



Southern Health
and Social Care Trust

Quality Care - for you, with you

ANNUAL REPORT AND ACCOUNTS 2021-22



Annual Report and Accounts
For 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

04 July 2022

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COMMENTS



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DIFFERENT FORMATS



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Contents	Pages
1. Performance Report	
Performance Overview	1-3
Trust Purpose and Activities.....	4-5
2. Performance Analysis	
Southern Health and Social Care Trust Year in Highlights	7-12
Ministerial Priorities 2021-22.....	13-32
Financial Performance.....	33-40
Research and Development.....	40
Sustainability Report.....	41-47
3. Accountability Report	
Overview	
Overview.....	49
Governance Report	
Directors' Report	50-54
Statement of Accounting Officer Responsibilities	55-56
Non-Executive Directors' report.....	57-58
Governance Statement	59-95
Remuneration and Staff Report	
Remuneration Report	96-103
Staff Report	104-114
Accountability and Audit Report	
Complaints Management.....	115
Compliance with Regularity of Expenditure	116
Rural Needs.....	116
Statement of Losses and Special Payments.....	116-118
Audit Certificate.....	119-123
4. Financial Statements	
Consolidated Annual Accounts	
Foreword	125
Statement of Comprehensive Net Expenditure.....	126
Statement of Financial Position	127
Statement of Changes in Taxpayers' Equity.....	128
Statement of Cash Flows	129
Notes to the Accounts	130-177
Accounts of Monies held on behalf of Patients and Residents	
Statement of Trust Responsibilities	179
Audit Certificate	180-183
Statement of Account of Monies Held	184

1

Performance Report

Performance Overview

Message from the Chair

Welcome to our Annual Report 2021-2022. For the second consecutive year staff and services right across our Trust have been greatly affected by the COVID-19 pandemic.

We acknowledge that this has had a huge impact on those who use our services and their families with limited visiting, disruption and delays for many in receiving appointments and treatments. Whilst as a service provider this has been hugely frustrating, we greatly appreciate the continued support and understanding of patients, service users and the wider public as we worked through these challenges together.



The hard work, dedication and commitment of our staff has been outstanding during this time. We thank them sincerely for their tremendous efforts under relentless pressure and for their ongoing flexibility and determination to do their very best for patients and service users in the most difficult circumstances.

We also pay tribute to all of our partners across the community and voluntary sector, local councils, other agencies and elected representatives. We sincerely thank these partners who along with colleagues from other health and social care organisations, continue to work with us together to support staff and improve services.

Throughout the year, we have received great support from the local community and service users, with an amazing total of £215,000 in voluntary donations to the Southern Health and Social Care Trust Charitable Trust Funds. Thanks to such generosity we have been able to buy additional equipment and comforts to enhance quality of care and patient and service user experience, as well as staff welfare and education right across our services. We thank everyone who has so kindly donated.

I would also like to thank my Non-Executive colleagues and Senior Management Team for their steadfast support and leadership throughout such a challenging period.

We have seen significant changes to our Senior Management Team over the past year, with the retirement of some Directors and a change in Chief Executive with the appointment of Dr Maria O'Kane as you will read in our Remuneration Report (Pages 96-103).

It is important to regularly review the management and governance structures of any large organisation given ever-changing demands. This is an interesting time for the Southern Trust - in light of lessons learned from the pandemic and a number of other drivers, we have started to review and develop these structures, so that we can continually improve how we meet the needs of those we are here to serve.

A handwritten signature in black ink, appearing to read 'Eileen Mullan'. The signature is stylized and fluid.

Eileen Mullan, MBE, Chair

Message from the Chief Executive

As we write this report, the pandemic is still ongoing with sustained high numbers of daily cases of COVID-19 both regionally and in this local area. Whilst vaccination and new treatments are improving people's outcomes and restrictions in the community have relaxed, health and social care remains a high risk environment. For the safety of service users and staff, there are measures that we must continue to follow.



We never cease to be amazed by the resilience of our staff who even despite the challenges of the past year, have continued to strive for excellence and have been recognised locally, regionally and nationally.

The Craigavon catering team were finalists in the prestigious 2021 Public Sector Catering Awards. Our Trustwide radiology service received the Quality Standard for Imaging from the UK Accreditation Service. The Trauma and Orthopaedic team were named as a 'National Joint Registry Quality Data Provider' for the second year running. Our systems assurance team has been recognised at the national 2022 CHKS Awards for its use of quality data to improve patient safety.

We had an impressive seven finalists in the UK wide Health Service Journal (HSJ) Patient Safety Awards this year with the Acute Care at Home and the Dysphagia Support Teams winning their categories. Acute Care at Home and the Day Centre Vaccination programme also picked up highly commended awards.

We had three finalists in the prestigious RCN Nurse of the Year 2021 awards, Pauline Curran, Lead Outpatient Parenteral Antimicrobial Therapy nurse, Louise Gribben, Haematology Advanced Nurse Practitioner and the Mental Health Home Treatment Crisis Response and Integrated Liaison Team.

We are also very proud of our medical education team. A number of trainees from across a range of specialties had work published in national medical journals and received recognition for case presentations of their work. Several poster presentations have also been chosen from our Trust to showcase at international medical conferences.

This recognition is a true testament to our staff and just a few of many examples demonstrating their determination to improve services, even during one of the toughest years in health and social care.

Our research team has made a significant contribution to national COVID-19 research, with hugely successful recruitment to key studies and some of our Consultants leading a number of research projects.

We have also secured additional investment from The Health Foundation for a Q Exchange Programme to support children with disabilities and their families at times of crisis. This pioneering initiative has been highly successful, offering support when needed most, to prevent children with disabilities entering the care system.

As you will read in our 'Year in Highlights' (Pages 7-12) there have been a number of developments and improvements of which we are very proud. We thank our planning colleagues, estates, IT, support services and all of those other teams who work tirelessly and collectively to support frontline clinical staff to develop their services.

We are ambitious and of course want to be able to do even more and better, treat more patients and support more families. We continue to work across the organisation and with colleagues regionally to maintain and safely resume more services.

As we look to the future and hopefully begin to move out of the pandemic, we want to maximise the opportunities for collective leadership and are currently developing a new vision and objectives for our organisation as we aim to rebuild services to improve the lives of more local people.

A handwritten signature in black ink, appearing to read 'm.okane', written in a cursive style.

Dr Maria O'Kane, Chief Executive

Trust Purpose and Activities

The Southern Health and Social Care Trust (the Southern HSC Trust) is an integrated health and social care Trust with an annual revenue budget of £993m employing 15,653 (12,423 whole time equivalent) staff and managing an estate worth £320m.

The Southern HSC Trust provides health and social care services to the Armagh, Banbridge and Craigavon; Mid-Ulster; and Newry, Mourne and Down council areas.

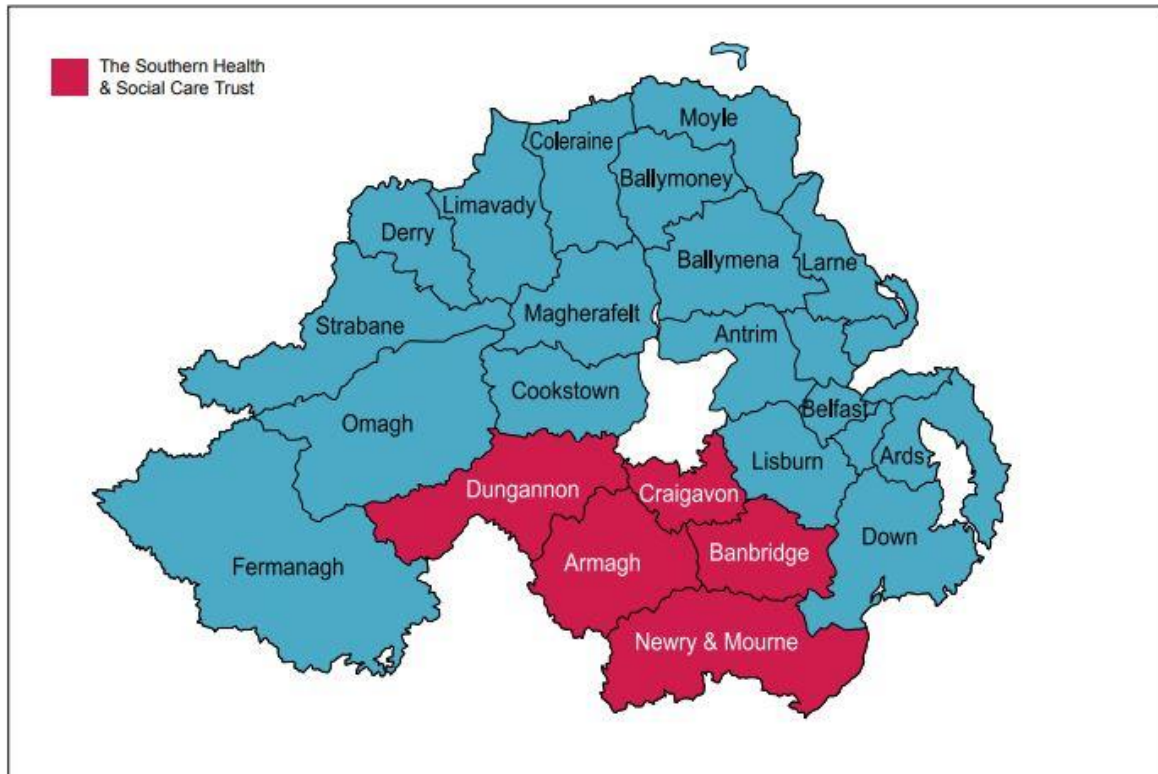


Figure 1: Map of the Southern Health and Social Care Trust

The population* we serve is 388,700.

*Mid-2020 population estimates for Northern Ireland published on 25 June 2021.

<https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/MYE20-POP-TOTAL.xlsx>

The services we provide include a wide range of hospital, community and primary care services. Main in-patient hospital services are located at Craigavon Area Hospital and Daisy Hill Hospital. Working in collaboration with GPs and other agencies, staff deliver locally based services in Southern HSC Trust premises, in people's own homes and in the community. The Southern HSC Trust purchases some services including domiciliary, residential and nursing care from independent and community/independent sector agencies.

The Southern HSC Trust Vision is 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them'. This vision encompasses our core commitment to deliver safe, high quality care that is co-produced and co-designed in partnership with service users and staff who deliver our services. This vision is underpinned by the Southern HSC Trust's values which shape what we do and how we do it. The Southern HSC Trust is committed to its values in all our interactions with others including colleagues, patients, carers, and service users.

Our Southern HSC Trust core values are:

Working Together 


We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

Excellence 

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.

Openness & Honesty 

We are open and honest with each other and act with integrity and candour.

Compassion 

We are sensitive caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

Our Objectives are:

- Promoting safe high quality care;
- Supporting people to live long, healthy, active lives;
- Improving our services;
- Making the best use of our resources;
- Being a great place to work – supporting, developing and valuing our staff; and
- Working in partnership.

The following report provides an overview on how we have delivered these objectives in 2021-22.

2

Performance Analysis

Southern Health and Social Care Trust Year in Highlights

The 2021-22 financial year was a challenging year for the Southern HSC Trust as staff dealt with the on-going COVID-19 pandemic. However, we continued to invest in and grow the Southern HSC Trust during this difficult period for the benefit of our patients and staff. The following key achievements were made in 2021-22:

Oxygen Upgrade



£140,000 invested in upgrading oxygen supply at Craigavon Hospital by 150% and Daisy Hill Hospital by 250%. The COVID-19 pandemic created a surge in demand for piped oxygen supplies. Pharmacy, estates and clinical staff worked closely with our oxygen provider to carefully monitor and manage supply and ensure safety. Craigavon can now supply 2000 litres of oxygen per minute while Daisy Hill Hospital has been boosted to 1000 litres per minute. Back-up supplies replicate the same flow should primary systems go out of use.

Global Recognition for Acute Care at Home

The team presented at this year's World Hospital at Home conference on their response to the pandemic. They also contributed to a major Oxford University study which found that caring for older people at home can be just as good as - or even better than - hospital care for certain patients, relieving pressure on hospital beds and avoiding unnecessary stress and disruption for older people and their loved ones.



New CT Suite



In May 2021, work began on our new CT suite at Craigavon Hospital. The £6.8 million 'twin' suite will include two CT scanners, one dedicated for inpatient use and the other for outpatient appointments. The development will offer our radiography team a high quality clinical environment which meets current standards. Its proximity to the Emergency Department will speed up our response to diagnosing patients with severe trauma.

First Dialysis Patient for Trauma Ward

In June, for the first time ever, a renal patient received dialysis treatment on the Trauma Ward at Craigavon Hospital. Usually, patients with kidney disease attend the specialist Renal Unit at Daisy Hill Hospital for dialysis. However, a patient, who needed complex hip surgery was able to continue her dialysis during her inpatient recovery on the ward thanks to the renal and trauma teams, supported by estates colleagues who worked together to install the dialysis equipment.



Children's Outpatients



Our new dedicated outpatient centre for children and young people opened at Daisy Hill Hospital this year. Located in Clanrye House, the £800,000 bright, modern centre hosts a wide range of general and specialist clinics, for Acute, Community and Allied Health Professional Services. It also has a changing place toilet and shower for anyone with a disability to use.

Respiratory Renovations

The Respiratory and Sleep Investigations departments at Daisy Hill and Craigavon Area Hospitals have undergone major renovations. The team diagnoses both adults and children for a range of conditions like lung cancer, COPD, asthma, sleep apnoea and post-COVID-19 symptoms. The £210,000 investment helped to improve ventilation, create more space and install new equipment, allowing the team to see more patients and meet COVID-19 requirements.



Stroke Eye Service

A pilot service to improve the quality of life for stroke patients was launched this year. Visual problems can affect up to two thirds of stroke survivors. The Specialist Orthoptic Stroke Service aims to reduce the impact of potential sight loss as a result of stroke by referring patients to a team of eye care specialists to assess and treat a range of visual problems.



3D Breast Technology



We were proud to be the first Trust in Northern Ireland to install new state-of-the-art 3D mammography technology in the Glenanne Unit at Craigavon Hospital. The innovative equipment provides a more comfortable experience for patients and offers greater sensitivity and image quality to improve the detection of cancer. We were also the first Trust in the region to introduce the Brevera Breast Biopsy System which streamlines the entire process from diagnosis to beginning treatment.

Sow and Grow

In September we welcomed the Mental Health Champion for Northern Ireland Professor Siobhan O'Neill to see how a new outdoor space at St Luke's Hospital is benefiting the wellbeing of service users and staff. The 'sow and grow project' which began last spring, saw the transformation of a courtyard area by the Community Addiction service who teamed up with the ARC horticultural project for people with learning disabilities.



Equine Project



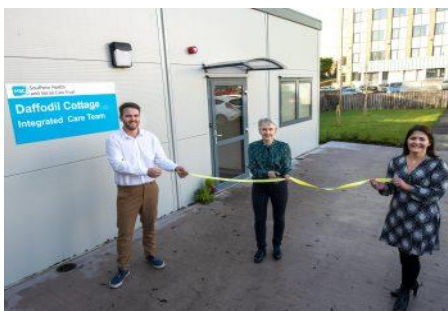
In October the Health Minister visited our unique equine facilitated therapy project for people with a learning disability. The pilot was the first of its kind within health and social care in Northern Ireland. Through equine facilitated therapy, young adults with a forensic history and a range of other communication and sensory issues are benefitting from greater engagement, improved behaviour and better social functioning.

Listening Rooms

Our new 'Listening Rooms' at Skeagh Cottage, Dromore offer a private and comforting space for families who have suffered baby loss, with staff available to guide and signpost those bereaved to appropriate resources. The facility is also used as part of the care offered by our two Bereavement Support Midwives who offer practical and emotional support to families who have experienced baby loss from 12 weeks through to full term.



Daffodil Cottage



The Dungannon Integrated Care Team moved into a new home at 'Daffodil Cottage' on the South Tyrone Hospital site this year. There are seven integrated care teams across the area offering care and support to patients in their own homes. Daffodil Cottage is a new build beside the existing Integrated Care Team Building, known as the 'Old Doctors Residence' which has also been refurbished to accommodate the expanding team.

Regional Children's Cardiac Centre

Craigavon Area Hospital is now one of five Regional Paediatric Cardiac Centres across Ireland, as part of the All-Island Congenital Heart Disease Network. The Centre's aim is to provide timely cardiac services for children and families closer to home, avoiding the need to travel to Dublin or Belfast, unless necessary.



Phone First



To mark its first birthday in November, our 'Phone First' service extended its hours to 9pm, Monday to Friday. The 'Phone First' approach aims to help those patients with urgent but not life threatening symptoms to get the most appropriate care as quickly as possible and avoid busy waiting rooms. In their first year, the team took 36,698 calls; less than a quarter of these patients actually needed to attend the ED, and just under half of all callers were given an appointment for their local minor injuries service.

Carers Consultants

We have appointed two 'Carer Consultants' to support those who care for an adult with a learning disability. There are over 1800 unpaid carers of adults with a learning disability living in our area. Bernie Marshall and Majella Gorman aim to keep carers updated on Southern HSC Trust developments, help them to share their views and participate in the planning and delivery of learning disability services.



Steps to Wellness



In February we launched a new programme to reduce waiting times and improve services for people who need secondary care mental health support. Steps to Wellness was developed in partnership with East London NHS Foundation Trust, to provide greater education and treatment for people experiencing common mental health problems. This programme will enable patients to benefit from quicker access to evidence based and recovery focused treatment.

Minister's Visit

Marking the end of his term in March, Health Minister Robin Swann visited Banbridge Health and Care Centre and Linenbridge Day Care Centre for adults with a disability. He also went to Daisy Hill Hospital where he met with staff from the children's outpatients department, the direct assessment unit, the older people's assessment unit, the ED and the surgical team. The Minister thanked staff for their dedication and hard work for patients and service users.



Cancer Strategy



With the launch of the new 10 year Cancer Strategy, Health Minister Robin Swann announced that South Tyrone Hospital will be one of two Prototype Rapid Diagnosis Centres for Northern Ireland.

Ministerial Priorities 2021-22

In 2021-22 performance was defined in very different terms due to the health and social care system's ongoing response to the COVID-19 pandemic.

- The Minister did not set out new objectives and goals for improvement, via an updated Commissioning Plan Direction (CPD), and the Southern HSC Trust was not required to make a response or assessment of performance in an annual Trust Delivery Plan.
- Plans set out by the Minister in 2020-21 which sought to rebuild core services continued into 2021-22. These plans recognised that many parts of our services had to be ceased, or significantly reduced in line with the ongoing management of the COVID-19 pandemic.
- 2021-22 saw the move from the initial rebuilding process that had commenced after early waves of the pandemic, to a process where we, as a system, started to consolidate and improve our core levels of service delivery. This included quarterly reviews of core activity that could be delivered with submissions of activity projections across elective care, mental health and disability and community services.
- Winter plans and surge plans were included as part of service delivery plans.

How we assess our performance

Performance against existing objectives and goals for improvement, and new service delivery plans, is reported monthly via our Corporate Scorecard for the Trust Board, and published on the Southern HSC Trust website at www.southerntrust.hscni.net.

Performance issues are presented quarterly at the Southern HSC Trust Performance Committee (a sub-committee of the Trust Board).

Factors impacting Performance

The impact of the pandemic on our community, on core services and on staff has been significant. Unfortunately, waiting lists for services have grown when compared to pre-COVID-19 levels. It is anticipated that the impact of the pandemic and the prolonged periods of lockdown will further influence the presentation of demand, the longer term health outcomes of our population and ultimately the way the Southern HSC Trust functions over the coming year.

Challenges reported prior to the pandemic, relating to reduced capacity for elective and unscheduled services, continued to impact performance as follows:

- Planned service capacity reduced significantly with resources (staff, beds and critical care services) redirected to respond to the increased pressure on hospital services;
- Unscheduled care capacity responded to meet the needs presented during the ongoing management of the COVID-19 response and the safe management of COVID-19 admissions alongside non-COVID-19 demand;
- The availability of personnel continued to limit capacity. The reduction in workforce was linked to the ability to recruit and retain appropriately trained staff into the sector and the availability of current staff due to the widespread community transmission of COVID-19 infection throughout the year;
- The impact of the ongoing pandemic continued to affect wider health and wellbeing which resulted in an increase in demand for specific services, particularly child and family and mental health and disability services;
- Inability to maintain core service delivery at the pre-pandemic level has inevitably resulted in a backlog of unmet need which is increasingly presenting at Emergency Departments and in service, with an increased severity.

It is anticipated that these challenges will continue into 2022-23 due to the ongoing requirement for infection prevention and control arrangements, particularly in the hospital system where infrastructure and environment conditions remain in need of improvement, and in the ongoing financial context.

Commissioning Plan Direction

For 2021-22 there are 71 Objectives and Goals for Improvement (OGIs), with 67 of these applicable to the Southern HSC Trust. Whilst achievability of OGIs was not re-assessed in 2020-21 the Southern HSC Trust continues to note the assessment of achievability made for each OGI in the 2019-20 TDP.

Of the 67 OGIs applicable to the Southern HSC Trust, 61% (43) were assessed by the Southern HSC Trust as either Green or Amber ie. achieved or partially achieved at year-end.

SUMMARY:		TDP Assessment for 2021/2022		Performance Assessment for 2021/2022	
Of the 71 Objectives and Goals for Improvement (Targets), the Trust achieved the following breakdown, by RAG status:					
Green (G)	OGI Achieved	27	54 (76%)	29	43 (61%)
Amber (A)	OGI partially achieved	27		14	
Red (R)	OGI not achieved	13 (18%)		23 (32%)	
Blue (B)	Not applicable (Not a Trust OGI)	4 (6%)		4 (6%)	
White (W)	Unable to assess due to absence of year-end data	0 (0%)		1 (1%)	

Service Delivery Plans

Following the submission of Service Delivery Plans in 2020-21 the Southern HSC Trust submitted further phased plans to the Department of Health (DoH) for delivery of core services, for Phase 5 (April to June 2021); Phase 6 (July to August 2021); Phases 7 & 8 (October 2021 to March 2022) which outlined our planned response to additional service pressures arising during Winter 2021-2022. They also included resilience plans for any further COVID-19 surges.

The Southern HSC Trust performed well against the projected position. In the last Phase (January to March 2022), 90% of the areas projected were within 10% of the projected position.

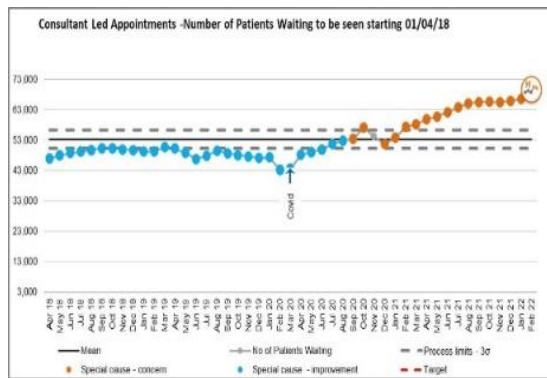


Elective Services

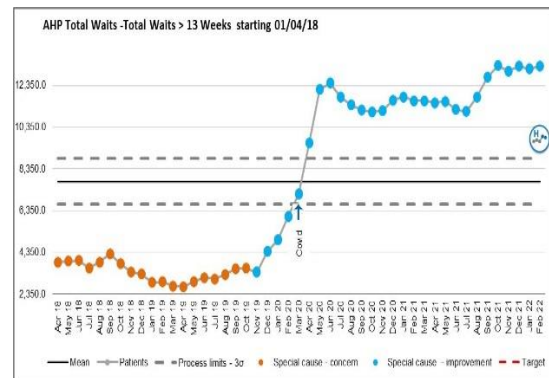
In 2021-22 the Southern HSC Trust has again been unable to achieve the performance targets previously set for waiting times for elective services, this has been largely due to the pressures on the system as a result of COVID-19 and continuing staff resourcing difficulties.

For the majority of elective target areas, including first outpatient assessment, diagnostic tests, inpatient and day case surgery and allied health professional referrals, the number of patients waiting increased and the length of waiting time for patients extended, resulting in unacceptably long wait time for many. The graphs below reflect the trend in the increasing volume of waits in these areas.

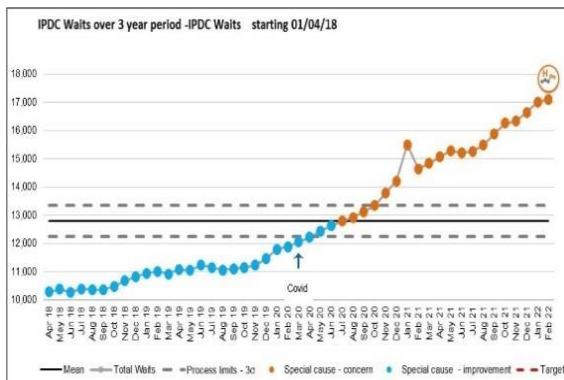
Consultant-Led Outpatient Waiting Lists: Trend in volume of waits



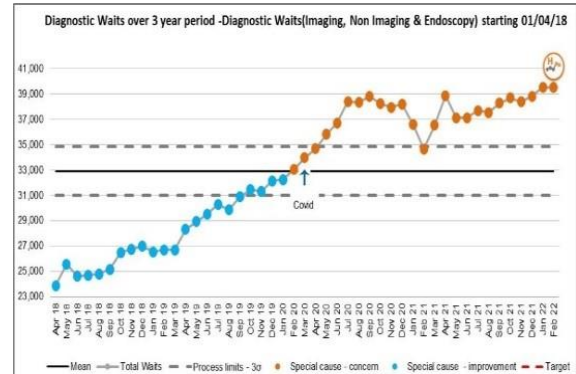
Allied Health Professional (AHP) Waiting Lists: Trend in Volume of waits



Inpatient and Daycase Waiting Lists: Trend in volume of waits



Diagnostic Tests – Waiting Lists: Trend in volume of waits



Adult Mental Health Outpatient Waiting Lists



Cancer Services

- The impact on routine waits has been previously noted; however more significant is the impact on the wait times for urgent and red flag (suspected cancer) services, including outpatient, diagnostics and treatment.
- The table below indicates a reduced level of performance against the 3 cancer pathway targets over the last 4 years. This position is reflected across Health & Social Care in NI.

	14 Day Target - 100%		31 Day Target - 98%		62 Day Target - 95%	
	SHSCT Performance	Regional Performance	SHSCT Performance	Regional Performance	SHSCT Performance	Regional Performance
2018/19	99.4%	92.0%	99.5%	94.0%	74.4%	63%
2019/20	99.9%	86.0%	98.2%	93.0%	65.5%	51%
2020/21	67.7%	71.0%	92.4%	93.0%	57.1%	53%
2021/22	37% (April 21- March 22 Position)	54% (Jan 2022)	85.8% (Jan 2022)	90% (Jan 2022)	49.4% (Jan 2022)	47% (Jan 2022)

- The number of people who are actively waiting on our cancer pathways has increased by approximately 4%. In March 2021 there were 4,770 patients being actively tracked through our pathways, compared to 4,973 in March 2022.
- The number of patients who have attended and been diagnosed with Cancer has increased by 14%. (2,218 confirmed cases during 20-21 compared to 2,523 in 21-22).
- The Southern HSC Trust is working with regional colleagues to ensure surgical capacity is targeted to those most at need via the Regional Prioritisation Oversight Group (RPOG).

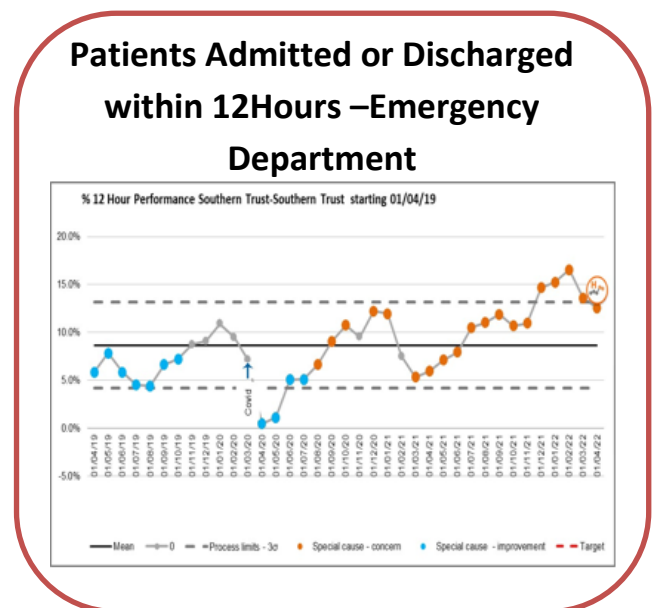
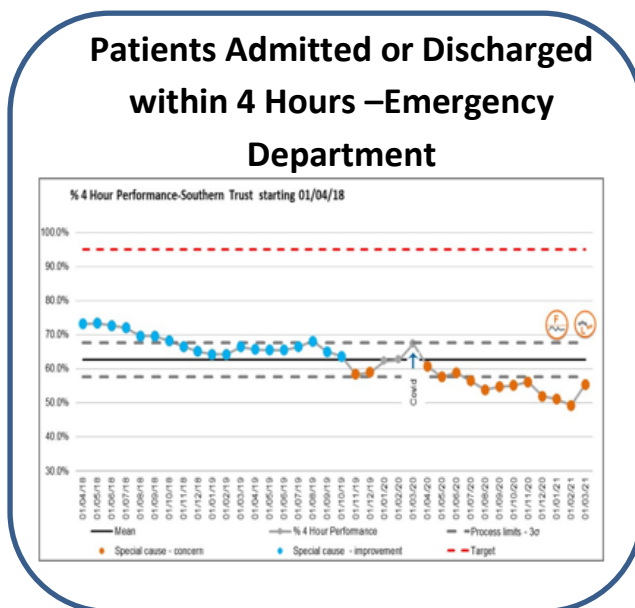
Over 200 patients from the Southern HSC Trust have had surgery in other private and NHS hospitals this year.

- Continued reliance on additional regional and independent sector capacity is anticipated for the foreseeable future.

Unscheduled Care

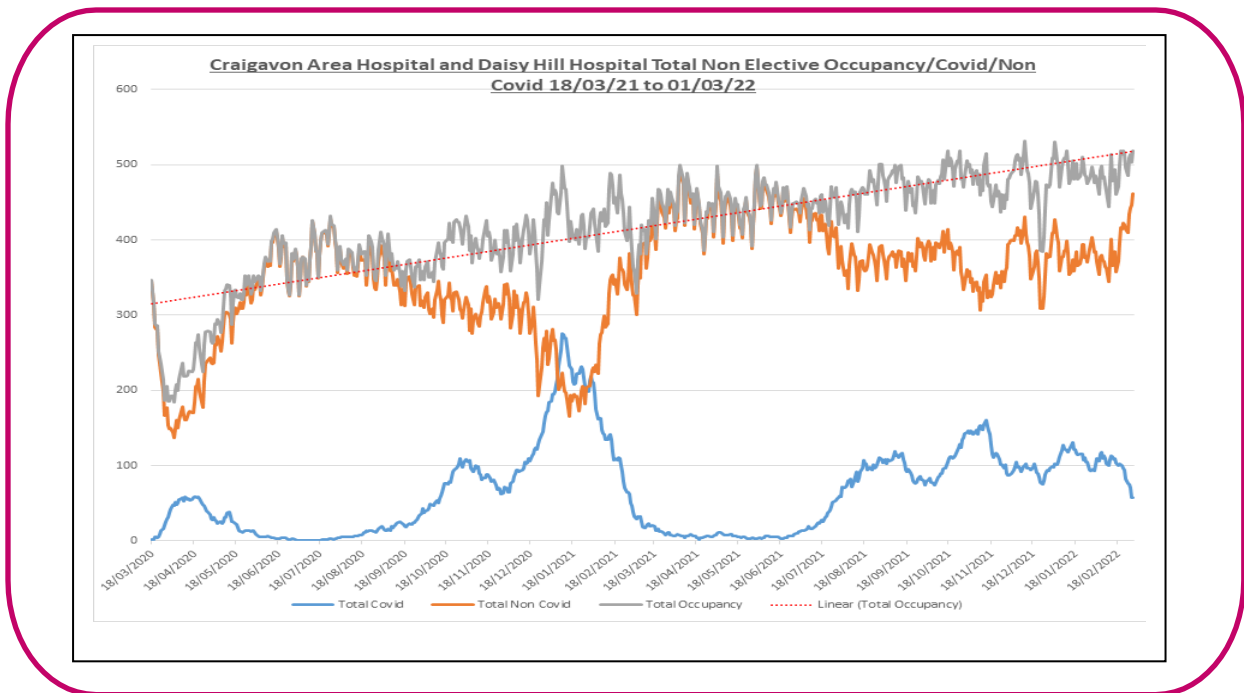
In 2021-22 the Southern HSC Trust has again been unable to achieve the performance targets previously set for the management of waits in Emergency Departments and flow to discharge through our hospital system due to the following reasons:

- Overcrowding in the Emergency Department has impacted on the ability to treat, admit and/or discharge patients within 4 hours.
- Challenges with patient flow, insufficient bed capacity and the ability to discharge patients from hospital beds has impacted on the volumes of patients admitted or discharged within 12 hours.



- Patient flow through our hospital systems is more complex associated with infection prevention and control requirements in place which seek to reduce nosocomial spread of infection (acquired during the process of receiving health care that was not present during the time of admission) in an environment with an ageing infrastructure. The graph below reflects the occupancy levels for unscheduled inpatient care both COVID-19 and Non-COVID-19 and the total on the grey line.

Craigavon Area Hospital and Daisy Hill Hospital Total Non Elective Occupancy/COVID/Non COVID 18/03/21 to 01/03/22



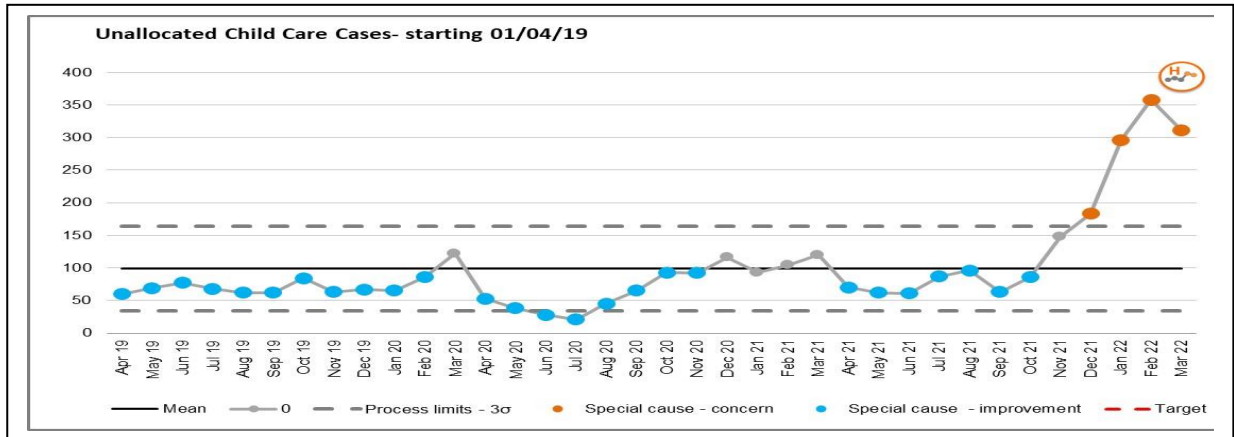
- The Southern HSC Trust has continued to develop unscheduled care service in line with the 10 key recommendations from the regional 'No More Silos' emergency care action plan.

Children's Services

Workforce issues impacting on social work staff (including maternity and sickness absence) within the current workforce coupled with an inability to recruit the number of social work staff required to fill permanent vacancies, is impacting on child and family services.

The complex nature of child protection work, the increase in the Looked After Children population, and the general demand for services in conjunction with work force challenges, has resulted in an increased number of Unallocated family support referrals. Statutory functions in respect of Child Protection and Looked After Children case episodes have been prioritized and continued to receive a social work service.

Unallocated Child Care Cases



Performance and Service Developments

Preventing COVID-19 hospital admissions

Thanks to new ground breaking medicines, we are now preventing potential hospitalisation of vulnerable patients infected with COVID-19.

Craigavon Area Hospital is one of six sites across Northern Ireland offering outpatient antibody and antiviral treatments for the most clinically at risk patients from across the area.

Eligible patients who test positive for COVID-19 are identified from their PCR or Lateral Flow Test results. Patients are assessed by a doctor and referred on to the nurse-led service. Since commencement in December 2021, 579 treatments have been administered, with only six of these patients requiring further hospital care.



The community outreach service is a further development, where the team make home visits to housebound patients who cannot attend the clinic. Thanks to very rapid research and development, we are now able to offer treatments that were previously only available to inpatients to those who are at the greatest risk of harm from COVID-19 in the community setting.

Neutralising monoclonal antibodies and antivirals (nMabs) have been shown to improve survival and recovery time from COVID-19. They are offered to eligible patients in the earliest stages of infection and are administered as soon as possible after a confirmed positive PCR or lateral flow test.

Once referred, patients are assessed and advised on suitable treatments, which may be through a drip in the arm as an outpatient, or prescribing of an antiviral, in an oral form, to be taken at home.

While vaccination remains the first line of defence against COVID-19, these treatments give an additional layer of support to protect vulnerable patients, preventing them from developing serious illness. It is a huge credit to the team who have worked tirelessly to set up this new service in such a short time and along with primary care colleagues are committed to preventing potential hospital admissions for many patients.

Support for patients with post COVID-19 syndrome

In October 2021 we launched a dedicated assessment and treatment service for patients with post COVID-19 syndrome.

The service aims to support those patients with longer term physical, mental and cognitive effects following infection.

Since this service was established, the one-stop-shop multidisciplinary assessment clinic, currently based at Banbridge Polyclinic has received 312 referrals from both primary and secondary care.



After a comprehensive assessment by a team consisting of GPs (with a special interest), Nursing, Physiotherapy and Occupational Therapy professionals, patients are provided with expert advice and/or referred to other services as needed to manage symptoms and support recovery.

A bespoke pulmonary rehabilitation service to address dysfunctional breathing is also being established for patients with significant respiratory symptoms post COVID-19. Due to start in April 2022, a Specialist Nurse and Physiotherapist will offer support with assessment, rehabilitation and self-management of symptoms.

We also aim to develop this service to offer rehabilitation support to patients discharged from critical care both with COVID-19 and non-COVID-19 symptoms.

Plans are underway to recruit staff to offer patients assessed by these services Psychology support, diagnostic tests by respiratory clinical Physiologists, Nutrition and Dietetic and Speech and Language Therapy.

Since referrals began, one of the main symptoms of patients is fatigue (over 50% of those referred) for which there is no specific service at present. We now hope to further develop the service to provide specialised intervention for patients who are reporting fatigue as a main symptom.

Intensive Support Fostering Service

The Intensive Support Fostering Scheme (ISS) is a specialist service (within the overall Fostercare service in the Southern HSC Trust) providing long-term foster care for specific young people with complex physical or emotional needs associated with traumatic childhood experiences.



The aim is to offer a stable nurturing family environment with Foster Carers who have the knowledge, understanding and skills to care for and support them to recover and grow up in a nurturing supportive environment. Carers receive specialist training, to support them and give them the resilience needed in this challenging but rewarding role.

Supported by service development funding we have expanded the service to support more young people by maintaining 20 full-time foster carers on the ISS scheme. ISS has respite carers who provide bespoke, relational based care for specific young people and become part of their consistent network and support to full time placements. We currently provide permanent care to 25 children including sibling groups, children with disability and children from a variety of minority groups. It is anticipated that ISS will include a specialist placement option to offer young people a bail address to avoid prolonged remand to youth justice centres.

The service has been successful in maintaining long-term placement stability and in meeting the complex needs of looked after children, thus avoiding out of locality specialist placements and unplanned moves.

The pandemic presented considerable challenges to Intensive Support Fostering. However, flexibility ensured that placements for carers and young people remained well supported. Outreach staff often met outdoors and used the Scandinavian 'hygge' concept, which encourages finding comfort in small things and highlights the importance of connecting with nature. Techniques were used to make the use of PPE as user friendly as possible for children and young people.

In recognition of the social isolation experienced by our young people, staff organised online support groups to maintain structured but informal peer contact. Following positive feedback from both foster carers and young people, further programmes have been agreed for next year.

The scheme is now well established and families report a sense of community and a pride in the service they offer.

The large number of young people within the foster care system with complex trauma who need specialist support remains a challenge. To address this, new structures have been established to allow regular collaboration between Looked After Children, 14+,

Residential and Family Placement teams to prioritise, plan for and match particular children to services.

Recruitment and retention is an issue for all child care social work services and as consistency and relationships are a central feature of the ISS, it is essential to maintain consistent professional staff to support the service.

Going forward, we aim to develop and improve the service by recruiting and training more specialist carers and increasing social work staffing to match placement demand and identify a lead psychologist to support the service.

A regional group for therapeutic fostering services may be helpful in developing best practice and consistency across Trusts and over the next year we aim to integrate the new Regional Framework for Therapeutic care into the service and intervention model with children young people and their carers.

Towards Zero Suicide

73% of those in NI who have lost their lives to suicide were not known to mental health services yet research shows that most people who die by suicide have a mental disorder at the time of death.

The Protect Life Strategy 2 aims to reduce the NI suicide rate by 10% by 2024.

Through engagement with service users, families, carers, supporters and staff, a number of key challenges have been identified which are contributing to the complexity of the current situation.



People in need of help are not presenting to services, which indicates that there needs to be more opportunities to access support.

In October, we launched the Southern HSC Trust Suicide Prevention Care Pathway. Developed through the regional Towards Zero Suicide initiative, the pathway aims to identify and respond to patients at risk of suicide as quickly as possible. Co-produced in partnership with service users, volunteers with lived experience, staff and key stakeholders, the pathway aims to give every patient their own unique safety plan, tailored to their specific needs, to guide them through their mental health journey.

The Newry and Mourne area is piloting the pathway, where unscheduled care mental health practitioners and community counsellors work consistently to identify suicidal behaviours and use evidence based practice in suicide prevention.

Towards Zero Suicide recognises that deaths from suicide are preventable, the feelings that drive suicide are often temporary and with the right help and support people can get through a crisis and recover. The Suicide Prevention Care Pathway aims to take a proactive approach to suicide prevention. It aims to ensure that all the systems and processes are in place to offer a patient-centred assessment for those at risk, providing support and treatment, whilst always remaining flexible and family focussed.

Suicide Prevention Care Pathway addresses the challenges patients with suicidal ideation face in relation to Screening, Assessment, Risk Formulation, Intervention and Transition.

To date the pathway has shown a number of positive outcomes for service users and staff and there has been improved collaboration between services:

- Over 2200 staff have completed level 1 suicide awareness training.
- 105 practitioners have completed Storm (suicide prevention and self-harm mitigation) in-house training since June 2021.
- 88 practitioners and community counsellors have completed CASE assessment and Pisani risk formulation training.
- 380 practitioners and community counsellors have completed collaborative safety planning and follow-up information sessions.
- From January to March 2022, 238 patients have had the 'CASE' approach to assessing suicide and 'Pisani' risk formulation completed.
- Since safety planning was introduced 380 patients have a safety plan completed.
- Communication and 'handover' between services has improved.

Moving forward, we will continue to roll out training for staff and aim to embed this new collaborative way of working across other services The WELL-Bean Café established by PIPS Hope and Support has created an environment where service users are comfortable and supported at the evenings and weekends. We continue to support our community and voluntary partners (PIPS, SHIP provider Inspire and Lifeline) and GP Federation, look forward to creating new information literature for patients and linking with the Recovery College to increase support for supporters by providing WRAP Training.

Developing Heart Failure Services

Over the past two years, the Heart Failure team has expanded and developed the range of expert services they can now offer to patients.

With a prognosis worse than many cancers, Heart Failure is a chronic illness, affecting two in every 100 people. However, we know that the earlier Heart Failure is diagnosed and treated, the better outcomes for the patients.

The team of highly experienced and dedicated Heart Failure clinicians have shown great innovation and determination, particularly overcoming the challenges of the pandemic to enhance their services for the benefits of patients. In addition to consultant led Heart Failure clinics, the team have transformed their specialist nurse led clinics. By streamlining investigations and their appointment system, waiting times, which had been impacted by the pandemic, have been greatly improved for patients waiting to access specialist support.



The launch of a Primary Care facing Rapid Access Heart Failure clinic in May 2020 has been a great success. Meeting international standards and the first of its kind in Northern Ireland, the team now offer a one-stop-shop of diagnostic investigations, consultant expert opinion, specialist nurse advice with planned and timely follow up.

This new development is having a very positive impact on patient care thanks to a multidisciplinary effort from Heart Failure consultants, nurse specialists and cardiac physiologists supported by health care assistants and an administrative team.

During an audit from April 2021 to July 2021, 163 patients were seen face to face in the rapid access heart failure clinic. 73.6% of these had Heart Failure diagnosis confirmed and received specialist assessment including ECG, an echocardiogram, consultant and specialist nurse reviews and individualised treatment plans created.

This model also improves responsiveness to existing Heart Failure patients experiencing deteriorating symptoms who can attend within one week of alert.

The Rapid Access Heart Failure Clinic has fostered engagement with primary care through a structured education pathway promoting the benefits of heart failure care and early diagnosis. The service has also led to the development of electronic pathways which enables auditing of the referral process, outcomes and safety.

This innovative model has highlighted the ability to safely engage virtually with primary care to manage heart failure patients, leading to the development of Northern Ireland's first virtual heart failure clinic which was launched on 20 April 2022.

Workforce Response to the COVID-19 Pandemic

The **regional HSC Workforce Appeal** remained in place during 2021-22 following its launch in March 2020 in response to the significant additional workforce needed to respond to the pandemic. The Workforce Appeal has been utilised as the emergency mechanism to support the urgent recruitment and deployment of health and social care workers, administrative, and support services staff on a temporary basis.

The appeal has been highly effective, providing additional temporary cover for staff absences, to support the scaling up of the mass vaccination programme and to provide support within nursing and residential care homes. Since its launch, the Southern HSC Trust has received in excess of 8,500 applications through the Workforce Appeal and employed in excess of 1,600 staff in total. At end of March 2022, 314 staff who commenced through the workforce appeal on a temporary basis are still employed, 123 of these are now successfully appointed into permanent roles.

We continued to utilise the skills of **nursing and medical students** in a variety of roles across teams and streamlined recruitment processes were implemented to enable swift employment of **newly qualified nursing graduates**.

Staff Absence

During 2021-22 the pandemic continued to impact service delivery due to **increased staff absenteeism levels**. Sickness absence rose from 5.39% in 2019-20 to 7.41% in 2021-22. Non-COVID-19 sickness absence has been higher than COVID-19 sickness absence. Spikes in sickness absence were noted in April 2020, January 2021 and November/December 2021 correlating with COVID-19 pandemic surges.

Mental health related sickness absence was the main reason for long term absences and the second main reason for short term absences. Pandemic anxiety, lockdowns, school closures and home schooling, reduced childcare options and exhaustion have impacted on staff mental health.

The Southern HSC Trust area has seen high rates of community transmission of COVID-19 and our level of staff COVID-19 related absence has reflected this. At times during the year up to 500 staff were absent from work per day due to self-isolation and shielding.

Impacts of staff absence during 2021-22 on service delivery has included;

- Temporary standing down / reduction of services;
- Cancelled clinics / elective surgery and diagnostic procedures at short notice;
- Increased waiting times for some services;
- Increase in unallocated cases/care packages;
- Restricted ability to forward plan operational rotas due to constantly fluctuating staffing levels; and

- Challenge of managing significantly reduced staff morale in teams impacted by high absence levels.

Caring Responsibilities & Flexible Working

Our staff continued to work hard to manage work and personal commitments during the pandemic in 2021-22. Our predominantly female workforce managed home and caring responsibilities and the Southern HSC Trust supported staff with flexible working arrangements while responding to the needs of the service. Many staff continued to work wholly or partially from home.

Risk Assessments for Staff

The Human Resources and Organisational Development teams supported staff and managers to keep staff safe while ensuring as many staff as possible were available to attend work. Support was provided to managers to ensure risk assessments were in place for Ethnic Minorities staff, pregnant staff and those who were clinically extremely vulnerable (CEV). Many staff were redeployed to alternative roles to assist service delivery through risk assessment.

Staff Health Protection

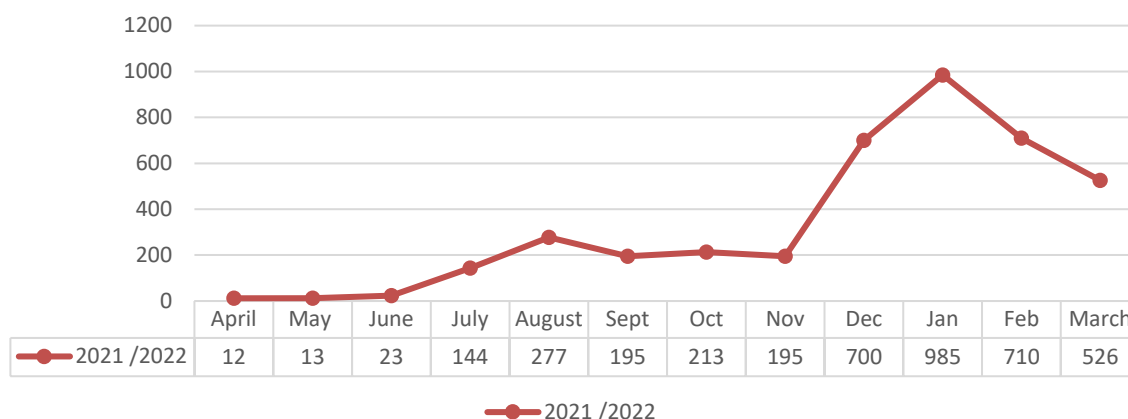
The dedicated **Occupational Health Staff Health Protection Service** co-ordinates the Southern HSC Trust response to COVID-19 queries from staff, PCR testing and co-ordination of the roll out of Lateral Flow Test (LFT) twice weekly asymptomatic testing throughout the Southern HSC Trust, contact tracing of staff following a positive test result and input into COVID-19 outbreak management.

Some of the service's achievements included:

- **37,781 PCR tests** carried out and reported on from 1 April 2021 to 10 March 2022;
- **9,198 staff enrolled in our asymptomatic Lateral Flow Testing (LFT) screening** programme which is 68% of our current workforce;
- Contact tracing carried out for 3,993 members of staff who tested positive for COVID-19; and
- **863 COVID-19 vaccinations** given at our dedicated on-site staff vaccination clinics (*this does not include staff who received their vaccine at a public venue*).

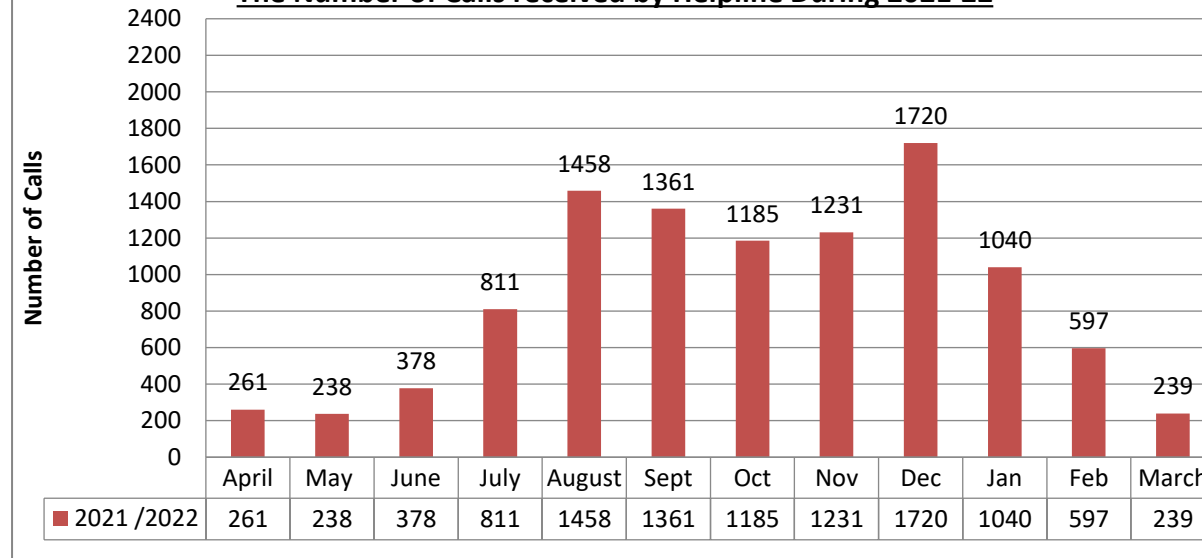
During 2021-22 there has been a total of 3,993 staff with a positive COVID-19 test result reported through to our Occupational Health Staff Health Protection Service and cases have been particularly high from November 2021 to March 2022, which is reflective of the high levels of community transmission over that period.

Number of Staff Tested Positive and Contact Traced April 2021 to March 2022



The Occupational Health Staff Health Protection Service COVID-19 helpline **responded to 10,519 calls** from staff during 2021-22. As reflected in the graph below the calls from staff increased considerably from August 2021 to January 2022 but there has been a significant reduction in calls from late February 2022 and this corresponds to the development of a COVID-19 Toolkit for Managers and Staff, to provide detailed information for staff who are a close contact or who have tested positive for COVID-19 and includes process flowcharts and FAQs.

The Number of Calls received by Helpline During 2021-22



COVID-19 Vaccination Programme

The roll out of the COVID-19 Vaccination programme has been an enormous task and continued into 2021-22 as part of the Department of Health's response to the pandemic.



In December 2020 the Southern HSC Trust opened its mass vaccination centre in South Lakes Leisure Centre (SLLC), Craigavon, and staff continued to deliver vaccines to as many people as possible, as quickly as possible during 2021. Vaccines were also delivered within a variety of other settings to both the public and Southern HSC Trust staff, including care homes, day centres, schools, workplaces, local community venues and in major shopping centres across the local community. By 31 March 2022 a total of 361,726 1st, 2nd, 3rd primary and booster doses of vaccine had been administered since December 2020.

The success of the programme to date is a result of collaborative working with outside stakeholders such as the Department of Health and the Public Health Agency and invariably with teams across the Southern HSC Trust, including the large team of vaccinators, pharmacy, estates, administrative and support staff available. Many of the staff supporting this significant vaccination programme worked additional hours or joined the team via redeployment, workforce appeal or returned from retirement. Whilst the mass vaccination centre closed in September 2021, the vaccination programme continues to evolve as eligibility for the vaccine expands following regular updated guidance from the JCVI. The Southern HSC Trust now offers the COVID-19 vaccine from 5 years of age and is preparing to deliver the Spring booster campaign. It is never too late to get the vaccine!

COVID Staff Vaccinations as at 23 March 2022

- 9,227 Staff Vaccinated 1st Dose which equates to 79%;
- 9,180 Staff Vaccinated 2nd Dose which equates to 79%; and
- 6,217 Staff Vaccinated Booster Dose which equates to 53%.

Staff FLU Vaccinations as at 23 March 2022

- Performance: Front Line Health Care Worker – 36%;
- Non Front Line Health Care Worker – 42%;
- Overall Southern HSC Trust uptake of FLU vaccine - 37% (For 2020-21 we achieved a target of 51% therefore this is a decrease of 14%); and
- Total number of FLU Vaccines administered this year – 7,412.

This information relates only to staff who have received their vaccinations at our vaccination centre at South Lake Leisure Centre, Craigavon/other Trust Clinic.

It does not include Southern HSC Trust staff who received the vaccine elsewhere i.e. GPs, Community Pharmacies or as part of other vaccination programmes of local or national Health Trusts. Therefore, the total number of vaccinated staff is higher.

Occupational Health Psychology Service

Occupational Health Psychology interventions continued to be offered alongside other organisational supports and services delivered by our Occupational Health & Wellbeing service.

- The **Staff Support phone line** remained in place during 2021-2022, allowing staff the opportunity to speak to and seek support from a psychologist within Occupational Health and Wellbeing.
- **Training and team based inputs** were offered on request. These included specific tailored support to Southern HSC Trust teams that were negatively impacted by their experiences during the ongoing pandemic.
- **In-reach support** to hospital settings which was provided throughout the acute phase of the COVID-19 Pandemic also remained in place until March 2022.
- A new pilot **Managers' Support Service** was launched in March 2022. This is a consultation service focused on supporting managers' wellbeing and their ability to support the emotional wellbeing of their teams and individual staff.

Workplace Health and Wellbeing

In May 2021 a survey was sent out to staff to share their views on the 'UMatter' website and weekly 'Friday Focus' email. U Matter is our digital resource that provides staff with access to the latest information, advice and support needed to maintain and improve health and wellbeing. 802 responses were received which helped improve the content on the site and communications shared globally with staff.

- An updated U Matter Version 2 went live during June 2021 that included new zones, apps and tools linked to community partners, to enrich the information that staff can access.
- Approximately 70 workplace Health Champions across all Directorates continue to influence and embed support for staff health and wellbeing in their own teams. Health Champions meet monthly to help develop their knowledge and awareness of health issues, campaigns, events and relevant training opportunities.
- A new resource '**Supporting Staff Affected by Cancer, Guidance Notes**' was introduced in May 2021 to support our staff who have personal experience of cancer or may be in contact with colleagues or a family member affected by cancer.
- **Wellbeing @ the Library** launched in June 2021 in the Medical Education Centre, Craigavon Area Hospital and aims to promote the benefits of reading for health and wellbeing. It has 3 main objectives: (1) To support the health & wellbeing of our staff & placement students; (2) To inform & support the professional development of our staff & placement students and (3) To improve the aesthetics

of the healthcare library for staff & its users. The library includes books on mental, emotional and physical health and wellbeing and art boxes.

As part of an annual action plan of activity to support physical health and wellbeing a significant number of events have been organised and promoted including physical activity classes and webinars on a range of topics. A free 12-week virtual weight loss programme for staff was introduced with a second programme commencing in January 2022. In addition, the Southern HSC Trust participated in Sustrans 'Leading the Way Active Challenge' for which the Southern HSC Trust picked up a Special Recognition Award, October 2021.

The Annual Quality Improvement week-long virtual event held in November 2021 had a day themed on Health and Wellbeing. During this event we launched a virtual Couch to 5K, a Menopause Café, provided training on how to have a wellbeing conversation, offered staff the opportunity to attend virtual 20 minute Care and Support sessions which allowed them to have confidential coaching conversations on their health and wellbeing, alongside a wide range of health and wellbeing presentations, videos, activities and resources.

FINANCIAL PERFORMANCE 2021-22

Financial Position

As predicted at the outset of the financial year, 2021-22 has been yet another challenging year for the entire Health & Social Care System with continued added pressures directly associated with our need to respond to COVID-19.

Whilst no regional cash releasing efficiency targets were set in 2021-22, Southern HSC Trust was tasked with achieving an optimisation target of £1.065m for medicines (being our share of the regional target).

The Southern HSC Trust's Financial Strategy was built upon using all of our resources wisely to meet the health and social care needs of the residents of the Southern Area. We continually aim to identify all available opportunities in seeking to manage a challenging financial position, whilst also securing delivery of reform and transformation. Resources are prioritised to deliver the Southern HSC Trust's strategic objectives, with the aim of improving the health and social well-being of, and reducing the health inequalities between, those for whom we provide, or may provide, health and social care.

The Southern HSC Trust has achieved financial balance in 2021-22. This is against a backdrop of a number of pressures during the year, most particularly as a direct result of our need to continue to respond rapidly to the impact of COVID-19. This break-even achievement has only been made possible through a combination of staff dedication, commitment and strong corporate governance, and additional funding being made available for the COVID-19 pressures, and associated expenditure reductions. The Southern HSC Trust has worked hard to balance high quality, safe patient care together with increasing demands for our services.

Financial Environment

The Southern HSC Trust's approach to financial planning for any financial year commences as early as possible during the preceding year. The aim is to ensure financial break-even with less income in real terms and at the same time securing delivery of the modernisation and reform agenda. Planned expenditure is considered on a Programme of Care basis and includes a detailed review of both existing baselines and incremental changes applicable to the financial year in question.

The Southern HSC Trust has consistently delivered efficiency savings over a number of financial years and as a direct result savings are becoming more difficult to achieve on a recurrent basis.

Notwithstanding the enormity of the challenge the Southern HSC Trust achieved financial balance in 2021-22.

Financial Targets

The Southern HSC Trust is required to operate within revenue and capital budgets delegated to it by the Department of Health (DoH) via the Health and Social Care Board (HSCB) (now the Strategic Planning and Performance Group (SPPG)).

This has been achieved through the successful implementation of the Southern HSC Trust's financial strategy for the year and the continued efficient use of resources.

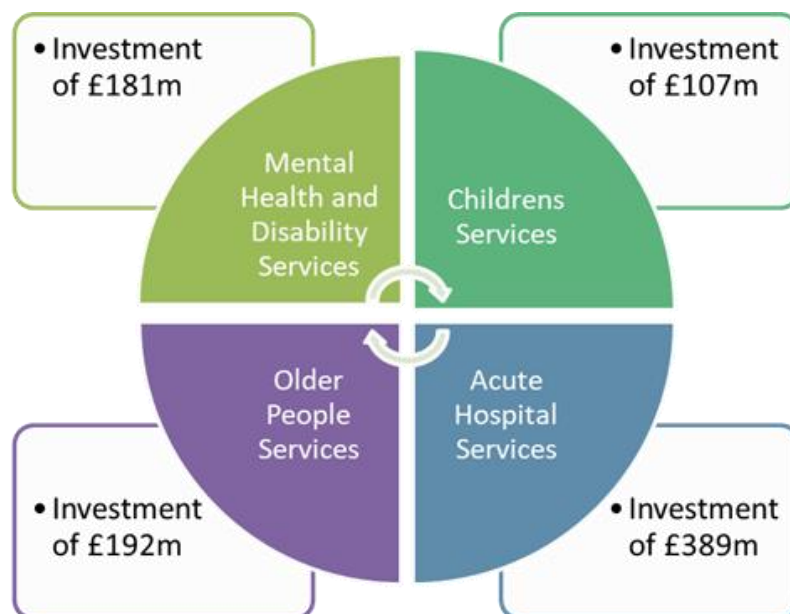
Financial Governance

At the beginning of each financial year, the Southern HSC Trust prepares a detailed financial strategy which is approved by Trust Board. This strategy forms the basis of how our budgets are to be allocated across all Directorates. Financial performance is monitored and reviewed monthly with all Directors and detailed financial reports and year-end forecasts are produced monthly for both Trust Board and the Southern HSC Trust's Senior Management Team.

Income and Expenditure in 2021-22

The Southern HSC Trust receives the vast majority of its income, 88%, from the DoH, through the HSCB (now SPPG). In addition the Southern HSC Trust is provided with a funding allocation for medical education. The largest single remaining funding stream is the income received from clients in residential and nursing homes.

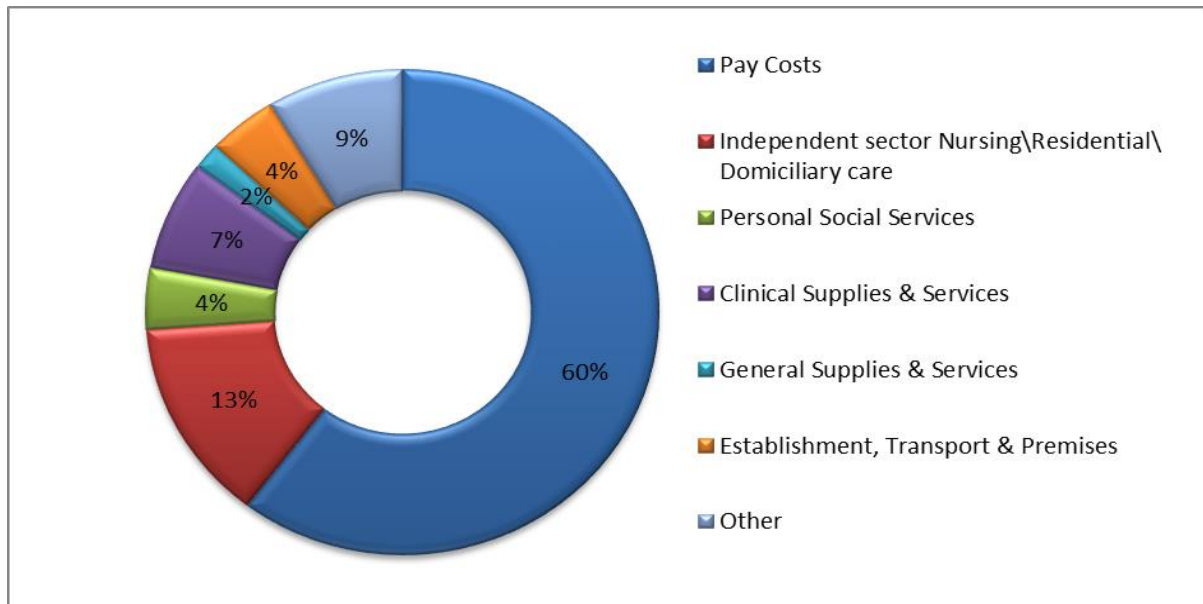
The Southern HSC Trust's total revenue expenditure in year was £993m. The chart below demonstrates how the majority of this was invested across a range of services during 2021-22



In addition there are a range of supporting directorates which cost £53m in 2021-22.

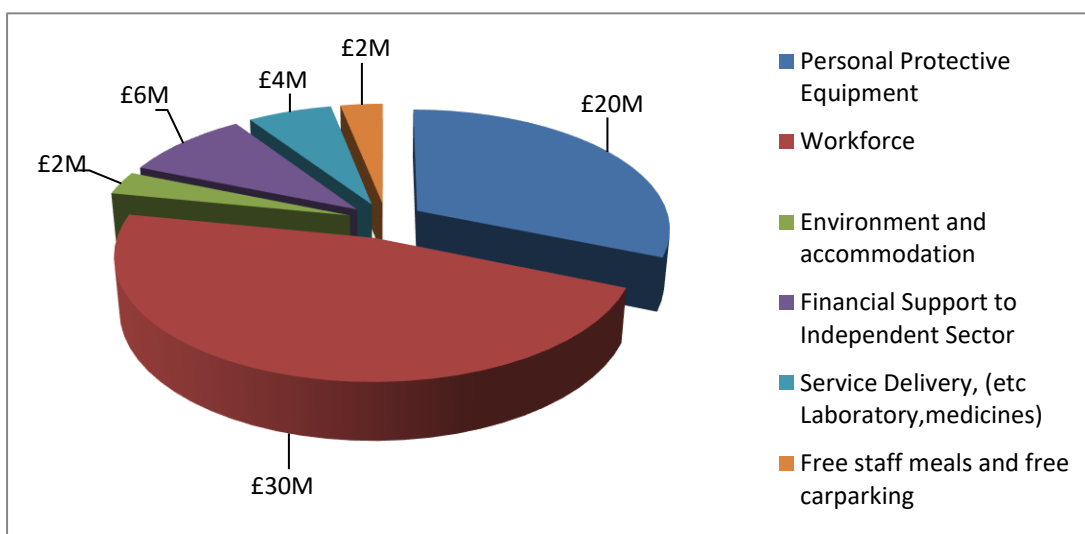
Our staff costs are consistently the largest component of expenditure accounting for 60% of operating expenses. In 2021-22 we spent a total of £993m, £598m on pay costs with the balance of £395m on non-pay. The chart below summarises the split of our total expenditure during 2021-22:

Split of Southern HSC Trust expenditure in 2021-22



Included within our total expenditure was the cost of our response to COVID-19. In total we spent £64m, with the most significant elements of this expenditure highlighted below. This expenditure received full funding support from DoH. Of note, £6m was used to provide financial support to the independent sector, including nursing and residential homes, domiciliary care and supported living schemes.

Split of Covid-19 expenditure in 2021-22



Expenditure remained within the Revenue Resource Limit (RRL) of £949.5m by £32k.

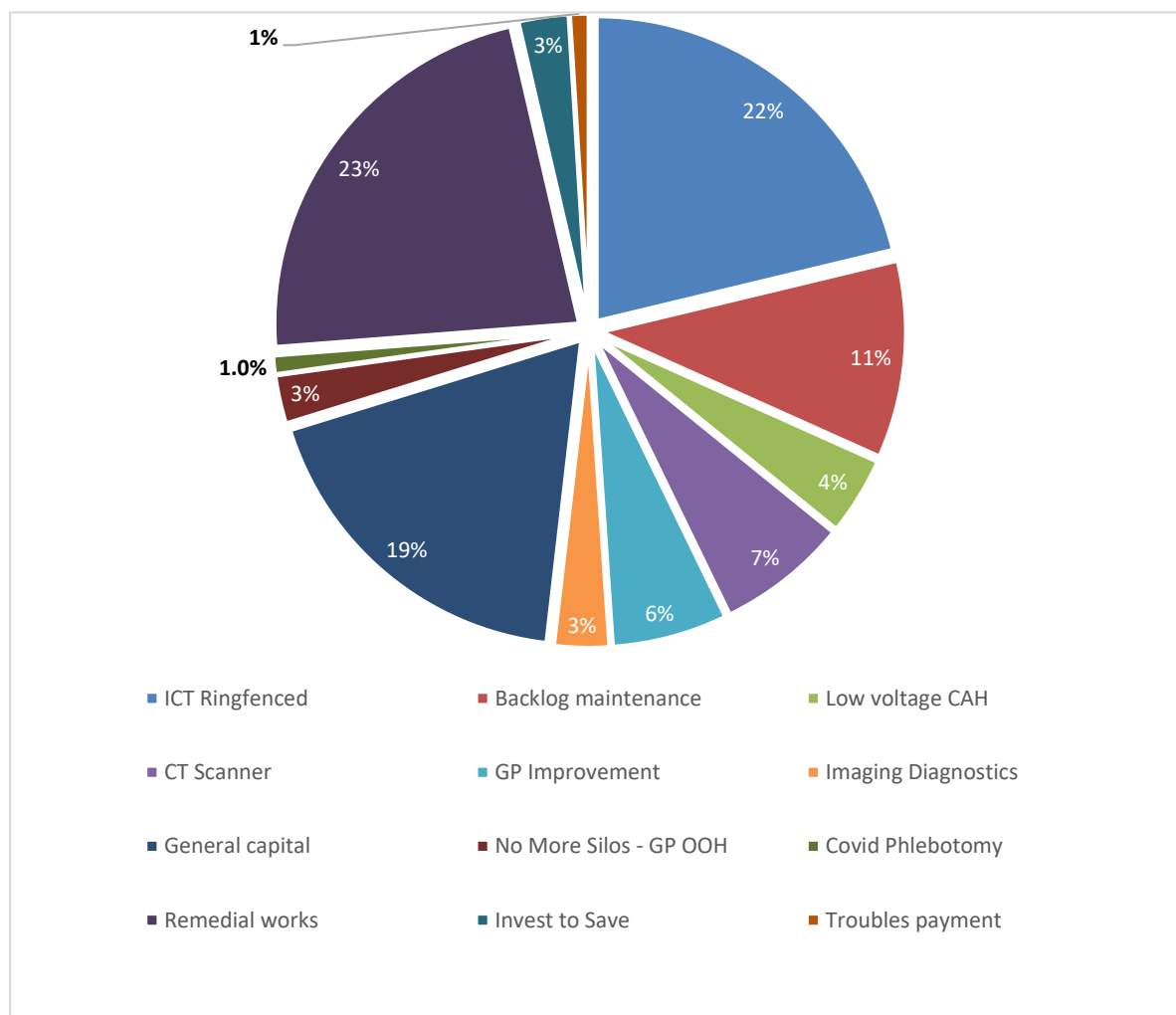
Capital Investment

The Southern HSC Trust receives an annual capital allocation to help support the expenditure required to develop and maintain the infrastructure required to provide the facilities necessary for the provision of services to all our patients and clients.

The Southern HSC Trust had a capital allocation of £37.8m, for 2021-22, including £8.6m for Information Technology, £1m for Invest to Save projects, £2.7m for an additional CT scanner on Craigavon Site and £7m for general capital requirements. The Southern HSC Trust also secured additional capital investment to support a range of backlog maintenance schemes and remedial works.

The Chart below summarises how we invested our capital resource during 2021-22.

Southern HSC Trust Capital Investment 2021-22



The table below analyses the Capital spend over expenditure type:



The Southern HSC Trust was successful in investing in full its Capital Resource Limit except for a small underpend of £96k (0.3%).

Going Concern

The Southern HSC Trust is beginning the 2022-23 financial year with a substantial underlying funding gap. A budget settlement for 2022-23 has not yet been agreed for DoH therefore at this stage there is no formally agreed budget for the Southern HSC Trust for the coming financial year.

The cost of providing services is increasing, with estimates suggesting 6.5% annually. This is due to an increasing ageing population with greater and more complex needs, increasing costs for pay, goods and services, and growing expertise and innovation which mean a more extensive range of services are available, supporting improvement in the health of our population. All of these factors combine to impose an upward pressure on the funding required just to standstill.

Extensive budget planning work to support the 2022-23 position is ongoing between the Southern HSC Trust, HSCB (now SPPG) and DoH. As a Trust we must ensure that our limited resources are used to maintain safe services and to achieve the best outcome for our population. It also means that we must continue to embrace and pursue the transformation agenda to safeguard vital services for the future.

There is no doubt that 2022-23 will be yet another exceptionally difficult year for the entire Health and Social Care System but as with other financial years the Southern HSC Trust remains committed to achieving financial break-even. The Southern HSC Trust will continue to work closely with the Department of Health to ensure that adequate funding is allocated to meet the needs of our population in 2022-23.

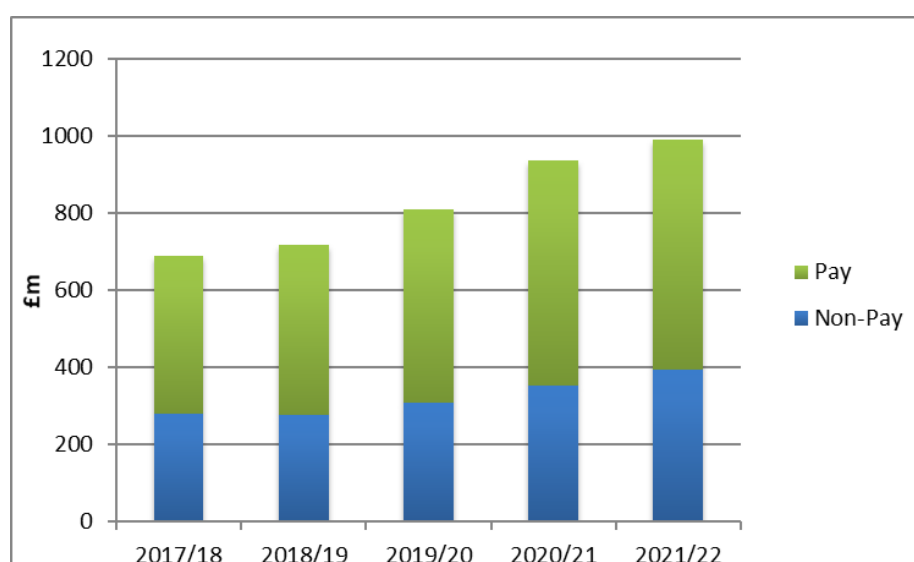
Long term Expenditure Trends and Plans

Revenue

The Southern HSC Trust is constrained by the level of funding available to Health by the NI Assembly. The Northern Ireland Executive invests almost 46% of its entire budget in providing health and social care services for the people of Northern Ireland. It is estimated that as a system a 6.5% budget increase is required annually simply to stand still. This is clearly not sustainable given the requirements of all public services.

In the Minister's "Health and Wellbeing 2016 – Delivering Together" strategy, it is recognised that significant work is needed to develop, design and deliver the building blocks that will enable a sustained improvement. Significant investment will be required in tandem with continual improvements to secure further efficiencies in service delivery.

The table below shows the actual revenue expenditure, broken down by pay and non-pay categories, incurred by the Southern HSC Trust from 2017-18 to 2021-22.



Capital

The amount of capital investment afforded to the Southern HSC Trust is directly influenced by the overall economic environment.

As part of a 10 year review of capital priorities, the Southern HSC Trust has identified a need for investment in excess of some £430m. This includes redevelopment of Craigavon Area Hospital together with much needed infrastructure, backlog maintenance and diagnostic equipment requirements.

It is difficult to envisage a situation where the Southern HSC Trust will receive the level of investment it requires to deliver a modern and fully equipped estate given the financial constraints across the NI Executive, however the Southern HSC Trust will continue to ensure that funding is utilised in a manner that provides stability for its core services of the coming years.

Compliance with Prompt Payment Policy

The Southern HSC Trust's objective is to pay 95% of invoices within 30 days of receipt of an undisputed invoice. This year the Trust has seen a significant improvement in its performance despite being faced with a 22.6% increase in the number of bills paid. The Southern HSC Trust can report that it exceeded its target this year paying 95.24% of invoices within 30 days, compared to 94.28% in 2020-21.

We continue to work closely with Business Services Organisation (BSO) Shared Services Centre to ensure that all efforts are made to maintain prompt payment compliance in the future.

Public Sector Payment Policy – Measure of Compliance

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

	2022 Number	2022 Value £000s	2021 Number	2021 Value £000s
Total bills paid	310,265	449,689	253,035	370,654
Total bills paid within 30 days of receipt of an undisputed invoice or under agreed payment terms	295,496	421,216	238,551	345,141
% of bills paid within 30 days of receipt of an undisputed invoice or under agreed payment terms	95.24%	93.67%	94.28%	93.12%
Total bills paid within 10 day target	240,410	338,604	199,095	288,174
% of bills paid within 10 day target	77.49%	75.30%	78.68%	77.75%

The Late Payment of Commercial Debts Regulations 2013

	£
Amount of compensation paid for payment(s) being late	-
Amount of interest paid for payment(s) being late	-
Total	-

The late payment legislation (Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the legislation is that a payment is

normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice.

The Southern HSC Trust did not incur any charges in respect of late payment of commercial debt in the current year. There will be a nil charge reflected in the Statement of Losses and Special payments in relation to the late payment of commercial debt for 2021-22, in the Annual Report on pages 116-118.

Research and Development

COVID-19 continued to have a significant impact on Research and Development during the past year. Ten Priority Urgent Public Health COVID-19 Studies accorded that status by the Chief Medical Officers of England, Scotland, Wales and Northern Ireland were taken forward in this Trust with upwards of 1,500 COVID-19 positive in-patients recruited.

The Priority COVID-19 Studies included

- RECOVERY (Respiratory);
- PRIEST (Children's);
- PRIEST (Adults – Emergency Department);
- MERMAIDS-ARI (Respiratory);
- Neonatal complications of Coronavirus Disease;
- Pregnancy and Neonatal Outcomes in COVID-19;
- Clinical Characterisation Protocol for Severe Emerging Infection (ISARIC) (Respiratory);
- GenOMICC (Critical Care);
- SIREN (Healthcare staff); and
- HEAL COVID (Respiratory).

Participation in these Urgent Public Health COVID-19 Studies has resulted in enormous benefits and better outcomes for participants and increased the knowledge and understanding of the best possible treatment and care of COVID-19 positive patients.







The SIREN Study for healthcare staff was extended by Public Health England for a further year and to date 155 of the 284 Southern HSC Trust staff recruited to the Study have agreed to participate in year two.

Sustainability Report

Sustainability

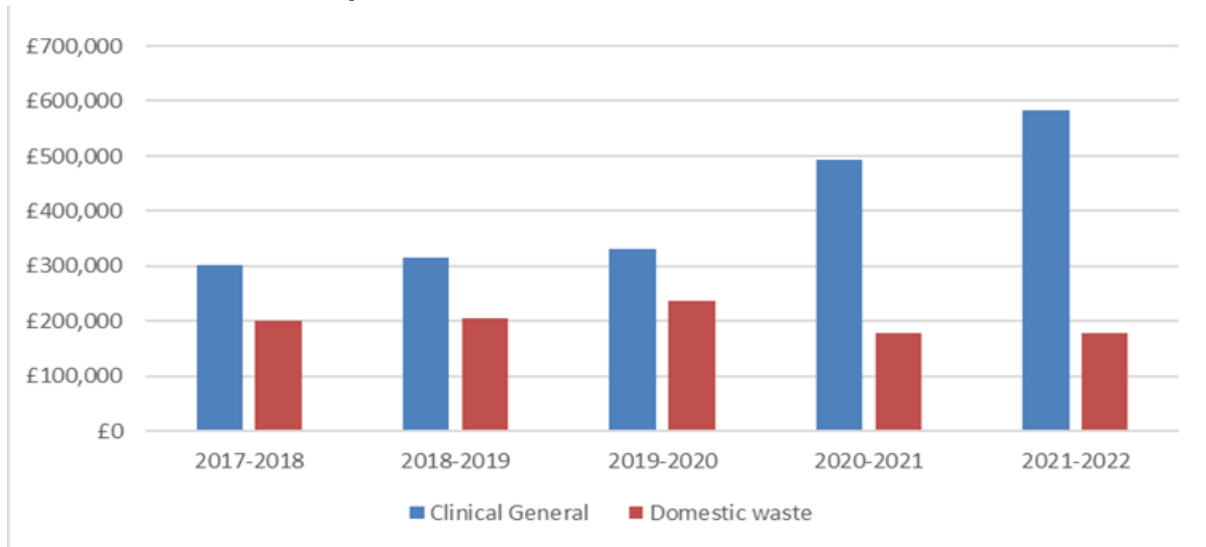
For the Southern HSC Trust sustainability means working within the available environmental and social resources to protect and improve health, now and for future generations. In practice this requires us to reduce our carbon footprint, minimise waste and pollution, make the best use of scarce resources and build resilience to a changing climate, while providing uninterrupted healthcare and wellbeing services to the local community.

The key focus in recent years has been improvements in waste management and how we procure and save energy to reduce our carbon footprint. The following tables illustrate our current position regarding waste management and utilities management.







Waste Produced	Trends 2017- 2022	2021-22	2020-21	Comments
		Tonnes		
General 		904	1,107	<i>General waste that cannot be recycled; the trend is downward. Waste is diverted from landfill and used as a Refuse Derived Fuel.</i>
Recycled 		367	344	<i>Recycling has increased even with the difficulties caused by the COVID-19 pandemic.</i>
Clinical 		1,301	1,153	<i>During the COVID-19 pandemic clinic waste increased significantly as a direct result of more personal protective equipment.</i>

Waste is segregated at source into waste streams to comply with statutory requirements, improve recycling and reduce costs. Other waste streams include electronic and electrical equipment, confidential documents, hazardous materials and batteries.

Waste Disposal Costs for Clinical and Domestic Waste

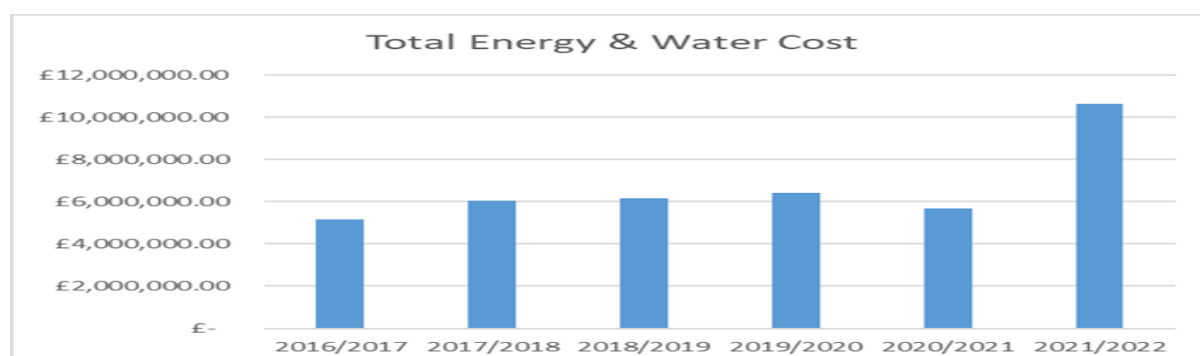


The Southern HSC Trust is currently facing increasing energy and water prices in which maintaining the status quo will guarantee cost increases. Embracing the core principles of energy and water management is an imperative to ensure the Southern HSC Trust reduces costs. Aside from the financial benefits, good energy and water management within the Southern HSC Trust will also contribute to the reduction of greenhouse gas emissions and enhancing the implementation of the Southern HSC Trust Sustainability Strategy.

Utilities/ emissions	Trend 2017-2022	2021-22	2020-21	Comments
Energy  (mWh)		103,709	113,089	<i>Whilst our energy usage has decreased by 8.3% we are still consuming the equivalent energy of over 15,189 households</i>
Carbon emissions  (tCO2e)		24,251	26,020	<i>We have reduced our tCO2e emissions by 6.8% when compared to prior year. A 'typical' tree during its full lifespan will absorb about 1tonne of CO²</i>
Water  (m3)		295,745	301,173	<i>Our water consumption has reduced by 1.8% which is the equivalent to filling around 2.2 Olympic swimming pools. Our total consumption would equate to 118 Olympic swimming pools.</i>

*Note Energy Figures subject to slight change due to frequency of billing to facilitate data collection for cost & consumption March 2022

Energy Costs



Building and Services Infrastructure Sustainability Improvements 2021-22



Installation of over 5000 LED light fittings over 13 sites giving a carbon emissions saving of 168 tonnes each year whilst saving money and improving lighting levels

Investing £120K to upgrade Building Management Systems and heating controls with anticipated financial savings of 27% each year



CO₂ ↓

4 work schemes to convert oil fired heating burners to gas- this will reduce carbon emissions by 40% and provide future financial savings with schemes having a payback in less than 4 years

Going forward

A 5 year strategy and action plan is being developed to build on the work already done and to provide a more holistic approach to sustainability. There will be a focus on green spaces, biodiversity, sustainable procurement and transport. Specific actions include improved automatic monitoring of heating systems, the development and implementation of strategies for thermal comfort in facilities, electric vehicle charging, PV Installations, green spaces and biodiversity and identifying sustainability improvements in our procurement processes. Examples of sustainability projects for 2022-23 are detailed below:

Additional sustainability Projects for 2022-23

- **Daisy Hill Hospital CHP (Combined Heating & Power)**

The installation of a new 750KVA CHP (Combined Heating & Power) unit at Daisy Hill Hospital.

CHP systems offer considerable environmental benefits when compared with purchased electricity and thermal energy produced on site. By capturing and utilizing heat that would otherwise be wasted from the production of electricity, CHP systems require less fuel to produce the same amount of energy. With less fuel being combusted, there will be kWh savings and carbon savings.

Total cost savings per annum = £394,000

- **AMR (Automatic Meter Reading)**

The installation of an AMR (Automatic Meter Reading) system will provide effective measurement of consumption across the main utilities at frequent intervals (half-hourly is standard). The consumption data is analysed within a software package to provide a complete picture of each building's consumption and identify areas for energy and carbon savings across the 3 main utilities.

Energy Savings per Annum:

- **Energy Saved - 1,100,000 kWh (Oil, Gas & Electricity)**
- **Water Saved - 3,000 m³ (Water)**
- **Carbon Reduced - 217 tCO₂e / 217,000 kgCO₂e**

Total cost savings per annum = £66,000

- **Building Insulation & Energy Efficiencies**

This project involves the installation of cavity wall insulation and roof insulation across 9 Southern HSC Trust facilities. These facilities are being specifically targeted due to their usage profile which will provide maximum energy savings for the Southern HSC Trust.

Estimated Energy Savings per Annum:

- **Energy Saved - 390,000 kWh**
- **Carbon Reduced - 93 tCO₂e**

Total cost savings per annum = £32,000

- **LED Lighting**

This energy improvement project incorporates the installation of LED lighting across 19 Southern HSC Trust facilities.

Estimated Energy Savings per Annum:

- **Energy Saved - 268,819 kWh**
- **Carbon Reduced - 63 tCO₂e**

Total cost savings per annum = £56,000

- **Solar Photovoltaics**

This Energy project involves the installation of solar PV systems across 7 selected Southern HSC Trust facilities providing increased carbon free renewables for the Southern HSC Trust.

Estimated Energy Savings per Annum:

- **Energy Saved - 69,000 kWh**
- **Carbon Reduced - 16 tCO₂e**

Total cost savings per annum = £19,000

- **Window Replacements**

The Southern HSC Trust aims to install modern uPVC windows at two facilities. The replacement windows are set to be 'A+' rated (U-Value 0.8 W/m²K) and will perform 5x better than the current windows.

Estimated Energy Savings per Annum

- **Energy Saved – 503,000 kWh**
- **Carbon Reduced – 92 tCO₂e**

Total cost savings per annum = £56,000

On behalf of the Southern HSC Trust, I approve the Performance Report encompassing the following sections:

- Performance Report
- Performance analysis

Signed: 

Dr Maria O'Kane
Accounting Officer

Date: 23 June 2022

3

Accountability Report

Overview

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

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

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

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

Governance Report Directors' Report

The Board of Directors during the year was as follows:



Eileen Mullan, MBE

Chair

(Chair of Governance Committee)

Tel: 028 3756 0142

Eileen.Mullan@southerntrust.hscni.net

Executive Directors



Shane Devlin

Chief Executive
(Until 13th February 2022)



Dr Maria O'Kane

Chief Executive (From 1st May 2022)
Interim Accounting Officer (From 14th February 2022 to
30th April 2022)

Medical Director

Interim Director of Mental Health & Disability Services
(From 1st April 2021 to 13th February 2022)

Tel: 028 3756 0143

Maria.O'Kane@southerntrust.hscni.net



Helen O'Neill

Director of Finance, Procurement and Estates
(Until 4th July 2021)



Catherine Teggart

Director of Finance, Procurement and Estates
(From 6th September 2021)

Tel: 028 3756 0131
Catherine.Teggart@southerntrust.hscni.net



Paul Morgan

Director of Children and Young People's Services /
Executive Director for Social Work
(Until 30th September 2021)



Colm McCafferty

Interim Director of Children and Young People's Services
/ Interim Executive Director for Social Work
(From 23rd September 2021)

Tel: 028 3839 8347
Colm.McCafferty@southerntrust.hscni.net



Heather Trouton

Executive Director of Nursing, Midwifery and AHPs

Interim Director of Mental Health and Disability
(From 14th February 2022 to 13th March 2022)

Tel: 028 3756 1324
Heather.Trouton@southerntrust.hscni.net

Directors



Aldrina Magwood

Director of Performance and Reform
(Until 25th February 2022)

Tel: 028 3756 0123
Aldrina.Magwood@southerntrust.hscni.net



Lesley Leeman

Interim Director of Performance and Reform
(From 14th March 2022)

Tel: 028 3756 0123
Lesley.Leeman@southerntrust.hscni.net



Vivienne Toal

Director of Human Resources and Organisational Development

Tel: 028 3756 0125
Vivienne.Toal@southerntrust.hscni.net



Melanie McClements

Director of Acute Services

Tel: 028 3756 1335
Melanie.mcclements@southerntrust.hscni.net



Brian Beattie

Interim Director of Older People & Primary Care Services

Tel: 028 3756 011
Brian.beattie@southerntrust.hscni.net



Jan McGall

Director of Mental Health & Disability Services
(From 14th March 2022)

Tel: 028 3883 3222
Jan.McGall@southerntrust.hscni.net

Non-Executive Directors



Hilary McCartan

(Chair of Audit Committee)



John Wilkinson, OBE

(Chair of the Patient & Client Experience Committee)



Geraldine Donaghy

(Chair of the Endowments and Gifts Committee)



Martin McDonald, MBE

Pauline Leeson, CBE

(Chair of the Performance Committee)



Audit

The Chief Executive and Directors of the Southern HSC Trust have responsibility for the preparation of the annual report and accounts. The accounts and supporting notes relating to the Southern HSC Trust's activities for the year ended 31 March 2022 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). They have been audited by the Northern Ireland Audit Office who appointed ASM Chartered Accountants to carry out the detailed audit work to support the report of the Comptroller and Auditor General which is included on pages 119 to 123.

The Chief Executive and each Director has taken all the steps that he/she ought to have taken as Chief Executive/Director to make him/her aware of any relevant audit information and to establish that the Southern HSC Trust's auditor is aware of that information. So far as the Chief Executive and each Director is aware, there is no relevant audit information of which the Southern HSC Trust's auditor is unaware.

The notional cost of the audit of the accounts for the year ended 31 March 2022 which pertained solely to the audit of the Public Funds accounts is £65k. The notional cost of the audit of the Charitable Trust Funds accounts is £6k. This is reflected within miscellaneous expenditure within note 3 to the accounts. In 2021-22 the Southern HSC Trust did not incur any fees from the Northern Ireland Audit Office in respect of the National Fraud Initiative.

Information Governance

The Southern HSC Trust works with the Information Commissioners Office (ICO) to resolve any complaints received by them into how the Southern HSC Trust handles data. In 2021-22 there were 8 data breach incidents reported to the ICO.

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003).

The Department of Health has directed the Southern 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 Southern 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 the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the accounts;
- prepare the accounts on a going concern basis; and
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements 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 designated Dr Maria O'Kane of Southern Health and Social Care Trust as the Temporary Accounting Officer for the Southern Health and Social Care Trust from 14 February 2022, formally appointed as Chief Executive from 1 May 2022. 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 Southern Health and Social Care Trust's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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

Non-Executive Directors' Report



As Non-Executive Directors, our role is to provide support, challenge and be an independent voice, at corporate level, across all the work of the Southern HSC Trust.

The Non-Executive complement on the Trust Board during 2021-22 has been running with five out of the prescribed seven members.

Eileen Mullan, MBE (Chair)

Trust Board

Trust Board is made up of Non-Executive Directors and Executive Directors who work collectively on the common goal of the health and wellbeing of the population across the Southern HSC Trust who we are here to serve. There have been new Executive Director appointments to the Trust Board during 2021-22 and, as Non-Executive Directors, we welcome this strengthening and building of the Board team. We wish to place on record our thanks to those outgoing Executive Directors for their hard work and commitment.

Oversight of the impact of the COVID-19 Pandemic was a key focus of Trust Board and meetings continued to be held virtually throughout 2021-22, thus enabling Non-Executive Directors to exercise their role in terms of support and challenge. This virtual format has lent itself to increased involvement from public representatives at Trust Board which has been very welcome. Seven formal public meetings were held when key aspects of Board business were considered under the themes of strategy, accountability and culture.

An audit of Board Effectiveness was conducted in 2021-22 and a satisfactory level of assurance was provided.

Boardroom Apprentice

For the third year, the Southern HSC Trust has been a Host Board for the Boardroom Apprentice Programme which is supported by the Department of Finance. We are delighted to provide another aspiring board member with the opportunity to learn about being a board member in a safe way.

Workshops

The Board held eight informal workshops during the year to allow focused time to consider the following:

- Review of Muckamore Abbey Hospital – Report of the Independent Leadership and Governance Review;

- Delegated Statutory Functions;
- The Year Ahead, COVID-19 and Delivering Health and Social Care;
- People Plan;
- Consultation on Future Planning Model – Integrated Care System NI – draft Framework;
- Independent Review into the circumstances of the RQIA Board member resignations;
- Consultation on draft 3-Year Budget; and
- General Surgical Model for the Southern HSC Trust.

We also held a facilitated Board Development Day on Risk Appetite. In addition, the Board participated in a Public Inquiry training programme during the year.

Committees

Trust Board is supported by six Committees all of which are chaired by a Non-Executive Director.

Full information on membership and roles of Southern HSC Trust Board Committees can be found in the Governance Statement.

Each Committee Chair presents a report to Trust Board to provide feedback on the work of their respective Committee and raise any issues of concern.

Looking Ahead

We recognise the significant challenges that face Health and Social Care and the hunger there is for change. We look forward to the Southern HSC Trust playing its part in the region to support the population in receiving the right care at the right time and in the right place.

Non-Executive Directors look forward to working with our Executive colleagues, partners and stakeholders in playing our part in the health and social care agenda in the year ahead.



Eileen Mullan, MBE

Chair

Governance Statement for the Year ended 31 March 2022

1. Introduction/Scope of Responsibility

The Board of the Southern HSC Trust (the Trust) is accountable for internal control. As Accounting Officer, 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).

In delivering these responsibilities, I am accountable for the Trust's performance to the Department of Health (DoH) via the Health and Social Care Board (HSCB) (known as the Strategic Planning and Performance Group (SPPG) from the 1 April 2022) and report through extant performance management arrangements including those actions put in place to respond to and subsequently to recover/rebuild from COVID-19 pandemic surge(s).

In line with 2020-21, in 2021-22 performance management meetings at a senior level with the HSCB (now SPPG) became more agile in response to the pandemic, a range of regular scheduled and ad hoc meetings between Trust lead officers and the Performance Management Service Improvement Directorate within the HSCB, the Public Health Agency (PHA) and the regional 'cells' established as part of emergency planning responses to the COVID-19 pandemic.

In order to improve the quality, safety, effectiveness and efficiency of services, the Trust works in partnership with the HSCB, PHA, other public sector partners and the independent sector. A range of processes are in place to facilitate and enable this partnership working, with examples including:

- meetings with Trust, HSCB (now SPPG), Local Commissioning Group (LCG) and PHA senior teams collectively and on issue specific basis;
- monthly meetings between Trust and HSCB (now SPPG) Chief Executives;
- regional and local Transformation Programme Boards to work together to implement aims of Programme for Government, HSC Ministerial vision, and the aims of the DoH's Strategic Framework for Rebuilding Health and Social Care Services (June 2020), Trust representation on a range of regional groups established as part of the HSC response to the COVID-19 pandemic;
- engagement with local GPs through locality forums and senior Trust attendance at Local Medical Committee (LMC) services development committee and specific local GP engagement as part of the Trust's established "SMT Bronze" weekly meetings in response to the COVID-19 pandemic;
- forums such as the regional children's service planning project board that include HSC partners, community/voluntary sector and other statutory agencies such as Education;

- promoting health and wellbeing processes involving a range of partners focussed on ensuring effective collaboration to address the specific and individual needs of local communities;
- Senior Leadership and partnership working with councils in support of local Community Plans; and
- With patients through the management of standards of patient care and patient feedback.

With respect to the Trust's inter-relationship with the DoH, the framework within which the Trust is required to operate is defined and agreed in the Management Statement (MS) and Financial Memorandum (FM). This model MS/FM for executive Non-Departmental Public Bodies (NDPBs) is intended to provide departments with a document that sets out a clear framework of strategic control for each of their executive NDPBs. The framework covers the operations, financing, accountability and control of the NDPB and the conditions under which any government funds are provided to the body.

It should be noted that the Management Statement and Financial Memorandum are due to be replaced with a 'Partnership Agreement.' The timescales for the approval and implementation of Partnership Agreements remain to be determined.

2. Compliance with Corporate Governance Best Practice

The Trust applies the principles of good practice in Corporate Governance and throughout 2021-22 has continued to further strengthen its corporate governance arrangements. The Trust does this by undertaking continuous assessment of its compliance with Corporate Governance best practice by having in place various measures which include the following:

Standing Orders, Scheme of Delegation and Standing Financial Instructions

The Standing Orders, Scheme of Delegation and Standing Financial Instructions are the key governance documents for the Trust and are in place to provide the regulatory framework for the business conduct of the Trust and define its ways of working. In line with good governance, the Standing Orders, Scheme of Delegation and Standing Financial Instructions are constantly kept under review.

Register of Interests

Registers of Interests for Board members and staff are in place and updated annually and where relevant, throughout the year. In addition, any declarations of interest during meetings are also captured within their respective minutes.

Self-Assessment

In line with good governance best practice, the Trust Board completes the Board Governance Self-Assessment Tool on an annual basis. The completed tool in respect of the 2020-21 financial year was approved by Trust Board in September 2021 and provided assurance in relation to various leading indicators of Board governance. This included a Board Impact Case Study on organisational culture change given the key role the Board has in embedding an open and learning culture. Developing and delivering the desired changes in culture is an ongoing process and assurances will be provided in various formats to Trust Board going forward.

Independent verification of the self-assessment ratings at least once every 3 years is required and this was undertaken by Internal Audit during the year as part of their review of Board Effectiveness when a satisfactory level of assurance was provided. Internal Audit deemed all self-assessed ratings to be satisfactory and in line with audit findings and concluded that the Board's approach in completing the self-assessment was robust.

The Board will complete the Self-Assessment Tool in respect of the 2021-22 financial year and present for formal approval at the Trust Board meeting in September 2022.

Governance Framework

The Southern HSC Trust's governance framework sets out the arrangements for how the organisation is directed and controlled (incorporating behaviours, values, systems and processes) and how its responsibilities are discharged. It enables the setting of corporate objectives, the efficient deployment of resources towards the delivery of these priorities and monitoring of organisational performance. This governance framework is designed to manage risk to a reasonable level, rather than eliminate all risk, to achieve policies, aims and objectives; therefore, it can only provide reasonable, not absolute, assurance of effectiveness.

In my role as Accounting Officer (from 14 February 2022), I am supported by the Trust Board. The Board exercises strategic control over the organisation through a system of corporate governance which includes the following:

- A schedule of matters reserved for Board members at monthly Trust Board meetings;
- Management Statement and Financial Memorandum;
- Standing orders and Standing Financial Instruments including powers reserved to the Board and powers delegated to its Committees and standing financial instructions (as referred to above);
- An Audit Committee;
- A Governance Committee;

- An Endowments and Gifts Committee;
- A Remuneration Committee;
- A Patient and Client Experience Committee; and
- A Performance Committee.

The Trust adopts an integrated approach to governance and risk management and has an Integrated Governance Framework in place which covers all domains of governance associated with the delivery of health and social care services.

Committee structures are in place to reflect this integrated approach and to support the Trust Board. The following describes in more detail the role of the Trust Board, its Committee structure and attendance during the reporting period.

The Trust Board

The Trust Board currently comprises a Non-Executive Chair, five Non-Executive Directors, a Chief Executive and four Executive members. Five members of the Senior Management Team also attend Trust Board meetings.

The Trust Board is the corporate decision-making body. It has corporate responsibility for ensuring that the organisation fulfils the aims and objectives set by the Department/Minister and for promoting the efficient, economic and effective use of staff and other resources. It has a key role in overseeing sound financial management and corporate governance of the Trust.

In the 2021-22 year, the Trust Board continued to meet regularly by virtual means. Six formal Board meetings were held and, in accordance with Standing Orders, were quorate for each meeting.

During the reporting period, there were significant changes with regard to the Executive (Voting) and (Non Voting) Director membership of the Board with two resignations and two retirements (see Directors' report on pages 50-54) . The table below also reflects these changes as well as members' attendance. Whilst the Trust is experiencing a period of change at Senior Board level, the risks associated with this has been mitigated by ensuring that all positions were filled through permanent recruitment and interim arrangements. A review of the Senior Management structure was carried out in 2021-22 with a number of focus groups held across the organisation and we are working towards implementation of the new structures in 2022-23, this will further strengthen the Senior Management Team within the Trust.

In addition to Board meetings, Board Workshops and Development Days are held as required. During 2021-22, eight workshops were held and these provide the opportunity for Board members to respond to and address the learning from e.g. 'Report of the Independent Leadership and Governance Review at Muckamore Abbey Hospital' and 'Outcomes of the Independent Review into the circumstances of Board member

resignations in RQIA'. A facilitated Board Development Day on Risk Appetite was held in November 2021.

Name of Board member	Attendance
Non-Executive	
Ms E Mullan, Chair	6/6
Ms G Donaghy	6/6
Mrs P Leeson	5/6
Mrs H McCartan	5/6
Mr M McDonald	5/6
Mr J Wilkinson	6/6
Executive Director (Voting)	
Mr S Devlin, Chief Executive (to 13.02.2022)	5/5
Dr M O'Kane - Chief Executive (from 01.05.2022)	
- Accounting Officer (from 14.02.2022 to 30.04.2022)	1/1
- Medical	5/6
Mr P Morgan, Social Work (to 30.09.2021)	2/2
Mr Colm McCafferty, Interim Social Work (from 23.09.2021)	4/4
Ms H O'Neill, Finance (to 04.07.2021)	2/2
Ms C Teggart, Finance (from 06.09.2021)	4/4
Mrs H Trouton, Nursing, Midwifery and AHPs	6/6
Director (Non-Voting)	
Mr B Beattie, Interim Older People and Primary Care Services	6/6
Mrs A Magwood, Performance and Reform (to 25.02.2022)	4/5
Mrs Lesley Leeman, Interim Performance and Reform (from 14.03.2022)	1/1
Mrs M McClements, Acute Services	6/6
Dr M O'Kane, Interim Mental Health and Disability Services (from 01.04.2021 – 13.02.2022)	5/6
Ms J McGall, Mental Health and Disability Services (from 14.03.2022)	1/1
Mrs V Toal, Human Resources and Organisational Development	5/6

The Board Committee structure

All Trust Board Committees are chaired by a Non-Executive Director and have clear terms of reference and lines of reporting and accountability which are reviewed and agreed by the Trust Board on an annual basis. These Committees review, scrutinise and challenge the information they receive in order to assure the Board that Trust processes are delivering outcomes to the required standards. Minutes of the Sub Committees are presented at Trust Board meetings in a timely manner and each Committee Chair presents a report to Trust Board to provide feedback on the work of their respective Committee and raise any issues of concern. Attendance records of each Committee are maintained and included in the each Committee's annual report to Trust Board.

The functions of each Committee are outlined below.

Audit Committee

The Audit Committee supports the Trust Board and my role as Accounting Officer with regard to our responsibilities for issues of risk, internal control and governance and provides associated assurance through a process of constructive challenge. The Audit Committee operates in accordance with the Audit Risk and Assurance Committee Handbook (NI) 2018. The Committee comprises three Non-Executive Directors (including the Committee Chair) who are independent of Trust management.

In carrying out its work, the Committee used the findings of Internal Audit, External Audit, assurance functions, financial reporting and Value for Money activities. It approved the External Audit Strategy, the Internal Audit programme of work and reviewed progress on implementing internal and external audit recommendations. It considered reports from Internal Audit at each meeting and overall accepted the findings and recommendations of Internal Audit in its reports for 2021-22. Fraud is a standing item on the Committee's agenda and there is on-going reporting to the Committee in respect of compliance with Departmental directions/circulars.

Also on an annual basis, the Committee reviews the findings of the External Auditor concerning the Trust's Annual Accounts, including the Governance Statement.

The Chair of the Audit Committee provides the Board with an Annual Report on the work of the Audit Committee. The Audit Committee completed the 2020-21 National Audit Office self-assessment checklist in June 2021 and the results demonstrated that the Audit Committee is operating effectively and complying with Audit Committee best practice. There were no issues raised. The committee sat 4 times during the year.

The work of Internal Audit and External Audit is fundamental to providing assurance on the on-going effectiveness of the system of internal control.

Governance Committee

The role of the Governance Committee is to provide assurance to the Board on all aspects of the governance agenda across the Trust (except internal financial control). The Committee comprises all Non-Executive Directors who are independent of Trust management. The Accounting Officer, members of the Senior Management Team, the Head of Pharmacy and the Assistant Director of Clinical and Social Care Governance are in attendance at all meetings.

The Committee has an active role in providing assurance to the Board on the management of risk across the Trust. Members scrutinised and approved the Corporate Risk Register at each of its meetings.

The Chair of the Governance Committee provides the Board with an Annual Report on the work of the Committee. This includes an evaluation of the performance of the Committee during the year and there were no issues raised. The committee sat 4 times during the year.

Endowments and Gifts Committee

The Endowments and Gifts Committee is responsible for providing assurance to the Board on all aspects of the stewardship and management of funds donated or bequeathed to the Trust.

The membership of the Endowments and Gifts Committee comprises three Non-Executive Directors (including the Committee Chair), the Director of Acute Services and the Director of Human Resources and Organisational Development. The Director of Finance is in attendance.

At each meeting, the Committee monitored the use and rationalisation of funds and sought assurance that funds were not unduly or unnecessarily accumulated. The Committee continued to actively promote the use of Trust Funds and reviewed expenditure plans by Fund managers. In addition, the Committee provides oversight over the planning and deployment of the £3m staff support donation received from the Department of Health in 2020-21.

The Chair of the Endowments and Gifts Committee provides the Board with an Annual Report on the work of the Committee. This includes an evaluation of the performance of the Committee during the year and there were no issues raised. The Committee sat 4 times during the year.

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee makes recommendations to the Trust Board on all aspects of remuneration and terms and conditions of employment of the Chief Executive and other senior executives.

The committee comprises the Trust Chair and two Non-Executive Directors, who are independent of Trust management. The Director of Human Resources and Organisational Development is in attendance as advisor to the Committee. The Committee sat 4 times during the year.

Patient and Client Experience Committee

The Patient and Client Committee provides assurance to the Trust Board that the Trust's services, systems and processes provide effective measures of patient, service user and carer experience and involvement. The Committee provides corporate oversight to matters relating to Personal and Public Involvement (PPI) and the patient and client experience and ensures strong linkages between PPI, patient and client experience,

Quality Improvement and Compliments and Complaints with a view to identifying opportunities to deliver on-going improvements.

Membership comprises 3 Non-Executive Directors (including the Committee Chair) and 3 members of the PPI Panel.

Going forward, the Committee will oversee the implementation of an Action Plan in respect of the 'Working Together' Strategy to ensure the achievement of collaborative direction for experience, involvement and improvement.

The Chair of the Patient and Client Experience Committee provides the Board with an Annual Report on the work of the Committee. This includes an evaluation of the performance of the Committee during the year and there were no issues raised. The Committee sat 4 times during the year.

Performance Committee

The Performance Committee is responsible for overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective actions are taken when necessary within agreed timelines.

This Committee has an established work programme of integrated reporting to facilitate comprehensive review and drill down into the issues that impact on performance and take a broader view than is offered by extant Commissioning Plan Direction reporting targets alone. At each meeting, the Committee considers both internal and external reports outlining the Trust's performance against a range of indicators. External reports discussed by the Committee included bespoke reports produced by the NHS Benchmarking Network covering a range of service areas, highlighting the Trust's position against that of its peers.

The membership of the Performance Committee currently comprises 5 Non-Executive Directors (including the Committee Chair).

The Chair of the Performance Committee provides the Board with an Annual Report on the work of the Committee. This includes an evaluation of the performance of the Committee during the year and, as a result, the Committee was strengthened by the addition of two Non-Executive Directors during 2021-22. The committee sat 4 times during the year.

The Internal Audit report on Performance Management 2021-22 provided a satisfactory level of assurance.

3. Business Planning and Risk Management

As Accounting Officer, I ensure that the Trust manages risk at all levels in the organisation. 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 management of business at all levels within the organisation.

Business Planning

The following section provides an overview of the Trust's Business Planning process and considers how objectives are identified, managed and reviewed.

The Trusts 4 Year Corporate Plan 'Improving Together', approved by the DoH aims to ensure clarity about the strategic direction for services delivered by the Trust during 2017-18 to 2020-21. In response to the past year's extraordinary circumstances, the Corporate Plan was extended to cover a further year (year 5) 2021-22.

The Corporate Plan sets out the actions the Trust planned to take in support of each of the corporate objectives to ensure that our local communities know what to expect from us, that all of our staff are aware of their role in delivering on these priorities and that we can demonstrate improvements and progress by the end of the plan.

The Trust secured DoH agreement to roll forward the existing corporate plan into 2021-22; in order to consider the arrangements to be brought forward in respect of safe return to services following the pandemic response and to establish new local relationships and priorities as part of new HSC planning framework arrangements.

Linkages between plans at Corporate and Directorate level are clearly stated, with a clear understanding and connection at all levels between objectives and associated risks. This is evidenced through the business planning and risk management processes in the Trust which ensures that our statutory objectives are met. The Senior Management Team monitor progress against achievement of objectives in the Corporate Plan and in Directorate Plans at their quarterly meetings.

In 2021-22 as a result of the impact of the COVID-19 pandemic, the Minister's Commissioning Plan Direction was not produced and extant Commissioning Plan objectives and goals for improvement were rolled over. The Trust was not required to submit a Trust Delivery Plan for 2021-22.

The Corporate Plan provides a wider view of the Trust's priorities: objectives and targets are set within each Directorate, Service team and in individual objectives in line with the Commissioning Plan. It is the responsibility of Directors and their teams to be aware of the targets relevant to their area, to ensure that issues which may impact upon their delivery are highlighted at Divisional and Directorate Team meetings or staff supervision throughout the year in line with the Trust's performance management framework.

The Trusts performance management framework defines arrangements for monitoring and review of performance at operational and corporate level. This was updated in 2021-22. During 2021-22, the Trust agreed Phased Rebuild Plans as part of the HSC performance management arrangements. The Rebuild Plans aim to take account of relevant organisational factors in the context of the ongoing management of the pandemic response arrangements and provide a summary of the arrangements in place to restart

services, including projected service activity levels, aligned to principles established by the Regional Management Board.

Risk Management

Risk management is an organisation-wide responsibility. Governance structures highlight that responsibility for the management of risk which lies within operational directorates and their corresponding governance arrangements, with the corporate overview role being the Medical Director, as the Executive Director with delegated responsibility for risk management. The Trust has an Interim Risk Management Strategy for 2019-2022. This will ensure that the Trust manages all risks using a systematic and consistent approach. Risk Registers are developed at Department, Directorate and Corporate levels, to record all forms of risk including clinical, operational and financial risks.

The Interim Risk Management Strategy describes the ongoing processes in place to identify and prioritise the risks to the achievement of the organisation's objectives and the systems that are in place for the identification, analysis, control and review of risks. The Interim Risk Management Strategy also sets out the risk appetite of the organisation which is expressed by a series of boundaries, authorised by the Executive Team, giving clear guidance on the limits of risk and at what level in the organisation these can be managed. Delegated limits are defined for acceptance of risk, dependent up on the level of risk, ie, Low, Medium, High or Extreme. All Directors, Assistant Directors, Clinical Directors, Clinical Leads, Clinicians, Senior Managers, Facility/Ward Managers and Heads of Department are trained on Risk Management. The Trust Board held a Risk Management Seminar in 2021-22 which provided members with training on Risk Management and the assurance that sound risk management practices were instilled throughout the Trust.

There are currently 7 key risk domains on the Corporate Risk Register which has a total of 25 identified risks at the 31st March 2022. During the year, 7 new corporate risks to the achievement of Trust objectives were added to the Register and one risk was removed. Each risk is underpinned and informed by risk triggers overseen at an operational level within Directorates.

Exposure to risks will be kept to a level deemed acceptable by the Trust Board. The Trust will not accept risks that materially impact on patient safety. The Trust has a greater appetite to take considered risks in terms of their impact on organisational issues.

Handling and managing risk is a combined 'top down' and 'bottom up' approach. The Corporate Risk Register works 'bottom up' and the Senior Management Team act as the filter for risk issues from Directorate Risk Registers for entry of the most significant risks onto the Corporate Risk Register. The Board Assurance Framework is owned by the Board and works 'top down' from the Trust's strategic objectives determining proactively

the high level risks that could affect achievement of those objectives and the range and effectiveness of existing assurance reporting.

Directors are responsible for managing risks within their Directorate, managing Directorate Risk Registers and escalating risk to the corporate risk register in line with the Trust Risk Strategy. During 2021-22 the Trust has continued to manage the risk of the implications of the global COVID-19 pandemic which poses unique challenges for Infection Prevention and Control processes. At the start of the pandemic significant work was undertaken to re-profile our services to ensure they remained safe and effective. The Trust initiated a wide range of contingency and business continuity arrangements that considered both risks relating to the impact of COVID-19 in terms of the virus impact for service users and staff and also the impact of the changes to service delivery. These arrangements continued into the 2021-22 year along with the consideration of rebuild arrangements. The corporate risk register maintains an overview of these risks with each Directorate holding specific items relating to their service areas. These arrangements continue to be reviewed by both SMT and Trust Board to provide an assurance on their validity.

All staff are responsible for managing risks within the scope of their role and responsibilities as employees of the Trust. To support staff through the risk management process, specialist guidance and support has been available along with access to policies and procedures.

There is a structured process in place for incident reporting, analysis and the investigation of serious incidents. The Trust continues to strengthen risk management, including adverse incident reporting and investigation, complaints handling and learning from events which do not go as planned, together with recognising and learning from excellence.

4. Information Risk

Safeguarding the information held by the Trust is a critical aspect of supporting the Trust in the delivery of its objectives. Effective management of information risk is a key aspect of this. Arrangements in place to manage this risk, and provide assurances to the Accounting Officer and Board, include:

- A Trust Information Governance Framework which includes policies and a suite of procedures and guidance;
- A Personal Data Guardian (Medical Director and Executive Director of Social Work) to approve data sharing;
- A Senior Information Risk Owner (SIRO) (Director of Performance and Reform) with overall responsibility for managing information risk across the Trust and is the owner of the Information Asset Register;
- Information Governance Framework: Report on use of personal data forwarded to SIRO and Governance Committee annually;

- Freedom of Information and Data Protection Requests summary of compliance reported to Governance Committee on a quarterly basis;
- Designated Information Asset Owners (IAOs) are in place across the Trust to reduce the risk to personal information within the Trust and training and advice is provided to ensure they are aware of their responsibilities;
- An information sharing register is in place which records the details of all episodes of sharing of Trust data with other bodies;
- Data Protection Impact Assessments are carried out which include the identification of Risks associated with the project or new data processing activities. The risk assessments include an analysis of risk and an assessment where a Public Interest test is required;
- Corporate Risk Management / risk register processes for highlighting/ escalating information risks as appropriate. These risks are reviewed on a quarterly basis at the Information Governance Forum;
- Designated Information Asset Owners review their Information Governance Risks and provide assurance on an annual basis, through the Information Governance Questionnaire, to the SIRO and Trust Board. These risks are assessed in line with the Trust's Risk Management Strategy;
- A regular programme of review by Internal Audit is in place. The Internal Audit report received in March 2021 provided a satisfactory level of assurance and relevant actions have been completed; and
- Information Governance issues are included in weekly corporate governance de-brief meetings for active sharing and learning across all operational areas in the Trust.

In addition, the Trust continues to implement measures to comply with the UK General Data Protection Regulations (GDPR) and the Data Protection Act 2018. The Information Governance Department participates in the work of the regional Information Governance Network which continues to develop standardised documents and processes to comply with GDPR requirements which are then shared with the Regional Information Governance Advisory Group, chaired by DoH, for approval. Privacy Notices have been reviewed and published and these provide details of the processing of personal data by the Trust. Liaison with the Information Commissioner's Office (ICO) continues as guidance on GDPR implementation is released. Within the year the Trust reported 8 data breaches to the Information Commissioner's Office (ICO).

The Trust's Information Governance Department continues to work with all staff groups to ensure changes in legislation appropriate to their service areas are implemented e.g. Data Sharing Agreements or Contractual Clauses. The Trust continues to work in partnership and supports the Business Services Organisation in determining data processing activities and relationships to inform ongoing procurements and contracting.

As at 31 December 2021, 86% of Trust staff were trained in Information Governance. This is closely monitored and reminders are sent to Line Managers on a regular basis to encourage uptake of this mandatory training.

Information Governance incidents are reported in accordance with the HSC Risk Management strategy. Internally, information governance incidents are monitored and reviewed at the Information Governance Committee. Where lessons are learned from individual incidents, Heads of Service are responsible for disseminating these within their area. Where there are trends of incidents the lessons learned from these are disseminated throughout the Trust by the SIRO and the Personal Data Guardian as appropriate. The Trust delivers targeted Information Governance themed messages to Trust staff throughout the year using internal communication methods such as the Southern-I and Sharepoint home page as well as staff briefings.

The Trust is also committed to ensuring the security of information held in electronic form is in accordance with its ICT security Policy. The Trust is aware of the international risk of Cyber Security. The Corporate Risk Register includes a high level Cyber Security risk which was added to the register in 2017-18. The Trust continues to work in partnership and requires the support of the Business Services Organisation in respect of system wide cyber security incident response.

5. 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 an Anti-Fraud & Anti Bribery Policy and 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. Our Fraud Liaison Officer promotes fraud awareness, coordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud prevention, detection and reporting arrangements. Awareness training is delivered, targeted at staff with line management and delegated financial authority responsibilities, in support of the Anti-Fraud & Anti Bribery Policy and Response Plan, which are kept under review and updated as appropriate or every 2 years.

In 2021-22, there were 20 cases of suspected fraud reported by the Trust. All identified actual, suspected and potential frauds are reported to the Audit Committee as a standing agenda item. 13 (65%) of the 2021-22 reported cases involve staff pay and allowances claims. 3 new cases are under investigation by the PSNI, and the PSNI is providing advice on another case. There have been a further 3 cases identified during 2021-22 of agency workers submitting potentially fraudulent timesheets for payment by the Trust, these are under investigation by Counter Fraud and referred to the PSNI when the evidence has been collated. 15 cases reported in previous years remain under investigation with the Trust and Counter Fraud, 5 of these are with the PSNI, and 2 have

completed criminal prosecution with one subject receiving a jail sentence and another an adult caution; the Trust is pursuing restitution options in these cases.

The Trust implemented a new Regional HSC Framework on 'Your Right to Raise a Concern – Whistleblowing' in April 2018 along with the accompanying Trust Policy and Procedure. Our 'See something, Say something' campaign was promoted widely across the Trust to raise the profile of 'raising concerns' and to demonstrate our commitment to developing a culture where staff feel able and empowered to raise concerns. This has led to a significant rise in concerns being raised and case managed since 2018. Senior Management Team oversight of each whistleblowing case is in place and a central log of concerns is documented. Each case is managed through oversight reviews with follow up action plans as required.

6. Public Stakeholder

The Trust recognises that the involvement of service users, carers and other stakeholders in the identification and management of risk is fundamental to its Personal and Public Involvement (PPI), Patient Client Experience (PCE) and Quality Improvement strategic agendas and operational plans.

The Trust remains committed to ensuring that the statutory duty for Personal and Public Involvement (PPI) is embedded into all aspects of its business. A non-Executive Director chairs the Patient Client Experience Committee, a sub-committee of Trust Board.

The Director of Older People and Primary Care Services is the lead Director for PPI and has responsibility for the development of the Trust's PPI strategy and application of practice across the Trust.

The Trust's PPI team supported the PPI panel and other service user and carer representatives with the following activity in 2021-22.

Public & Personal Involvement (PPI) Panel

The PPI Panel members have supported the PPI User Involvement Team in the delivery of training to service users, carers and Trust staff since May 2021. They continue to work as individuals supporting a range of high level User Involvement activities across the Trust and regionally.

Some examples of panel member involvement in 2021-22 include:

- No More Silos (NMS) Local Implementation Group and newly established NMS User Forum;
- Stormont Health Committee inquiry into care homes;
- Care partners (with Patient Client Council PCC);
- Urology Inquiry;
- User Involvement Framework 2022-25;

- Leadership training;
- Trust Staff Recruitment;
- Regional Health & Social Care PPI Involvement Forum;
- Hyponatraemia Report Recommendations (IHRD) Implementation Plan;
- Clinical and Social Care Governance;
- RQIA Remit Sub Group (Duty of Quality); and
- School of Nursing and Midwifery (QUB) Service Users and Carers Forum.

Further information on the Trust's involvement, patient client experience and quality improvement structures, processes and resources to support staff and service users and carers is available at:

<https://southerntrust.hscni.net/involving-you/personal-and-public-involvement/>

Combined PPI, Patient Client Experience, Quality Improvement and Corporate Governance strategy

Early in 2022, the Trust finalised *Working Together: a strategy to ensure the best possible patient experience through involvement and improvement*. The process of developing an integrated organisational strategy to incorporate Personal and Public Involvement and Co-production, Patient and Client Experience, Quality Improvement and Clinical and Social Care Governance has been ongoing since 2019-20.

The strategy sets out a range of objectives and commitments to successfully embed service user and carer involvement and feedback at all levels of the organisation, with the aim of improving services for our users. An Action Plan for Year 1 will be progressed to deliver on these. The action plan will be reviewed and updated on an annual basis.

7. Assurance

The Board Assurance Framework is a statutory requirement for the Trust and is an integral part of the Trust's governance arrangements. It describes the relationship between corporate objectives, identified potential risks to their achievement and the key controls through which these risks will be managed, as well as the sources of assurance surrounding the effectiveness of these controls. The Framework has been compiled in conjunction with all Directorates and provides the systematic assurances required by the Board on the effectiveness of the system of internal control. It assists the Board to ensure that all identified strategic risks are focused on and that effective controls are in place thus providing assurance that a robust risk management system underpins the achievement of the Trust's corporate objectives and the delivery of high quality health and social care.

The Board Assurance Framework sits alongside the Corporate Risk Register, the Controls Assurance process and performance reporting to provide structured assurance about how risks are effectively managed to deliver agreed objectives. Where risks are

outside the Trust's ability to solely manage, these are escalated to the Trust Board and beyond.

The Trust has a robust process in place for managing Controls Assurance. The Trust Controls Assurance Group met regularly and annual baseline assessments and evidence lists were completed within the agreed timescale. Any significant control divergences, together with an outline of action plans in place to address these divergences, are outlined in the Assurance Statements. Reporting of assurance will be to the Senior Management Team and the Governance Committee with the overall position reported to the Trust Board.

2021-22 baseline assessments have been completed using an agreed RAG model (see below), for the 22 Controls Assurance areas.

Non-Compliant	0 – 44%
In Progress	45 – 74%
Compliant	75% +

19 areas achieved a green rating and 3 an amber rating as demonstrated in Table 2.

Table 2 – Controls Assurance – Outcomes

Standard	Overall RAG Rating	
	2021-22	2020-21
Emergency Planning	Green	Green
Environmental Cleanliness	Green	Green
Fleet & Transport Management	Green	Green
Environmental Management	Green	Green
Waste Management	Green	Green
Buildings, Land and Plant	Green	Green
Financial Management	Green	Green
Food Hygiene and Safety	Green	Green
Governance	Green	Green
Health and Safety	Green	Green
Human Resources	Green	Green
ICT	Green	Green
Information Management	Green	Green
Non Pay Commissioning Cycle (Procurement)	Green	Green
Decontamination of Reusable Medical Devices	Green	Green
Medicines Management	Green	Green
Research Governance	Green	Green
Security Management	Green	Green
Medical Devices and Equipment Management	Green	Amber
Infection, Prevention and Control	Amber	Amber
Fire Safety	Amber	Amber
Risk Management	Amber	Amber

The Trust process requires that where gaps are identified in the baseline self-assessments, action plans are put in place. Action plans are already in place for 2022-23 and progress will be monitored within the Trust and reported to the Controls Assurance Group and SMT.

8. COVID-19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (COVID-19) a global pandemic on 11 March 2020, following which the DoH and its ALBs immediately enacted emergency response plans across the NI Health sector. There is a UK-wide coordinated approach guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice. The pandemic has had extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care services were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission.

Across healthcare, testing of COVID-19 in NI continued to be a key priority throughout 2021-22. The Department's Expert Advisory Group has overseen the strategic approach to testing in NI.

In Phase 1 preparations for Surge a number of measures were urgently taken to repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate personal protective equipment (PPE). A personal protective equipment and zoning strategy was implemented.

Within the Trust, these measures included the creation of a single point of non-elective emergency care entry on the Craigavon Hospital site, thus making Daisy Hill Hospital a dedicated medical care hub and the development of a virtual hospital model to support admission avoidance and support service users in their place of residence.

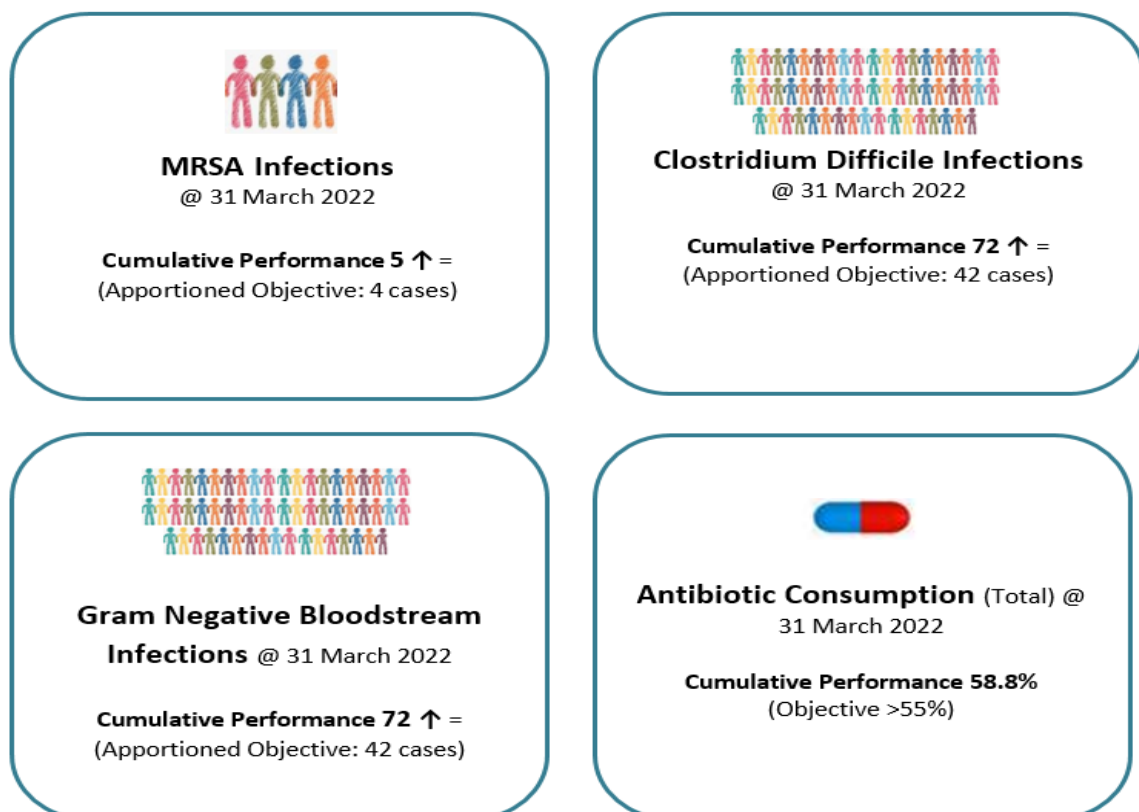
Early on in the pandemic the Trust was asked to support the independent care homes and domiciliary care sector with the provision of infection prevention and control advice and support, as well as the provision of PPE. The Trust has been providing an immediate response to newly notified outbreaks in Care Homes, with visits to care homes and onsite assessment of the Homes infection prevention and control practice and to make

arrangements for training or onsite support since the summer of 2020. This support continued throughout 2021-22.

Phase 2 preparations included the re-establishment of a two site emergency model - CAH and DHH. Along with the ongoing and changing needs of the response to COVID-19, there were urgent plans to 'rebuild' wider healthcare services and confidence in the community in line with new Strategic Framework launched in June 2020 aimed at rebuilding services. Contingency arrangements have been in operation including Bronze Senior Management Team (SMT) oversight meetings, to oversee the arrangements to minimise the risk of transmission of COVID-19 and maximise the capacity to maintain essential services.

As Northern Ireland moves to a new phase of pandemic management, the Trust maintains infection prevention and control measures and has further plans for upgrading the estate facilities to help prevent the risks of transmission of COVID-19 and other HCAs. Using dynamic risk assessments, the Trust continues to work to maximise capacity to maintain and increase services.

The focus on management and control of COVID-19 has impacted on the proactive work streams for the reduction of other Health Care Associated Infections (HCAs).



9. Sources of Independent Assurance

The Trust obtains Independent Assurance from the following sources:

- **Internal Audit;**
- **Northern Ireland Audit Office (NIAO);**
- **Regulation and Quality Improvement Authority (RQIA);**
- **Benchmarking;**
- **Medicines and Healthcare Products Regulatory Agency (MHRA);**
- **Human Tissue Authority (HTA);**
- **Human Fertilisation and Embryology Authority (HFEA); and**
- **General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training Agency (NIMDTA) and various Royal Colleges**

Internal Audit

The Trust utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis.

As a consequence of the pandemic and the changing audit needs, the internal audit plan for 2021-22 was amended, with the following systems being reviewed:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
FINANCE AUDITS	
Payments to Staff	LIMITED
Non Pay Expenditure	SATISFACTORY
Financial Assessments	SATISFACTORY
Client Monies and Cash Handling at Children and Young People's Homes	SATISFACTORY - 5 out of 7 facilities LIMITED – 2 out of 7 facilities
Client Monies in Independent Sector (Residential Homes & Adult Supported Living Facilities in Independent Sector)	SATISFACTORY – 8 out of 10 homes LIMITED – 2 out of 10 homes Specific Report on 1 additional home: SATISFACTORY - Management of Residents' Monies (with exception of Resident A) UNACCEPTABLE - Management of Resident A's Finances
Cash Management in Cash Offices	SATISFACTORY
Adult Supported Living	SATISFACTORY
Management of Domiciliary Care Contracts	LIMITED
Audits of Processes at 3 Domiciliary Care Providers	LIMITED (in all 3 providers visited)
PPE Stock Management	SATISFACTORY
CORPORATE RISK BASED AUDITS	
Management of Diagnostic Sign Off & Review	LIMITED
Performance Management	SATISFACTORY
Compliance with Standards & Guidelines	SATISFACTORY

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
Implementation of the Mental Capacity Act	LIMITED
IT Audit – Project Management	SATISFACTORY
GOVERNANCE AUDITS	
Health & Safety	LIMITED
Board Effectiveness	SATISFACTORY
Complaints Management	LIMITED
Management of Community Equipment	SATISFACTORY
Management of Medical Equipment	LIMITED

Consultancy/Non Assurance Assignments

Assurance Mapping - During 2021-22, Internal Audit conducted advisory work to develop an assurance map for one specific corporate risk.

Post Payment Validation Work on Special Recognition Payments (SRP) to Independent Sector Provider Staff - BSO Internal Audit conducted post payment validation checks for a sample of Independent Sector Providers in respect of Phase 1 scheme payments. The validation report will be addressed to the Department of Health who funded the SRP scheme.

Follow Up Work

At year end, Internal Audit followed up in respect of the implementation of previous Priority One and Two Internal Audit recommendations agreed in Internal Audit reports. 99% of these recommendations were fully or partially implemented at the year-end. Of the 1% of recommendations not implemented, there were no Priority One recommendations.

The Trust continues to closely and regularly monitor the status of outstanding internal audit recommendations.

Shared Services Audits

As the Trust is a customer of BSO Shared Services, the following audit reports have been shared with the Trust for information. The recommendations in these reports are the responsibility of BSO Governance and Audit Committee to take forward.

Shared Service Audit	Assurance
Payroll Shared Service	Satisfactory - Elementary PSC processes Limited - End-to-End Manual Timesheet Processing, SAP / HMRC RTI Reconciliation, Overpayments and Holiday Pay
Recruitment Shared Service	Satisfactory - RSSC Processing Activities Limited - HSC Recruitment processes <i>(It is appreciated that the HSC Recruitment process and therefore this assurance, is outside BSO's sole responsibility and is relevant to all HSC organisations)</i>
Accounts Payable Shared Service	Satisfactory
Regional Interpreting Service	Satisfactory
Accounts Receivable Shared Service	Satisfactory

The Payroll Shared Service audit reflects a similar position to 2020-21 audit outcomes.

Overall Opinion for 2021-22

In her Annual Report, the Head of Internal Audit provides satisfactory assurance on the adequacy and effectiveness of the Trust's framework of governance, risk management and control. While the Trust has received overall Satisfactory assurance, it is noted that Limited assurance has been provided in a number of areas and action is required to address the significant issues raised in the Limited Assurance reports.

Details of the significant issues identified within the limited assurance reports provided to the Trust are noted below. Management have agreed appropriate timescales for all of these issues to be addressed.

Management of Medical Equipment: Limited assurance was provided on the basis that medical devices governance and reporting structures need strengthened. Significant issues were identified around the timing of scheduled servicing and maintenance of medical devices, governance arrangements for oversight of medical device management and the location of medical devices.

Implementation of the Mental Capacity Act: Limited assurance was provided as the Trust had not met the extended target set by the DoH to have all legacy cases evaluated and a Deprivation of Liberty (DoL) authorisation in place at the time of audit. In addition delays in the completion of Medical Reports was also noted.

Payments to Staff: Limited assurance has been provided due to significant weaknesses in controls in relation to off system timesheet processing and the Staff in Post (SIP) validation process. Significant issues were identified in relation to lack of sufficient robust processing controls of timesheets and the absence of effective and timely validation checking of staff in post listings.

Complaints Management: Limited assurance has been provided on the basis of significant issues in relation to complaints management training, management of learning

from complaints and a lack of central retention of investigation records. The lack of procedures and standardised templates were also noted as significant.

Domiciliary Care Providers – Three Independent Sector Providers: Limited assurance has been provided across all three providers audited based on their systems of internal control. Limited assurance has been provided on the basis that variances, some significant, were identified between actual care times delivered when compared to commissioned and paid for time and rota systems did not provide sufficient information to give assurance that all commissioned time had been delivered.

Management of Domiciliary Care Contracts: Limited assurance has been provided on the basis that the Trust is about to roll forward 2015/16 contracts for domiciliary care for the sixth year without tendering. Whilst improvements in control since the previous audit were recognised, further strengthening of processes is required to confirm the accuracy of care time being delivered. It was also noted that 40% of service user annual reviews had not taken place at the time of audit.

Health & Safety: Limited assurance has been provided due to a lack of evidence that risk assessments had been regularly and appropriately conducted and that all corrective actions had been taken. It was also noted that attendance at mandatory Health and Safety training and records of specialist Health and Safety training undertaken needed to be improved.

Management of Diagnostic Sign Off & Review: Limited assurance has been given as a result of inconsistent utilisation of Northern Ireland Electronic Care Record (NIECR) across the Trust, and the absence of Trust policy and procedures to provide medical staff with an agreed standardised methodology for the electronic sign off of diagnostic results.

Northern Ireland Audit Office (External auditor)

The external auditor undertakes an independent examination of the annual financial statements in accordance with auditing standards issued by the Auditing Practices Board.

In addition, the external auditor will provide a Report to Those Charged with Governance which brings to the attention of the Accounting Officer, audit findings and any control weaknesses identified during the course of the external audit. The external auditor reports all of these findings to the Audit Committee. In the course of the external audit for 2021-22, the external auditor has brought to the attention of management one Priority One issue.

If the Northern Ireland Office conducts a Health Sector Value for Money study this is presented to the Audit Committee.

Regulation and Quality Improvement Authority (RQIA)

The RQIA provides independent assurance by conducting a rolling programme of planned clinical and social care governance and thematic reviews across a range of services provided by the Trust or those commissioned from third party providers.

The Trust has a system to track and monitor RQIA thematic reviews and inspections and the Trust's responses. Directors are responsible for progressing actions to ensure recommendations within their remit are achieved within their Directorates.

With regard to Independent Sector Care provision, all inspection reports and Serious Concerns raised by RQIA in relation to contracted social care services are discussed and actioned with relevant Operational Directorates and necessary supporting measures put in place.

Benchmarking (P&R)

The Trust continues to participate in external benchmarking of hospital based data against a UK peer group of like hospitals. A contracted service provider provides analysis and reporting on a range of key performance indicators including efficiency and safety measures providing independent assessment of performance against national and regional peers, supporting this function with analysis and support at Directorate level. Peer analysis reports are presented to both Governance and Performance Committees.

The Trust has also expanded its external benchmarking outside hospital services via the NHS Benchmarking Network, the in-house benchmarking service of the NHS. The NHS Benchmarking Network creates custom reports that detail the Trust's relative performance against a variety of metrics and compares it to peers. These reports form the basis of any Directorate Action Plan subsequently developed. As a result of operational pressures due to COVID-19, it was not possible to participate in these exercises during 2021-22; however, the Trust is currently exploring the forthcoming programme for opportunities to benchmark services during 2022-23.

Medicines and Healthcare Products Regulatory Agency (MHRA)

MHRA inspect the Specials Manufacturing License held by Craigavon Area Hospital Pharmacy Department. They operate a risk based inspection programme with the last inspection of the licence being held on 6 May 2021. On the basis of the inspection, and subsequent correspondence, the MHRA have confirmed that operations are in general compliance with the Guide to Good Manufacturing Practice as laid down in the Commission Directive 2003/94/EC.

Human Tissue Authority (HTA)

The HTA is a regulatory body set up in 2005 following events that revealed a culture in hospitals of removing and retaining human organs and tissue without consent. The HTA regulates organisations that remove, store and use human tissue for various purposes.

The HTA builds on the confidence people have in regulation by ensuring that human tissue and organs are used safely and ethically, and with proper consent. The Trust complies with the requirements necessary to hold an HTA license.

The Human Fertilisation and Embryology Authority (HFEA)

The Trust is subject to the HFEA 1990 Act with the license certified every 4 years for the Fertility Clinic and an inspection every 2 years. The HFEA checks for compliance with the legislation and reviews the required audits and relevant policies and procedures. An inspection was carried out in February 2020 with a report in June 2020 indicating that no areas of improvement were required.

10. Review of 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 Trust's system of internal governance is informed by the work of the internal auditors, the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their 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 Senior Management Team, Trust Board, Head of Internal Audit, Audit Committee and Governance Committee. I have referred to the Annual Report from the Head of Internal Audit which details the assurance levels provided from reports in 2021-22 and also the Trust's implementation of accepted internal audit recommendations. A plan to address weaknesses and ensure continuous improvement to the system is in place.

11. Internal Governance Divergences

Progress on Prior Year Issues which continue to be considered as control issues

A number of governance matters arising in prior years are still considered to represent internal governance divergences for 2021-22. These are as follows:

Contract & Procurement Management

- **Social Care Procurement**

In order to minimise the risk of non-compliance with the Public Contract Regulations 2015, all DoH ALBs continue to extend Centre of Procurement Excellence (CoPE) cover for social and health care services in the Light Touch Regime. This cover is provided by the Social Care Procurement Unit (SCPU) of BSO.

The Regional Social Care Procurement Plan, agreed previously by the Regional Procurement Board, remains subject to review in response to adult social care policy development and capacity available.

Resource capacity is not available within the plan to undertake all over-threshold Trust procurements. As such the approach for the management of these awards is agreed with the SCPU on an individual case by case basis. This includes the Trust undertaking procurement exercises under the influence of the SCPU, where the award of contract is considered operationally critical, is new or where it is required to support strategic change. It may also include the use of a 'direct award of contract' approach until capacity is available regionally to address the full requirements of the plan.

The SCPU has developed a draft regional guidance document to support staff undertaking below-threshold procurements via a common approach. The Trust has developed an internal approach, for review at its Trust Procurement Board, adopting this best practice proportionately and on a risk based approach, acknowledging a large number of these contracts can be of a low value.

No specific resources are available for the award of contracts 'under threshold' and the Trust will continue to adopt a pragmatic approach in the management of this. As such the Trust will continue to be challenged to evidence value for money in this area.

- **General Contract Management**

The Trust continues to assess that it is not fully compliant with HSC (F) 32/2017: Procurement Guidance Note (01/12) Contract Management (as amended) – Procedures and Principles.

In January 2020, the Trust agreed a proposal to strengthen the corporate oversight and monitoring of the existing delegated contract management arrangements. A Contracts Governance Manager was appointed in 2020-21 to scope existing arrangements and bring forward an improvement plan. An initial corporate baseline assessment of the Trust contract management practices planned for 2021-22 was deferred due to operational staff capacity. This has now recommenced and will be concluded in 2022-23.

A contract managers' forum has been established to share learning and best practice and initial training has been provided on Procurement Guidance Note (01/12) Contract Management (as amended) – Procedures and Principles.

Future management of this area will continue to be subject to availability of resources.

Trust Estate Risks

The age, condition and nature of the estate continues to pose potential risks that are exacerbated by limited capital investment in major renewal and replacement

projects. The estimated investment required for backlog maintenance is £258m. Within Trust Acute and Non-Acute ward facilities there is limited side room capacity; multi-occupancy bays are small; and toilet and shower facilities are limited. This restricts the Trust's potential to respond adequately to transmissible organisms. A number of mitigating measures have been successfully actioned and proposals for further enhancements have been shared with the DoH which has provided capital investment of some £8.7m during 2021-22 and the Trust is seeking further investment in 2022-23.

Clinical and Social Care Risks

- **Elective Care**

As recognised by DoH and Strategic Planning and Performance Group (SPPG) (previously HSCB), the Trust has a number of capacity gaps in specialty areas associated with increasing demand, being: the absence of significant recurrent investment in elective services; the growing impact of competing unscheduled care demands; and increasing workforce pressures. These established challenges were further impacted in 2021-22 by the COVID-19 pandemic which significantly reduced elective capacity as resources (staff, beds and critical care services) were redirected to respond to the increased pressures on hospital services.

The impact of this is evidenced in growing waiting list volumes and extended wait times. The impact on routine waits has been previously noted however more significant is the impact on the wait times for urgent and red flag services, including outpatient, diagnostics and treatment. It is anticipated the impact on elective services will continue as the service seeks to return to pre-pandemic levels as capacity continues to be restricted associated with the requirements for social distancing and infection control standards heightened by infrastructural and environmental impacts on the Acute Hospital sites and ongoing workforce challenges.

The Trust's ability to achieve elective targets, including cancer pathways, is compromised and radical reform in the way elective care is delivered regionally, alongside sustained and substantial investment, will be required to return elective care waits to an acceptable standard. The Trust continues to participate in regional work to establish solutions in line with the regional reform actions established in the Ministers Elective Care Framework.

In the interim, the Trust's focus remains on prioritising the provision of safe services to red flag (confirmed and suspected cancer) and time sensitive conditions. The Trust is working with regional colleagues to ensure surgical capacity is targeted to those most at need via the Regional Prioritisation Oversight Group (RPOG), and similar initiatives are developing in diagnostics areas (imaging and scopes) to allocate additional capacity to those with highest volumes. Continued reliance on additional regional and independent sector capacity is anticipated for the foreseeable future.

Elective capacity challenges also impact upon planned treatments for repeat procedures and for reviews following assessment. The Trust's ability to manage planned and review assessments within clinically indicated timescales has become more challenging.

As reported in 2019-20, the Trust continues to be particularly challenged with the number of nursing staff available to work in Theatres. COVID-19 has further exacerbated the situation. Orthopaedic elective theatres continue to be capped whilst a phased restart of general theatre capacity is ongoing in line with availability of key resources. Regional recruitment initiatives, local review and restructuring plans and ongoing use of the independent sector will seek to improve this position.

Elective surgical bed capacity has been ring fenced to ensure patients are maintained on an elective green pathway.

The Trust is working through contractual and governance processes to seek to lease unused theatre capacity for use by independent sector providers, in hours and out of hours.

- **Unscheduled Care**

The ongoing demand for unscheduled care remains extremely challenging, evidenced by the number of inpatients waiting in the Emergency Department (ED) beyond 12 hours and the ongoing poor performance against the 4 hour and 12 hour targets.

There have been additional pressures associated with our response to the COVID-19 Pandemic which has resulted in significant changes to the ED estate and how we manage patients in ED. In-year funding was secured to extend the footprint and in the ED waiting areas for paediatrics and adults to allow segregation of patients presenting with respiratory and non-respiratory symptoms. New ventilation systems are being installed in all areas in ED, and additional toilet facilities provided and Red Resuscitation and Paediatric areas are being upgraded. This work will reduce the nosocomial spread of infection in ED and to date has had a positive impact on patient safety, patient experience and has improved the working environment for staff.

New service developments are being implemented, that align with the regional 'No More Silos' 10 key actions. These includes the development of medical, cardiology and surgical ambulatory pathways; 'Phone First'; and an Urgent Care Centre on weekdays, with scheduling into Minor Injury streams as part of the COVID-19 pandemic response.

Patient flow through the hospital systems is reduced, associated with increasing length of stay for COVID-19 positive patients; insufficient bed capacity to meet demand; ongoing rolling bed closures associated with infection prevention and control arrangements which disproportionately impact the Craigavon Area Hospital site due to an ageing ward

infrastructure; and discharge delays associated with reduced nursing home and domiciliary care capacity, all impacting on service provision.

Bed pressures have impacted the ability to secure dedicated ward capacity for medical specialties including stroke and haematology thereby impacting on the quality of care that can be provided. In 2022-23 the Trust intends to progress plans on the improvement of stroke services and a greater focus on Frailty within the Trust.

The Trust's consultant led Acute Care at Home model has been extended and additional medical beds have been opened to support the unscheduled care pressures. The Trust continues to maintain comparably good performance in relation to its bed utilisation with good risk adjusted length of stay and bed turnover indices but does not anticipate an improvement in the current level of unscheduled care performance.

A dedicated work programme has commenced with multi-disciplinary teams in each area. This is clinically led, manager supported and data driven, focusing on reducing lengths of stay by an average of 0.8 days.

In year the Trust secured £8.7m capital funding to make immediate improvements in ward environments to reduce nosocomial spread of infection. Further improvement to ward environment and capacity is required and the Trust has submitted a capital bid for a new ward block to relieve immediate pressures and will continue to seek to improve the current environment through its general capital allocations. Workforce issues continue to be a challenge across unscheduled care with a high reliance on Locum and Nursing Agency provision. A medical workforce review has been completed for all areas in unscheduled care which identifies the staffing requirements and the recruitment of staff over the next five years.

Medical staffing challenges generally, and the ability to attract and retain consultant surgical staff, has impacted in year on the ability to deliver safe general surgical services over two acute hospital sites. Contingency arrangements have been implemented to provide emergency general surgery on the Craigavon Area Hospital site only, reducing this service provision in Daisy Hill Hospital. The Trust continues to explore longer term options for service provision and will bring forward a public consultation on this in 2022-23.

Recruitment

There has been some progress in terms of our ability to attract staffing across all disciplines to improve on the workforce deficits identified in regional and national benchmarking in recent years. Staffing challenges have been identified in a number of areas including mental health and disability services, children and young peoples' services and older peoples and primary care services. The full implementation of the Trust's Resourcing Department's 'Inspire, Attract, Recruit' Resourcing Strategy

(developed in September 2019, with an accompanying 3 year plan to attract more candidates and improve the recruitment processes and candidate experience) continued to be delayed throughout 2021-22 as a result of the ongoing pandemic.

The HSC Workforce Appeal remained the key priority for the Trust's HR Resourcing Team to support the urgent recruitment and deployment of health and social care professionals, as well as administrative and support staff on a temporary basis in response to COVID-19 surges, the mass vaccination roll out and support to care homes during the last year. Since its launch in March 2020, the Trust has received just over 8,500 applications through the Workforce Appeal. The Workforce Appeal contract has been further extended until the end of May 2022.

During 1 April 2021 to 31 March 2022 the staff groups appointed via the Regional HSC Workforce Appeal were:

Admin/Clerical	359
Allied Health Professionals	22
Vaccinators	1
Healthcare Students	64
Medical	1
Nursing and Midwifery	38
Nursing Support	453
Pharmacy	2
Social Work and Social Care Support	59
Support Services	249
Grand Total	1,248

Following a successful regional pre-registration student nurse recruitment streamlining pilot with the Adult nursing field in Summer 2021, regional recruitment is being rolled out to the remaining three fields of nursing (Learning Disability, Children's and Mental Health) for students due to qualify in Summer 2022.

In recognition of the high level of nursing vacancies across Acute and Non Acute, the HR Resourcing Team are working with Nursing Workforce Development colleagues to develop a plan for targeted recruitment of nurses. Preparation work is ongoing to develop a media plan, supported with a range of promotional material to include staff profiles, testimonials and videos to raise the profile across the specialities, in particular where the recruitment difficulties are greatest.

During 2021-22 the number of international nurses was lower than expected largely due to the government travel restrictions, with a total of 44 international nurses commenced throughout the year. Following the lifting of travel restrictions, we anticipate an increase during 2022-23, with a minimum of 12 nurses per month.

There was also a successful regional streamlined approach to the recruitment of social workers, rolled out during 2021, which will also continue for students due to qualify in Summer 2022.

An alternative model of recruitment for long-term unemployed, in line with the Trust's Resourcing Strategy 'Inspire Attract Recruit' has been piloted. Work commenced, in partnership with People 1st (an employment and training organisation) and Newry, Mourne & Down District Council (funding providers) to attract, recruit, train and retain people to work within social care roles within the Trust and other social care providers through the development of a Skills Academy. In the initial phase, four people have accepted offers of employment and this programme is planned to continue in the year ahead.

Financial Risks

Whilst the Trust achieved breakeven in 2021-22, in terms of financial planning it is anticipated that budget constraints and uncertainties around funding in 2022-23 will impact on our ability to financially plan for the services that we require.

Performance of BSO Payroll Shared Services Centre

The Head of Internal Audit has reviewed the shared services functions provided by BSO as noted on pages 78-79 during 2021-22. The Payroll Shared Service Centre has again achieved satisfactory assurance in respect of elementary PSC processes, whilst remaining as having limited assurance for end to end manual timesheet processing, management of overpayments and holiday pay and SAP/HMRC RTI (Real Time Information) reconciliation. In order to address the significant programme of work which remains for BSO to address, a number of these areas sit within the remit of the the Payroll Quality Improvement Programme (PQIP) within PSSC. This group also incorporates Trust representation. Whilst PQIP has identified a number of ongoing processing improvements via 8 projects, the progress of the group has been restricted during 2021-22 due to available resources.

The Trust will continue to monitor progress at Audit Committee.

Domiciliary Care

The Trust plans to incorporate the monthly Domiciliary Care Oversight Group function within work streams of the overarching Trust Independent Sector Governance Group, which is a cross directorate group. The initial review of the Independent Sector Governance Group Terms of Reference, role, function and structures, was placed on hold in 2020-21, while the Trust responded and prioritised its response to the COVID-19 pandemic. This review will now commence during 2022-23.

The majority of the recommendations from the Trust Homecare Domiciliary Care Service Audit in 2018-19 and subsequent follow up audit in 2019-20, have been met. In the

absence of progress with the Regional Domiciliary Care Procurement and Live monitoring consultations, the Trust has begun exploring interim Live Monitoring arrangements and hopes with support from the regional Business Services Organisation (BSO) to commence a retendering procurement exercise during 2023-24. However, it should be acknowledged that the commencement of this exercise is likely to be dependent on the implementation of a Live Monitoring system.

The Trust commissioned Internal Audit during 2021-22 to conduct a further audit of an independent domiciliary care provider. Continued limited assurance was given as the provider's invoices were based on commissioned times and not on actual times delivered by care workers. In order to strengthen the Trust's ability to assure itself that it is receiving all commissioned and paid for time from providers, the Trust introduced 2 monitoring officers during 2019-20. These monitoring officers, which are a new role, are now well-established in the role of Quality Assuring provision of care. However, we need to review how we ensure the findings from the monitoring officers are best responded to in a timely manner by the relevant commissioning teams. The recent IA Procurement and Management of Domiciliary Care Contracts 2021-22, has recommended that going forward an Annual Report on delivery of domiciliary care services should be prepared, outlining the outcome of all quality and contract management activities, as well as highlighting any learning.

A further 3 internal audits have been completed with three Independent Sector providers, all have been awarded Limited Assurance. In addition to how we ensure the findings of the Monitoring Officers are responded to by relevant commissioning teams, we also need to look at the resources required to manage the increased activity required to support Independent Sector providers to meet compliance with the Internal Audit recommendations.

The recent Internal Audit Procurement and Management of Domiciliary Care Contracts has recommended that Management should review the staffing arrangements within the Contracts Department and ensure there are adequate resources available to allow effective management of contracts. The Trust will extend this review to also include those teams that support the contracts team.

The Trust also plans to hold a workshop with all Independent Sector providers in 2022, reminding them of their role and responsibilities around contractual responsibilities as well as informing them around their responsibilities on Internal Audit processes

Budget Position and Financial Outlook

As part of the usual financial planning process the Trust presented a financial strategy and plan in response to the budget announced for 2021-22.

This plan clearly identified the Trust's opening deficit of £11.2m to which new inescapable pressures and savings targets were added together with potential non-recurrent

easements. As the financial year progressed all Trusts revised their financial plan and the Trust's presented a break-even position. This was being achieved as a direct consequence of unplanned expenditure gains as a result of COVID-19 and realisation of in-year savings plans. The Trust achieved its forecasted break-even position. It is important to note that this reported outturn was following one off contingency measures, expenditure reductions and planned in year slippage on investments and as previously noted the non-recurrent unplanned expenditure benefits accrued as a direct result of COVID-19. The Trust continues to have underlying recurrent funding pressures, which, coupled with further in-year emergent pressures, to include our ongoing response to COVID-19, will undoubtedly ensure that significant budgetary challenges will continue into 2022-23. In particular the current crisis in Ukraine will increase energy prices and subsequently will lead to an additional cost pressure in 2022-23.

In terms of financial planning and budgetary control there will be a delay to formal allocations from DoH in respect of 2022-23, possibly for some months. This level of uncertainty will impact on our ability to financially plan for 2022-23. The DoH has confirmed that opening budgets will not be known until later in the year, however Trusts should assume that the 2021-22 final budget will be rolled forward in 2022-23. This will allow for services to be continued into next year however does not provide assurances that funding will be at the same levels for the entire year. There is a risk that funding will not be made available at the same level throughout the year with the expectation being for Trusts having to make savings to fund deficits.

It has been well publicised that the cost of providing services is increasing, with estimates suggesting 6.5% annually. This is due to an increasing ageing population with greater and more complex needs, increasing costs for goods and services, growing expertise and innovation which mean a more extensive range of continually developing services are available, supporting improvement in the health of our population. All of these factors combine to impose an upward pressure on the funding required just to stand still. This will give rise to additional pressures in 2022-23.

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 authorised 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.

Whilst we do not have full certainty of an approved Budget for 2022-23, HSCB (now SPPG) is developing an agreed set of financial planning principles to support the Trust for 2022-23, the first draft of which has already been discussed with DoH. These principles will provide the Trust with a draft position to consider our opening financial plan and will be supported by a series of assumptions for Trust.

Across the HSC sector it is expected that the significant financial challenges faced will continue and extensive budget planning work to support the 2022-23 financial plan is ongoing between the Trust, HSCB (now SPPG) and the DoH. As with other financial years, the Trust remains committed to achieving financial break even.

Waiting List Initiative Payments

Trust management has progressed the internal audit recommendations made following the re-audit of this area in 2018-19 to ensure that all learning and strengthening of processes are embedded in the Trust. At 31 March 2022, 80% of the recommendations are fully implemented with one outstanding action to be prioritised.

Cyber Security

Cyber Security is included on the Trust's Corporate Risk Register and updates are provided to the Governance Committee on a bi-monthly basis; a Cyber Task and Finish Group was established and is chaired by the Director of Performance & Reform with representation from all Directorates. A Cyber Security Team has been established within the IT Department. The Trust continues to participate in the Regional Cyber Security Programme Board. Internal Audit continues to review the Trust Cyber Security landscape on a regular basis – subsequent recommendations are being addressed and monitored by Audit Committee.

The Trust continues to progress actions locally and in collaboration with the region across the range of improvement recommendations made.

A Draft Regional Cyber Security Strategy has been completed and is due to be launched in 2022-23. The Trust will adopt and deliver local Cyber requirements within this strategy as an overarching governance framework.

Report on Inquiry into Hyponatraemia-related Deaths

The Trust's Oversight Group, co-chaired by the Medical Director and the Executive Director of Nursing continued to progress work in 2021-22, reporting regularly to the Senior Management Team and Trust Board. At the end of 2021-22, of the 96 recommendations, 56% have been implemented, 6% are partially implemented, 2% not yet implemented and 36% are dependent on regional action.

The DoH programme of work in response to the Inquiry Report's recommendations was paused in 2020 due to the necessity to focus Trust and Regional resources to respond to the COVID-19 pandemic. 8 of the 9 regional workstreams did not progress during

2021-22. The Duty of Candour workstream did progress with a public consultation which was open until August 2021.

The Trust continues to progress the recommendations made in the 2019-20 Internal Audit of the Management of Children in Adult Wards. 93% of the recommendations have been fully implemented at 31st March 2022. The Trust continues to work on implementation of the remainder.

Trust Contribution to Home Truths Report from the Commissioner for Older People Northern Ireland (COPNI) on Dunmurry Manor Care Home

In respect of the 'Home Truths' Report from the Commissioner for Older People Northern Ireland (COPNI) on Dunmurry Manor Care Home, all Departmental, regional and CPEA facilitated workshops and meetings were stood down due to the COVID-19 Pandemic. There has been no further progress during 2021-22. The Department has published the first two reports from CPEA on Safeguarding and Complaints and the remainder are expected to be published shortly. It is anticipated that the Department will establish relevant Working Groups in 2022-23 to take forward and monitor the implementation of the recommendations from both Home Truths and the CPEA reports.

EU Exit

In 2021, uncertainty on the future market for the supply of medicines into Northern Ireland led to the pharmaceutical industry assessing their portfolios and advising the Department of Health & Social Care of their intention to discontinue products to NI.

By July 2021, it was clear that a high level of Prescription Only Medicine (POM) and Over the Counter (OTC) products would not be supplied to the NI market. In September 2021, a standstill period was introduced for medicines, and a call was made to remove medicines from the NI Protocol obligations.

The EU published a Communication to the Commission on the 17 December 2021, extending the derogations first published in 2020 and noted in last year's report setting out a reporting obligation on the pharmaceutical industry to notify the Medicines & Healthcare Products Regulation Agency (MHRA) of medicines imported into Northern Ireland.

From 1 January 2022, a statutory instrument titled the Human Medicines (Amendment) (Supply to Northern Ireland) Regulations 2021 established the Northern Ireland MHRA Authorised Route (NIMAR). NIMAR provides a route for the lawful supply of Prescription Only Medicines that are unlicensed in NI, where no licensed alternative is available.

Urology Public Inquiry

The Statutory Public Inquiry into Urology Services in the Southern HSC Trust was announced by Health Minister, Robin Swann in November 2020. The Trust's response to the Public Inquiry is in 3 distinct work streams.

1. Public Inquiry Response Group - Chaired by Programme Director

The Programme Director for the Public Inquiry, Ms Jane McKimm took up position on the 1 February 2022. The Programme Director is responsible for the management of the Trust Public Inquiry Team, supporting the Trust in the delivery of the Public Inquiry response. The Trust has also secured a secondment post to provide Independent Assurance around the response process.

2. Urology Lookback Steering Group – Chaired by Director of Acute Services

The Southern HSC Trust Urology Oversight Steering Group will provide oversight in respect of patients identified as previously being under the care of Consultant A. The Group will also be responsible for providing the DoH with assurance regarding the rigour of approach pursued by the Southern HSC Trust and the timeliness of patient review.

Patient Involvement - The Trust continues to meet monthly with the Service User group to provide updates on the SAI recommendations. A targeted Quality Improvement project has started with our service users focused initially on the information given and patient understanding of the treatment journey they are about to go on.

3. Public Inquiry Quality Assurance Group – Chaired by Trust Medical Director

This group will ensure there are effective quality assurance processes regarding medical professional governance and both clinical urology and cancer services within the Trust. This will include the following:

- To consider the effectiveness of current systems and processes to monitor and assure the safety of our systems;
- To identify areas for improvement and formulate and develop measurable actions to address same; and
- To develop audit and other assurance mechanisms to provide corporate level assurance of the safety of our systems.

The Inquiry team propose to hear from patients and families in the summer of 2022. These hearings will not be in public but the legal representatives for the core participants will be in attendance and a formal written record will be kept and published.

Further to this work the Inquiry plan to formally open hearings in the autumn. Timings of hearings are subject to change and we will advise as more information becomes available.

Nosocomial COVID-19 Level 3 Serious Adverse Incident

Between the dates of 16 August and 6 October 2020, the Trust experienced nosocomial outbreaks of COVID-19 in three separate inpatient locations: Haematology and 4 South in Craigavon Area Hospital and Male Medical Ward in Daisy Hill Hospital. The outbreaks affected 29 patients, with 15 of these patients sadly dying following the outbreak.

All patients and families were offered enhanced support via the Trust's newly established Service User Liaison Officer including access to independent counselling services. This support remains ongoing.

As a result of the COVID-19 outbreaks, in an effort to learn from experience, the Trust along with the PHA jointly commissioned a Level 3 Serious Adverse Incident review. The review which is ongoing is undertaken in line with the regional Procedure for the Reporting and Follow Up of Serious Adverse Incidents (2016) and the values of Health and Social Care NI.

To date the review team has shared a draft report with patients, families and staff for review and comment, that outlines the chronology, findings and recommendations.

The report, when finalised, will be presented to the Review Commissioners and Medical Director, who are responsible for the SAI Report. The Review Commissioners will ensure that the local managers responsible for the service where the incident occurred, implement the recommendations of the review report. Any relevant learning with regional applicability will be shared via the PHA and DoH.

New Control Issues in 2021-22

There is one significant internal control divergence identified in 2021-22 which has been closed in year.

- Significant Overpayment Arising from unacceptable working pattern during the COVID-19 pandemic – Closed 2021-22

An overpayment of approximately £90k was identified relating to a period of approximately six months during the COVID-19 pandemic when a novel work pattern was created in a key department in response to the pandemic, and was then claimed and paid for outside Agenda for Change terms and conditions. Normal authorisation and checking procedures for pay claims failed to identify this divergence which was subsequently challenged by BSO Payroll Shared Services and brought to senior management's attention by a member of staff under "Your Right to Raise A Concern" (Whistleblowing) Policy. Disciplinary action has been taken, all overpayments have been identified and have been recouped. The Trust's Human Resources Department is working with the Department involved on a management of change process to establish sustainable rotas for the service and complete a review of all working patterns to provide assurance that they are in line with Agenda for Change Terms and Conditions of employment.

A potential risk has been identified in respect of the managed service 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. The supplier has confirmed in writing that the sub-contractor is 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.

There are no financial implications on the Trust's consolidated financial statements for 2021-22.

12. Conclusion

The 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).

As outlined above, the internal audit review of control systems has resulted in a number of limited assurance opinions in the Trust. A number of Priority One issues have been raised with management and extensively examined by the Audit Committee. The findings of these reports and others such as those issued by RQIA will be incorporated into action plans aimed to address the weaknesses/gaps in control processes.

Having considered the accountability and framework within the Trust and the range of assurances provided to me, I am content that the Trust has operated a sound system of internal control, risk management and corporate governance during the year 2021-22, including the operation of emergency measures to respond to the global pandemic.

REMUNERATION REPORT FOR THE YEAR ENDED 31 MARCH 2022

Scope of the report

The Remuneration report summaries the remuneration policy of the Southern HSC Trust and particularly its application in connection with senior executives. The report also describes how the Trust applied the principles of good corporate governance in relation to senior executives remuneration in accordance with HSS (SM) 3/2001 issued by the Department of Health (NI).

Membership of the Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee oversee remuneration and other terms and conditions of Executive Directors.

The Remuneration and Terms of Service Committee of the Southern HSC Trust includes the Trust's Chair and two Non-Executive Directors of the Trust.

The Committee is supported by the Trust's Chief Executive and the Director of Human Resources & Organisational Development.

The terms of reference of the Committee are based on Circular HSS (PDD) 8/94 Section B.

Policy on the Remuneration of the Chief Executive and Directors

The Policy on Remuneration of the Trust's Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by the Department of Health.

Fees and allowances paid to the Chair and other Non-Executive Directors are as prescribed by the Department of Health.

For the purposes of this report the pay policy refers to Senior Executives, defined as Chief Executive, Executive Director and Functional Director and is based on the guidance issued by the Department of Health on job evaluation, grades, rate for the job, pay progression, pay ranges and contracts.

Trust Board

The Trust Board determines the strategic and operational corporate objectives for the Trust for the year ahead. This takes into consideration the parameters established by the Department of Health and to incorporate the objectives within the Service or Trust Delivery plans.

Performance Objectives

Performance Objectives are linked to Trust service delivery and development plans. Performance objectives are clear and measurable.

Performance Evaluation

Pay progression is determined by an annual assessment of performance. It is the responsibility of the Remuneration and Terms of Service Committee to monitor and evaluate the performance of the Chief Executive ensuring that any discretionary awards in terms of performance related pay are justifiable in light of the Trust's overall performance against the annual Trust Delivery Plan.

The Chief Executive is responsible for the assessment of performance of the Senior Executives based on the attainment of individual objectives established at the outset of the year. The Chief Executive is also responsible for the submission of recommendations to the Remuneration and Terms of Service Committee for its annual review of salaries which are conducted in accordance with the relevant circulars issued by the Department of Health.

The evaluation of performance is based on evidence of achievement of service and task objectives relating pay to performance. This process is completed in accordance with Paragraph 14 of the Departmental Circular detailed within Circular HSS (SN) 1/2003. The individual performance review bands are as follows:

- Fully acceptable
- Incomplete
- Unsatisfactory

The Remuneration and Terms of Service Committee is fully conversant with organisational performance via regular reports to Trust Board. The levels of performance pay applied by the Remuneration and Terms of Service Committee are prescribed by Department of Health. The Department of Health has not to date issued any pay circular in respect of pay progression based on performance for Senior Executives in the period 1 April 2021 to 31 March 2022. The pay awards for 2018-19 to 2020-21 also remained outstanding at 31 March 2022, with circulars issued in April 2022 covering 2018-19 and 2019-20 to be implemented during 2022-23.

Temporary / Interim Cover

- **Mr Brian Beattie**, who has been in the role of Interim Director of Older People and Primary Care Services for all of 2021-22 to backfill the substantive position as Director of Older People and Primary Care Services following Mrs Melanie McClements move to the post of Director of Acute Services.
- **Mr Colm McCafferty**, who commenced the role of Interim Director of Children and Young People's Services on 23 September 2021 following the retirement of Mr Paul Morgan on 30 September 2021.
- **Dr Maria O'Kane**, who provided interim cover for the role of Director of Mental Health and Disability Services from 1 April 2021 to 13 February 2022 following the retirement of Mr Barney McNeany.
- **Dr Maria O'Kane**, who provided interim cover as Accountable Officer from 14 February 2022 following the resignation of Mr Shane Devlin who left the Trust on 13 February 2022. Dr O'Kane has since been formally appointed as Chief Executive on 1 May 2022.
- **Mrs Heather Trouton**, who provided interim cover for the role of Director of Mental Health and Disability Services from 14 February 2022 to 13 March 2022 pending permanent recruitment of this post.
- **Mrs Lesley Leeman**, who commenced the role of Interim Director of Performance and Reform on 14 March 2022 following the resignation of Mrs Aldrina Magwood who left the Trust on 28 February 2022.

New Appointments

- **Ms Jan McGall**, commenced the role of Director of Mental Health and Disability Services on 14 March 2022.
- **Ms Catherine Teggart**, commenced the role of Director of Finance, Procurement and Estates on 6 September 2021 following the retirement of Ms Helen O'Neill on 4 July 2021.

During 2021-22, all contracts were permanent with the exception of the Interim posts noted above. As far as all Senior Executives are concerned, the provisions for compensation for early termination of contract are in accordance with the appropriate Departmental guidance.

Senior Employees' Remuneration (Audited)

The salary and the value of any taxable benefits in kind of the most senior members of the Trust were as follows:

Name	2021-22				2020-21			
	Salary £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (Rounded to nearest £1,000)	Total £000	Salary £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (Rounded to nearest £1,000)	Total £000
Non-Executive Members								
Mrs R Brownlee - Chair (To November 2020)	N/A	N/A	N/A	N/A	20-25 (FYE 30-35)	100	-	20-25 (FYE 30-35)
Ms E Mullan (Chair)	30-35	300	-	30-35	15-20 (FYE 30-35)	100	-	15-20 (FYE 30-35)
Mrs S Rooney (To August 2020)	N/A	N/A	N/A	N/A	0-5 (FYE 5-10)	-	-	0-5 (FYE 5-10)
Mrs H McCartan	5-10	-	-	5-10	5-10	100	-	5-10
Mr J Wilkinson	5-10	-	-	5-10	5-10	300	-	5-10
Ms G Donaghy	5-10	-	-	5-10	5-10	100	-	5-10
Mr M McDonald	5-10	-	-	5-10	5-10	-	-	5-10
Mrs P Leeson	5-10	-	-	5-10	5-10	100	-	5-10
Executive Members								
Mr S Devlin - Chief Executive (To 13th February 2022)	90-95 (FYE 105-110)	100	20 (FYE 23)	115-120 (FYE 130-135)	95-100	-	28	125-130
Dr M O'Kane - Medical Director, Interim Director of Mental Health and Disability Services (From 1st April 2021 to 13th February 2022) & Temporary Accountable Officer (From 14th February 2022)	205-210	-	45	250-255	200-205	-	51	250-255
Mr P Morgan - Director of Children & Young People's Services (To 30th September 2021) Note 1	45-50 (FYE 90-95)	-	2 (FYE 3)	45-50 (FYE 90-95)	75-80	-	Note 1	75-80
Ms H O'Neill - Director of Finance, Procurement & Estates (To 4th July 2021)	20-25 (FYE 85-90)	-	4 (FYE 17)	25-30 (FYE 100-105)	75-80	-	23	100-105
Mrs H Trouton - Executive Director of Nursing, Midwives and AHP's and provided Interim cover for Director of Mental Health (From 14th February 2022 to 13th March 2022)	80-85	-	28	105-110	80-85	500	22	100-105
Ms Catherine Teggart - Director of Finance, Procurement & Estates (From 6th September 2021)	40-45 (FYE 70-75)	-	11 (FYE 19)	50-55 (FYE 90-95)	N/A	N/A	N/A	N/A
Mr Colm McCaffrey - Acting Director of Children & Young People's Services (From 23rd September 2021)	40-45 (FYE 80-85)	100	27 (FYE 51)	70-75 (FYE 130-135)	N/A	N/A	N/A	N/A
Other Members								
Mrs E Gishkori - Director of Acute Services (To April 2020)	N/A	N/A	N/A	N/A	10-15 (FYE 70-75)	-	3 (FYE 20)	15-20 (FYE 90-95)
Mrs V Toal - Director of Human Resources and Organisational Development	70-75	-	24	90-95	60-65	-	16	75-80
Mrs M McClements - Director of Acute Services	75-80	100	8	85-90	75-80	200	3	80-85
Mr B Beattie - Acting Director of Older People & Primary Care (From 13th June 2019)	80-85	-	8	85-90	80-85	-	19	95-100
Mrs Jan McGall - Director of Mental Health & Disability Services (From 14th March 2022)	0-5 (FYE 65-70)	-	2 (FYE 52)	5-10 (FYE 120-125)	N/A	N/A	N/A	N/A
Mrs Lesley Leeman - Acting Director of Performance and Reform (From 14th March 2022)	0-5 (FYE 75-80)	-	2 (FYE 42)	5-10 (FYE 120-125)	N/A	N/A	N/A	N/A
Mrs A Magwood - Director of Performance and Reform (To 28th February 2022)	70-75 (FYE 80-85)	-	28 (FYE 30)	100-105 (FYE 110-115)	75-80	300	21	95-100
Mr B McNeany - Director of Mental Health & Disability Services (To 14th May 2021)	10-15 (FYE 80-85)	-	24 (FYE 189)	30-35 (FYE 270-275)	85-90	300	25	105-110

FYE is used as an abbreviation for Full Year Equivalent.

Note 1: For the reporting period 2020-21 Mr P Morgan was beyond the threshold for the calculation of CETV and therefore previous year's figures are unavailable. However, BSO Pensions Service has amended their practice and provided the information for 2021-22.

Executive gross pay includes the 2016-17 and 2017-18 pay award but excludes pay award circulars issued post year end.

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

Benefits in kind

The monetary value of benefits in kind covers any benefits provided by the Trust and treated by HM Revenue and Customs as a taxable emolument. The benefits in kind listed above relate to the profit element of mileage expenses.

Register of Interests

A declaration of Board members' interests has been completed and is available on request from the Chief Executive's Office, Trust Headquarters, Southern College of Nursing, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ. Telephone 028 3756 0119.

Fair Pay Disclosures (audited)

The Trust is required to disclose a range of fair pay disclosures, including 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. The table below outlines this relationship:

	2021-22	2020-21
Band of Highest Paid Director's Total Remuneration (£000s)	205-210	200-205
% Change from Previous Year	2.47%	5.19%
25th Percentile Remuneration	£23,982	£23,290
25th Percentile Pay Ratio	8.65	8.69
Median Remuneration	£32,657	£31,241
Median Pay Ratio	6.35	6.48
Mean Remuneration	£37,867	£35,612
% Change from Previous Year	6.33%	N/A
75th Percentile Remuneration	£43,787	£40,623
75th Percentile Pay Ratio	4.74	4.98
Range of Staff Remuneration (normalised for standard hours)	£18,546 - £267,242	£18,005 - £242,338

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 median reflects the aggregation of earnings where staff has more than one post within the Trust. The calculations exclude agency staff.

The Trust average pay (mean remuneration) of £37,867 has increased by 6.33% when compared to that in 20-21 (at a value of £35,612). This increase is due to application of Pay Award uplifts of 3% for 21-22, additional non-consolidated Pay Award of between 0.5% and 1.5% (depending on grade/band), impact of removal of transition pay points for Agenda for Change Bands 5 – 7 (where staff moved to higher pay points in the scales) and closure of Band 1 Agenda for Change payscale (where staff were assimilated onto Band 2 payscale).

The banded remuneration of the highest paid Director in 2021-22 was £205,000 - £210,000 (2020-21: £200,000 - £205,000). This is 6.35 (2020-21: 6.48) times the median remuneration of the workforce, which was £32,657 (2020-21: £31,241).

In 2021-22 4 employees (2020-21: 7) received remuneration in excess of the highest paid director. All of these employees were clinicians.

Pensions of Senior Management (Audited)

The pension entitlements of the most senior members of the Trust were as follows:

Name	2021-22				
	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/21 £000s	CETV at 31/03/22 £000s	Real increase in CETV £000s
Executive Members					
Mr S Devlin - Chief Executive (To 13th February 2022)	0-2.5	27.5-30 plus 10-12.5 lump sum	334	360	18
Dr M O'Kane - Medical Director, Interim Director of Mental Health and Disability Services (From 1st April 2021 to 13th February 2022) & Temporary Accountable Officer (From 14th February 2022)	2.5-5	67.5-70 plus 170-172.5 lump sum	1,385	1,466	48
Mr P Morgan - Director of Children & Young People's Services (To 30th September 2021) Note 1	0-2.5 plus 0-2.5 lump sum	35-37.5 plus 110-112.5 lump sum	873	906	7
Ms H O'Neill - Director of Finance, Procurement & Estates (To 4th July 2021)	0-2.5	37.5-40 plus 100-102.5 lump sum	814	838	5
Mrs H Trouton - Executive Director of Nursing, Midwives and AHP's and provided Interim cover for Director of Mental Health (From 14th February 2022 to 13th March 2022)	0-2.5	27.5-30 plus 50-52.5 lump sum	491	528	26
Ms Catherine Teggart - Director of Finance, Procurement & Estates (From 6th September 2021)	0-2.5	0-2.5	-	8	8
Mr Colm McCaffrey - Acting Director of Children & Young People's Services (From 23rd September 2021)	2.5-5 plus 2.5-5 lump sum	25-27.5 plus 45-47.5 lump sum	404	461	46
Other Members					
Mrs V Toal - Director of Human Resources and Organisational Development	0-2.5	22.5-25 plus 40-42.5 lump sum	335	361	18
Mrs M McClements - Director of Acute Services	0-2.5 plus 0-2.5 lump sum	37.5-40 plus 112.5-115 lump sum	842	884	19
Mr B Beattie - Acting Director of Older People & Primary Care (From 13th June 2019)	0-2.5 plus 0-2.5 lump sum	35-37.5 plus 105-107.5 lump sum	835	879	20
Mrs Jan McGall - Director of Mental Health & Disability Services (From 14th March 2022)	2.5-5 plus 0-2.5 lump sum	17.5-20 plus 27.50-30 lump sum	208	242	29
Mrs Lesley Leeman - Acting Director of Performance and Reform (From 14th March 2022)	2.5-5 plus 0-2.5 lump sum	37.5-40 plus 82.5-85 lump sum	713	772	39
Mrs A Magwood - Director of Performance and Reform (To 28th February 2022)	0-2.5	27.5-30 plus 52.5-55 lump sum	489	524	24
Mr B McNeany - Director of Mental Health & Disability Services (To 14th May 2021)	0-2.5	20-22.5	321	353	22

FYE is used as an abbreviation for Full Year Equivalent.

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

The current career average pension scheme does not have a provision for lump sum payment on retirement. Employees who are part of this scheme will not have an accrued lump sum entitlement.

Cash Equivalent Transfer Values

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 member's 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.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. However, the real increase calculation uses common actuarial factors at the start and end of the period so that it disregards the effect of any changes in factors and focuses only on the increase that is funded by the employer.

STAFF REPORT FOR THE YEAR ENDED 31 MARCH 2022

Staff Report

The Trust employs 15,653 staff (12,423 whole time equivalent). This figure includes staff with more than one job position.

Staff costs comprise (Audited):

Staff costs comprise:	2022		2021	
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	412,291	68,357	480,648	475,416
Social security costs	36,181	1,106	37,287	33,230
Other pension costs	79,171	1,295	80,466	74,967
Sub-Total	527,643	70,758	598,401	583,613
Capitalised staff costs	(471)	-	(471)	(383)
Total staff costs reported in Statement of Comprehensive Expenditure	527,172	70,758	597,930	583,230
Less recoveries in respect of outward secondments			(917)	(534)
Total net costs			597,013	582,696
Total staff costs reported in the statement of comprehensive expenditure of which:			£000s	£000s
Southern HSC Trust			597,930	583,230
Charitable Trust Funds			-	-
Total			597,930	583,230

Staff Costs exclude £471k charged to capital projects during the year (2020-21: £383k). Staff Costs include £1,076k associated with Research & Development Projects (2020-21: £894k).

Pension Liabilities

The Trust participates in the HSC Superannuation 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.

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), a final salary scheme, 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 i.e. 1995 Section, 2008 Section and 2015 Scheme 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 Scheme member's contributions are based on their full year whole time equivalent (WTE) pensionable pay.

Full –Time Pensionable Pay used to determine contribution rate	Contribution rate (before tax relief) (gross) 1 April 2015 to 31 March 2022
Up to £15,431.99	5.0%
£15,432.00 to £21,477.99	5.6%
£21,478.00 to £26,823.99	7.1%
£26,824.00 to £47,845.99	9.3%
£47,846.00 to £70,630.99	12.5%
£70,631 to £111,376.99	13.5%
£111,377.00 and over	14.5%

For 2021-22, employers' contributions of £80.4m were payable to the HSC Pension Scheme (2020-21 £74.9m) at 22.5% of pensionable pay.

A NEST (National Employment Saving Trust) Scheme is also in operation for employees who are not eligible to the HSC Pension Scheme and the HSC Pension Scheme 2015, with a member contribution rate of 5% in 2021-22. For 2021-22, employers' contributions of £48k (2020-21 £59k) were payable to NEST at 3% of pensionable pay.

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.

During 2021-22, there were 12 (2020-21:15) early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £29k (2020-21: £22k). These costs are borne by the HSC Pension Scheme.

From 1 April 2014, final pay controls were introduced for all members of the 1995 Scheme. If a member receives an increase in pensionable pay in any of the three years prior to them retiring, or transferring out of the scheme, that is more than a specified amount, the employer is liable for a final pay control charge in the year the individual retires or transfers out. In 2021-22, the Trust has borne additional pension liabilities of £3k for one staff member (2020-21: £133k).

Reporting of Early Retirement and Other Compensation Scheme – exit packages (Audited)

Exit Package Cost Band	Number of Compulsory Redundancies		Number of other Departures Agreed		Total Number of Exit Packages by Cost Band	
	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21
£50,001 - £100,000	-	-	-	1	-	1
Total number of exit packages	-	-	-	1	-	1
	£000s	£000s	£000s	£000s	£000s	£000s
Total Resource Cost	-	-	-	100	-	100

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme.

Staff Benefits

	2022	2021
	£000s	£000s
Staff benefits	-	280

The Trust provided accommodation for staff to use free of charge as part of its response to the COVID-19 pandemic during 2020-21.

Staff Engagement

Building on the feedback from the regional staff survey, throughout the pandemic the Trust continued to engage with staff via a variety of surveys including HWB Surveys, Flexible Working Survey, etc alongside a range of meetings and forums. Feedback from staff throughout this period has consistently highlighted the importance of health and wellbeing, behaviours and relationships and how collective compassionate leadership and team based working can support our workforce to feel cared for, supported and valued.

All of this feedback has informed the development of 'Our People Framework' which outlines our three people priorities – WELLBEING, BELONGING AND GROWING, including what we will focus on over the next three years in order to continue to care for, engage, retain and recruit colleagues. It responds specifically to the strategic ambitions relating to our culture and valuing our people. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as actions to grow our workforce, train our people, and work together differently to deliver care to our patients and service users. It recognises the need to deal decisively, consistently and quickly with behaviours inconsistent with our values and, just as importantly, it highlights that your health and wellbeing needs to be at the heart of all we do. Our People Framework will enable us to deliver our vision of care, achieve our objectives and be ready for future changes and challenges. It will serve as a living, breathing commitment to value and support our people and will provide a route map towards a thriving organisation, where we all work together and 'Create a Great Place to Work'.

Average Number of Persons Employed (Audited)

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

	2022		2021	
	Permanently employed staff No.	Others No.	Total No.	Total No.
Medical and dental	618	308	926	882
Nursing and midwifery	3,928	351	4,279	4,067
Professions allied to medicine	1,525	25	1,550	1,483
Ancillaries	794	132	926	902
Administrative & clerical	1,968	32	2,000	1,860
Estates & Maintenance	129	4	133	124
Social services	1,612	18	1,630	1,565
Domiciliary/Homecare Workers	1,001	-	1,001	1,004
Total average number of persons employed	11,575	870	12,445	11,887
Less average staff number relating to capitalised staff costs	(4)	-	(4)	(5)
Less average staff number in respect of outward secondments	(18)	-	(18)	(10)
Total net average number of persons employed	11,553	870	12,423	11,872
Of which:				
Southern HSC Trust			12,423	
Charitable Trust Fund			-	
			12,423	

Note: From 2019-20 Medical & Dental Staff in Training have been transferring from direct employment by the Trust to the N. Ireland Medical & Dental Training Agency (NIMDTA) on a phased basis.

"Medical & Dental: Others" includes approx 167 WTE Doctors in Training recharged by NIMDTA (2020-21 53 WTE). Southern HSC Trust retains funding for these employees.

Staff Composition by Gender (Audited)

The following table provides an analysis of the number of employed staff as at 31 March 2022 by gender:

	Directors		Non-Executive Directors		Senior Staff		Other Staff		Trust Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
Female	7	78	4	67	33	63	13,300	85	13,344	85
Male	2	22	2	33	19	37	2,286	15	2,309	15
Total	9		6		52		15,586		15,653	

1. Senior staff is defined as Assistant Director and above but excluding Directors

Staff Turnover (Audited)

Staff turnover for permanently employed staff in the Trust is shown below.

Contract Type	2022 % Turnover	2021 % Turnover
Permanent*	8.94%	7.95%

*The figures above are based on Leavers from the Trust and do not include Internal Transfers.

Off Payroll Engagements (Audited)

The Trust is required to disclose the details of off-payroll engagements which cost more than £245 per day that were in place during the year.

The Trust did not engage Off Payroll Staff Resources in 2021-22 (2020-21: £nil).

Consultancy

Consultancy includes staff who provide objective advice relating to strategy, structure, management or operations of an organisation and may include the identification of options with recommendations.

The Trust did not incur any consultancy expenditure in 2021-22 (£nil: 2020-21).

Trust Management Costs (Audited)

	2022 £000s	2021 £000s
Trust management costs	29,092	27,519
Income:		
RRL	949,530	894,567
Income	42,921	42,336
Non cash RRL for movement in clinical negligence provision	(47,744)	(18,779)
Total Income	944,707	918,124
% of total income	3.1%	3.0%

The above information is based on the Audit Commission's definition "M2" Trust Management costs as detailed in HSS (THR) 2/99. A review of the trend of Trust Management costs show that whilst the Trust's total income base has increased in the last three consecutive years, management costs have remained fairly consistent.

	2022 £000	2021 £000	2020 £000
Trust Management Costs	29,092	27,519	25,164
Total Income	944,707	918,124	792,595
% of Total Income	3.1%	3.0%	3.2%

Staff sickness and absenteeism

The cumulative sickness and absenteeism rate for the Trust as at 31 March 2022 was 7.41% (2020-21: 6.78%).

Throughout 2021-22 staffing levels continued to be impacted as a result of COVID-19 related absences. This included staff being absent due to contracting COVID-19, their requirement to self-isolate, their requirement to shield because of health vulnerabilities and caring responsibility pressures due to school closures and the resulting childcare issues.

These factors in addition to staff absences not directly related to COVID-19, had a significant bearing on the Trust's available staffing resource across all the directorates throughout the course of the year.

Significant Increases in Sickness Absence Levels were experienced throughout 2021-22, as shown below:

Southern HSC Trust % Sickness Absence													
Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative %
2020-21	7.96%	7.03%	6.12%	5.34%	5.43%	6.64%	6.79%	7.09%	7.37%	8.48%	7.43%	5.96%	6.78%
2021-22	5.50%	5.72%	6.12%	6.52%	7.35%	7.79%	7.88%	7.90%	8.19%	9.51%	8.87%	7.70%	7.41%

However, during 2021-22 the Trust continued to maintain the lowest % sickness absence rates when benchmarked against other HSC Trusts.

Staff Policies and Other Employee Matters

Equality, Diversity & Inclusion



We are a diverse and inclusive organisation. We believe that every employee should have the opportunity to flourish and reach their full potential without fear of discrimination or prejudice. The Trust continues to work at creating a work environment where all staff feel a sense of belonging and strives to ensure our organisation is a '*great place to work*', promoting positive attitudes to diversity.

Some key highlights of our work during the 2021-22 year include:

From Friday 23 July – Sunday 1st Aug 2021, we showed support for our LGBTQ+ staff and service users and took the opportunity to join in the celebrations for **Pride 2021**. We hosted a sexual orientation and gender identity lunch & learn session, delivered by the Rainbow Project. The focus was on language and terminology, demographics, common challenges faced by the LGBTQ+ community and support services available.

To help raise awareness of the **International Day of Persons with Disabilities (IDPD)** on 3 December 2021, the Equality, Diversity and Inclusion team organised a number of events. The British Deaf Association took staff through a Deaf Awareness Session covering barriers to access, communication tips and some BSL signs. A Disability Awareness Session for Managers was also organised with a focus on reasonable adjustments. This was in conjunction with the launch of the regional Disability Equality Policy and Disability Toolkit, an online resource for staff, which contains a wealth of information for both managers and employees.



International
Day of
Persons with
Disabilities
3 DECEMBER



As part of our on-going commitment to diversity and inclusion, we established a Staff Support Network to support our ethnic minority colleagues and encourage all staff who self-identify as a member of an ethnic minority group to join. This network provides an opportunity for individuals to come together in a safe, welcoming and shared working environment, to share ideas, raise awareness of challenges and provide support to each other. We held our first meeting of the **Ethnic Minorities Staff Network** in June 2021 and had a further four meetings during the 2021-22 year.



Regional Good Relations

During **Good Relations Week September 2021**, we took the opportunity to promote our good relations statement and highlight our commitment that our staff and service users should be treated with respect and dignity in line with the HSC Values.

Trust Board Non-Executive Director and Chair of the Community Relations Council, Martin McDonald supported the initiative by participating in promotional videos disseminated via social media, which included stories from some of our local community groups about their personal experiences.

Creating A Great Place To Work



In support of **International Men's Day** on 19 November 2021, some of our male colleagues, including former Chief Executive Shane Devlin, took the opportunity to highlight the importance of looking after their own health and wellbeing and how they practise self-care. We recorded a number of short videos and made available resources and useful links on both our staff app and Umatter's Men's Health Zone.

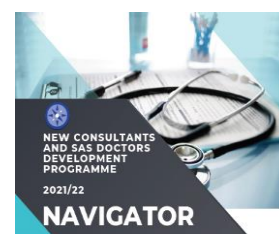
Being a great place to work Supporting, developing & valuing our staff

Succession Planning

The Organisational Development team launched a new Inspiring Leaders succession planning initiative aimed at middle managers. We recognise succession planning is important in talent management and in supporting our organisation grow for the future. This initiative has been designed to support our middle managers across the Trust and develop the skills and behaviours required to work at a more senior level.

Medical Leadership

In May 2021 the Trust launched a development programme 'NAVIGATOR' aimed at Consultants and Specialty and Associate Specialist (SAS) doctors. This presented a fantastic opportunity for our doctors to increase their confidence as a collective leader and navigate the wider system of the Trust. It also provided them with an opportunity to network with colleagues from across different services. The programme was delivered virtually as bite size workshops and covered many of the core fundamentals to help them in their role.



Appraisal



In January 2022 Human Resources and Organisational Development piloted a new approach to appraisal within a small number of teams in various services. This was in response to feedback from employees and managers across the organisation. New documentation and guidance was drafted which aimed to improve the quality of the conversation, helping ensure staff felt cared for, supported and recognised in their role. This pilot ran until March 2022 and feedback from it will inform the Trust's approach to appraisal going forward.

Flexible Working



It is widely accepted that flexibility at work is key to attracting, retaining and supporting our skilled and valued workforce and assisting in the delivery of high quality services across Health and Social Care into the future.

During 2021-22 the Trust worked on a comprehensive programme of work with regional colleagues to introduce enhanced flexible arrangements for Agenda for Change staff in Northern Ireland from 1 April 2022. A HSC Flexible Working Framework along with

supporting resources were developed which sets out the new arrangements. As a result the Trust's Work Life Balance Policy was updated and arrangements to continue to promote and support flexible working will continue into 2022. This will include further communications outlining awareness training and resources for managers and information on flexible working options for employees.

Organisational Development support for teams

We want to support teams to work better together, creating a culture in which staff work together well in a team, recognise their role and value the contribution of all team members. As part of the Trust 'Creating a great place to work' initiative tailored organisational development interventions to support and respond to the needs of Directorate teams was available throughout 2021-22, as it is recognised a team based working approach in healthcare particularly increases the well-being of team members.



Accountability and Audit Report

Complaints Management

The quality and safety of services we provide is very important to us. We aim to continually improve. Often it is the patients, relatives and carers who have used and observed our services who can help us to learn and improve by sharing their experiences. Each year a significant number of people receive services provided or commissioned by the Trust. The vast majority have a positive experience and are cared for by well trained staff, all of whom are highly dedicated. However, like any organisation, sometimes things may not go as planned and service users can express dissatisfaction with services. When this happens we are committed to listen, learn and improve.

We encourage patients, relatives and carers to provide feedback about their experiences. Information on how to make a complaint, suggestion or comment can be found in our “We Value Your Views” leaflet.

The Trust continues to investigate complaints in an open and transparent way, using issues raised through the complaints process as an important source of information for safety and quality improvement. Discussing and sharing the outcome of complaints investigations is one of the ways we improve the experience of people using our services, and ultimately the safety and quality of the treatment and care we provide.

Within the Trust it is the responsibility of all staff to utilise the information and trends from their complaints to ensure learning and development takes place at a service and individual level. The Senior Management Team will consider the trends and themes of complaints to ensure we **listen, learn and improve**.

The number of complaints received for the financial year 2021-22 was 721 (2020-21: 730). Further information on the monitoring of complaints is contained in the Service User Feedback Annual Report, which is published on the Trust’s website. The Trust Complaints Team can be contacted at serviceuserfeedback@southerntrust.hscni.net or Tel: 028 375 64600.

Compliance with regularity of expenditure guidance

The Trust Management Statement (MS) and the Financial Memorandum (FM) which exists between the DoH and the Trust, outlines the framework in which the Trust will operate and details certain aspects of financial provisions which the Trust will observe.

The discharge of the responsibilities within the MS/FM is supported by the Standing Financial Instructions (SFIs) of the Trust. The SFIs are then further supported by finance policies and detailed financial procedures which must be kept up to date with DoH circulars as appropriate.

This overall framework is designed to ensure that the Trust has assurance that the income and expenditure recorded in its financial statements have been applied to the purposes as intended by the NI Assembly and the financial transactions recorded in the financial statements of the Trust conform to the authorities who govern them.

Both Internal Audit and External Audit provide an independent assessment of the Trust's adherence to this framework of financial governance and control, with the External Auditor providing an annual opinion on regularity within the certified financial statements of the Trust.

Long Term Expenditure

Details of long term expenditure plans are included on page 38 of the Performance Report.

Rural Needs Act 2016

As outlined in the Rural Needs Act 2016, the Trust has a legal duty to ensure due regard is paid to the consideration of the social and economic needs of service users in rural areas when designing and delivering our services. The Trust has implemented systems to ensure adherence to the requirements of this Act. As per correspondence received from Department of Agriculture, Environment & Rural Affairs, the Trust is preparing for reporting of information for the year 2021-22 in June 2022.

Statement of Losses and Special Payments recognised in the year (Audited)

Losses and special payments are items of expenditure that the NI Assembly would not have contemplated when it agreed funding to the Trust. They are subject to special controls and procedures and require specific approval in accordance with limits set by the Department of Health. The limit delegated to the Trust, for approval of losses, differs depending on the type of loss but all losses and special payments, irrespective of value, require approval by the Trust Board. Losses over a particular threshold require approval by the DoH.

Statement of Losses and Special Payments recognised in the year (continued)

Losses and special payments are reported to the Audit Committee for review and to Trust Board for approval annually. They are audited as part of the audit of the Annual Accounts.

Losses and Special Payments (Audited)

Losses statement	2021-22	2020-21
Total number of losses	95,383	85,464
Total value of losses (£'000)	1,128	728

Individual losses over £250,000	2021-22	2020-21
	£'000	£'000
Cash losses	0	0
Claims abandoned	0	0
Administrative write-offs	0	0
Fruitless payment	0	0
Stores losses	0	0

Special payments	2021-22	2020-21
Total number of special payments	98	102
Total value of special payments (£'000)	5,429	5,014

Individual special payments over £250,000	2021-22	2020-21
	£'000	£'000
Compensation payments		
- Clinical Negligence	2,134	2,201
- Public Liability	0	0
- Employers Liability	0	0
- Other	0	0
Ex-gratia payments	0	0
Extra contractual	0	0
Special severance payments	0	0

Pharmacy Stock items, with a value of £170k, were lost during 21-22 due to a failure in a fridge cooling system. Measures have been taken to mitigate against reoccurrence in the future.

As part of a DoH, HSC wide initiative, £386k worth of PPE stock items, purchased at the start of the COVID-19 pandemic which had been subsequently assessed as not suitable under the standards for use in a clinical setting by the Trusts' Infection control Team were donated to the humanitarian relief appeal for Ukraine. This has been reflected in the losses statement above.

Statement of Losses and Special Payments recognised in the year (continued)

Included in the number of individual special payments over £250,000 above were 3 Clinical Negligence cases.

Special Payments (Audited)

There were no other special payments or gifts made during the year.

Other Payments and Estimates (Audited)

There were no other payments or gifts made during the year.

Remote Contingent Liabilities (Audited)

In addition to Contingent Liabilities reported within the meaning of IAS37, (included in the Annual Accounts Note 18), the Trust also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of Contingent Liability. There are no remote contingent liabilities of which the Trust is aware.

On behalf of the Southern HSC Trust, I approve the Accountability Report encompassing the following sections:

- Governance Report
- Remuneration and Staff Report
- Accountability and Audit Report

Signed 

Dr Maria O'Kane

Accounting Officer

Date: 23 June 2022

SOUTHERN 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 Southern 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 Southern Health and Social Care Trust's affairs as at 31 March 2022 and of the group's and the Southern 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 of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Southern Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Revised 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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;

- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

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
Belfast, BT8 6RB

1 July 2022

4

Financial Statements

Annual Accounts for the Year Ended 31 March 2022

FOREWORD

These accounts for the year ended 31 March 2022 have been prepared in accordance with Article 90(2) (a) 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.

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.

	NOTE	2022			2021		
		Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
Income							
Revenue from contracts with customers	4.1	39,517	-	39,517	38,282	-	38,282
Other Operating Income	4.2	3,404	215	3,619	4,054	3,436	7,490
Total Operating Income		42,921	215	43,136	42,336	3,436	45,772
Expenditure							
Staff costs	3	(597,930)	-	(597,930)	(583,230)	-	(583,230)
Purchase of Goods and Services	3	(231,466)	-	(231,466)	(228,291)	-	(228,291)
Depreciation, amortisation and impairment charges	3	(22,614)	-	(22,614)	(21,405)	-	(21,405)
Provision Expense	3	(47,789)	-	(47,789)	(19,322)	-	(19,322)
Other Expenditures	3	(92,620)	(604)	(93,224)	(84,620)	(540)	(85,160)
Total Operating Expenditure		(992,419)	(604)	(993,023)	(936,868)	(540)	(937,408)
Net Operating Expenditure		(949,498)	(389)	(949,887)	(894,532)	2,896	(891,636)
Finance Income	4.2	-	149	149	-	113	113
Finance Expense	3	-	-	-	(4)	-	(4)
Net Expenditure for the year		(949,498)	(240)	(949,738)	(894,536)	3,009	(891,527)
Revenue Resource Limit (RRL) and capital grants	21.1	949,530	-	949,530	894,567	-	894,567
Add back charitable trust fund net expenditure		-	240	240	-	(3,009)	(3,009)
Surplus against RRL		32	-	32	31	-	31
OTHER COMPREHENSIVE EXPENDITURE							
Items that will not be reclassified to net operating costs:							
Net gain on revaluation of property, plant and equipment	5.1/ 5.2/ 9	11,697	-	11,697	21	-	21
Net Gain on revaluation of charitable assets	7	-	279	279	-	584	584
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2022		(937,801)	39	(937,762)	(894,515)	3,593	(890,922)

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

CONSOLIDATED STATEMENT OF FINANCIAL POSITION as at 31 March 2022

This statement presents the financial position of Southern HSC Trust. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2022		2021	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Non-Current Assets					
Property, plant and equipment	5.1/5.2	358,342	358,342	330,199	330,199
Intangible assets	6.1/6.2	12,059	12,059	12,829	12,829
Financial assets	7.0	-	5,473	-	3,694
Trade and other receivables	12.0	1,861	1,861	2,201	2,201
		372,262	377,735	345,229	348,923
Total Non-Current Assets					
Current Assets					
Inventories	10.0	7,871	7,871	7,758	7,758
Trade and other receivables	12.0	18,594	18,660	15,691	18,674
Other current assets	12.0	3,916	3,916	2,934	2,934
Cash and cash equivalents	11.0	2,530	4,117	3,502	3,936
		32,911	34,564	29,885	33,302
Total Current Assets					
Total Assets					
		405,173	412,299	375,114	382,225
Current Liabilities					
Trade and other payables	13.1	(135,075)	(135,111)	(141,894)	(141,954)
Provisions	14.0	(44,093)	(44,093)	(8,824)	(8,824)
Total Current Liabilities					
		(179,168)	(179,204)	(150,718)	(150,778)
Total Assets Less Current Liabilities					
		226,005	233,095	224,396	231,447
Non-Current Liabilities					
Provisions	14.0	(77,088)	(77,088)	(70,115)	(70,115)
Total Non-Current Liabilities					
		(77,088)	(77,088)	(70,115)	(70,115)
Total Assets less Total Liabilities					
		148,917	156,007	154,281	161,332
Taxpayers' Equity and Other Reserves					
Revaluation reserve		96,162	96,162	84,521	84,521
SoCNE reserve		52,755	52,755	69,760	69,760
Other reserves – charitable trust fund		-	7,090	-	7,051
Total Equity					
		148,917	156,007	154,281	161,332

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

The financial statements on pages 126 to 177 were approved by the board on 23 June 2022 and were signed on its behalf by:

Signed:  (Chair) Date: 23 June 2022

Signed:  (Chief Executive) Date: 23 June 2022

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 Southern HSC Trust, analysed into the SoCNE Reserve (i.e. those reserves that reflect a contribution from the DoH). 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 Southern HSC Trust, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 1 April 2020		132,561	84,577	3,458	220,596
Changes in Taxpayers Equity 2020-21					
Grant from DoH		831,594	-	-	831,594
Transfers between reserves (Comprehensive net expenditure for the year)		77	(77)	-	-
Non-cash charges - auditors remuneration	3	(894,536)	21	3,593	(890,922)
		64			64
Balance at 31 March 2021		69,760	84,521	7,051	161,332
Changes in Taxpayers Equity 2021-22					
Grant from DoH		932,372	-	-	932,372
Transfers between reserves (Comprehensive net expenditure for the year)		56	(56)	-	-
Non-cash charges - auditors remuneration	3	(949,498)	11,697	39	(937,762)
		65	-	-	65
Balance at 31 March 2022		52,755	96,162	7,090	156,007

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

CONSOLIDATED STATEMENT OF CASHFLOW for the year ended 31 MARCH 2022

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Southern HSC Trust during the reporting period. The statement shows how the Southern HSC 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 Southern HSC Trust. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Southern HSC Trust future public service delivery.

	NOTE	2022 £000s	2021 £000s
Cash flows from operating activities			
Net expenditure after interest		(949,738)	(891,527)
Adjustments for non-cash costs		70,340	40,775
(Increase) in trade and other receivables	12	(628)	(2,740)
(Increase) in inventories	10	(113)	(1,797)
(Decrease) / Increase in trade payables	13	(6,843)	59,306
Movements in receivables relating to the sale of property, plant and equipment		(19)	(39)
Movements in payables relating to the purchase of property, plant and equipment		(6,649)	(4,006)
Movements in payables relating to the purchase of intangibles		7,446	(7,569)
Use of provisions	14	(5,547)	(8,211)
Net cash outflow from operating activities		(891,751)	(815,808)
Cash flows from investing activities			
Purchase of property, plant & equipment	5	(29,176)	(15,325)
Purchase of intangible assets	6	(9,910)	(1,846)
Proceeds of disposal of property, plant & equipment		146	55
Purchase of Investment Fund	7	(1,500)	-
Net cash outflow from investing activities		(40,440)	(17,116)
Cash flows from financing activities			
Grant in aid		932,372	831,594
Movement in Charitable Trust Funds		-	-
Net financing		932,372	831,594
Net increase / (decrease) in cash & cash equivalents in the period	11	181	(1,330)
Cash & cash equivalents at the beginning of the period	11	3,936	5,266
Cash & cash equivalents at the end of the period	11	4,117	3,936

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 Southern HSC Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Southern HSC Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

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.

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 Southern HSC Trust;
- 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, where the assets are functionally interdependent, they had broadly simultaneous purchase dates,

- are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Valuation

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

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

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

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 valuation 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

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

Assets Under Construction (AUC)

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

Short Life Assets

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

Where estimated life of fixtures and equipment exceed 5 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 Southern HSC 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 – 70 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

1.4 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.

1.5 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 Southern HSC 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.

1.6 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an

operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Southern HSC 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 Southern HSC 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.

1.7 Non-current assets held for sale

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

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

Assets classified as held for sale are not depreciated.

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

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

1.8 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.

1.9 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 five essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

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

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

Income is stated net of VAT.

Grant in aid

Funding received from other entities, including the Department of Health (DoH) and 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 Southern HSC Trust Charitable Trust Fund investments have been consolidated.

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.

The Southern HSC Trust as lessee

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 Southern HSC 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.

The Southern HSC Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Southern HSC 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 Southern HSC 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 Southern HSC Trust has no PFI transactions during the current or prior year.

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 Southern HSC 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 Southern HSC Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the Southern HSC 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 Southern HSC Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

Financial risk management

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

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

Currency risk

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

Interest rate risk

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

Credit risk

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

Liquidity risk

Since the Southern HSC 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 Southern HSC Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Southern HSC 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.

HM Treasury, under Public Expenditure System (PES) issued a combined nominal and inflation rate table to incorporate the two elements as included within circular [HSC\(F\) 39-2021](#).

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	(0.47)%
	Medium term (5 – 10 years)	0.70%
	Long term (10 - 40 years)	0.95%
	Very long term (40+ years)	0.66%
Inflationary	Year 1	4.0%
	Year 2	2.6%
	Into perpetuity	2.0%

The discount rate to be applied to employee early departure obligations is -1.30% for 2021-22.

When calculating any future loss elements included within personal injury claims, a discount rate is applied by courts to a lump-sum award of damages for future financial loss, 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.

1.17 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the Southern HSC 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 Southern HSC 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 Southern HSC 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 Southern HSC Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.18 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. The cost has been estimated using the responses to a survey across Southern HSC Trust managers to ascertain estimated annual leave balances to be carried forward as at 31 March 2022. These responses have been analysed by employee banding/grade and the results costed up over the total Southern HSC Trust headcount. The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020 came into operation on 24 April 2020 and allows those workers who are unable to take annual leave as a result of the pandemic to carry over postponed leave into the next two leave years, 2021-22 and 2022-23, therefore the level of untaken leave remains high at 31 March 2022. Untaken flexi leave is estimated to be immaterial to the Southern HSC Trust and has not been included.

Retirement benefit costs

The Southern HSC Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Southern HSC Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The Southern HSC 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 Southern HSC Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Southern HSC Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the

reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2021-22 HSC Pension Scheme accounts. 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.

A NEST (National Employment Saving Trust) Scheme is also in operation for employees who are not eligible to the HSC Pension Scheme and the HSC Pension Scheme 2015, with a member contribution rate of 5% in 2021-22.

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 Southern HSC Trust has no beneficial interest in them. Details of third party assets are given in Note 20 to the accounts.

1.21 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from the 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 HSC 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

HSC Trusts are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. The Southern HSC Trust has accounted for these transfers using merger accounting as required by the FReM.

It is important to note, however, the distinction between public funding and the other monies donated by private individuals still exists.

As far as possible, donated funds have been used by the Southern HSC Trust as intended by the benefactor. It is for the Endowments and Gifts Committee within the Trust to manage the internal disbursements. The committee ensures that charitable donations received by the Southern HSC Trust are appropriately managed, invested, expended and controlled, in a manner that is, as far as possible, consistent with the purposes for which they were given and with the Southern HSC 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 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 have 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 Office of National Statistics (ONS) control criteria, as designated by Treasury.

A similar review in NI, 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 change as a result of the new Standards.

IFRS 16 Leases:

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 22/23 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 2023.

Management currently assess that there will be minimal impact on application to the Southern HSC Trust's consolidated financial statements.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

<u>Directorate</u>	2022			2021		
	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s
Children's Services	80,020	26,966	106,986	77,613	26,692	104,305
Acute Hospital Services	279,346	109,479	388,825	275,888	107,460	383,348
Older People's Services	107,605	84,242	191,847	104,889	84,828	189,717
Mental Health and Disability Services	92,941	88,247	181,188	86,157	87,672	173,829
Supporting Directorates	38,018	15,215	53,233	38,683	6,215	44,898
Expenditure for Reportable Segments net of Non Cash Expenditure	597,930	324,149	922,079	583,230	312,867	896,097
Non Cash Expenditure			70,340			40,775
Total Expenditure per Net Expenditure Account			992,419			936,872
Income Per Net Expenditure Account			42,921			42,336
Net Expenditure			949,498			894,536
Revenue Resource Limit			949,530			894,567
Surplus against RRL			32			31

The Southern HSC 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, Chair and Chief Executive form the Trust Board which coordinates the activities of the Southern HSC 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.

Service costs are allocated to each of the individual Directorates based on similarity of the nature of the service provided.

In 2021-22, the Southern HSC Trust has continued to face significant pressures as a result of the COVID-19 pandemic. This has been allocated to each of the individual Directorates based on an analysis of the category of COVID-19 spend and the Directorate within which the spend, in the main, has been incurred.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT (continued)

Children and Young People Services

- Includes all health services provided for children and adolescents
- Paediatric wards and special care baby units located in Acute facilities
- Disability services including respite, CAMHS, Children Community nursing of complex needs, Dental services and Allied Health Services
- Corporate Parenting
- Family support, Early Years, Health visiting and school nursing are included together with all Sure Start Projects
- Social Services Training Unit

Acute Directorate

- Cancer and Clinical Services (includes Laboratory & Radiology Services)
- Surgery and Elective Care
- Medicines and Unscheduled Care
- Integrated Maternity and Women's Health
- Functional Support Services (includes all hotel services, health records, laundry and decontamination services)
- Pharmacy

These services are delivered at the Acute Hospital Sites at Craigavon Area Hospital and Daisy Hill Hospital. Services including outreach clinics, day procedure services and diagnostic services are also delivered on South Tyrone Hospital Site, Lurgan Hospital Site and at Banbridge Health and Care Centre, Kilkeel and Crossmaglen Health Centres and Armagh Community Hospital.

Older People and Primary Care Services

- Domiciliary care, residential and nursing care and dementia support
- Acute Care at Home – providing an invaluable service for our elderly population and supporting their care at home rather than in an acute setting
- District nursing and allied health professionals supporting the elderly population
- Specialist services such as family planning, 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 incorporating grant aid payments and community support

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT (continued)

Directorate of Mental Health and Disability Services

- Provides a range of hospital and community services, including social services, community nursing, home treatment, crisis response, Allied Health Professionals and specialist teams
- Acute Mental Health Services and services for Learning Disability patients are provided at the Bluestone Unit, Craigavon
- Nursing & residential home, domiciliary, respite and day care services as well as support to tenants who reside in supporting people accommodation
- Trust Transport services

Supporting Directorates

- Office of the Chief Executive, including Trustwide Communication Team
- Finance, Procurement & Estates Directorate
- Human Resource Directorate, (including Occupational Health)
- Performance & Reform (IT, Corporate Planning and Performance Improvement)
- Medical Directorate (Governance Patient/Client Safety, Medical Management, Clinical Audit and Emergency Planning)
- Nursing, Midwifery and AHPs
- Research & Development expenditure

The information provided above, which is provided on a Directorate basis, is the same basis on which information is provided monthly to the Trust Board for decision making purposes. The key performance objectives being measured are the targets to remain within RRL and CRL.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 3 Operating Expenses

	2022			2021		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
Operating Expenses are as follows:-						
Wages and Salaries	480,177	-	480,177	475,033	-	475,033
Social Security Costs	37,287	-	37,287	33,230	-	33,230
Other Pension Costs	80,466	-	80,466	74,967	-	74,967
Purchase of care from non-HPSS bodies	133,532	-	133,532	132,202	-	132,202
Personal social services	40,887	-	40,887	37,536	-	37,536
Recharges from other HSC organisations	2,222	-	2,222	2,186	-	2,186
Supplies and services - Clinical	72,065	-	72,065	63,657	-	63,657
Supplies and services - General	17,389	-	17,389	24,305	-	24,305
Establishment	10,538	-	10,538	9,699	-	9,699
Transport	3,429	-	3,429	2,521	-	2,521
Premises	29,379	-	29,379	27,927	-	27,927
Bad debts	746	-	746	611	-	611
Rentals under operating leases	1,652	-	1,652	1,341	-	1,341
Interest charges	-	-	-	4	-	4
Research and Development expenditure	124	-	124	101	-	101
BSO services	5,917	-	5,917	5,663	-	5,663
Training	1,509	-	1,509	1,301	-	1,301
Professional fees	341	-	341	277	-	277
Patients travelling expenses	80	-	80	45	-	45
Costs of exit packages not provided for	-	-	-	100	-	100
Other charitable expenditure	-	604	604	-	540	540
Miscellaneous expenditure	4,339	-	4,339	3,391	-	3,391

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 3 Operating Expenses (continued)

	2022			2021		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
Non-cash items						
Depreciation	21,698	-	21,698	19,742	-	19,742
Amortisation	3,235	-	3,235	1,498	-	1,498
Impairments	(2,319)	-	(2,319)	165	-	165
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(128)	-	(128)	(16)	-	(16)
Loss on disposal of property, plant & equipment (including land)	-	-	-	-	-	-
Provisions provided for in year	47,816	-	47,816	19,272	-	19,272
Cost of borrowing of provisions (unwinding of discount on provisions)	(27)	-	(27)	50	-	50
Auditors remuneration	65	6	71	64	6	70
Add back of notional charitable expenditure	-	(6)	(6)	-	(6)	(6)
Total	992,419	604	993,023	936,872	540	937,412

The Southern HSC Trust did not incur any charges from the Northern Ireland Audit Office in respect of the National Fraud Initiative exercise for 2021-22 (2020-21 £1,655).

Further detailed analysis of staff costs is located in the Staff Report on page 104 within the Accountability Report.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 4 INCOME

	2022			2021 Restated		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
4.1 Revenue from contracts with Customers						
GB/Republic of Ireland Health Authorities	460	-	460	143	-	143
HSC Trusts	44	-	44	47	-	47
Non-HSC:- Private patients	159	-	159	37	-	37
Non-HSC:- Other	1,017	-	1,017	789	-	789
Clients contributions	32,150	-	32,150	32,083	-	32,083
CAWT Income	567	-	567	260	-	260
Seconded Staff	917	-	917	534	-	534
Revenue from non-patient services	4,203	-	4,203	4,389	-	4,389
Total	39,517	-	39,517	38,282	-	38,282
4.2 Other Operating Income						
Other income from non-patient services	2,314	-	2,314	1,511	-	1,511
Charitable and other contributions to expenditure by core trust	10	-	10	1,883	-	1,883
Donations / Government grant / Lottery funding for non-current assets	566	-	566	230	-	230
Charitable Income received by charitable trust fund	-	215	215	-	3,436	3,436
Finance Income	-	149	149	-	113	113
Research & Development	514	-	514	319	-	319
Research & Development income released	-	-	-	111	-	111
Total	3,404	364	3,768	4,054	3,549	7,603
TOTAL INCOME	42,921	364	43,285	42,336	3,549	45,885

In 2021-22 the Southern HSC Trust has separately disclosed CAWT income from within the Revenue from contracts with customers subtotal in line with DoH guidance, comparative figures have been restated to reflect this.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 Consolidated Property, Plant & 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	35,121	261,271	12,954	404	58,128	8,238	26,148	1,242	403,506
Indexation	-	10,871	627	-	3,752	241	-	29	15,520
Additions	-	21,229	67	2,626	4,107	1,100	6,056	74	35,259
Donations / Government grant / Lottery funding	-	231	-	-	335	-	-	-	566
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	(87)	-	-	(354)	(4)	(1)	-	(446)
Impairment charged to the revaluation reserve	-	(6)	-	-	(230)	(3)	-	-	(239)
Reversal of impairments	-	2,632	39	-	16	-	-	1	2,688
Disposals	-	-	-	-	(95)	(711)	(10,454)	-	(11,260)
At 31 March 2022	35,121	296,141	13,687	3,030	65,659	8,861	21,749	1,346	445,594
Depreciation									
At 1 April 2021	-	12,170	493	-	38,798	5,999	14,802	1,045	73,307
Indexation	-	840	39	-	2,693	175	-	25	3,772
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	(5)	-	-	(286)	(3)	-	-	(294)
Impairment charged to the revaluation reserve	-	-	-	-	(186)	(2)	-	-	(188)
Reversal of impairments (indexation)	-	203	2	-	11	-	-	1	217
Disposals	-	-	-	-	(95)	(711)	(10,454)	-	(11,260)
Provided during the year	-	11,149	430	-	5,143	570	4,367	39	21,698
At 31 March 2022	-	24,357	964	-	46,078	6,028	8,715	1,110	87,252
Carrying Amount									
At 31 March 2022	35,121	271,784	12,723	3,030	19,581	2,833	13,034	236	358,342
At 31 March 2021	35,121	249,101	12,461	404	19,330	2,239	11,346	197	330,199
Asset financing									
Owned	35,121	271,784	12,723	3,030	19,581	2,833	13,034	236	358,342
Carrying Amount									
At 31 March 2022	35,121	271,784	12,723	3,030	19,581	2,833	13,034	236	358,342

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 (Continued) Consolidated Property, Plant & Equipment Year Ended 31 March 2022

	£000s
Of which:	
Trust	358,342
Charitable Trust Funds	-

Any fall in value through negative indexation or revaluation is shown as an impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2020-21: £Nil).

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

	2022	2021
	£000s	£000s
Donations	566	230

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. LPS have confirmed that, provided the relevant indexation categories supplied for the effective period 1 April 2021 to 31 March 2022 have been appropriately applied to the corresponding relevant asset classifications, as at 31 March 2022, then the restated 31 January 2020 land and building valuation figures remain appropriate at 31 March 2022.

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that: 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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 (Continued) Consolidated Property, Plant & Equipment Year Ended 31 March 2022

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.

See Accounting Policy note 1.2 for more details of valuation of Property, Plant & Equipment.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.2 Consolidated Property, Plant & 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	35,121	252,746	12,954	-	53,033	7,522	21,768	1,193	384,337
Indexation	-	-	-	-	152	-	-	40	192
Additions	-	8,589	-	376	4,997	775	4,355	9	19,101
Donations / Government grant / Lottery funding	-	31	-	-	174	-	25	-	230
Reclassifications	-	(28)	-	28	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	(67)	-	-	(98)	-	-	-	(165)
Impairment charged to the revaluation reserve	-	-	-	-	(33)	-	-	-	(33)
Reversal of impairments (indexation)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(97)	(59)	-	-	(156)
At 31 March 2021	35,121	261,271	12,954	404	58,128	8,238	26,148	1,242	403,506
Depreciation									
At 1 April 2020	-	1,696	71	-	34,370	5,467	11,005	974	53,583
Indexation	-	-	-	-	104	-	-	34	138
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexation)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(97)	(59)	-	-	(156)
Provided during the year	-	10,474	422	-	4,421	591	3,797	37	19,742
At 31 March 2021	-	12,170	493	-	38,798	5,999	14,802	1,045	73,307
Carrying Amount									
At 31 March 2021	35,121	249,101	12,461	404	19,330	2,239	11,346	197	330,199
At 31 March 2020	35,121	251,050	12,883	-	18,663	2,055	10,763	219	330,754
Asset financing									
Owned	35,121	249,101	12,461	404	19,330	2,239	11,346	197	330,199
Carrying Amount									
At 31 March 2021	35,121	249,101	12,461	404	19,330	2,239	11,346	197	330,199
Asset financing									
Owned	35,121	251,050	12,883	-	18,663	2,055	10,763	219	330,754
Carrying Amount									
At 31 March 2020	35,121	251,050	12,883	-	18,663	2,055	10,763	219	330,754
Carrying amount comprises:									
Southern HSC Trust at 31 March 2021	35,121	249,101	12,461	404	19,330	2,239	11,346	197	330,199
Southern HSC trust charitable trust fund at 31 March 2021	-	-	-	-	-	-	-	-	-
	35,121	249,101	12,461	404	19,330	2,239	11,346	197	330,199
Southern HSC Trust at 31 March 2020	35,121	251,050	12,883	-	18,663	2,055	10,763	219	330,754
Southern HSC trust charitable trust fund at 31 March 2020	-	-	-	-	-	-	-	-	-
	35,121	251,050	12,883	-	18,663	2,055	10,763	219	330,754

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.1 Consolidated Intangible Assets Year Ended 31 March 2022

	Software Licenses	Other	Total
	£000s	£000s	£000s
Cost or Valuation			
At 1 April 2021	16,710	-	16,710
Indexation	-	-	-
Additions	2,465	-	2,465
Donations / Government grant / Lottery funding	-	-	-
Reclassifications	-	-	-
Disposals	(1,377)	-	(1,377)
	17,798	-	17,798
At 31 March 2022		-	
Amortisation			
At 1 April 2021	3,881	-	3,881
Reclassifications	-	-	-
Disposals	(1,377)	-	(1,377)
Provided during the year	3,235	-	3,235
	5,739	-	5,739
At 31 March 2022		-	
Carrying Amount			
At 31 March 2022	12,059	-	12,059
At 31 March 2021	12,829	-	12,829
Asset financing			
Owned	12,059	-	12,059
Carrying Amount			
At 31 March 2022	12,059	-	12,059

There were no assets funded by Donations/Government Grant or Lottery Funding during the year (2020-21: £Nil).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.2 Consolidated Intangible Assets Year Ended 31 March 2021

	Software Licenses	Other	Total
	£000s	£000s	£000s
Cost or Valuation			
At 1 April 2020	11,717	-	11,717
Indexation	-	-	-
Additions	9,415	-	9,415
Donations / Government grant / Lottery funding	-	-	-
Reclassifications	-	-	-
Disposals	(4,422)	-	(4,422)
	16,710	-	16,710
Amortisation			
At 1 April 2020	6,805	-	6,805
Reclassifications	-	-	-
Disposals	(4,422)	-	(4,422)
Provided during the year	1,498	-	1,498
	3,881	-	3,881
Carrying Amount			
At 31 March 2021	12,829	-	12,829
At 31 March 2020	4,912	-	4,912
Asset financing			
Owned	12,829	-	12,829
Carrying Amount			
At 31 March 2021	12,829	-	12,829
Carrying amount comprises:			
Southern HSC Trust at 31 March 2021	12,829	-	12,829
Southern HSC Trust charitable trust fund at 31 March 2021	-	-	-
	12,829	-	12,829
Southern HSC Trust at 31 March 2020	4,912	-	4,912
Southern HSC Trust charitable trust fund at 31 March 2020	-	-	-
	4,912	-	4,912

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of the Southern HSC Trust are met through Grant-in-Aid provided by the DoH, 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 Southern HSC Trust's expected purchase and usage requirements and the Southern HSC Trust is therefore exposed to little credit, liquidity or market risk.

	2022			2021		
	Non-Current Assets	Assets	Liabilities	Non-Current Assets	Assets	Liabilities
	£000s	£000s	£000s	£000s	£000s	£000s
Balance at 1 April	3,694	-	-	3,110	-	-
Additions	1,500	-	-	-	-	-
Disposals	-	-	-	-	-	-
Revaluations	279	-	-	584	-	-
Balance at 31 March	5,473	-	-	3,694	-	-
Trust	-	-	-	-	-	-
Charitable Trust Fund	5,473	-	-	3,694	-	-
	5,473	-	-	3,694	-	-

NOTE 8 MARKET VALUE OF INVESTMENTS

NOTE 8.1 Market value of investments as at 31 March 2022

	Held in	Held outside	2022	2021
	UK	UK	Total	Total
	£000s	£000s	£000s	£000s
Investments in a Common Deposit Fund or Investment Fund	5,473	-	5,473	3,694
Total market value of Fixed asset investments	5,473	-	5,473	3,694

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 8.2 Analysis of expected timing of discounted flows

	2022			2021		
	Non-Current Assets £000s	Assets £000s	Liabilities £000s	Non-Current Assets £000s	Assets £000s	Liabilities £000s
Later than one year and not later than five years	5,473	-	-	3,694	-	-
	5,473	-	-	3,694	-	-

Investments

The Northern Ireland Central Investment Fund for Charities (NICIFC) continues to hold funds invested on behalf of the Southern HSC Trust Charitable Trust Funds. The net market value of funds invested with the NICIFC at 31 March 2022 was £5,473k.

The investments saw a gain of £279k in 2021-22 compared to a gain of £584k in the prior year.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 9 IMPAIRMENTS

	2022		
	Property, Plant & Equipment £000s	Intangibles £000s	Total £000s
Impairments charged to Statement of Comprehensive Net Expenditure	(2,319)	-	(2,319)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	51	-	51
Total value of impairments for the period	(2,268)	-	(2,268)
	2021		
	Property, Plant & Equipment	Intangibles	Total
Impairments (credited) to Statement of Comprehensive Net Expenditure	165	-	165
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	33	-	33
Total value of impairments for the period	198	-	198

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 10 INVENTORIES

Classification	2022			2021		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
Pharmacy supplies	4,301	-	4,301	3,848	-	3,848
Building & engineering supplies	186	-	186	153	-	153
Fuel	321	-	321	122	-	122
Community care appliances	407	-	407	389	-	389
Laboratory materials	675	-	675	680	-	680
Laundry	72	-	72	162	-	162
Other	1,909	-	1,909	2,404	-	2,404
Total	7,871	-	7,871	7,758	-	7,758

Other includes stock of £1,509k (2021: £1,405k) for personal protective equipment due to the COVID-19 pandemic.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 11 CASH AND CASH EQUIVALENTS

	2022			2021		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
Balance at 1st April	3,502	434	3,936	4,919	347	5,266
Net change in cash and cash equivalents	(972)	1,153	181	(1,417)	87	(1,330)
Balance at 31st March	2,530	1,587	4,117	3,502	434	3,936

The following balances at 31 March were held at

	2022			2021		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
Commercial banks and cash in hand	2,530	1,587	4,117	3,502	434	3,936
Balance at 31st March	2,530	1,587	4,117	3,502	434	3,936

NOTE 11.1 RECONCILIATION OF LIABILITIES ARISING FROM FINANCING ACTIVITIES

The Southern HSC Trust does not have any liabilities arising from financing activities in either 2021-22 or 2020-21.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2022				2021			
	Trust £000s	CTF £000s	Consolidation Adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidation Adjustments £000s	Consolidated £000s
Amounts falling due within one year								
Trade receivables	10,186	-	-	10,186	9,912	-	-	9,912
VAT receivable	7,280	-	-	7,280	5,153	-	-	5,153
Other receivables - not relating to fixed assets	1,128	84	(18)	1,194	607	3,078	(95)	3,590
Other receivables – relating to property, plant and equipment	-	-	-	-	19	-	-	19
Trade and other receivables	18,594	84	(18)	18,660	15,691	3,078	(95)	18,674
Prepayments	3,916	-	-	3,916	2,902	-	-	2,902
Accrued income	-	-	-	-	32	-	-	32
Other current assets	3,916	-	-	3,916	2,934	-	-	2,934

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 12 (continued) TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	Trust	CTF	2022 Consolidation Adjustments	Consolidated	Trust	CTF	2021 Consolidation Adjustments	Consolidated
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Amounts falling due after more than one year								
Trade receivables	1,861	-	-	1,861	2,201	-	-	2,201
Trade and other receivables	1,861	-	-	1,861	2,201	-	-	2,201
TOTAL TRADE AND OTHER RECEIVABLES	20,455	84	(18)	20,521	17,892	3,078	(95)	20,875
TOTAL OTHER CURRENT ASSETS	3,916	-	-	3,916	2,934	-	-	2,934
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	24,371	84	(18)	24,437	20,826	3,078	(95)	23,809

The balances are net of a provision for bad debts of £5,430k (2021: £4,880k).

The Southern HSC Trust did not have any intangible current assets at 31 March 2022 or at 31 March 2021.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

13.1 Trade Payables and Other Current Liabilities

	2022				2021			
	Trust	CTF	Consolidation Adjustments	Consolidated	Trust	CTF	Consolidation Adjustments	Consolidated
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Amounts falling due within one year								
Other taxation and social security	20,047	-	-	20,047	19,269	-	-	19,269
Trade Capital payables - property, plant and equipment	16,139	-	-	16,139	9,490	-	-	9,490
Trade Capital payables – intangibles	791	-	-	791	8,237	-	-	8,237
Trade revenue payables	23,170	-	-	23,170	23,300	-	-	23,300
Payroll payables	53,838	-	-	53,838	57,820	-	-	57,820
Clinical negligence payables	4,129	-	-	4,129	2,452	-	-	2,452
VER payables	-	-	-	-	75	-	-	75
BSO payables	2,163	-	-	2,163	2,874	-	-	2,874
Other payables	1,149	54	(18)	1,185	1,092	155	(95)	1,152
Accruals	13,649	-	-	13,649	17,285	-	-	17,285
Deferred income	-	-	-	-	-	-	-	-
Current trade and other payables	135,075	54	(18)	135,111	141,894	155	(95)	141,954

13.2 Trade Payables and Other Current Liabilities

The Southern HSC Trust did not have any loans payable at 31 March 2022 or at 31 March 2021.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 PROVISIONS FOR LIABILITIES AND CHARGES – 2022

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	Other	2022 Total
	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2021	-	185	75,605	3,149	78,939
Provided in year	-	-	48,761	399	49,160
(Provisions not required written back)	-	(135)	(1,016)	(193)	(1,344)
(Provisions utilised in the year)	-	(1)	(5,349)	(197)	(5,547)
Cost of borrowing (unwinding of discount)	-	(2)	(1)	(24)	(27)
At 31 March 2022	-	47	118,000	3,134	121,181

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 (continued) PROVISIONS FOR LIABILITIES AND CHARGES – 2022

Provisions have been made for 5 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Early Retirement, Injury Benefit and Employment Law. The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Southern HSC Trust based on information provided by the HSC Pension Branch.

For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Southern HSC Trust has estimated an appropriate level of provision based on professional legal advice. Clinical Negligence includes a number of Periodic Payment Orders where payments may be made on a yearly basis throughout the life of the claimant. In these circumstances professional advisors are engaged to estimate the life expectancy and provision required on an individual case by case basis.

Change in Discount Rate

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. Where appropriate, this change in discount rate has been included in the provisions totals above. This resulted in an increase in provisions of approximately £8m.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 (continued) PROVISIONS FOR LIABILITIES AND CHARGES – 2022

Comprehensive Net Expenditure Account charges	2022 £000s	2021 £000s
Arising during the year	49,160	23,120
Reversed unused	(1,344)	(3,848)
Cost of borrowing (unwinding of discount)	(27)	50
	<hr/>	<hr/>
Total charge within Operating expenses	47,789	19,322
	<hr/> <hr/>	<hr/> <hr/>

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	Other	2022 Total
	£000s	£000s	£000s	£000s	£000s
Not later than one year	-	1	43,414	678	44,093
Later than one year and not later than five years	-	5	15,394	330	15,729
Later than five years	-	41	59,192	2,126	61,359
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
At 31 March 2022	-	47	118,000	3,134	121,181
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 (continued) PROVISIONS FOR LIABILITIES AND CHARGES – 2021

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	Other	2021 Total
	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2020	242	2,817	61,608	3,161	67,828
Provided in year	18	286	22,457	359	23,120
(Provisions not required written back)	-	-	(3,757)	(91)	(3,848)
(Provisions utilised in the year)	(257)	(2,904)	(4,782)	(268)	(8,211)
Cost of borrowing (unwinding of discount)	(3)	(14)	79	(12)	50
At 31 March 2021	-	185	75,605	3,149	78,939

In 2020-21, there was a capitalisation of remaining premature retirement costs with HSC Pensions, thus discharging most of the Southern HSC Trust's liability for these cases going forward.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 (continued) PROVISIONS FOR LIABILITIES AND CHARGES – 2021

Analysis of expected timing of discounted flows

	Pensions relating to former directors	Pensions relating to other staff	Clinical negligence	Other	2021 Total
	£000s	£000s	£000s	£000s	£000s
Not later than one year	-	5	8,168	651	8,824
Later than one year and not later than five years	-	18	35,215	385	35,618
Later than five years	-	162	32,222	2,113	34,497
At 31 March 2021	-	185	75,605	3,149	78,939

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 15 CAPITAL AND OTHER COMMITMENTS

	2022 £000s	2021 £000s
Contracted commitments at 31 March not otherwise included in these financial statements		
Property, Plant & Equipment	5,033	6,802
	<u>5,033</u>	<u>6,802</u>

NOTE 16 COMMITMENTS UNDER LEASES (IAS 17 disclosures)

Note 16.1 Operating Leases

Total future minimum lease payments under non-cancellable operating leases are given in the table below for each of the following periods.

	2022 £000s	2021 £000s
Obligations under operating leases comprise		
Land & Buildings		
Not later than 1 year	363	288
Later than 1 year and not later than 5 years	1,032	129
Later than 5 years	47	79
	<u>1,442</u>	<u>496</u>
Other		
Not later than 1 year	2,009	1,494
Later than 1 year and not later than 5 years	1,029	1,792
Later than 5 years	-	-
	<u>3,038</u>	<u>3,286</u>

Note 16.2 Finance Leases

The Southern HSC Trust did not have any finance leases at 31 March 2022 or at 31 March 2021.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 16 (continued) COMMITMENTS UNDER LEASES (IAS 17 disclosures)

Note 16.3 Operating Leases

Total future minimum lease income under operating leases are given in the table below for each of the following periods.

Obligations under operating leases issued by the Southern HSC Trust comprise:

	2022 £000s	2021 £000s
Land and Buildings		
Not later than 1 year	213	156
Later than 1 year and not later than 5 years	247	140
Later than 5 years	317	-
	777	296

NOTE 17 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

Note 17.1: PFI and other service concession arrangement schemes deemed to be off-balance sheet (SoFP)

The Southern HSC Trust has no off balance sheet (SoFP) PFI and other service concession arrangement schemes.

Note 17.2: 'Service' element of PFI and other service concession arrangement schemes deemed to be on-balance sheet (SoFP)

The Southern HSC Trust has no on balance sheet (SoFP) PFI and other service concession arrangements schemes.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 18 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 any possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

Contingent Liabilities

	2022 £000s	2021 £000s
Clinical Negligence	1,297	1,496
Employers' Liability	99	71
Public Liability	22	25
Other	29	30
Total	1,447	1,622

Employment Issues

The Southern HSC Trust is aware of a number of legal cases which may arise in respect of the HMRC Widening Access Training Scheme. The Southern HSC Trust is working closely with the Tribunal to ascertain the impact which these cases may have but are not in a position at this stage to quantify the liability (if any) and will keep the outcomes of these cases under close review.

Clinical Excellence

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 Departmental Solicitors Office (DSO) supports the treatment of this matter as a contingent liability in 2021-22 accounts. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 18 (continued) CONTINGENT LIABILITIES

Statutory Public Inquiry

The Statutory Independent Public Inquiry into Urology Services in the Southern HSC Trust is currently ongoing. There may be a possible future liability for potential claims from patients in relation to their care and treatment. The potential for liability is currently unclear and any financial impact unquantifiable at present.

PSNI Accrual

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 23 and 24 June 2021 but was adjourned and not yet rescheduled. 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. The accrual has been extended as at 31 March 2022 in respect of the sick pay implications from the ruling. However, the extent to which the liability may exceed this amount remains uncertain as the calculation has not been agreed. The potential additional financial effect of this is unquantifiable at present.

NOTE 18.1 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts 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.

The Southern HSC Trust has not entered into any quantifiable guarantees, indemnities or provided letters of comfort, at either 31 March 2022 or 31 March 2021.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 19 RELATED PARTY TRANSACTIONS

The Southern HSC Trust is an Arm's length body of the DoH and as such the Department is a related party with which the Southern HSC Trust has had various material transactions during the year.

- Funding – Revenue Resource Limit of £949,530k (2021: £894,567k) of which the Non Cash Revenue Resource Limit is £70,340k (2021: £40,775k)

During the year, none of the board members, members of key management or other related parties has undertaken any material transactions with the Southern HSC Trust, apart from the transactions with the Department noted.

Interests in the following organisations were declared by Non-Executive, Executive and other Directors and recorded on the Southern HSC Trust Register of Interests. Where an interest is disclosed, the related party is not involved directly in the award of a contract with the related organisation.

The interests declared and the value of the related party transactions was as follows:

Mrs Pauline Leeson, Chief Executive of Children in Northern Ireland. The value of transactions between related parties was: Southern HSC Trust paid £64,411 (2020-21: £67,307) in respect of a Development Officer Post which supports the Locality Planning Groups linked to the Southern HSC Trust Outcomes. Balance outstanding at year end was £Nil (2020-21: £Nil).

Mrs Pauline Leeson is also an independent member of the NIHE Board. The value of transactions between related parties was: Southern HSC Trust paid £19,024 (2020-21: £12,651) in respect of rent and for employees' Court Order deductions. Balance outstanding at year end was £Nil (2020-21: £454). Southern HSC Trust received income of £1,481,994 (2020-21: £1,654,017) in respect of Supported Living Schemes.

The Southern HSC Trust Funds have made revenue and capital payments to the Southern HSC Trust where the Trustees are also members of the Southern HSC Trust Board. In 2021-22, the Southern HSC Trust Charitable Trust Funds paid £378,996 (2020-21: £270,867) to the Southern HSC Trust and owed £18,802 (2020-21: £104,370) to the Southern HSC Trust as at 31 March 2022. The Southern HSC Trust Charitable Trust Funds received £9,790 (2020-21: £55,979) from the Southern HSC Trust during 2021-22 and was owed £1,361 (2020-21: £9,790) from the Southern HSC Trust.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 20 THIRD PARTY ASSETS

The Southern HSC Trust held £11,095k cash at bank, cash in hand and investments at 31 March 2022 (31 March 2021: £10,758k) which relates to monies held by the Southern HSC Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts. A separate audited account of these monies is maintained by the Southern HSC Trust at Pages 179-184.

NOTE 21 FINANCIAL PERFORMANCE TARGETS

NOTE 21.1 Revenue Resource Limit

The Southern HSC Trust is given a Revenue Resource Limit (RRL) which it is not permitted to overspend.

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

	2022	2021
	Total	Total
	£000s	£000s
HSCB	860,386	838,904
PHA	8,281	7,379
SUMDE & NIMDTA	8,998	8,594
Non cash RRL (from DoH)	70,340	40,775
Total agreed RRL	948,005	895,652
Adjustment for income received re Donations / Government grant / Lottery funding for non-current assets	(566)	(230)
Adjustment for Research and Development under ESA10	686	550
Adjustment for COVID-19 Personal Protective Equipment Stock	1,405	(1,405)
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	949,530	894,567

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 21 (continued) FINANCIAL PERFORMANCE TARGETS

NOTE 21.2 Capital Resource Limit

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

	2022 Total £000s	2021 Total £000s
Gross capital expenditure	37,724	28,517
Prepayment for Capital Scheme	-	-
Release of Prior Year Prepayment for Capital Scheme (Receipts from sales of fixed assets up to NBV)	-	-
Net capital expenditure	<u>37,724</u>	<u>28,517</u>
Capital Resource Limit	38,506	29,067
Adjustment for Research and Development under ESA10	(686)	(550)
(Underspend) against CRL	<u>(96)</u>	-

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 21 (continued) FINANCIAL PERFORMANCE TARGETS

NOTE 21.3 Financial Performance Targets

The Southern HSC Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25 % of the Revenue Resource Limit.

	2022 £000s	2021 £000s
Net Expenditure	(949,498)	(894,536)
RRL	949,530	894,567
Surplus against RRL	32	31
Break Even cumulative position(opening)	(1,712)	(1,743)
Break Even cumulative position (closing)	(1,680)	(1,712)
Materiality Test:		
	2022 %	2021 %
Break Even in year position as % of RRL	0.00%	0.00%
Break Even cumulative position as % of RRL	(0.18)%	(0.19)%

The Southern HSC Trust reduced its cumulative overspend by achieving a small surplus in 2021-22. However, as the Southern HSC Trust continues to face a challenging financial position, it is unclear when the cumulative reported overspend will be recovered.

NOTE 22 POST BALANCE SHEET EVENTS

There are no post balance sheet events having a material impact on the financial statements.

AUTHORISATION FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 01 July 2022.

**ACCOUNT OF MONIES HELD ON BEHALF OF
PATIENTS/RESIDENTS**

YEAR ENDED 31 MARCH 2022

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

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 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.

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

YEAR ENDED 31 MARCH 2022

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

Opinion on account

I certify that I have audited Southern 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 Southern 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 of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the account section of this certificate. My staff and I are independent of Southern Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Revised Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Southern 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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 Southern 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;

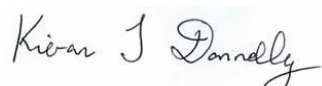
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether 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

1 July 2022

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

YEAR ENDED 31 MARCH 2022

Previous Year	<u>RECEIPTS</u>		
£	Balance at 1 April 2021	£	£
8,542,690	1. Investments (at cost)	8,600,628	
1,189,315	2. Cash at Bank	2,150,560	
3,190	3. Cash in Hand	6,466	10,757,654
<u>9,735,195</u>			
3,706,651	Amounts Received in the Year	3,375,964	
57,939	Interest Received	2,969	3,378,933
<u>13,499,785</u>	TOTAL		<u>14,136,587</u>

<u>PAYMENTS</u>			
2,742,131	Amounts paid to or on Behalf of Patients/Residents		3,041,175
	Balance at 31 March 2022		
8,600,628	1. Investments (at Cost)	8,603,597	
2,150,560	2. Cash in Bank	2,488,821	
6,466	3. Cash in Hand	2,994	11,095,412
<u>10,757,654</u>			
<u>13,499,785</u>	TOTAL		<u>14,136,587</u>

Cost Price £	Schedule of investments held at 31 March 2022	Nominal Value £	Cost Price £
8,600,628	Bank of Ireland	8,603,597	8,603,597

I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Southern HSC Trust.

Director of Finance: *Catherine Teggart*

Date: 23 June 2022

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

Chief Executive: *Molonee*

Date: 23 June 2022