/22, as part of the BSO Internal Audit Plan. The recommendations in these shared services audit reports are the responsibility of BSO management to take forward and the reports were presented to BSO Governance and Audit Committees. Given that the Trust is a customer of BSO Shared Services, the final reports were shared with the Trust and a summary of the reports have been provided to the Trust's Audit and Risk Assurance Committee. A summary of audits completed during the year is as follows:

| Shared Service Audit | Assurance |
|---|---|
| Accounts Receivable Shared Service | Satisfactory |
| Payroll Service Centre | Satisfactory – Elementary Payroll Process. Limited – End-to-End Manual Timesheet Processing, SAP/HMRC RTI Reconciliation, Overpayments and Holiday Pay. |
| Recruitment Shared Services Centre (RSSC) | Satisfactory - RSSC Processing Activities |

| Shared Service Audit | Assurance |
|---|---|
| | Limited – HSC Recruitment Processes. |
| Accounts Payable Shared Service | Satisfactory |
| Regional Interpreting Service | Satisfactory |

**External Audit**

The Report to those Charged with Governance in relation to the audit of the 2020/21 accounts was issued to the Trust on 1 October 2021. There were three recommendations of which two were classified as priority two and one was classified as priority three. The Audit and Risk Assurance Committee oversees the implementation of these recommendations.

**Business Services Organisation (BSO)**

The Chief Executive of the Business Services Organisation provides assurance regarding a range of services provided to the Trust. The Trust is currently waiting for the BSO report for 2021/22.

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

Regulation and Quality Improvement Authority 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 or 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.

Two Improvement Notices were issued to the Western Health and Social Care Trust on 11th February 2022, in relation to Lakeview Hospital. Areas of improvement included adult safeguarding, incident management and the quality of care. These actions are due for review on 10th September 2022.

RQIA also undertook a Review of Services for Vulnerable Persons detained in NI Prisons in October 2021. One recommendation from this review was applicable for Trusts. This recommendation has now been implemented within the Trust.

**Fire Enforcement**

The Trust has not received any Fire Enforcement Notices during 2021/22.

**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.
- **Clinical Pathology Accreditation (UK) Limited (now replaced by United Kingdom Accreditation Service (UKAS)** on the extent to which systems within the laboratory meet nationally agreed standards.
- **ARSAC (Nuclear Medicine Licences)** are licences held by the Radiation Protection Supervisor for Nuclear medicine and Medical Physics. The licences are valid for five years from the date of issue or earlier in the event that the scope of practice changes and are renewed annually and are subject to external inspection by DoH.
- **Hospital Sterilisation Decontamination Unit (HSDU) Surveillance Assessment Reports** are an Independent assessment of the quality of service provided by HSDU.
- **Comparative Health Knowledge System (CHKS)** in relation to ISO 9001 Certification that the Radiotherapy quality management system is being maintained to an appropriate standard and Oncology Service Accreditation demonstrating that the Radiotherapy service is fit for purpose and adhering to recognised best practice.
- **General Medical Council** in relation to appraisal and revalidation. The GMC has accepted all the revalidation recommendations made by the responsible officer of the Trust which is the Medical Director. The Trust has been commended on the introduction of an electronic appraisal system which is currently being adopted regionally. The GMC meets the Medical Director on a quarterly basis to discuss issues of professional concern.

**Review of the Effectiveness of the System of Internal Governance**

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

Throughout the year, the Board of the Western Health and Social Care Trust has been briefed on control issues by the Chairs of the Audit and Risk Assurance Committee and the Governance Committee. Within the context of the Audit and Risk Assurance Committee, the work of the Internal Audit and External Audit functions was fundamental

to providing assurance on the on-going effectiveness of the system of internal financial control. In addition, the controls assurance standards and the annual self-assessment against the standards provided an important assurance to the Governance Committee.

## Significant Internal Control Issues – update on previously reported issues that are now closed at 31 March 2022.

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

1. **Adult Mental Health and Disability Service – RQIA Improvement Notice**

The Trust previously reported the work it has carried out in responding to a RQIA improvement notice (IN000002) on 22 July 2019 in relation to recognition and management of adverse incidents and near misses and the RQIA requirement for the Trust to fully address and embed all improvements required under the notice, which has been extended until 22 June 2020 (IN00002E). The issues were identified as part of an RQIA inspection of Grangewood Hospital. The Trust was committed as part of delivering safe and effective care to complete this work.

***Update at 31 March 2022***

The improvement notice was removed at the end of August 2020 and supported by a clear statement of compliance on the RQIA website, a further inspection of mental health inpatient services in March 2021 supports the closure of this matter.

2. **Valley Nursing Home - RQIA Enforcement**

The Trust previously reported challenges in transferring clients to suitable placements following the Notice of decision to cancel the registration of the responsible individual for Healthcare Ireland Belfast Limited in respect of Valley Nursing Home.

***Update at 31 March 2022***

All residents have now settled in their new homes. The Trust considers this matter closed.

3. **Greenhaw Lodge Care Centre - RQIA Enforcement**

The Trust previously reported that four Failure to Comply Notices were issued by RQIA to Greenhaw Lodge Care Centre on 21 September 2020 in relation to governance, health and welfare of patients, and the fitness of the premises. A Notice of Decision was issued on 22 October 2020 to place 2 conditions on the registration of Greenhaw Lodge Care centre relating to ceasing admissions on a temporary basis and in relation to monthly monitoring reports.

***Update at 31 March 2022***

Greenhaw Lodge Care Centre has been renamed Oakleaves Care Centre. On 1st June 2021, RQIA issued a Notice of Decision to remove the conditions placed on the registration of Oakleaves Care Centre. The Trust's Strategy Working Group was re-established to begin the process of making arrangements for residents decanted in 2020 to return to Oakleaves. Of the 39 clients who were transferred to other Homes, 12 residents had sadly died and 7 residents' families made the decision that their loved ones would not be returning to Oakleaves. A phased return of the remaining 21 residents took place between 16th June and 28th July 2021. All returning residents have settled well and our professional staff members continue to monitor their progress and ensure they are settling into their new environment. The Trust considers this matter closed.

**4. Cyber Security**

The Trust previously reported on the risk of managing the risk of cyber-attack.

***Update at 31 March 2022***

Cyber Security continues to dominate the ICT and business agenda. In 2021/22 an emerging threat around supply-chain incidents has highlighted potential security concerns with more focus on Third Party suppliers' security posture and the impact on Trust services' Business Continuity arrangements.

This has been incorporated into an updated Trust Cyber work-plan including technical solutions, cyber awareness training, a continued focus on governance, as well as a more robust approach to supplier and contract management. In addition the Trust has developed a Cyber Oversight Group to strengthen the governance and reporting in relation to the management of this risk. On this basis the Trust would consider that this divergence may now be closed.

<u>Cyber Security incident – Queens University Belfast February 2021</u>

The Trust has previously reported in relation to an incident which took place at Queens University Belfast in February 2021. The impact on the HSE was fully investigated and it was determined that there is no associated financial risk in relation to possible future liability for potential claims for loss of personal data. It is considered that this divergence is now closed following assurances given by Queens University Belfast to the Regional Cyber Programme Board.

<u>Cyber Security HSE May 2021</u>

On 14 May 2021, the Health Service Executive (HSE) of Ireland suffered a major ransomware cyber-crime attack which caused all of its IT systems nationwide to be shut down. It was the most significant cyber-crime attack on an Irish state agency and the largest known attack against a health service computer system. Reconnection was established. On this basis the Trust would consider that this divergence may now be closed following assurances given by the respective HSE organisations to the Regional Cyber Programme Board.

5. **Deficit of medium secure facilities after closure of St John's Hospital (Acute Mental Health)**

This divergence arose and has been closed during 2021/22. Adult Learning Disability had 3 service users placed at St John's House Hospital Norfolk under ECR arrangements. On 27th July 2021, the Trust were advised of the imminent closure of the Facility. Two of the service users were assessed as requiring secure hospital accommodation, one requiring medium secure and another requiring low secure. Northern Ireland does not currently have these type of Hospital beds available for women who have a learning disability. Our third service user was assessed as being at a stage in her treatment where a community place was an option.

***Update at 31 March 2022***

This situation has been successfully managed in and of itself with regard to sourcing appropriate placements for the three clients involved in response to the closure of St Johns House Hospital therefore with regard to internal controls a satisfactory outcome has been achieved. It is considered that this is now a closed divergence.

6. **Aspergillus Detection, ICU**

This divergence arose and has been closed during 2021/22. Aspergillus was cultured in the sputum samples of 4 patients in Altnagelvin ICU between 26th July and 3rd August 2021. To date, another 4 patients have received positive culture reports of Aspergillus. The positive cases have been reviewed to determine whether the cases were colonisation or Invasive Pulmonary Aspergillosis; and if the infection was acquired in hospital. The issue of Aspergillus in Intensive Care has been recorded as a Serious Adverse Incident (SAI) and has been fully investigated and learning has been shared appropriately.

A range of control measures have been put in place to control this issue. It is now considered that this divergence has been closed.

## Significant Internal Control Issues – update on previously reported issues that are not yet closed – as at 31 March 2022.

### Staffing related Divergences

1. **Acute Services - Staffing Pressures/Shortages**

   The Acute Directorate has been managing extreme staffing pressure/shortages for a sustained period of time due to unfilled vacancies, consistent recruitment difficulties due to geographical location of the hospital sites, disproportionately felt in the West and increased absences due to COVID-19 pressures and sick leave.

   This pressure has been experienced by the nursing and medical staff in particular due to the shortages of staff in numbers and skill set required to

manage patients safely. The Acute Directorate has had to rely heavily on high cost agency & locum cover to provide safe care for the community we serve. These shortages create significant risk to the sustainability of services, financial stability (due to reliance on agency and locum – including off contract agency), and quality and safety. Significant challenges currently exist in unscheduled care and theatres.

The Trust has previously reported the risks associated with workforce challenges within Acute Hospital Services.

***This divergence covers the range of those previously reported separate divergences which include:***

- Medical Staffing,
- Emergency Department - South West Acute Hospital (SWAH)
- Emergency Department – Altnagelvin
- Locum Expenditure - Off-Contract Medical and Nursing Agency Staff
- Gaps in Theatre Nursing Rota
- Radiologists
- Cellular Pathology
- Clinical Microbiology
- Northwest Cancer Centre (NWCC)
- Colposcopy
- Ophthalmology
- Surgery at South West Acute Hospital

Nursing and Medical Stabilisation Working groups have been tasked with reviewing all aspects of staffing, recruitment and addressing high level issues with the view to creating, building and maintaining a staffing complement sufficient to meet the needs of the Trust with minimal requirement for agency and locum staff. This will be achieved over a phased basis with short, medium and longer term plans identified.

***Update at 31 March 2022***

The Trust has implemented a range of responses to address the growing workforce challenges across its Acute hospital settings and updates at 31 March 2022 are as follows:

- The Trust is challenged on a daily basis to fill both medical and nursing shifts across highly pressurised areas of its service. The Trust continues to exhaust its flexible staffing support to shifts utilising bank, incentive payments to staff, nursing and medical agency and at times will move staff from lower risk services or close beds to maximise the resource available for priority and higher risk services.

- A new Divisional Clinical Director for General Medicine has been appointed in South West Acute Hospital which will reinforce and strengthen recruitment within the medical workforce and create stability across the medical teams. Although

medical agency spend has decreased this has resulted in a significant pressure on the small number in substantive staffing. The Trust is embarking on a review of the provision of medical staffing and Out Of Hours cover that should help alleviate pressures going forward.

- The unprecedented requirement for costly agency and off contract staff to cover critical shifts at short notice is prevalent across both EDs and Omagh's Urgent Care & Treatment Centre. Work is currently being undertaken to review the nursing complement across the 3 sites given the footfall and the outworking's of this continue to be developed and when appropriate shared with the Commissioner. An IPT in relation to normative nursing has been approved internally for South West Acute and the permanent recruitment of the staff will be undertaken when funding has been confirmed by Commissioning. The Trust has committed to a Director led review of issues and pressures in relation to unscheduled care and this is being actively progressed. This work is being mirrored by Commissioning colleagues and by other Trusts across the Region.

- Service leads are working closely to improve the processes around recruitment of Band 2 Healthcare Care Assistants. These staff are key in supporting patient care, particularly around prevention of falls, supporting eating and drinking and providing enhanced care.

- The Trust previously reported on the challenges with the shortage of Radiologists. Outsourcing of a proportion of Radiology reports continues to support the service in light of the 4.6 wet Consultant vacancies.

- With regard to Cellular Pathology, international and local recruitment is being pursued by the Trust to address the gaps in Consultant Pathology, this is both a regional and national issue. A locum Pathologist is also in place and the need for outsourcing is not required at this point.

- With regard to Clinical Microbiology, the on-call rota continues to be supported by an additional two consultant microbiologists from Belfast Trust, along with support by the locum. Regional and international recruitment efforts have not yet been successful. Microbiology staff have reviewed the current recruitment strategy to decide on how to enhance the clinical service.

- In relation to the staffing and services pressures at North West Cancer Centre the Trust continues to discuss the position with HSCB (SPPG) and regional colleagues to ensure that the oncology pressures are viewed on a regional basis. All tumour sites are currently being covered by the existing team and as the team expands, there will be an opportunity to reprofile resources across the sites to provide the service model. Recruitment processes are underway including international recruitment. The service reissued an Early Alert (EA) in March 2021 and a further update was provided in March 2022 with regards to service pressures. Mitigations are in place and a recruitment campaign for substantive posts is underway. The Early Alert remains in place.

- In relation to the gap in Consultants for the Colposcopy service, posts are currently under recruitment. As an interim solution sessions are being reallocated to address the gap in colposcopy. A recent PHA audit report highlighted the Trust shortfall in relation to targets for colposcopy. Work is ongoing with laboratory staff to develop an action plan for improvement.

- The Trust's only Paediatric Ophthalmologist resigned to take up a new position elsewhere which has left a significant gap in this service. The main areas are retinopathy in prematurity screening, outpatients and paediatric ssurgery. The Trust has undertaken recruitment at national, local and international levels and through locum agencies with little success. The issue has been escalated to the HSCB and options are currently being explored to support this service from the region.

- With reference to surgery at South West Acute, significant pressures in terms of maintaining the acute surgical rota remain. The Trust has committed to a Review of General Surgery and this has three workstrands which are being progressed. Support is ongoing from the Altnagelvin team to colleagues in South West Acute.

**2. Restriction of Neurology**

The Trust previously reported on the challenges with insufficient Neurology Consultant cover for Western Trust Patients. This issue has arisen as a result of withdrawal of outreach Neurology Consultant services by Belfast Trust, particularly the impact of withdrawal of a further visiting consultant with specialist interest in Multiple Sclerosis (MS). This is currently on the Acute risk register however, a recent unplanned absence of a consultant will further impact this service. Some support has been offered by Belfast Trust for MS patients.

**Update 31 March 2022**

This risk remains and escalation meetings have been held between the Trust, Belfast Trust and HSCB. This means there is a cohort of patients without a named consultant who have exceeded their clinically indicated time for review. Any patients within this cohort who are escalated to the service by their GP or Specialist Nurse are being reviewed by a consultant within the team.

All neurology waiting lists have now been validated and waiting times across the Trust have been balanced. A Speciality Doctor and Specialist Nurse have been appointed to increase capacity within the in-house team. The Directorate has also advertised a Consultant Neurologist post. The Trust is at an advanced stage in the recruitment of a Neurology Nurse Specialist which will, by design, support the inpatient and outpatient demands. Until recruitment has been completed the Neurology team remains vulnerable at times of staff sickness and absence. The service is supported by locum agency and consultants from other Trusts when available.

3. **Learning Disabled Clients - regional hospital bed provision/community infrastructure**

The Trust previously reported and continues to experience significant pressures with regard to recruiting and maintaining a suitable and stable workforce to meet the needs of the Learning Disability population, and to challenges with the availability of a robust community infrastructure to support those services users with the more complex behavioural and health related presentations to live fulfilled lives in the community. These issues have been subject of regional debate for some time in terms of levels of resourcing and are not new in nature.

***Update at 31 March 2022***

Workforce pressures continue to be experienced particularly in relation to availability of suitably qualified nursing registrants including difficulties in accessing Agency staff for Lakeview inpatient facility. There are indications that these challenges consistently feature across similar regional in-patient facilities. The more inconsistent nature of the staffing resource available is less conducive to enabling the quality of care required by a patient population where routine and order is particularly important. Despite these challenges significant effort goes into utilising all staffing opportunities and during the year the Workforce Appeal have brought some small, but not insignificant results.

In the continuing absence of an endorsed Regional Model for Adult Learning Disability, there is very limited development of the required community infrastructure. This includes continued limited bespoke housing and care models that can wrap necessary supports around service users with greater complexity in their needs. The impacts are especially noted on delays in discharging from Hospital as well as a need to source placements outside Northern Ireland. Relevant staff are connected with all related regional work that hopefully will gain momentum as the effects of COVID-19 reduce.

4. **Women and Children's services - Staffing Pressures/Shortages**

The Trust has previously reported on the risks associated with workforce gaps in relation to Health Visiting Northern Sector, Child and Adolescent Mental Health Services (CAMHS) and Fermanagh Social Services.

***Update at 31 March 2022***

The Trust continues to experience risks associated with workforce gaps in relation to Child and Adolescent Mental Health Services (CAMHS) and Fermanagh Social Services.

We have initiated a pilot in the Enniskillen area as a different way of working to assist with the recruitment and retention of staff. This pilot is now in month 12 and is currently subject to evaluation the outcome of which will be shared next month and will be used to inform the way forward.

Front line childcare service have been facing high vacancy rates at social work level for an extended period of time with inability to recruit to posts due to the extremely limited

workforce availability. Work is ongoing with HR colleagues and regional colleagues to address.

CAMHS continue to experience staffing difficulties with a number of staff off on long term sick leave alongside supporting Step 5 children in the community and acute settings pending regional availability of beds. Work in ongoing with HR, Commissioner & Regional Unit to address these matters.

**5. Challenges in recruiting Psychiatrists**

The Trust previously reported challenges in recruiting to vacant posts and in supporting service developments in Psychiatry.

***Update at 31 March 2022***

Psychiatry continues to face challenges in recruiting to vacant posts and in supporting service developments resulting in waiting lists for this service. Sick leave and maternity leaves add to these pressures. Recruitment to existing vacancies is ongoing.

Primary Care and Older People (PCOP), CAMHS and Adult Mental Health and Disability (AMHD) are experiencing similar recruitment issues. AMHD is required to support Mental Health Order (MHO) requirements, adding to the pressure on AMHD resources.

The AMHD directorate has a patient / service user centred program of review, reconfiguration and transformation of services. This includes development of the medical workforce, particularly within Primary care teams and within the Physical and Sensory Disability sub-directorate. It is proposed to access demographic funding to support these changes, however it is recognised that this will provide limited funding as other service developments also require support from this funding source.

## Other Divergences

**6. Child Care Services**

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

***Update at 31 March 2022***

The demands within Corporate Parenting, and in particular the high level of Looked after Children (LAC) continues to be a pressure. As part of the Delivering Value approach specific projects have been undertaken to understand the increasing numbers of Looked after Children. The focus of these is on pathway progress with enhanced support for those children who can return home safely.

### 7. Unregulated Placements for Young People

The Trust previously reported on the challenges with unregulated placements for young people.

***Update at 31 March 2022***

There has been additional governance arrangements implemented in relation to Unregulated Placements which has enabled ongoing close monitoring of the number and type of placements. The Trust's Housing Support Model is in development and will focus on homelessness and supporting our Young People who find themselves in this situation. It will provide intensive support and will be reviewed within the Trust's Delivering Value Project. Given the risks in this area, however, the Trust will continue to closely monitor placements.

### 8. Elective Care Performance and Increased Waiting Times

The Trust continues to experience a significant gap between demand and capacity for Elective Care Services, resulting in lengthening waiting times.

***Update at 31 March 2022***

During 2021/22 the Trust continued to maintain Emergency Surgery provision, however the impact of the pandemic on planned (or elective) care was significant, and resulted in waiting times growing across all hospital services.

The regional Critical Care Intensive Care Unit (ICU) surge plan required the Trust to maximize its ICU bed capacity which severely impacted the Trust's theatre staff and physical infrastructure. The Critical Care department rose to the challenge and provided the surge capacity with the help of staff from theatres and recovery. Medical staffing within ICU was also a challenge and our anaesthetists helped in this regard. Outpatient services were impacted by the requirement to stand up GP COVID-19 centres in April 2021, by the redeployment of nursing staff and by the need to reduce the numbers of "face to face" clinics. As a result, the Trust has been unable to meet its associated performance targets across most service areas.

### 9. Trust Breakeven Position

In 2019 the Trust agreed to a three year Recovery Plan for £39 million, with key stakeholders the HSCB and DoH and commenced a three year programme of work which aimed to return the Trust to a financially sustainable position. In January 2021, the DoH agreed the plan could be extended for a further year in recognition of the impact of COVID-19.

***Update at 31 March 2022***

Significant progress has been made to date and the opening recurrent deficit is £35.5m at 1st April 2021. The Trust has delivered £4m of savings in 2021/22 against the recovery plan and together with non recurrent income and other opportunities achieved a year end deficit position of £12m. Discussions are ongoing with DoH/SPPG in relation to the other income elements of the recovery plan. In July 2021, the DoH recognised

the increased financial challenges across the HSC system as it works towards recovery from the COVID-19 pandemic and the rebuild of services and has advised any remaining deficit from 2021/22 should be addressed as part of a system wide approach to long term financial sustainability. There is significant budgetary uncertainty facing NI Departments given the current absence of a functioning Executive and the unprecedented rise in consumer price inflation. The Trust will be working closely with DoH and SPPG to understand the financial consequences of these issues and the resultant impact on the Trust recovery plan.

**10. 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).

***Update at 31 March 2022***

The regional IHRD programme was paused due to the requirement to support the response to the pandemic. The Trust Project Board / Oversight Group continued to meet and a detailed review of progress in relation to the Inquiry Report recommendations was undertaken in July 2021 which resulted in a number of areas being mainstreamed into existing Trust governance structures as appropriate. The Trust has also engaged in the consultation process on the implementation of a duty of candour and a regional group taking forward actions to improve fluid management. A regional meeting has taken place on 11 May 2022 to update Trusts on the IHRD programme and discuss the way forward. The Trust will participate in the regional programme going forward as required. Representatives from Acute sit on these regional Task & Finish groups focused on improving IV Fluid Safety within adult patients. These groups consist of developing a new IV fluid prescription and fluid monitoring chart, audit and education and training. This work is supported by the Trust IV Fluid safety Group.

**11. 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 02/12/2019.

***Update at 31 March 2022***

Meeting the statutory obligations under the MCA legislation has presented significant challenges with regard to recruitment of suitably trained personnel to take forward the various roles and in particular those associated with the required medical assessments remains difficult both in the community and acute settings. While noting the challenges referred to above significant progress has also been made. The Trust have access to a small pool of medical resource to undertake the Panel responsibilities including the related Form 6 medical assessments. Some additional resource is required particularly to ensure more timely responses and despite many creative and traditional recruitment efforts, there are continued gaps. COVID-19 related pressures in the Acute Hospitals have had a negative impact on the progress of required MCA related activity in those

areas. A MDT Operational Group has now been established to focus on some targeted improvement initiatives across the acute hospital sites.

Focused effort has been maintained on progressing the required authorisations on Legacy Cases and compliance will be achieved by 31st March 2022. General pressures on all teams affect the ability of staff to prioritise MCA related work and there has been ongoing contact with Staff-side colleagues as well as with the DoH and HSCB regarding resourcing implications. Notwithstanding the pressures, there are many examples of engaged staff who are growing in confidence in this important practice area. There is a live plan to ensure short term detentions are managed within the financial year 2022/23.

## 12. Infection Prevention and Control

The Trust has maintained a risk assessed approach to Infection Prevention and Control (IPC) standards monitoring throughout 2021/22 for both Trust and the Independent Sector, despite the unprecedented demands of COVID-19.

***Update at 31 March 2022***

Senior IPC support to COVID-19 response and to support Independent Nursing homes has been retained. Normal core IPC work/functions have been directly affected with limited ability to undertake healthcare associated infection improvement programmes due to the unprecedented demands on the IPC team to support COVID-19 response and outbreak management. There has also been additional staffing challenges within the IPC service due to staff sickness/ individual staff COVID-19 risk assessment and COVID-19 absence. A workshop with service directorates took place in April chaired by the Medical Director in relation to ownership and action of IPC at all levels. Monitoring of arrangements through governance structures remain and the current IPC staffing challenges is currently managed through the risk register process.

## 13. Information Breaches

***Update at 31 March 2022***

For the period 1 April 2021 to 31 March 2022, the Trust reported one data security incident to the Information Commissioner's Office (ICO). In the incident, staff had completed Information Governance (IG) training and the Trust had taken a number of remedial actions which the ICO regarded as satisfactory. As a consequence, the ICO was content that the Trust had taken the appropriate actions to minimise the incident and decided that no further action was necessary.

The Trust has recorded two SAIs in connection to IG incidents. Both incidents were designated as a SAI for the potential learning/procedure changes. One involved a staff member deliberately accessing patient information systems (currently a police investigation and was reported to ICO on 2020) and the other was a review of processes for social work teams following a cluster of incidents from March to October 2021.

**14. Leases Professional Estates Letter (PEL) (11)01**

The Trust previously reported on the adherence to the PEL for leases.

***Update at 31 March 2022***

The Trust has implemented and is working within the revised policy PEL (11/01) in relation to leased accommodation. This has been implemented for all new leases and the Trust is continuing to work through existing leases that are "holding over" to ensure full compliance. The Trust report on PEL compliance in its annual Property Asset Management Plan, which is submitted to Trust Board and DoH for approval.

## Significant Internal Control Issues arising during 2021/22 – at 31 March 2022

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

RQIA undertook a full unannounced inspection at Lakeview In-Patient Assessment and Treatment Hospital between 16 and 18 August 2021.

Initial feedback indicates a range of concerns across nine key assessment areas. Two issues were escalated for immediate action. A comprehensive improvement plan relating to these nine areas with involvement of key colleagues across the Trust was established and has been a focus of dedicated work during the year.

With regard to high priority and risk concerns, action has been taken to address these. A further two improvement notices were received from RQIA on 11 March 2022 and work continues to address all remaining parts of the improvement plan. An updated improvement plan has been sent to RQIA and work remains live and ongoing.

**2. Multi-Channel Sleep Study - Lookback Review**

The Trust instigated a Lookback review following a concern over the accuracy of some of these studies to diagnose sleep apnoea. The Trust is following the Lookback process to identify all patients who require a review. An action plan has been agreed and a weekly accountability meeting will take place to consider all findings and follow up actions required.

The review was completed on 176 studies with a combination of outcomes including changed diagnosis, the requirement for repeat tests, no change to the original report and changed diagnosis. An SAI report is in progress taking forward recommendations from this review.

**3. Extreme Pressures across Northern Ireland's Emergency Care Network**

Hospital systems continue to experience pressure due to managing increased numbers of attendees with complex care needs alongside COVID-19 pathways. Ensuring there is capacity to maintain clinically urgent cases along with red flag surgery adds to the complexity in the system where there are considerable Infection Prevention and Control

(IP&C) requirements and constraints. Short term staffing absences in clinical areas often means that ward environments are not able to operate at their full capacity which then has a knock on effect on patient flow through the system. This ultimately leads to longer waits for those in the ED requiring access to inpatient beds and can also hinder ambulance off loads.

The Trust has taken action to manage these constraints by increasing their coordination function from senior management on a daily basis in both sites. The normative nursing component in the ED has been increased by 10 Band 5 Nurses and we are also increasing medical staffing in this area. A significant modular extension was added to the Altnagelvin ED providing a new 50 seat waiting area and a new Minors Unit, alongside a dedicated area for handover of patients from the ambulance crew to the ED staff and a dedicated COVID-19 pathway from registration.

SWAH(South West Acute Hospital) senior management team extended their hospital at home service to aid discharges and allow more flow. The Nursing Stabilisation Group which is a cross directorate collaboration is in the process of creating additional roles to be implemented within the EDs. These new roles will assist patient flow, enabling the care givers more time to deal with the patients in their care and any ancillary administrative work to be encompassed within the new roles. Ambulatory care is being extended across both sites and community step down for patients who are medically fit.

This is a significant regional 'No More Silo's' project which interfaces with Primary care colleagues to explore alternative approaches to practices aimed at improving access, improved patient experiences and utilisation of all service across the wider system.

A directors flow meeting co-chaired by the Directors of Acute and PCOP meets daily to review patient discharges with the aim of improving patient throughput and reducing ED congestion.

Reset Days also occur each month on Altnagelvin site with focused whiteboard rounds by Directors, Assistant Directors, Non-Executive Directors, Clinical Leads, Service Managers and Lead Nurses to review patient throughput practices and issues. Action plans have been developed and will be an ongoing focus of dedicated work.

**4. CT Angiogram - Lookback review**

A patient presented with chest pain at rest and had had a CT angiogram on 1 June 2020 which was reported as mild disease by a Locum Doctor. The patient presented with chest pain and had angiography performed in May 2021 which showed severe cardiac disease requiring bypass surgery. A review of this case prompted a further review of 6 CT angiograms performed by this locum Doctor. Two of these had been reported as moderate however were subsequently upgraded to severe and whilst a further was reported, the images were deemed not to be of sufficient quality to make a comprehensive assessment.

The Trust has undertaken a formal Lookback review, Chaired by a Non-Executive Director of these scans performed by this Doctor.

At 31 March 2022 all patients identified as requiring treatment and care as a result of the review have been treated appropriately where possible. Issues with the quality of images also emerged as an issue.

A Serious Adverse Incident is ongoing to identify and analyse any service or care delivery issues to ensure lessons are learnt and to reduce recurrence and propose recommendations on how learning should be implemented. A final report is expected by the end of July 2022.

**5. NISTAR**

The inability of Northern Ireland Specialist Transport and Retrieval Service (NISTAR) to facilitate adult and paediatric inter-hospital transfers has created a reliance on Trust anaesthetic and/or paediatric staff to take the role. This is creating a delay in critical care and providing sub-optimal services. It is depleting acute paediatric services of specialist skills if medical and nursing staff have to transfer babies/children to Belfast. There is also a potential impact on elective care as clinics will have to be cancelled if medical staff are involved in transfers.

**6. ENT Head & Neck – Lookback review**

As part of the Trusts reset programme the ENT service undertook an extensive validation exercise of their inpatient and outpatient waiting lists. Clinical validation is used to help stratify risk and identify the clinical priority of patients. Through this process the service identified unexpected anomalies in patient assignment and waiting list management which may have caused unnecessary delays with potential risk to a number of patients. Three of the patients who were outside their clinically indicated times and subsequently underwent operative procedures had a positive pathology for cancer. An SAI was reported in November 2021 on these patients and all have had appropriate treatment completed. The SAI is ongoing.

The Clinical Lead for the service highlighted a cohort of patients who were outside their clinically indicated time for operative procedure and may have been at risk of developing a cancer due to the delay. A Lookback review was initiated in October 2021 and an oversight group established, chaired by a Non-Executive Director. Further risk stratification of this cohort has been undertaken and a number of patients required to be recalled. At March 2022 all appropriate action has been taken to treat these patients.

**7. Cardiology – Lookback review**

Clinical concerns were raised about the decision making and clinical outcomes of a Cardiologist. As a result of these concerns the Clinical Lead for the Service in conjunction with an Associate Medical Director reviewed seven cases. The initial review concluded that in three cases clinical care was not of the standard deemed acceptable.

These cases have been reported as SAI's. A Lookback review was initiated in January 2022 with an oversight group chaired by the Director of Acute Services. This review is ongoing.

### 8. Consultant cover – Cardiology

Due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a six person on call rota has been depleted by 50% leading to potential gaps in the rota. Locum cover has provided relief to the cardiology system. It is recognised that this is a somewhat unstable arrangement and preparations are underway for permanent recruitment of cardiologists in both sectors of the Trust and seeking additional funding for cardiology to consider workforce planning.

### 9. Continuous Positive Airway Pressure (CPAP) Philips Alert

A regional working group has been convened to work through issues associated with a CPAP Phillips Alert relating to unstable material in fluctuating temperatures.

Approximately 2200 Trust patients utilise a Phillips CPAP device that requires replacing. Plans are underway to replace devices and a new procured contractor has restored contractual obligations for new referrals.

### 10. Staffing levels - Maternity and Gynaecology

Maternity Services remain critically understaffed. Continuity of Care is the model of care to be adopted for maternity services going forward and this will require a review of Maternity Services staffing based on Birth-rate Plus. This work is ongoing.

Neonatal units in both hospitals are experiencing unprecedented pressure relating to staffing levels. Neonatal staffing in the South West Acute Hospital is in a very challenging position. A Project Board was established in January 2022 with support from HSCB and PHA following Early Alert submissions to the DOH. The project has initiated a number of work streams to take forward actions in relation to workforce, recruitment, training and governance. This work will involve looking at a proposed model going forward that is sustainable and will provide safe services for patients.

There is still a high level of locum medical staff usage to support paediatric and obstetrics and gynaecology services. The International recruitment pathway is a slow, intensive process and many of those recruited leave to take a place on the training rotas elsewhere. This situation is unchanged and is impacted further by a reduction in the number of trainees in second half of this 2021/22.

### 11. Early Medical Abortion (EMA) Service

The Abortion Regulations (Northern Ireland) 2020 came into force on 31 March 2020 which allows registered medical professionals to terminate pregnancies lawfully on Health and Social Care premises. The Abortion Services Directions 2021 ("the Directions") were subsequently issued on 22 July 2021 and came into force on 23 July

2021. The Directions require the Department of Health to have commissioned abortion services in place by 31 March 2022.

Currently the Trust have no services for EMA. Women from this Trust have continued to avail of services in England but this will cease on 31 March 2022. While this Trust works to develop the service, Trusts across the region have agreed to run additional clinics to cater for demand from the Trust.

**12. CAMHS Inpatient beds**

The regional CAMHS in-patient facility Beechcroft is at full capacity. This has a direct impact on community CAMHS staff in relation to mitigating and managing Step 5 Young People who require admission. This has also had a direct impact on Acute Paediatric beds as on occasion we have had to admit to the ward in absence of space in the regional facility. The Trust are challenged in being able to secure access to these beds.

**13. Short break Respite**

The Trust have had to suspend short break respite for children with a disability in the Northern Sector to accommodate the placement of a young person with severe complex behaviours. There have also been 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. Discussions are ongoing to address the gaps in provision of short break respite.

**14. Capacity within Children's Disability Services**

There continues to be heavy waiting lists across services for children with a Disability due to vacant posts. A new Consultant is due to start June 2022 and an additional locum has been secured for 6 months which will reduce the current waiting lists.

**15. Edenvale Care Home, Limavady – Adult Safeguarding - Investigation**

The Trust received a written statement from a member of staff working in the independently owned Edenvale Care Home, highlighting concerns about the standard of care in the home. In addition, the Trust received a number of Adult Safeguarding referrals. A series of strategy meetings have been convened to decide if this will be an institutional abuse investigation. This home is part of a group of care homes and care managers are conducting on-going enquiries regarding other care homes that are owned by this group.

**16. Meadow View Care Home, Enniskillen – Adult Safeguarding Investigation**

A number of incidents have occurred in this independently owned care home with a similar pattern relating to skin care and pain management. The Adult Safeguarding Service, local social work and district nursing team leaders have maintained close contact with the home and regular monitoring visits are on-going. The Trust is currently considering if an Improvement Notice will be issued as well as financial penalties.

**17. Older People Mental Health Service - Serious Adverse Incidents**

The Older People's Mental Health Service had 2 serious in-patient incidents during 2021/22 and agreed as SAIs by the Trust's Rapid Review Group. One investigation and report has been concluded and the other remains on-going.

**18. Primary Care & Older Peoples Directorate service pressures**

The Directorate has experienced a range of services pressures during the year associated with workforce challenges as follows:

- **Dementia Services**
  There are a high level of patients waiting more than 9 weeks to access the service. This is due to staff absences and recruitment challenges for both medical and nursing posts. Efforts continue including international recruitment to fill vacant posts and support is provided to staff to enable their return to work following sickness due to COVID-19 and non COVID-19 related absence. This should improve the performance and the Directorate will work with the Commissioner to secure additional funding for a Waiting List Initiative that will be dependent on current staff working additional hours, contracting out or attracting additional staff to deliver.

- **AHPs**
  At year end a higher number of patients are waiting more than 13 weeks from referral to commencement of AHP treatment by an allied health professional. All six service areas, Dietetics, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry and Speech and Language Therapy are experiencing long waits due to patients not being seen during the height of the pandemic and the volume of new referral now being received. This has been impacted by staff absences, staff redeployed to other service areas during the latest phase of the COVID-19 pandemic and vacant posts not filled. As the pandemic eases, staff have now returned to their substantive roles, recruitment efforts are ongoing and as staff return to work, this will improve capacity. Each service area will also work with Commissioning colleagues to secure additional funding for a Waiting List Initiative that will be dependent on current staff working additional hours, contracting out or attracting additional staff to deliver.

- **Social work caseloads**
  As community transmission of COVID-19 increased during the year, our eleven community social work teams were extremely challenged with staff absences and vacant posts. This has resulted in a high of social work referrals not being allocated to a social worker in a timely manner and a high number of those that have been allocated remained uncovered for significant periods of time. The Directorate is currently developing a recovery plan for our social work service which will be completed in the first quarter of 2022/23.

- **Delayed Transfers of Care**
  The Directorate has not been able to ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than 7 days. A number of highly complex patients have been delayed in hospital mainly due to the lack of domiciliary care package being available or a care home placement unable to be secured within timeframes. The Directorate will work with

our independent sector partners for both domiciliary care and independent care homes in the coming year to develop plans to improve our position in securing care packages and home placements.

- **Direct Payments and Domiciliary Care**
  Throughout the year, to support patients to remain or to return to their own home, the Directorate has experienced significant increases in referrals to provide assessed care needs by either a direct payment or by a traditional domiciliary care service. This has resulted in the Directorate having an over spend in its provision of direct payments with more recipients receiving a direct payments than funded levels. It has also resulted in a significant number of service users having to wait on their package of care for significant periods of time.

- **Specialist Palliative Care Services**
  The Directorate's specialist palliative care service continues to face on-going medical recruitment challenges. The reduced level of consultant and specialty doctor support has the potential to impact on the Trust's ability to delivery care in accordance with NG 31 'Care of dying adults in the last days of life'. Any reduction in specialist palliative medicine capacity to support the management of patients with complex symptom management will impact the experience of patients, families and staff across all healthcare settings.

## 19. Compliance with Department of Health Prompt Payment

The Trust has failed to meet the requirements of payment of at least 95% of all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods/services, whichever is the later. The Trust's level of compliance with this target is 91.3% by value and 96.5% by volume. A range of activities have been implemented including support for nurse agency invoices and domiciliary care invoices. The last 2 months of the year showed a significant improvement compared to earlier months. It is hoped that this momentum can continue into 2022/23.

## 20. HRPTS / HCL Axon

A managed service is provided for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. This service is provided from servers hosted at data centres owned by a sub-contractor of the managed service supplier. This sub-contractor went into administration on 25 March 2022. By email on 1 April 2022, the supplier providing the managed service informed BSO of the administration. The supplier informed BSO that the sub-contractor will continue to trade as normal while the Administrators are exploring options for the company's future, including re-negotiating contractual terms with its existing customers regarding power costs associated with increasing global supply issues. The supplier have confirmed in writing that the sub-contractor are continuing to operate business as normal, as advised by the Administrator. BSO has invoked its business and technical contingency plans and set up Bronze Command. BSO has met with the Minister, Permanent Secretary, Trade

Unions and all stakeholders has been informed of the situation and the contingency plans to address this issue.

**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 2021 to 31 March 2022.

**Signed**

27 June 2022

**Neil Guckian**
**Chief Executive and Accounting Officer**

**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.

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

- Mr Sam Pollock, Chairman
- Prof Hugh McKenna, Non-Executive Director
- Dr John McPeake, Non-Executive Director
- Mrs Ruth Laird, Non-Executive Director

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

For the purposes of this report, the pay policy refers to Senior Executives and is based on the guidance issued by the Department of Health 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)

| Non-Executive Directors | | Salary | Bonus / Performance Pay | Benefits in Kind (rounded to nearest £100) | Total | Salary | Bonus/ Performance Pay | Benefits in Kind (rounded to nearest £100) | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | 2021/22 £'000s | 2021/22 £'000s | 2021/22 £ | 2021/22 £'000s | 2020/21 £'000s | 2020/21 £'000s | 2020/21 £ | 2020/21 £'000s |
| Mr S Pollock (Chairman) | | 30-35 | 0 | 0 | 30 -35 | 30-35 | 0 | 0 | 30-35 |
| Dr J McPeake | | 5-10 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 5-10 |
| Mr S Hegarty | | 5-10 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 5-10 |
| Ms R Laird | | 5-10 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 5-10 |
| Mr J Campbell | Left 31/12/21 | 5-10 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 5-10 |
| Dr C O'Mullan | Left 30/09/21 | 0-5 | 0 | 0 | 0-5 | 5-10 | 0 | 0 | 5-10 |
| Rev J McGaffin | | 5-10 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 5-10 |
| Mr H McKenna | | 5-10 | 0 | 0 | 5-10 | 5-10 | 0 | 0 | 5-10 |

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 2021 | CETV at 31st March 2022 | Real increase in CETV |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2021/22 £'000s | 2021/22 £'000s | 2021/22 £ | 2021/22 £'000s | 2021/2022 £'000s | 2020/21 £'000s | 2020/21 £'000s | 2020/21 £ | 2020/21 £'000s | 2020/21 £'000s | 2020122 £'000s | 2021/22 £'000s | 2020/21 £'000s | 2021/22 £'000s | 2021/22 £'000s |
| **Executive Directors** | | | | | | | | | | | | | | | | |
| Dr A Kilgallen** (retired June 2021) | Chief Executive | 40-45 (see note 2) | 0 | 0 | 3 | 45-50 | 125-130 | 0 | 0 | 12 | 140-145 | 0-2.5 plus lump sum of 2.5 | 35-40 plus lump sum of 105-110 | 871 | 868 | 9 |
| Mr N Guckian (from July 2021 – former Director of Finance and Contracting) | Chief Executive | 100-105 | 0 | 0 | 75 | 175-180 | 90-95 | 0 | 0 | 20 | 110-115 | 0-2.5 plus lump sum of 5-7.5 | 25-30 plus lump sum of 80-85 | 713 | 807 | 74 |
| Mr P Quigley (from July 2021 until October 2021) | Director of Finance and Contracting | 25-30 (see note 3) | 0 | 0 | 0 | 25-30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ms E McCauley (from November 2021) | Director of Finance and Contracting | 30-35 (see note 3) | 0 | 0 | 0 | 30-35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dr B Brown** (retired January 2022) | Director of Primary Care & Older People Services | 85-90 (see note 4) | 0 | 0 | 18 | 105-110 | 95-100 | 0 | 0 | 20 | 115-120 | 0 | 25-30 plus lump sum of 80-85 | 750 | 787 | 19 |
| Mrs D Keenan (from December 2021) | Director of Primary Care & Older People Services | 25-30 (see note 3) | 0 | 0 | 80 | 100-105 | 0 | 0 | 0 | 0 | 0 | 2.5-5 plus lump sum of 10-12.5 | 30-35 plus lump sum of 100-105 | 1 | 777 | 86 |
| Dr C McDonnell | Medical Director | 170-175 | 0 | 0 | 47 | 220-225 | 170-175 | 0 | 0 | 30 | 200-205 | 2.5-5 plus lump sum of 7.5-10 | 65-70 plus lump sum of 195-200 | 1,495 | 1,608 | 70 |
| Mrs D Mahon | Director of Women & Children's Service | 80-85 | 0 | 0 | 47 | 130-135 | 75-80 | 0 | 0 | 10 | 85-90 | 2.5-5 plus lump sum of 7.5-10 | 30-35 plus lump sum of 90-95 | 707 | 774 | 62 |
| Mr T Cassidy (November 2020 until November 2021) | Director of Women & Children's Service | 50-55 (see note 3) | 0 | 0 | 8 | 55-60 | 25-30 (see note 1) | 0 | 0 | 39 | 65-70 | 0-2.5 plus lump sum of 0-2.5 | 35-40 plus lump sum of 115-120 | 906 | 951 | 18 |
| **Other Board Members** | | | | | | | | | | | | | | | | |
| Mrs G McKay * | Director of Acute Services | 80-85 | 0 | 1,200 | 0 | 80-85 | 70-75 | 0 | 1,800 | 0 | 70-75 | N/A | N/A | N/A | N/A | N/A |
| Mr A Moore ** (retired September 2021) | Director of Strategic Capital Development | 35-40 (see note 5) | 0 | 0 | 1 | 35-40 | 70-75 | 0 | 0 | (3) | 70-75 | 0-2.5 plus lump sum of 0-2.5 | 35-40 plus lump sum of 110-115 | 906 | 937 | 5 |
| Mrs T Molloy | Director of Performance & Service Improvement | 100-105 | 0 | 0 | 31 | 130-135 | 90-95 | 0 | 0 | 20 | 110-115 | 0-2.5 | 30-35 plus lump sum of 55-60 | 580 | 625 | 31 |
| Mrs A McConnell** (retired March 2020) | Director of Human Resources | 5-10 | 0 | 0 | 0 | 5-10 | 70-75 | 0 | 0 | 15 | 90-95 | 0 | 0 | 0 | 0 | 0 |
| Mrs M Ward** (From March 2021 until May 2021) | Director of Human Resources | 10-15 (see note 1) | 0 | 0 | 0 | 10-15 | 0-5 (see note 1) | 0 | 0 | 25 | 25-30 | 0 | 0 | 0 | 0 | 0 |
| Mrs K Hargan (from May 2021) | Director of Human Resources | 70-75 (see note 3) | 0 | 0 | 38 | 110-115 | 0 | 0 | 0 | 0 | 0 | 2.5-5 | 20-25 | 124 | 139 | 14 |
| Mrs K O'Brien | Director of Adult Mental Health and Disability Services | 75-80 | 0 | 0 | 27 | 105-110 | 75-80 | 0 | 0 | 17 | 95-100 | 0-2.5 | 25-30 plus lump sum of 45-50 | 459 | 495 | 25 |

Note 1 Full year effect 70-75
Note 2 Full year effect 130-135
Note 3 Full year effect 80-85
Note 4 Full year effect 95-100
Note 5 Full year effect 75-80

* No longer in pension scheme
** Not a Trust employee as at 31/3/22
General Note: The figures in the tables are inclusive of the pay arrears paid in relation to 2016/17 & 2017/18.
The payment of arrears to former directors who were not in post during 2020/21 & 2021/22 are excluded from the table above.

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.

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

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

**Fair Pay Disclosures (This section has been subject to audit)**
Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce, excluding the highest paid director. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The agency staff have not been taken into account in the average, median, 25th percentile or 75th percentile salary figures quoted in the table below. In 2020/21 and 2021/22, the highest paid Director was the Medical Director and no other employee received remuneration in excess of the highest paid Director.

| | **2021/2022** | **2020/2021** |
|---|---|---|
| Band of Highest Paid Director Remuneration | £170k - £175k | £170k - £175k |
| % Change from Previous Year | 1.68% | -11.70% |
| 25th Percentile Remuneration | £21,777 | £21,142 |
| 25th Percentile Pay Ratio | 7.98 | 8.08 |
| Median Remuneration | £27,780 | £26,970 |
| Median Pay Ratio | 6.26 | 6.34 |
| Mean Remuneration | £31,811 | £30,548 |
| % Change from Previous Year | 4.13% | N/A |
| 75th Percentile Remuneration | £39,027 | £37,890 |
| 75th Percentile Pay Ratio | 4.45 | 4.51 |
| Range of Staff Remuneration | £18,546 - £172,500 | £18,003 - £172,500 |

**Staff Report**

Details of the Senior Trust staff as at 31 March 2022 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 | 7 |
| 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 | 65 |
| **Total** | | | **78** |

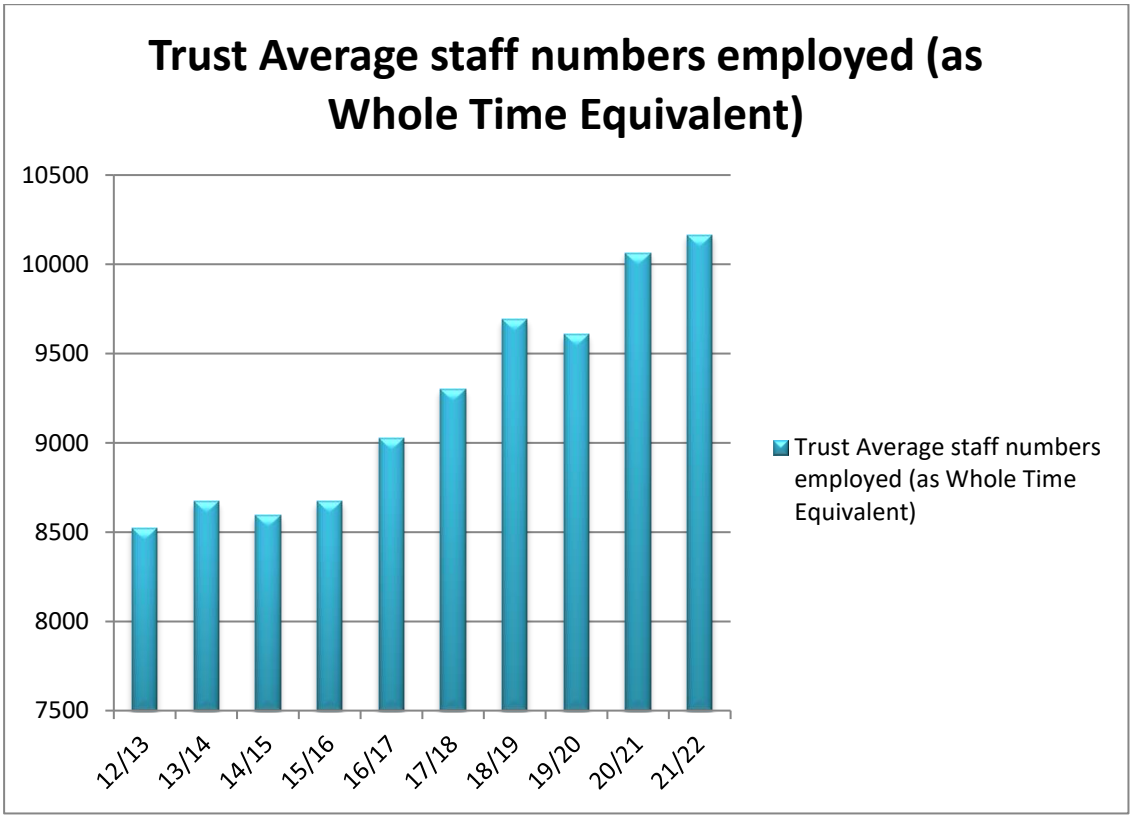
The gender split of Senior Trust staff was 52 females and 26 males.

The average number of whole time equivalent persons employed during the year was as follows: (The section below has been subject to audit)

| | 2022 Permanently Employed Staff No. | 2022 Others No. | 2022 Total No. | 2021 Total No. |
|---|---|---|---|---|
| Medical and dental | 487 | 95 | 582 | 647 |
| Nursing and midwifery | 3,758 | 519 | 4,277 | 3,950 |
| Ancillaries | 910 | 101 | 1,011 | 994 |
| Administrative and clerical | 1,733 | 56 | 1,789 | 1,690 |
| Works | 147 | 0 | 147 | 148 |
| Other professional and technical | 1,446 | 39 | 1,485 | 1,413 |
| Social Services | 1,713 | 71 | 1,784 | 1,734 |
| Other | 0 | 0 | 0 | 0 |
| **Total average number of persons employed** | **10,194** | **881** | **11,075** | **10,576** |
| Less average staff number relating to capitalised staff costs | (25) | 0 | (25) | (25) |
| Less average staff number in respect of outward secondments | (5) | 0 | (5) | (3) |
| **Total net average number of persons employed** | **10,164** | **881** | **11,045** | **10,548** |

Staff numbers relate to Western Health and Social Care Trust only. There are no staff employed by the Charitable Trust Funds: however, there is 1.2 wte staff in the Trust funded from Charitable Trust Funds.

The trend over the last ten years is shown in the following chart.




Staff costs incurred by the Trust during 2021/22 comprise the following:
(The section below has been subject to audit)

| | 2022 | | | 2021 |
|---|---|---|---|---|
| | Permanently Employed Staff £000s | Others £000s | Total £000s | Total £000s |
| Wage and salaries | 393,195 | 50,543 | 443,738 | 445,560 |
| Social security costs | 39,311 | 0 | 39,311 | 36,133 |
| Other pension costs | 72,951 | 0 | 72,951 | 70,029 |
| **Sub Total** | 505,457 | 50,543 | 556,000 | 551,722 |
| Capitalised staff costs | (1,249) | | (1,249) | (1,088) |
| **Total staff costs reported in Statement of Comprehensive Net Expenditure** | 504,208 | 50,543 | 554,751 | 550,634 |
| Less recoveries in respect of outward secondments | | | (505) | (249) |
| **Total net costs** | | | **554,246** | **550,385** |

| Total Net costs of which: | 2022 £000s | 2021 £000s |
|---|---|---|
| Western HSC Trust | 544,751 | 550,634 |
| **Total** | **544,751** | **550,634** |

Staff costs exclude £1,249k charged to capital projects during the year (2021: £1,088k).

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. A valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) is used in 2021/22 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. 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.

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

- The Trust made no off payroll payments to staff during 2021/22 (nil 2020/21).

- The Trust incurred no expenditure during the year on consultancy costs (nil 2020/21).

- The gender split of the Trust's workforce, from a headcount figure of 11,599 permanent and temporary staff as at 31st March 2022, is currently 81% female, 19% male (2020/21 80% female, 20% male).

- The cumulative rate of absence for all Trust staff for 2021/22 was 7.32% (2020/21 6.93%).

- The Trust did not have any staff benefit schemes in 2021/22 or 2020/21.

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

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

- to be recognised by the community as an employer which provides good employment opportunities for people with a disability.
- that people with a disability who apply for jobs in the Trust know that they will receive fair treatment and be considered solely on their ability to do the job.
- that people with a disability be integrated smoothly into work and any special needs that they may have concerning work or the working environment should be examined fairly and met, if at all possible.
- that employees who become disabled should be retained in suitable employment if at all possible.
- that the skills and potential of employees with a disability be developed to the full and they should be offered training and promotion opportunities according to their abilities.
- wherever practical, reasonable adjustments will be made to buildings, premises or working practices, which will enable employees with a disability to gain access and share their full use with employees without a disability.
- to be conscious of the opportunities that new technologies may provide to enable greater job participation by people with a disability.
- where possible, participation and involvement of people with a disability in normal work activities.

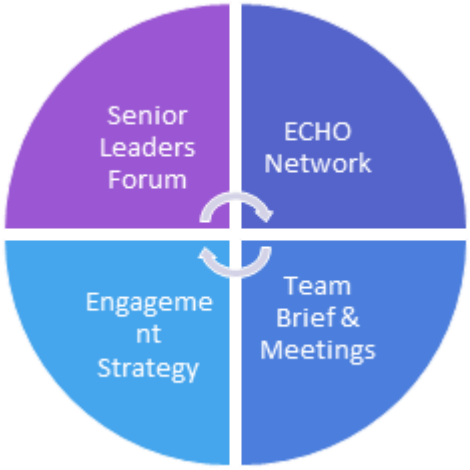
**Staff Engagement**

A HSC staff survey was not undertaken in 2021/22, therefore an engagement score is not available. Staff engagement processes instead focused on specific critical themes to support and inform the development of various staff initiatives. These included a flexible working survey (2196 WHSCT respondents) and a nursing and midwifery retention survey (837 WHSCT respondents). Additionally, there were a number of regional and local staff health & well-being surveys which looked at all aspects of staff well-being. The results of all of these surveys have been incorporated into the appropriate work programmes.

The Trust's Engagement & Involvement strategy continues to be implemented throughout the organisation. It has been shared at numerous staff forums, has been integrated into the Leader and Manager Framework and is also used to as a tool to support team development and facilitation.

The Trust have in place a number of engagement forums such as the Senior Leaders Forum and the award winning Working Safely Together Echo Network aimed at middle and junior managers. Both forums are key engagement enablers which allow information to be shared 2 ways on a monthly basis. Senior Leadership visits to Trust facilities by Directors and Non-Executive Directors are coordinated on a regular basis to increase visibility and provide more opportunities for staff engagement.

Additionally a monthly Team Brief publication has been launched in 2021/22 with the aim of providing consistent information that teams can use within their team meetings.




**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:

2020/21 – 11.63%
2021/22 – 8.72%

| **Trust Management Costs** | **2022 £000s** | **2021 £000s** |
|---|---|---|
| Trust Management Costs | 27,053 | 26,556 |
| | | |
| **Income**: | | |
| Revenue Resource Limit | 915,955 | 910,038 |
| Income per Note 4 | 42,074 | 40,058 |
| Non cash RRL for movement in clinical negligence provision | (33,223) | (49,900) |
| Less interest receivable | 0 | 0 |
| **Total Income** | **924,806** | **900,196** |
| **% of total income** | **2.9%** | **3.0%** |

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 2021/2022, there were 35 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £82k. These costs are borne by the HSC Pension Scheme.

## ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

### Funding Report

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

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

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

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

### Long term expenditure plans

**Private Financing Initiatives (This has been subject to audit)**
The Trust has two existing Private Financing Initiatives (PFI) contracts in place. One was entered into to provide the financing for a new Laboratory and Pharmacy building at Altnagelvin Hospital and the second was for the construction of the South West Acute

Hospital in Enniskillen. The charges to the Trust under both contracts depend on movements in the Retail Prices Index for interest rate changes.

The overall PFI liability excluding interest and service costs, for the two contracts as at 31 March 2022 was £110m. 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 £258m as at 31 March 2022.

**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 2022, the Trust had £96m of non-current provisions (31 March 2021 £67m).

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

| | 2021-22 | 2020-21 |
|---|---|---|
| Total number of losses | 264 | 288 |
| Total value of losses (£000) | 973 | 543 |

**Special payments**

| | 2021-22 | 2020-21 |
|---|---|---|
| Total number of special payments | 80 | 70 |
| Total value of special payments (£000) | 9,608 | 1,579 |

| Special Payments over £250,000 | 2021-22 £000 | 2020-21 £000 |
|---|---|---|
| Compensation payments | | |
| - Clinical Negligence | 8,626 | 800 |
| - Public Liability | | |
| - Employers Liability | | |
| - Other | | |
| Ex-gratia payments | | |
| Extra contractual | | |
| Special severance payments | | |
| **Total special payments** | 8,626 | 800 |

**Note**
There were four Clinical Negligence cases settled in year at a value exceeding £250k being £300k, £936k, £3,695k and £3,695k respectively.

**Fees and charges (This has been subject to audit)**
The Western Health and Social Care Trust does not have material income generated from fees and charges.

**Remote Contingent Liabilities (The has been subject to audit)**
All contingent liabilities which the Trust is aware of are stated in Note 19 to the Accounts at Section 3 of this document.

**Notation of gifts**
No notation of gifts over the limits prescribed in Managing Public Money Northern Ireland were made.

**Going Concern (This has been subject to audit)**
The consolidated financial statements of the Trust as at 31st March 2022 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.

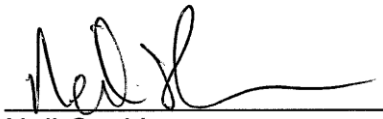
Complaints provide us with lessons to help us learn how to improve our services. Whilst we aim to give the best service to all our patients and service users, we wish to know when things do not go well so that we can take the appropriate remedial action to prevent it happening again.

During the 2021/22 year a total of 523 formal complaints were received by the Trust. This compares with 417 complaints received during the previous financial year.

The Trust's Complaints Department also collates information relating to compliments received by Trust staff. During the 2021/22 year a total of 2,184 compliments were received. This compares with 2,768 compliments received during the previous financial year.

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

Staff have developed an online investigating Officer training package this year, which will be launched and delivered in May 2022.



Neil Guckian
Chief Executive & Accounting Officer

27 June 2022
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 2022 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

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

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

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of Western Health and Social Care Trust's affairs as at 31 March 2022 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 of opinions**

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

**Conclusions relating to going concern**

In auditing the financial statements, I have concluded that Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

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

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

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

**Other Information**

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

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

I have nothing to report in this regard.

**Opinion on other matters**

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

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

**Matters on which I report by exception**

In the light of the knowledge and understanding of the Western Health and Social Care Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the

Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

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

**Responsibilities of the Trust and Accounting Officer for the financial statements**

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

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

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

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust through discussion with management and

application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;

- making enquires of management and those charged with governance 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 and posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the 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.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court, Galwally
Belfast
BT8 6RB

19 July 2022

# ANNUAL ACCOUNTS

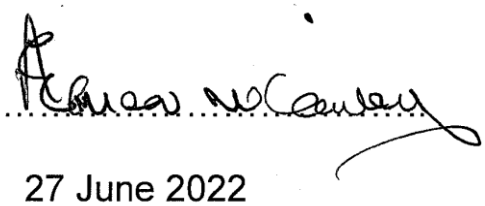
## Western Health and Social Care Trust
## Annual Accounts for the Year Ended 31 March 2022

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022**

**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 137 to 189) 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.

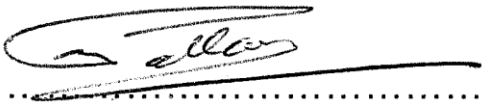


Director of Finance

27 June 2022

Date

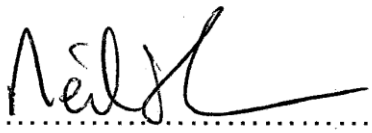
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 137 to 189) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

27 June 2022

Date



Chief Executive

27 June 2022

Date

## WESTERN HEALTH AND SOCIAL CARE TRUST
## CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2022

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.

| | | 2022 £000s | | | | 2021 £000s | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Note | Trust | CTF | Consolidated Adjustments | Consolidated | Trust | CTF | Consolidated Adjustments | Consolidated |
| **Income** | | | | | | | | | |
| Revenue from contracts with customers | 4.1 | 32,706 | 0 | 0 | 32,706 | 31,039 | 0 | 0 | 31,039 |
| Other operating income | 4.2 | 9,368 | 546 | (52) | 9,862 | 9,019 | 3,613 | (40) | 12,592 |
| **Total operating Income** | | 42,074 | 546 | (52) | 42,568 | 40,058 | 3,613 | (40) | 43,631 |
| **Expenditure** | | | | | | | | | |
| Staff costs | 3 | (554,751) | 0 | 0 | (544,751) | (550,634) | 0 | 0 | (550,634) |
| Purchase of goods and services | 3 | (255,321) | 0 | 0 | (255,321) | (197,006) | 0 | 0 | (197,006) |
| Depreciation, amortisation and impairment charges | 3 | (37,472) | 0 | 0 | (37,472) | (41,425) | 0 | 0 | (41,425) |
| Provision expense | 3 | (35,003) | 0 | 0 | (35,003) | (50,858) | 0 | 0 | (50,858) |
| Other expenditures | 3 | (69,966) | (518) | 52 | (70,432) | (104,767) | (581) | 40 | (105,308) |
| **Total operating expenditure** | | (952,513) | (518) | 52 | (952,979) | (944,690) | (581) | 40 | **(945,231)** |
| **Net operating Expenditure** | | **(910,439)** | **28** | **0** | **(910,411)** | **(904,632)** | **3,032** | **0** | **(901,600)** |
| Finance income | 4.2 | 0 | 99 | 0 | 99 | 0 | 88 | 0 | 88 |
| Finance expense | 3 | (17,645) | 0 | 0 | (17,645) | (17,711) | 0 | 0 | (17,711) |
| **Net expenditure for the year** | | **(928,084)** | **127** | **0** | **(927,957)** | **(922,343)** | **3,120** | **0** | **(919,223)** |
| Revenue Resource Limit (RRL) | 22.1 | 915,955 | 0 | 0 | 915,955 | 910,038 | 0 | 0 | 910,038 |
| Add back charitable trust fund net expenditure | | 0 | (127) | 0 | (127) | 0 | (3,120) | 0 | (3,120) |
| **Deficit against RRL** | | **(12,129)** | **0** | **0** | **(12,129)** | **(12,305)** | **0** | **0** | **(12,305)** |

| | | 2022 £000s | | | | 2021 £000s | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Note | Trust | CTF | Consolidated adjustments | Consolidated | Trust | CTF | Consolidated adjustments | Consolidated |
| Items that will not be reclassified to net operating costs: | | | | | | | | | |
| Net gain on revaluation of property, plant and equipment | 5.1/5.2 | 34,172 | 0 | 0 | 34,172 | 652 | 0 | 0 | 652 |
| Net gain on revaluation of charitable assets | 8 | 0 | 189 | 0 | 189 | 0 | 447 | 0 | 447 |
| **Total comprehensive expenditure for the year ended 31 March** | | **(893,912)** | **316** | **0** | **(893,596)** | **(921,691)** | **3,567** | **0** | **(918,124)** |

The notes on pages 143 to 183 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.

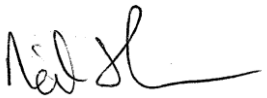
## WESTERN HEALTH AND SOCIAL CARE TRUST

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2022

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.

| | | 2022 | | 2021 | |
|---|---|---|---|---|---|
| | Note | Trust £000s | Consolidated £000s | Trust £000s | Consolidated £000s |
| **Non Current Assets** | | | | | |
| Property, plant and equipment | 5.1/5.2 | 793,239 | 793,239 | 756,982 | 756,982 |
| Intangible assets | 6.1/6.2 | 7,501 | 7,501 | 9,393 | 9,393 |
| Financial Assets | 7 | 0 | 3,014 | 0 | 2,825 |
| **Total Non Current Assets** | 13 | 800,740 | 803,754 | 766,375 | 769,200 |
| **Current Assets** | | | | | |
| Inventories | 11 | 8,187 | 8,187 | 8,017 | 8.017 |
| Trade and other receivables | 13 | 25,642 | 25,648 | 23,918 | 26,931 |
| Other current assets | 13 | 105 | 105 | 176 | 176 |
| Cash and cash equivalents | 12 | 4,632 | 8,297 | 3,485 | 3,998 |
| **Total Current Assets** | | 38,566 | 42,237 | 35,596 | 39,122 |
| **Total Assets** | | 839,306 | 845,991 | 801,971 | 808,322 |
| **Current Liabilities** | | | | | |
| Trade and other payables | 13 | (141,303) | (141,329) | (156,136) | (156,144) |
| Other liabilities | 14.1 | (4,233) | (4,233) | (4,264) | (4,264) |
| Provisions | 15 | (13,325) | (13,325) | (12,960) | (12,960) |
| **Total Current Liabilities** | | (158,861) | (158,887) | (173,360) | (173,368) |
| **Total Assets less Current Liabilities** | | 680,445 | 687,104 | 628,611 | 634,954 |
| **Non Current Liabilities** | | | | | |
| Provisions | 15 | (96,198) | (96,198) | (66,842) | (66,842) |
| Other payables > 1 year | 14.1 | (105,702) | (105,702) | (109,934) | (109,934) |
| **Total Non Current Liabilities** | | (201,900) | (201,900) | (176,776) | (176,776) |
| **Total assets less total liabilities** | | **478,545** | **485,204** | **451,835** | **458,178** |
| **Taxpayers' equity and other reserves** | | | | | |
| Revaluation Reserve | | 225,395 | 225,395 | 191,419 | 191,419 |
| SoCNE Reserve | | 253,150 | 253,150 | 260,416 | 260,416 |
| Other Reserves - Charitable Funds | | 0 | 6,659 | 0 | 6,343 |
| **Total equity** | | **478,545** | **485,204** | **451,835** | **458,178** |

The notes on pages 143 to 183 form part of these accounts. The financial statements on pages 137 to 189 were approved by the Board on and were signed on its behalf by:



**Signed (Chairman): Date: 27 June 2022**

**Signed (Chief Executive): Date: 27 June 2022**

## WESTERN HEALTH AND SOCIAL CARE TRUST

## CONSOLIDATED STATEMENT OF CASH FLOWS

## FOR THE YEAR ENDED 31 MARCH 2022

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 | 2022 £000s | 2021 £000s |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Net operating expenditure | | (927,957) | (919,223) |
| Adjustments for non cash costs | | 72,106 | 92,125 |
| Increase/(decrease) in trade and other receivables | | 1,354 | (5,831) |
| (Increase) in inventories | | (172) | (1,491) |
| Increase/(decrease) in trade payables | | (14,815) | 46,981 |
| Less movements in payables relating to items not passing through the NEA: | | | |
| Movements in payables relating to the purchase of property, plant and equipment | | 7,518 | (9,229) |
| Movements in payables relating to PFI and other services concession arrangement contracts | | (446) | (436) |
| Use of provisions | 15 | (5,282) | (8,564) |
| Net cash outflow from operating activities | | (867,694) | (805,668) |
| **Cash flows from investing activities** | | | |
| (Purchase of property, plant and equipment) | 5 | (43,948) | (26,724) |
| (Purchase of intangible assets) | 6 | (364) | (8,021) |
| Proceeds on disposal of property, plant and equipment | | 68 | 2,060 |
| Net cash outflow from investing activities | | (44,244) | (32,685) |
| Cash flows from financing activities | | | |
| Grant in aid | | 920,500 | 843,500 |
| Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements | | (4,263) | (3,899) |
| Net financing | | 916,237 | 839,601 |
| **Net increase in cash and cash equivalents in the period** | | **4,299** | **1,248** |
| Cash and cash equivalents at the beginning of the period | 12 | 3,998 | 2,750 |
| Cash and cash equivalents at the end of the period | 12 | 8,297 | 3,998 |

**The notes on pages 143 to 183 form part of these accounts.**

## WESTERN HEALTH AND SOCIAL CARE TRUST

## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

## FOR THE YEAR ENDED 31 MARCH 2022

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

**For the year ended 31 March 2022**

| | Note | SoCNE Reserve £000s | Revaluation Reserve £000s | Charitable Fund £000s | Total £000s |
|---|---|---|---|---|---|
| **Balance at 31 March 2020** | | **338,624** | **191,338** | **2,776** | **532,738** |
| Changes in Taxpayers' Equity 2020-21 | | | | | |
| Grant from DoH | | 843,500 | 0 | 0 | 843,500 |
| (Comprehensive expenditure for the year) | | (922,343) | 652 | 3,567 | (918,124) |
| Transfer of asset ownership | | 571 | (571) | 0 | 0 |
| Non cash charges - auditors remuneration | 3 | 64 | 0 | 0 | 64 |
| **Balance at 31 March 2021** | | **260,416** | **191,419** | **6,343** | **458,178** |
| Changes in Taxpayers' Equity 2021-22 | | | | | |
| Grant from DoH | | 920,500 | 0 | 0 | 920,500 |
| (Comprehensive expenditure for the year) | | (928,084) | 34,172 | 316 | (893,596) |
| Transfer of asset ownership | | 196 | (196) | 0 | 0 |
| Non cash charges - auditors' remuneration | 3 | 122 | 0 | 0 | 122 |
| **Balance at 31 March 2022** | | **253,150** | **225,395** | **6,659** | **485,204** |

The notes on pages 143 to 183 form part of these accounts.

## WESTERN HEALTH AND SOCIAL CARE TRUST

## NOTES TO THE ACCOUNTS

## STATEMENT OF ACCOUNTING POLICIES

### 1. Authority

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 and inventories and certain financial assets and liabilities.

### 1.2 Property, Plant and Equipment

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

**Recognition**

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

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

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

**Valuation**

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

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

Fair value for Plant and Equipment is estimated by restating the value annually by reference to indices complied 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 five 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 exceeds five years, suitable indices will be applied each year and depreciation will be based on indexed amount.

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

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic

benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

| Asset Type | Asset Life |
|---|---|
| Freehold Buildings | 25 – 60 years |
| Leasehold property | Remaining period of lease |
| IT assets | 3 – 5 years |
| Intangible assets | 3 – 10 years |
| Other Equipment | 3 – 15 years |

**Impairment loss**

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

**1.4 Subsequent expenditure**

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

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

**1.5 Intangible assets**

Intangible assets include 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 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 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 necessary 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 5 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 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 and the Health and Social Care Board, are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

**1.10 Investments**

The Western HSC Trust does not have any investments. The Western HSC Charitable Trust Funds Investments are stated at market value as at the balance sheet date and have been consolidated. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

**1.11 Research and Development expenditure**

Research and development 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**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

<u>The Trust as lessee</u>

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. 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.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

<u>The Trust as lessor</u>

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.

### 1.14 Private Finance Initiative (PFI) transactions

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

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

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

**Services received**

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

**PFI Asset**

The PFI asset is recognised as property, plant and equipment, when it comes into use. The asset is measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the asset is measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

**PFI liability**

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI asset and is subsequently measured as a finance lease liability in accordance with IAS 17.

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

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

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

**Lifecycle replacement**

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

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

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

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

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

**1.15 Financial instruments**

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. The Trust has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

- Financial assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the Trust's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

• financial assets at fair value through Statement of Comprehensive Net Expenditure;
• held to maturity investments;
• available for sale financial assets; and
• loans and receivables.

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

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

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

- Interest rate risk

The Trust has limited powers to borrow or invest and therefore has 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 the Trust has 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 as at the year end. This cost has been calculated using average staff numbers and costs applied to the average untaken leave balance. This has been determined using data from the Trust e-roster system and the results of a survey for administrative and clerical staff. In addition figures for staff on long term absence have been calculated on the basis of their length of absence at 31 March 2022. As a result of the COVID-19 pandemic, significant numbers of staff were unable to avail of all their annual leave.

**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. FReM provides an interpretation of the IAS 19 standard and this standard requires the present value of defined benefit obligations to be determined with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. The 2021-22 accounts are based on membership data as at 31 March 2016 since it was not practicable to utilise data as 31 March 2020 within the time parameters available. The value of the liabilities as at 31 March 2022 has been calculated by rolling forward the liability calculated as at 31 March 2016 to 31 March 2022. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

## 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 22 to the accounts.

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

**1.22 Losses and Special Payments**

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

**1.23 Charitable Trust Account Consolidation**

Trusts are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result, the financial performance and funds have been consolidated. 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. It is for the Gifts and Endowments/Charitable Trust Fund 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.

**1.24 Accounting standards that have been issued but have not yet been adopted**

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

The International Accounting Standards Board (IASB) 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.

IFRS10 *Consolidated Financial Statements*, IFRS 11 *Joint Arrangements*, IFRS 12 *Disclosure of interests in Other Entities:*

The IASB issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI (Review of Financial Process), which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may have changed as a result of these Standards.

IFRS 16 Leases:
IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2022.

Due to the practical expedient advice by HM Treasury on initial application, management have assessed that there is no material impact on application to the Trust's consolidated financial statements.

IFRS 16 (Excluding PFI)
IFRS 16 is effective from 1 April 2022 and has the effect of largely eliminating the current 'off-balance sheet' treatment of operating leases under IAS 17. A lessee is now required to recognise a "right-of-use" asset (the right to use the leased item) and a financial liability for any operating leases where the term is greater than 12 months, excluding those where the associated right-of-use asset is of low value.

The Trust has set the low value financial threshold at £5k and from the lease agreement can determine the non-cancellable periods for which the Trust has the right to use the underlying asset. One key consideration is calculating the implicit interest rate within the lease agreement.

Based on the Trust's review to date of operating leases associated with buildings, equipment and other assets there is likely to be minimal financial impact on the 2022/23 financial statements.

IFRS 16 – PFI
IFRS 16 applies a different measurement basis to PFI assets. To date the HM Treasury guidance regarding changes to accounting for PFI arrangements has not been published. Hence it has not been possible to estimate the financial impact on the 2022/23 financial statements.

IFRS 17 Insurance Contracts:
IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2025.

Management currently assess that there will be minimal impact on application to the Trust's consolidated financial statements.

**1.25 Going Concern**
The consolidated financial statements of the Trust as at 31st March 2022 have been prepared on a going concern basis. Please also see details of the Financial Recovery Programme outlined in the Directors' report on page 68.

## NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non-Executive Directors, Chairman and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts. The information disclosed reflects the realignment of directorates that took place in 2009/10 therefore making meaningful comparison from year to year limited.

| Directorate | 2022 Staff Costs £000s | 2022 Other Expenditure £000s | 2022 Total Expenditure £000s | 2021 Staff Costs £000s | 2021 Other Expenditure £000s | 2021 Total Expenditure £000s |
|---|---|---|---|---|---|---|
| Women & Children's Services | 93,436 | 30,837 | 124,272 | 91,831 | 28,383 | 120,214 |
| Acute Services | 207,955 | 68,281 | 276,236 | 223,949 | 80,827 | 304,776 |
| Primary Care & Older People's Services | 105,549 | 101,595 | 207,144 | 105,079 | 104,788 | 209,867 |
| Adult Mental Health and Disability Services | 67,446 | 56,137 | 123,583 | 64,143 | 52,205 | 116,348 |
| Performance & Service Improvement | 41,431 | 25,656 | 67,088 | 45,517 | 22,183 | 67,700 |
| Other Trust Directorates | 38,934 | 60,363 | 99,297 | 20,114 | 31,051 | 51,165 |
| **Expenditure for Reportable Segments net of Non Cash Expenditure** | **554,751** | **342,868** | **897,620** | **550,634** | **319,437** | **870,071** |
| **Non Cash Expenditure** | | | **72,539** | | | **92,330** |
| **Total Expenditure per Net Expenditure Account** | | | **970,159** | | | **962,401** |
| **Income (Note 4)** | | | **(42,074)** | | | **(40,058)** |
| **Net Expenditure** | | | **928,085** | | | **922,343** |
| **Revenue Resource Limit** | | | **915,955** | | | **910,038** |
| **Deficit against RRL** | | | **(12,130)** | | | **(12,305)** |

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

Information that the Chief Operating Decision Maker uses for decision making includes monthly Management Information that would be reported using the Directorate structure referred to above.

**Acute Directorate**
- Cancer and Diagnostics (includes Laboratory & Radiology Services)
- Surgery and Elective Care
- Medicines and Unscheduled Care
- Pharmacy

These services are delivered at the Acute Hospital Sites at Altnagelvin Area Hospital, South West Acute Hospital and Omagh Hospital & Primary Care Complex.

**Directorate of Adult Mental Health & Disability Services**
- Provides a range of hospital and community services for Adult Mental Health, Learning Disability & Physical Disability clients including social services, community nursing, home treatment, crisis response, and specialist teams.

**Directorate of Primary Care and Older People's Services**
- Domiciliary care, residential and nursing care and dementia support
- District nursing, social services and allied health professionals supporting the elderly population
- Specialist services such as, continence and GP out of hours and minor injuries units and all aspects of supporting people in the community
- Partnership working with Voluntary and community organisations

**Directorate of Women and Children's Services**
- Includes all health services provided for children and adolescents, paediatric wards and special care baby units located in Acute facilities
- Children's' Disability services including respite, CAMHS, Children Community nursing of complex needs, Dental services
- Corporate Parenting
- Family support, Early Years, Health visiting and school nursing are included together with all Sure Start Projects.
- Social Services Training Unit

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

**Directorate of Performance and Service Improvement**

- Estate Services
- Support Services
- Emergency Planning
- Health Improvement, Equality and Involvement
- SWAH PFI contract monitoring
- Transformation
- Corporate Communications

**Other Trust Directorates**

- Office of the Chief Executive
- Finance, Contracting & ICT Directorate
- Human Resource Directorate, (including Occupational Health)
- Medical Directorate (Governance Patient/Client Safety, Research & Development, Medical & Dental Education and Infection Prevention & Control)

# WESTERN HEALTH AND SOCIAL CARE TRUST
# ANNUAL ACCOUNTS 31 MARCH 2022
# NOTE 3 OPERATING EXPENSES

| | Trust £000s | 2022 CTF £000s | Consolidation adjustments £000s | Consolidated £000s | Trust £000s | 2021 CTF £000s | Consolidation adjustments £000s | Consolidated £000s |
|---|---|---|---|---|---|---|---|---|
| **3.1 Operating Expenses are as follows:-** | | | | | | | | |
| **Staff costs:** | | | | | | | | |
| Wages and salaries ^ | 442,489 | 0 | 0 | 442,489 | 444,472 | 0 | 0 | 444,472 |
| Social security costs | 39,311 | 0 | 0 | 39,311 | 36,133 | 0 | 0 | 36,133 |
| Other pension costs | 72,951 | 0 | 0 | 72,951 | 70,029 | 0 | 0 | 70,029 |
| Purchase of care from non-HPSS bodies | 161,822 | 0 | 0 | 161,822 | 146,914 | 0 | 0 | 146,914 |
| Revenue grants to voluntary organisations | 1,288 | 0 | 0 | 1,288 | 1,041 | 0 | 0 | 1,041 |
| Personal social services | 18,220 | 0 | 0 | 18,220 | 16,874 | 0 | 0 | 16,874 |
| Recharges from other HSC organisations | 2,672 | 0 | 0 | 2,672 | 2,352 | 0 | 0 | 2,352 |
| Supplies and services – Clinical | 60,763 | 0 | 0 | 60,763 | 56,489 | 0 | 0 | 56,489 |
| Supplies and services – General | 23,193 | 0 | 0 | 23,193 | 29,411 | 0 | 0 | 29,411 |
| Establishment | 7,827 | 0 | 0 | 7,827 | 6,469 | 0 | 0 | 6,469 |
| Transport | 2,438 | 0 | 0 | 2,438 | 2,166 | 0 | 0 | 2,166 |
| Premises | 31,988 | 0 | 0 | 31,988 | 25,330 | 0 | 0 | 25,330 |
| Bad debts | 1,129 | 0 | 0 | 1,129 | 762 | 0 | 0 | 762 |
| Interest charges | 12,741 | 0 | 0 | 12,741 | 12,949 | 0 | 0 | 12,949 |
| PFI and other service concession arrangements service charges | 4,904 | 0 | 0 | 4,904 | 4,762 | 0 | 0 | 4,762 |
| BSO services | 6,871 | 0 | 0 | 6,871 | 6,780 | 0 | 0 | 6,780 |
| Training | 1,079 | 0 | 0 | 1,079 | 2,039 | 0 | 0 | 2,039 |
| Patients travelling expenses | 323 | 0 | 0 | 323 | 204 | 0 | 0 | 204 |
| Other Charitable Expenditure | 0 | 518 | (52) | 466 | 0 | 581 | (40) | 541 |
| Miscellaneous expenditure | 5,610 | 0 | 0 | 5,610 | 4,895 | 0 | 0 | 4,895 |
| **Non-cash items** | | | | | | | | |
| Depreciation | 29,421 | 0 | 0 | 29,421 | 27,615 | 0 | 0 | 27,615 |
| Depreciation - On Balance sheet PFI (funded by notional non cash RRL) | 5,679 | 0 | 0 | 5,679 | 5,603 | 0 | 0 | 5,603 |
| Amortisation | 2,232 | 0 | 0 | 2,232 | 699 | 0 | 0 | 699 |
| Impairments | 140 | 0 | 0 | 140 | 7,508 | 0 | 0 | 7,508 |
| (Profit) on disposal of property, plant & equipment (excluding profit on land) | (60) | 0 | 0 | (60) | (34) | 0 | 0 | (34) |
| Loss on disposal of property, plant & equipment (including land) | 2 | 0 | 0 | 2 | 15 | 0 | 0 | 15 |
| Increase in provisions (provision provided for in year less any release) | 23,926 | 0 | 0 | 23,926 | 49,702 | 0 | 0 | 49,702 |
| Cost of borrowing of provisions (unwinding of discount on provisions) | 11,077 | 0 | 0 | 11,077 | 1,156 | 0 | 0 | 1,156 |
| Auditor's remuneration | 122 | 10 | 0 | 132 | 66 | 7 | 0 | 73 |
| Add back of notional charitable expenditure | 0 | (10) | 0 | (10) | 0 | (7) | 0 | (7) |
| **Total** | **970,158** | **518** | **(52)** | **970,624** | **962,401** | **581** | **(40)** | **962,942** |

^Further detailed analysis of staff costs is located in the Staff Report on pages 119-128 within the Accountability Report.

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 4 INCOME

**4.1 Revenue from Contracts with Customers**

| | 2022 | | | | 2021 | | | |
|---|---|---|---|---|---|---|---|---|
| | Trust £000s | CTF £000s | Consolidation adjustments £000s | Consolidated £000s | Trust £000s | CTF £000s | Consolidation adjustments £000s | Consolidated £000s |
| GB/Republic of Ireland Health Authorities | 4,308 | 0 | 0 | 4,308 | 4,574 | 0 | 0 | 4,574 |
| HSC Trusts | 389 | 0 | 0 | 389 | 407 | 0 | 0 | 407 |
| Non-HSC-Private Patients | 336 | 0 | 0 | 336 | 291 | 0 | 0 | 291 |
| Road Traffic Accident income | 1,001 | 0 | 0 | 1,001 | 1,289 | 0 | 0 | 1,289 |
| Clients contributions | 22,398 | 0 | 0 | 22,398 | 20,899 | 0 | 0 | 20,899 |
| Seconded staff | 505 | 0 | 0 | 505 | 249 | 0 | 0 | 249 |
| Other income from non-patient services | 3,769 | 0 | 0 | 3,769 | 3,330 | 0 | 0 | 3,330 |
| **Total** | **32,706** | 0 | **0** | **32,706** | **31,039** | **0** | **0** | **31,039** |

**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 | 7,675 | **0** | (52) | 7,623 | 5,484 | 0 | (40) | 5,444 |
| Supporting people | 1,260 | **0** | 0 | 1,260 | 1,425 | 0 | 0 | 1,425 |
| Charitable and other contributions to expenditure by core trust | 0 | **0** | 0 | 0 | 1,905 | 0 | 0 | 1,905 |
| Donation / Government grant / Lottery funding for non-current assets | 433 | **0** | 0 | 433 | 205 | 0 | 0 | 205 |
| Charitable Income received by Charitable Trust Fund | 0 | 546 | 0 | 546 | 0 | 3,613 | 0 | 3,613 |
| Investment Income | 0 | 99 | 0 | 99 | | 88 | 0 | 88 |
| **Total** | **9,368** | **645** | **(52)** | **9,961** | **9,019** | **3,701** | **0** | **12,680** |
| **Total Income** | **42,074** | **645** | **(52)** | **42,667** | **40,058** | **3,701** | **(40)** | **43,719** |

## WESTERN HEALTH AND SOCIAL CARE TRUST
## ANNUAL ACCOUNTS 31 MARCH 2022
## NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2022

| | Land £000s | Buildings (excluding dwellings) £000s | Dwellings £000s | Assets under Construction £000s | Plant and Machinery (Equipment) £000s | Transport Equipment £000s | Information Technology (IT) £000s | Furniture and Fittings £000s | Total £000s |
|---|---|---|---|---|---|---|---|---|---|
| **Cost or Valuation** | | | | | | | | | |
| At 1 April 2021 | 47,511 | 658,501 | 19,765 | 2,291 | 109,483 | 9,366 | 60,540 | 16,497 | 923,934 |
| Indexation | 0 | 33,636 | 1,008 | 0 | 7,236 | 280 | 0 | 401 | 42,561 |
| Additions | 57 | 11,576 | 1,969 | 2,368 | 7,720 | 1,748 | 9,509 | 1,953 | 36,900 |
| Donations / Government grant / Lottery funding | 0 | 101 | 0 | 0 | 284 | 0 | 26 | 22 | 433 |
| Reclassifications | 0 | 367 | 0 | (367) | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | 0 | 0 | 0 | 0 | 0 | (150) | 0 | (150) |
| Disposals | 0 | 0 | 0 | 0 | (1,720) | (675) | (72) | 0 | (2,467) |
| **At 31 March 2022** | **47,568** | **704,181** | **22,742** | **4,292** | **123,003** | **10,719** | **69,853** | **18,873** | **1001,231** |
| **Depreciation** | | | | | | | | | |
| At 1 April 2021 | 0 | 22,896 | 854 | 0 | 86,706 | 6,154 | 43,165 | 7,197 | 166,972 |
| Indexation | 0 | 1,952 | 75 | 0 | 5,973 | 192 | 0 | 197 | 8,389 |
| Impairment charged to the SoCNE | 0 | 0 | 0 | 0 | 0 | 0 | (10) | 0 | (10) |
| Disposals | 0 | 0 | 0 | 0 | (1,718) | (668) | (73) | 0 | (2,459) |
| Provided during the year | 0 | 20,706 | 840 | 0 | 6,626 | 753 | 4,815 | 1,360 | 35,100 |
| **At 31 March 2022** | **0** | **45,554** | **1,769** | **0** | **97,587** | **6,431** | **47,897** | **8,754** | **207,992** |
| **Carrying Amount** | | | | | | | | | |
| At 31 March 2022 | **47,568** | **658,627** | **20,973** | **4,292** | **25,416** | **4,288** | **21,956** | **10,119** | **793,239** |
| At 31 March 2021 | **47,511** | **635,605** | **18,911** | **2,291** | **22,777** | **3,212** | **17,375** | **9,300** | **756,982** |
| **Asset financing** | | | | | | | | | |
| Owned | 47,568 | 400,614 | 20,973 | 4,292 | 25,416 | 4,288 | 21,956 | 10,119 | 535,226 |
| On B/S (So FP) PFI and other service concession arrangements contracts | 0 | 258,013 | 0 | 0 | 0 | 0 | 0 | 0 | 258,013 |
| **Carrying Amount** | | | | | | | | | |
| At 31 March 2022 | **47,568** | **658,627** | **20,973** | **4,292** | **25,416** | **4,288** | **21,956** | **10,119** | **793,239** |

| Of which: | £000,000 |
|---|---|
| Trust | 793 |
| 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 £5,679k (2021: £5,603k).
The fair value of assets funded from the following sources during the year was:

| | 2022 £000 | 2021 £000 |
|---|---|---|
| Donations | 88 | 199 |
| Government grant | 345 | 0 |
| **Total** | **433** | **199** |

The outbreak of COVID-19, declared by the World Health Organisation as a “Global Pandemic” on the 11th March 2020, has and continues to impact on many aspects of daily life, global economies and worldwide real estate markets. Some real estate markets have, and continue, to experience significantly lower levels of transactional activity and liquidity than would be normal. Nevertheless, as at the valuation date, many property markets are functioning again, with transaction volumes and other relevant market metrics at, or returning to, levels where an adequate quantum of market evidence exists upon which to base opinions of value. This is true of some (but not all) of the local property market sectors that relate to the assets types identified as part of the client property portfolio.

LPS would advise that the overall market evidence gathered to underpin advice provided within the latest indexation report would tend to indicate a generally static property market at the present time, but that build costs are significantly increasing. Evidence has been collated and analysed to reflect general market movements only, as a means to allow restatement of the value of the client portfolio.

# WESTERN HEALTH AND SOCIAL CARE TRUST
# ANNUAL ACCOUNTS 31 MARCH 2022
## NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2021

| | Land £000s | Buildings (excluding dwellings) £000s | Dwellings £000s | Assets under Construction £000s | Plant and Machinery (Equipment) £000s | Transport Equipment £000s | Information Technology (IT) £000s | Furniture and Fittings £000s | Total £000s |
|---|---|---|---|---|---|---|---|---|---|
| **Cost or Valuation** | | | | | | | | | |
| At 1 April 2020 | 47,512 | 633,727 | 18,735 | 19,020 | 100,786 | 9,472 | 52,977 | 14,833 | 897,062 |
| Indexation | 0 | 0 | 0 | 0 | 286 | 0 | 0 | 506 | 792 |
| Additions | 0 | 10,224 | 1,030 | 5,501 | 10,196 | 712 | 7,569 | 1,136 | 36,368 |
| Donations / Government grant / Lottery funding | 0 | 0 | 0 | 0 | 175 | 0 | 2 | 22 | 199 |
| Transfers | 0 | 22,230 | 0 | (22,230) | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | (7,680) | 0 | 0 | 0 | 0 | 0 | 0 | (7,680) |
| Disposals | (1) | 0 | 0 | 0 | (1,960) | (818) | (28) | 0 | (2,807) |
| **At 31 March 2021** | **47,511** | **658,501** | **19,765** | **2,291** | **109,483** | **9,366** | **60,540** | **16,497** | **923,954** |
| **Depreciation** | | | | | | | | | |
| At 1 April 2020 | 0 | 3,345 | 114 | 0 | 81,456 | 6,179 | 39,216 | 5,762 | 136,072 |
| Indexation | 0 | 0 | 0 | 0 | 243 | 0 | 0 | 225 | 468 |
| Disposals | 0 | 0 | 0 | 0 | (1,960) | (798) | (28) | 0 | (2,786) |
| Provided during the year | 0 | 19,551 | 740 | 0 | 6,967 | 773 | 3,977 | 1,210 | 33,218 |
| **At 31 March 2021** | **0** | **22,896** | **854** | **0** | **86,706** | **6,154** | **43,165** | **7,197** | **166,972** |
| **Carrying Amount** | | | | | | | | | |
| At 31 March 2021 | **47,511** | **635,605** | **18,911** | **2,291** | **22,777** | **3,212** | **17,355** | **9,300** | **756,982** |
| At 1 April 2020 | **47,512** | **630,382** | **18,621** | **19,020** | **19,330** | **3,293** | **13,761** | **9,071** | **761,010** |
| **Asset financing** | | | | | | | | | |
| Owned | 47,511 | 384,938 | 18,911 | 2,291 | 22,777 | 3,212 | 17,375 | 9,300 | 506,315 |
| On B/S (SoFP) PFI and other service concession arrangements contracts | 0 | 250,667 | 0 | 0 | 0 | 0 | 0 | 0 | 250,667 |
| **Carrying Amount** | | | | | | | | | |
| At 31 March 2021 | **47,511** | **635,605** | **18,911** | **2,291** | **22,777** | **3,212** | **17,375** | **9,300** | **756,982** |
| **Asset financing** | | | | | | | | | |
| Owned | 47,512 | 390,931 | 18,621 | 19,020 | 19,330 | 3,293 | 13,781 | 9,071 | 521,559 |
| On B/S (SoFP) PFI and other service concession arrangements contracts | 0 | 239,451 | 0 | 0 | 0 | 0 | 0 | 0 | 239,451 |
| **Carrying Amount** | | | | | | | | | |
| At 1 April 2020 | **47,512** | **630,382** | **18,621** | **19,020** | **19,330** | **3,293** | **13,781** | **9,071** | **761,010** |
| **Carrying amount comprises** | | | | | | | | | |
| Western HSC Trust at 31 March 2021 | 47,511 | 635,605 | 18,911 | 2,291 | 22,777 | 3,212 | 17,375 | 9,300 | 756,982 |
| Western HSC Trust charitable trust fund at 31 March 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total carrying amount 31 March 2021** | **47,511** | **635,605** | **18,911** | **2,291** | **22,777** | **3,212** | **17,375** | **9,300** | **756,982** |
| | | | | | | | | | |
| Western HSC Trust at 31 March 2020 | 47,512 | 630,382 | 18,621 | 19,020 | 19,330 | 3,293 | 13,781 | 9,071 | 761,010 |
| Western HSC Trust charitable trust fund at 31 March 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total carrying amount 31 March 2020** | **47,512** | **630,382** | **18,621** | **19,020** | **19,330** | **3,293** | **13,781** | **9,071** | **761,010** |
| | | | | | | | | | |
| Western HSC Trust at 31 March 2019 | 47,145 | 592,617 | 16,449 | 36,136 | 21,494 | 3,159 | 14,450 | 8,158 | 739,608 |
| Western HSC Trust charitable trust fund at 31 March 2019 | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | 0 |
| **Total carrying amount 31 March 2019** | **47,145** | **592,617** | **16,449** | **36,136** | **21,494** | **3,159** | **14,450** | **8,158** | **739,608** |

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2022

| | Software Licences £000s | Information Technology £000s | Development Expenditure £000s | Total £000s |
|---|---|---|---|---|
| Cost or Valuation | | | | |
| At 1 April 2021 | 14,945 | 1 | 150 | 15,096 |
| Donations / Government grant / Lottery funding | 340 | 0 | 0 | 340 |
| **At 31 March 2022** | **15,285** | **1** | **150** | **15,436** |
| **Amortisation** | | | | |
| As at 1 April 2021 | 5,552 | 1 | 150 | 5,703 |
| Provided during the year | 2,232 | 0 | 0 | 2,232 |
| **At 31 March 2022** | **7,784** | **1** | **150** | **7,935** |
| **Carrying Amount** | | | | |
| At 31 March 2022 | **7,501** | **0** | **0** | **7,501** |
| At 31 March 2021 | **9,393** | **0** | **0** | **9,393** |
| **Asset financing** | | | | |
| Owned | 7,501 | 0 | 0 | 7,501 |
| Carrying Amount at 31 March 2022 | **7,501** | **0** | **0** | **7,501** |

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:

| | 2022 £000 | 2021 £000 |
|---|---|---|
| Donations | 0 | 6 |
| Government grant | 0 | 0 |
| **Total** | **0** | **6** |

## NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2021

| | Software Licence £000s | Information Technology £000s | Development Expenditure £000s | Total £000s |
|---|---|---|---|---|
| **Cost or Valuation** | | | | |
| At 1 April 2020 | 6,918 | 1 | 150 | 7,069 |
| Additions | 8,021 | 0 | 0 | 8,021 |
| Donations / Government grant / Lottery funding | 6 | 0 | 0 | 6 |
| **At 31 March 2021** | **14,945** | **1** | **150** | **15,096** |
| **Amortisation** | | | | |
| At 1 April 2020 | 4,853 | 0 | 150 | 5,004 |
| Provided during the year | 699 | 1 | 0 | 699 |
| **At 31 March 2021** | **5,552** | **1** | **150** | **5,703** |
| **Carrying Amount** | | | | |
| At 31 March 2021 | **9,393** | **0** | **0** | **9,393** |
| At 1 April 2020 | **2,065** | **0** | **0** | **2,065** |
| **Asset financing** | | | | |
| Owned | 9,393 | 0 | 0 | 9,393 |
| **Carrying Amount** | | | | |
| At 31 March 2021 | **9,393** | **0** | **0** | **9,393** |
| **Asset financing** | | | | |
| Owned | 2,065 | 0 | 0 | 2,065 |
| **Carrying Amount** | | | | |
| At 31 March 2020 | **2,065** | **0** | **0** | **2,065** |

## NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of Western Health and Social Care Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed too little credit, liquidity or market risk.

The financial instruments held as at 31st March 2022 relate to investment in a Common Investment Fund, the Central Investment Fund for Charities.

| | 2022 Non-current assets £000s | 2021 Non-current assets £000s |
|---|---|---|
| Balance at 1 April | 2,825 | 2,378 |
| Revaluations | 189 | 447 |
| **Balance at 31 March** | **3,014** | **2,825** |
| Trust | 0 | 0 |
| Charitable Trust Fund | 3,014 | 2,825 |
| **Total** | **3,014** | **2,825** |

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 8 INVESTMENTS

### Market value of investments as at 31 March 2022

| | 2022 Charitable Trust Fund £000s | 2021 Charitable Trust Fund £000s |
|---|---|---|
| **Balance at 1st April** | 2,825 | 2,378 |
| Interest capitalised | 189 | 447 |
| **Balance at 31st March** | **3,014** | **2,825** |

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 9 IMPAIRMENTS

| 2022 | Property, plant & equipment £000s |
|---|---|
| Total Impairments charged to Statement of Comprehensive Net Expenditure | 140 |
| Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement) | 0 |
| **Total value of impairments for the period** | **140** |

| 2021 | Property, plant & equipment £000s |
|---|---|
| Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure | 7,508 |
| Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement) | 0 |
| **Total value of impairments for the period** | **7,508** |

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

| | Land | | Buildings | | Total | |
|---|---|---|---|---|---|---|
| | 2022 £000s | 2021 £000s | 2022 £000s | 2021 £000s | 2022 £000s | 2021 £000s |
| Opening balance at 1 April | 0 | 1,185 | 0 | 314 | 0 | 1,499 |
| Revaluation | 0 | 328 | 0 | 0 | 0 | 328 |
| (Disposals) | 0 | (1,580) | 0 | (419) | 0 | (1,999) |
| Impairment reversal | 0 | 67 | 0 | 105 | 0 | 172 |
| **Closing Balance 31 March** | **0** | **0** | **0** | **0** | **0** | **0** |

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 11 INVENTORIES

| | 2022 | | 2021 | |
|---|---|---|---|---|
| **Classification** | **Trust £000s** | **Consolidated £000s** | **Trust £000s** | **Consolidated £000s** |
| Pharmacy Supplies | 4,702 | 4,702 | 4,187 | 4,187 |
| Theatre Equipment | 334 | 334 | 409 | 409 |
| Building and Engineering Supplies | 269 | 269 | 260 | 260 |
| Fuel | 467 | 467 | 230 | 230 |
| Community Care Appliances | 508 | 508 | 409 | 409 |
| Laboratory Materials | 430 | 430 | 552 | 552 |
| X-Ray | 45 | 45 | 71 | 71 |
| Stock held for resale | 9 | 9 | 8 | 8 |
| Other* | 1,423 | 1,423 | 1,891 | 1,891 |
| **Total** | **8,187** | **8,187** | **8,017** | **8,017** |

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 12 CASH AND CASH EQUIVALENTS

| | 2022 | | | 2021 | | |
|---|---|---|---|---|---|---|
| | Core Trust £000s | CTF £000s | Consolidated £000s | Core Trust £000s | CTF £000s | Consolidated £000s |
| Balance at 1st April | 3,485 | 513 | 3,998 | 2,322 | 428 | 2,750 |
| Net change in cash and cash equivalents | 1,147 | 3,152 | 4,299 | 1,163 | 85 | 1,248 |
| **Balance at 31st March** | **4,632** | **3,665** | **8,297** | **3,485** | **513** | **3,998** |
| | | | | | | |
| **The following balances were held at 31st March were held at** | | | | | | |
| Commercial banks and cash in hand | 4,632 | 3,665 | 8,297 | 3,485 | 513 | 3,998 |
| **Balance at 31st March** | **4,632** | **3,665** | **8,297** | **3,485** | **513** | **3,998** |

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

| | 2022 | | | | 2021 | | | |
|---|---|---|---|---|---|---|---|---|
| | Trust £'000s | CTF £'000s | Consolidated adjustments £'000s | Consolidated £'000s | Trust £'000s | CTF £'000s | Consolidated adjustments £'000s | Consolidated £'000s |
| **Amounts falling due within one year** | | | | | | | | |
| Trade receivables | 8,642 | 0 | 0 | 8,642 | 7,144 | 0 | 0 | 7,144 |
| VAT receivable | 6,360 | 0 | 0 | 6,360 | 7,296 | 0 | 0 | 7,296 |
| Other receivables - not relating to fixed assets | 10,640 | 18 | (12) | 10,646 | 9,478 | 3,042 | (29) | 12,491 |
| **Trade and other receivables** | **25,642** | **18** | **(12)** | **25,648** | **23,918** | **3,042** | **(29)** | **26,931** |
| Prepayments | 105 | 0 | 0 | 105 | 176 | 0 | 0 | 176 |
| **Other current assets** | **105** | **0** | **0** | **105** | **176** | **0** | **0** | **176** |
| **Total trade and other receivables** | 25,642 | 18 | (12) | 25,648 | 23,918 | 3,042 | (29) | 26,931 |
| **Total other current assets** | 105 | 0 | 0 | 105 | 176 | 0 | 0 | 176 |
| **Total Intangible current assets** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total receivables and other current assets** | **25,747** | **18** | **(12)** | **25,753** | **24,094** | **3,042** | **(29)** | **27,107** |

The balances are net of a provision for bad debts of £5,186k (2021: £4,219k).

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

### Note 14.1 Trade payables and other current liabilities

| | 2022 | | | | 2021 | | | |
|---|---|---|---|---|---|---|---|---|
| | Trust £'000s | CTF £'000s | Consolidated adjustments £'000s | Consolidated £'000s | Trust £'000s | CTF £'000s | Consolidated adjustments £'000s | Consolidated £'000s |
| **Amounts falling due within one year:** | | | | | | | | |
| Other taxation and social security | 19,249 | 0 | 0 | 19,249 | 18,255 | 0 | 0 | 18,255 |
| Trade capital payables – property, plant and equipment | 5,440 | 0 | 0 | 5,440 | 16,636 | 0 | 0 | 16,636 |
| Trade revenue payables | 46,901 | 38 | (12) | 46,927 | 40,061 | 37 | (29) | 40,069 |
| Payroll payables | 53,226 | 0 | 0 | 53,226 | 62,984 | 0 | 0 | 62,984 |
| Clinical negligence payables | 1,124 | 0 | 0 | 1,124 | 7,165 | 0 | 0 | 7,165 |
| Accruals | 3,887 | 0 | 0 | 3,887 | 3,237 | 0 | 0 | 3,237 |
| Accruals - relating to property, plant and equipment | 11,476 | 0 | 0 | 11,476 | 7,798 | 0 | 0 | 7,798 |
| **Trade and other payables** | **141,303** | **38** | **(12)** | **141,329** | **156,136** | **37** | **(29)** | **156,144** |
| Current part of imputed finance lease element of PFI contracts and other service concession arrangements | 4,233 | 0 | 0 | 4,233 | 4,264 | 0 | 0 | 4,264 |
| **Other current liabilities** | **4,233** | **0** | **0** | **4,233** | **4,264** | **0** | **0** | **4,264** |
| **Total payables falling due within one year** | **145,536** | **38** | **(12)** | **145,562** | **160,400** | **37** | **(29)** | **160,408** |
| **Amounts falling due after more than one year** | | | | | | | | |
| Imputed finance lease element of PFI contracts and other service concession arrangements | 105,702 | 0 | 0 | 105,702 | 109,934 | 0 | 0 | 109,934 |
| **Total non current payables** | **105,702** | **0** | **0** | **105,702** | **109,934** | **0** | **0** | **109,934** |
| **Total trade payables and other current liabilities** | **251,238** | **38** | **(12)** | **251,264** | **270,334** | **37** | **(29)** | **270,342** |

### 14.2 Loans

The Trust did not have any loans payable at either 31 March 2022 or 31 March 2021.

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2022

| | Clinical negligence £000s | Other £000s | Total £000s |
|---|---|---|---|
| Balance at 1 April 2021 | 66,363 | 13,439 | 79,802 |
| Provided in year | 24,420 | 2,097 | 26,517 |
| (Provisions not required written back) | (2,216) | (375) | (2,591) |
| (Provisions utilised in the year) | (4,365) | (917) | (5,282) |
| Cost of borrowing (unwinding of discount) | 11,019 | 58 | 11,077 |
| **At 31 March 2022** | **95,221** | **14,302** | **109,523** |

Provisions have been made for 6 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Early Retirement, Injury Benefit, Employment Law and Restructuring (CSR). The provision for Early Retirement and 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 as appropriate level of provision based on professional legal advice.

**Comprehensive Net Expenditure Account charges**

| | 2022 £000s | 2021 £000s |
|---|---|---|
| Arising during the year | 26,517 | 50,481 |
| Reversed unused | (2,591) | (779) |
| Cost of borrowing (unwinding of discount) | 11,077 | 1,156 |
| **Total charge within operating costs** | **35,003** | **50,858** |

**Analysis of expected timing of discounted flows**

| | Clinical negligence £000s | Other £000s | Total £000s |
|---|---|---|---|
| Not later than one year | 11,295 | 2,030 | 13,325 |
| Later than one year and not later than five years | 33,675 | 1,588 | 35,263 |
| Later than five years | 50,251 | 10,684 | 60,935 |
| **At 31 March 2022** | **95,221** | **14,302** | **109,523** |

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. Previously, the rate in Northern Ireland was set by the Department of Justice in accordance with principles set out by the House of Lords in Wells v Wells, and was changed under that framework (from 2.5%) to –1.75% with effect from 31 May 2021. Following enactment of the Damages (Return on Investment) Act (Northern Ireland) 2022 in February 2022, the rate is now determined by the Government Actuary who completed his first review under the new legislative framework in March 2022, resulting in the

rate changing again to –1.5% with effect from 22 March 2022.

A review of Clinical Negligence cases was undertaken in 2021/22 to assess the impact on cases that have not yet settled in order to establish the increase in liability. This increase has been quantified as £14.8M which is included within the above figures.

## WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2022

## NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2021

| | Clinical negligence £000s | Other £000s | Total £000s |
|---|---|---|---|
| Balance at 1 April 2020 | 24,338 | 13,170 | 37,508 |
| Provided in year | 49,304 | 1,177 | 50,481 |
| (Provisions not required written back) | (572) | (207) | (779) |
| (Provisions utilised in the year) | (7,875) | (689) | (8,564) |
| Cost of borrowing (unwinding of discount) | 1,168 | (12) | 1,156 |
| **At 31 March 2021** | **66,363** | **13,439** | **79,802** |

Provisions have been made for six types of potential liability: Clinical Negligence; Employer's and Occupier's Liability; Early Retirement; Injury Benefit; and Employment Law and Restructuring (CSR). The provision for Early Retirement and 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 based on professional legal advice.

**Analysis of expected timing of discounted flows**

| | Clinical negligence £000s | Other £000s | Total £000s |
|---|---|---|---|
| Not later than one year | 11,598 | 1,362 | 12,960 |
| Later than one year and not later than five years | 50,427 | 1,584 | 52,011 |
| Later than five years | 4,338 | 10,493 | 14,831 |
| **At 31 March 2021** | **66,363** | **13,439** | **79,802** |

## NOTE 16 CAPITAL COMMITMENTS

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

| | 2022 £000s | 2021 £000s |
|---|---|---|
| Property, plant & equipment | 9,952 | 2,705 |
| **Total** | **9,952** | **2,705** |

## NOTE 17 COMMITMENTS UNDER LEASES

### 17.1 Finance Leases

The Western Health and Social Care Trust had no finance leases at 31 March 2022 or 31 March 2021.

### 17.2 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods:

**Obligations under operating leases comprise**

| **Buildings** | 2022 £000s | 2021 £000s |
|---|---|---|
| Not later than 1 year | 754 | 508 |
| Later than 1 year and not later than 5 years | 2,764 | 84 |
| Later than 5 years | 527 | 0 |
| **Total** | **4,045** | **592** |

| **Other** | 2022 £000s | 2021 £000s |
|---|---|---|
| Not later than 1 year | 250 | 116 |
| Later than 1 year and not later than 5 years | 725 | 4 |
| Later than 5 years | 214 | 0 |
| **Total** | **1,189** | **120** |

### 17.3 Operating Leases

The Western Health and Social Care Trust does not act as lessor and as such does not anticipate any future income for operating leases.

# NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

### 18.1 PFI and other service concession arrangement schemes deemed to be off-balance sheet (SoFP)

The Trust had no off balance sheet (SoFP) PFI contracts as at 31 March 2022 or 31 March 2021.

### 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 £4,904k (2020-21:£4,762k). 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:

| | 2022 £000s | 2021 £000s |
|---|---|---|
| Minimum lease payments: | | |
| Due within one year | 14,243 | 14,569 |
| Due later than one year and not later than five years | 52,776 | 53,066 |
| Due later than 5 years | 164,531 | 177,813 |
| **Total** | **231,550** | **245,448** |
| Less interest element | 121,615 | 131,249 |
| **Present value** | **109,935** | **114,199** |
| | | |
| Service elements due in future periods: | | |
| Due within one year | 5,072 | 4,895 |
| Due later than one year and not later than five years | 21,806 | 20,232 |
| Due later than five years | 98,119 | 104,485 |
| **Total service elements due in future periods** | **124,997** | **129,612** |
| **Total Commitments** | **234,932** | **243,811** |

## 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.

| | 2022 £000s | 2021 £000s |
|---|---|---|
| Clinical negligence | 1,700 | 2,068 |
| Public liability | 41 | 117 |
| Employer's liability | 115 | 68 |
| **Total** | **1,856** | **2,253** |

**Additional points to note:**

### 19.1 Backdated Holiday Pay

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. However, the PSNI has appealed the CoA judgment to the Supreme Court. The Supreme Court hearing was scheduled for the 23rd and 24th June 2021 but this has subsequently been adjourned. Based on the position in the NHS in England, Scotland and Wales, an accrual at 31 March 2022 has been calculated by HSC management for the liability and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation has not been agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

### 19.2 Clinical Excellence Awards

This 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 2013-2014 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 and the current legal opinion around the case from the Departmental Solicitors Office (DSO) supports the treatment of this matter as a contingent liability in the 2021-22 accounts. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

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

The Trust has identified an issue in relation to the payment of part time staff who work additional hours when on annual leave or sick leave. Initial assessment in the Trust has indicated that not all part time staff who work additional hours are paid in line with Sections 13.9 and 14.4 of the Agenda for Change Handbook. A project team has been established to scope out the current position within the Trust during 2022/23 and develop 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 2022, however, it is not possible to accurately quantify the additional liability given the significant scale of the work entailed.

## WESTERN HEALTH AND SOCIAL CARE TRUST

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

## 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 £959m consisting of £916m RRL (note 22) and £43m 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 2021/22. 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 2021/22 £s | Amount paid by Trust during 2020/21 £s |
|---|---|---|---|
| Dr Catherine O'Mullan, North West Regional College | NED | £6,894 | £3,766 |
| Joe Campbell, Ascot Signs Ltd | NED | Nil | £228,575 |
| Rev Judi McGaffin, Extern | NED | £1,237,540 | £1,208,488 |
| Sean Hegarty, Culmore Community Partnership | NED | £2,470 | Nil |
| Professor Hugh McKenna, Alzheimer's Society | NED | £312,253 | £312,253 |

**Dr Anne Kilgallen, Chief Executive (retired June 2021)**
Dr Kilgallen is a Board member of Children's Health Ireland.
During 2021/22, the Trust received income from Children's Health Ireland of £2.5k.
During 2020/21, the Trust received income from Children's Health Ireland of £1.5k and was owed £306 at 31st March 2021.

**Dr Robert Brown, Director of Nursing and PCOP (retired January 2022)**
Dr Brown is a Trustee of Queen's University Belfast, Nursing Institute.
During 2021/22, the Trust made payments of approximately £87k to Queen's University Belfast and received income of £52k. The Trust owed £2,185 to Queen's University Belfast at 31st March 2022 and was owed £1,627 at 31st March 2022.
During 2020/21, the Trust made payments of approximately £15k to Queen's University Belfast and received income of £52k. The Trust was owed approximately £8k from Queen's University Belfast at 31st March 2021.

**Other Senior Managers**
Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2021/22. The details are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned.

**Mrs Vivien Coates, Assistant Director**
Mrs Coates is a Professor of Nursing Research with the University of Ulster.
During 2021/22, the Trust made payments of approximately £162k to the University of Ulster. The Trust owed £90 to the University of Ulster at 31st March 2022. The Trust also received income of approximately £45k from the University of Ulster and was owed £578 from the University of Ulster at 31st March 2022.

During 2020/21, the Trust received income of approximately £178k from University of Ulster.

**Mr Ciaran Mullan, Associate Medical Director (until September 2021)**
Mr Mullan is a GP Partner of Riverside Practice Strabane.
During 2021/22, the Trust made payments to the Riverside Practice of £54 and received income of approximately £77k from the Riverside GP Practice Strabane. The Trust was owed £7,941 from the Riverside Practice at 31st March 2022.
During 2020/21, the Trust made payments to the Riverside Practice of £54 and received income of approximately £75k from the Practice.

**Ms Sandra Mc Neill, Consultant**
Ms McNeill is sub Head of School for University of Ulster.
During 2021/22, the Trust made payments of approximately £162k to the University of Ulster. The Trust owed £90 to the University of Ulster at 31st March 2022. The Trust also received income of approximately £45k from the University of Ulster and was owed £578 from the University of Ulster at 31st March 2022.

Ms McNeill is also sub Head of School for Queen's University Belfast.
During 2021/22, the Trust made payments of approximately £87k to Queen's University Belfast and received income of £52k. The Trust owed £2,185 to Queen's University Belfast at 31st March 2022 and was owed £1,627 at 31st March 2022.

During 2020/21, the Trust made payments of approximately £15k to Queen's University Belfast and received income of £52k. The Trust was owed approximately £8k from Queen's University Belfast at 31st March 2021.

**Ms Cathy Magowan, Carers Coordinator**
Ms Magowan is a Director of Fermanagh Community Transport.
During 2021/22, the Trust made payments to Fermanagh Community Transport of approximately £203.

During 2020/21, the Trust made payments to Fermanagh Community Transport of approximately £560.

**Mr Brendan Moore, Clinical Pharmacy, Development Lead**
Mr Moore is owner and director of Omapharm Ltd.
During 2021/22, the Trust received income from Omapharm Ltd of £22k.

During 2020/21, the Trust received income from Omapharm Ltd of £9k and was owed £2,696.30 from Omapharm Ltd as at 31st March 2021.

## WESTERN HEALTH AND SOCIAL CARE TRUST

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

## NOTE 21 THIRD PARTY ASSETS

The assets held at the reporting period date to which it was practical to ascribe monetary values comprised £3,360k. These third party assets relate to Patient and Resident monies held by the Trust and are set out in the table below.

| | 2022<br>£000s | 2021<br>£000s |
|---|---|---|
| Monetary assets such as bank balances and monies on deposit | 3,360 | 3,134 |
| Total | **3,360** | **3,134** |

# 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. However, the Trust has received approval by DoH in 2021/22 for a control total of £12m which allows for the reported deficit.

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

| | 2022 Total £000s | 2021 Total £000s |
|---|---|---|
| Health and Social Care Board | 826,110 | 804,315 |
| Public Health Authority | 8,740 | 7,981 |
| Supplement for undergraduate Medical and Dental Education & NI Medical and Dental Training Agency | 7,379 | 7,274 |
| Non cash RRL (from DoH) | 66,860 | 86,727 |
| **Total Agreed RRL** | **909,089** | **906,297** |
| Adjustment for income received re donations / government grant / lottery funding for non-current assets | (433) | (205) |
| Adjustment for PFI and other service concession arrangements / IFRIC 12 | 5,679 | 5,603 |
| Adjustment for Research and Development under ESA10 | 0 | (37) |
| Adjustment for COVID-19 PPE | 1,620 | (1,620) |
| **Total Revenue Resource limit to statement comprehensive net expenditure** | **915,955** | **910,038** |

### 22.2 Capital Resource Limit

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

| | 2022 Total £000s | 2021 Total £000s |
|---|---|---|
| Gross Capital Expenditure | 37,240 | 44,389 |
| Less IFRIC 12/PFI and other service concession arrangements spend | (642) | (48) |
| (Receipts from sales of fixed assets) | (68) | (2,040) |
| Net capital expenditure | 36,530 | 42,301 |
| Capital Resource Limit | 36,532 | 42,264 |
| PHA R&D Income | 0 | 37 |
| **Underspend against CRL** | **(2)** | **0** |

## NOTE 22 FINANCIAL PERFORMANCE TARGETS

### 22.3 Financial Performance Targets

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

| | 2022 Total £000s | 2021 Total £000s |
|---|---|---|
| Net expenditure | (928,084) | (922,343) |
| RRL | 915,955 | 910,038 |
| **Surplus / (Deficit) against RRL** | **(12,129)** | **(12,305)** |
| **Break-even cumulative position (opening)** | **(66,617)** | **(54,312)** |
| **Break-even cumulative position (closing)** | **(78,746)** | **(66,617)** |

**Materiality Test:**

| | 2021/22 Total % | 2020/21 Total % |
|---|---|---|
| Break even in year position as % of RRL | -1.32% | -1.35% |
| Break even cumulative position as % of RRL | -8.60% | -7.32% |

The Trust breakeven position has been described in more detail in the Governance Statement, included in this document on page 108.

The Trust had an approved control total of £12m in 2021/22.

## 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 19 July 2022.

# WESTERN HEALTH AND SOCIAL CARE TRUST

# PATIENTS'/RESIDENTS' MONIES ACCOUNTS

# YEAR ENDED 31 MARCH 2022

## STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Trust is required to prepare and submit accounts in such form as the Department of Health may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

## WESTERN HEALTH AND SOCIAL CARE TRUST – PATIENTS' AND RESIDENTS' MONIES

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

### Opinion on account

I certify that I have audited Western Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2022 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of Western Health and Social Care Trust for the year ended 31 March 2022 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 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 this certificate. My staff and I are independent of Western Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

### Conclusions relating to going concern

In auditing the financial statements, I have concluded that Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

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

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

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

**Matters on which I report by exception**

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

**Responsibilities of the Trust for the account**

As explained more fully in the Statement of Trust's Responsibilities in relation to patients'/residents' monies, the Trust is responsible for:

- the preparation of the account in accordance with the applicable financial reporting framework and for being satisfied that they properly present the receipts and payments of the monies held on behalf of the patients and residents;
- such internal controls as the Trust determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Western Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust anticipates that the services provided by Western Health and Social Care Trust will not continue to be provided in the future.

**Auditor's responsibilities for the audit of the account**

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included Health and Personal Social Services (Northern Ireland) Order 1972, as amended;
- making enquires of management and those charged with governance on Western Health and Social Care Trust's compliance with laws and regulations;

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

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

**Report**

I have no observations to make on this account.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
BELFAST BT8 6RB

19 July 2022

## WESTERN HEALTH AND SOCIAL CARE TRUST

## YEAR ENDED 31 MARCH 2022

## ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

| Previous Year £ | Receipts | £ | £ |
|---|---|---|---|
| | Balance at 1 April 2021 | | |
| 2,612,521 | 1. Investment (at cost) | 2,812,919 | |
| 160,646 | 2. Cash at Bank | 309,470 | |
| 10,400 | 3. Cash in Hand | 11,500 | 3,133,889 |
| 1,882,404 | Amounts received in the year | | 1,664,697 |
| 398 | Interest Received | | 46 |
| **4,666,369** | **Total** | | **4,798,632** |
| | **Payments** | | |
| 1,532,480 | Amounts paid to or on behalf of patients / Residents | | 1,438,155 |
| | Balance at 31 March 2022 | | |
| 2,812,919 | 1. Investments (at cost) | 10,029 | |
| 309,470 | 2. Cash in Bank | 3,338,848 | |
| 11,500 | 3. Cash in Hand | 11,600 | 3,360,477 |
| **4,666,369** | **Total** | | **4,798,632** |

| Cost Price £ | Schedule of investments held at 31 March 2022 Investment | Nominal Value £ | Cost Price £ |
|---|---|---|---|
| 2,812,919 | Bank of Ireland | 10,029 | 10,029 |

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: Eileen McCauley

Date: 27 June 2022

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

Chief Executive: Neil Gallagher

Date: 27 June 2022

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