

SOUTHERN HSC TRUST: MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in the **Southern HSC Trust** as at 30 September 2019.

The scope of my responsibilities as Accounting Officer for the Southern HSC Trust, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement, as part of the Accountability Report, which I signed on 12 June 2019. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. Governance Framework

The Governance framework as described in the most recent Governance Statement continues in operation. The Audit Committee, Governance Committee, Remuneration Committee, Endowments and Gifts Committee and Patient and Client Experience Committee have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes and the Committee Chairs' reports, are available for Departmental inspection to further attest to this.

In June 2019, Trust Board identified the requirement for a Performance Committee to be established as a formal standing committee of the Trust Board to enable a more dedicated focus on Trust performance. The Committee's delegated powers and terms of reference have been agreed by Trust Board with the first meeting of the new Committee scheduled for 17th October 2019.

2. Assurance Framework

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the board. Minutes of board meetings are available to further attest to this.

3. Risk Register

I confirm that the Corporate Risk Register has been regularly reviewed and approved by the Governance Committee, on behalf of the Board, on a quarterly basis and by the Board on an annual basis, along with the Board Assurance Framework and that risk management systems/processes are in place throughout the organisation. The Trust has developed an Interim Risk Management Strategy for 2019-2022 which was approved by the Governance Committee in September 2019.

In addition I confirm that Information Risk continues to be managed and controlled as part of this process.

4. Performance against Business Plan Objectives/Targets

The Trust is in receipt of a draft Commissioning Plan Direction for 2019/20 and has formalised and submitted its response to the Health and Social Care Board's draft Commissioning Plan via the Trust Delivery Plan. The Trust will move to assessment of performance against the CPD objectives from October 2019; in the interim the Trust continues to assess performance against the OGI's for 2018/19.

I can confirm that satisfactory progress towards the achievement of these objectives and targets based on the reported position at the end of August 2019, with the exception of those areas noted below where the Trust is not achieving or not on track to achieve the objective by year end.

- **Healthcare Acquired Infections: Gram-Negative Bloodstream Infections - OGI 2.3**

An 11% reduction in cases is the objective for 2018/19 which equates to a target of no more than 58 cases. There have been 25 reported cases this year to July 2019 which is above the apportioned target and whilst continuing to seek improvement it is unlikely that the Trust will be able to achieve the objective sought in year. A series of audits are being undertaken to identify the evidence base to develop a robust action plan for implementation. Preliminary results from a prospective audit looking at Gram negative bacteraemia occurring 48-hours after admission have indicated that a proportion are preventable and learning from the audit will inform future actions.

- **Healthcare Acquired Infections: Clostridium Difficile – OGI 2.4.1**

Cumulatively during 2019/20 there have been 23 Clostridium Difficile cases in the Trust which is 29% above the apportioned target for the year to date and reflective of an increase in cases regionally. The Trust has launched a revised infection prevention and control strategy and in year significant improvements have been made in antibiotic stewardship and enhancement of resources for this function with a number of objectives around antibiotic prescribing achieved. Despite this in year, the target is unlikely to be achieved with an increase in reported cases.

- **Medicines Optimisation – OGI 2.6**

Current performance, based on compliance assessment in May, is estimated at 46%, against an objective level of 70%. Key challenges relate to workforce resources and ability to secure funding to manage the Pharmacy Teams and secure capacity to deliver this model on a 7-day basis. This objective is not achievable in year and additional resources are required to see full achievement of this objective in the future.

- **GP Out of Hours – OGI 4.2**

Challenges related to the inability to attract new and retain existing general practitioners committing to work in out of hours services makes the target of 95% of acute/ urgent

calls to GP OOH triaged within 20-minutes unobtainable in year. There is an increasing number of vacant GP shifts in the out of hours services impacted by supply with 55% more unfilled GP hours experienced this year to date compared to the same period last year. The Trust continues to seek to promote a greater skill mix in the out of hours services and recruitment is ongoing for Pharmacists, General Medical Practitioners and Nurse Advisor roles. Trust has met with the Commissioner to consider the way forward. In the interim performance remains variable and cumulative performance to date (77.2%) reflects a reduction in performance against the target and the corresponding period last year, when 86.0% of urgent calls were triaged within 20-minutes.

- **Emergency Department (4-hour and 12 hour) – OGI 4.4(.1)&(.2)**

Performance continues to be challenging in the context of increasing bed-day demand for acute hospital beds impacting on in hospital flow. This coupled with ongoing challenges in the ability to attract and retain skilled workforce and a greater reliance on a locum workforce impact on the whole system flow and performance in Emergency Department (ED) for those attending ED who are admitted and those not admitted.

As at August 2019, 66.2% of patients have been treated and discharged/admitted within 4-hours and during 2019/20 up to end of July 2019, 6.0% of total new attendances at Emergency Departments have breached the 12-hour target. In this period, there have been +2,786 (+180%) more 12-hour breaches demonstrated than during the corresponding period in 2018/19. September to date has been an extremely challenging period for the ED with high volumes of patients awaiting admission.

The Trusts unscheduled care resilience plan for 2019/20 seeks to embed ongoing transformational projects but to provide additional bed capacity where this can be achieved to assist with flow and to provide additional support to ED including additional medical, nursing, ancillary and support staff. Alongside this, the Trust has refocused its unscheduled care improvement planning, via the SPEED project, based on a collaborative management approach to unscheduled care. There is also renewed focus on surge, escalation planning and continuity planning.

Whilst the Trust does not anticipate achievement of this objective it is working to relieve pressure on staff, enhance safety and continues to seek to improve patient and staff experience. The Trust continues to review ED quality indicators to ensure improvement in the quality of care.

- **Emergency Department (Triage to Treatment) – OGI 4.5**

Cumulatively during 2019/20 at end of July 2019, 69.6% of patients commenced treatment within 2-hours of triage; which is below the target of 80% and demonstrates a drop in performance from the same period in 2018/19 when 77.3% of patients commenced treatment within 2-hours of triage.

Trust actions to seek improvement at an individual site level and corporately are being managed as part of the unscheduled care improvement project and include:

- Appointment of clinical fellows to support and develop junior medical staff/ training to enhance decision making and improve flow in the ED area;
- Refresh and review of ED flow with departmental challenge events; and
- Creation of additional bed capacity over the winter period, to free up space for new patients to be assessed within 2 hours of arrival, subject to the ability to secure additional staffing to enable this.

- **Hip Fractures – OGI 4.6**

During 2018/19, 92.5% of patients had their hip treatment within 48 hours, with 29 patients waiting longer. This year, at the end of August, 29 patients have waited more than 48 hours for their surgery, reflecting a cumulative performance of 83.5% which is less favourable.

This reduced performance is set in the context of a general increase in demand for in-patient trauma (all conditions), alongside the increased cohort of patients with hip

fractures, which challenges the ability to manage hip fractures within 48 hours. This year to date 13.5% more patients (21) were admitted with a hip fracture than the same period last year. This coupled with the inability to provide access to full day theatre capacity, 7-days a week, for trauma surgery make the objective less likely to achieve the level achieved in 2018/19.

Patients continue to be prioritised for surgery related to clinical need and the Trust continues to work with the HSCB to secure additional investment for resources and infrastructure to facilitate increased capacity. In 2018/19 the Trust secured an additional trauma surgeon.

- **Diagnostic Reporting (Urgent) – OGI 4.8**

The Trust is not on track to achieve this OGI that all urgent diagnostic tests should be reported on within two days. Cumulatively at the end of June 2019, 80% of urgent diagnostic tests have been reported within 2 days. During this period, 78.8% of Imaging and 93.0% of Non-Imaging Urgent Diagnostic Tests have been reported within 2 days. This has been a long standing issue for the Trust related predominantly to vacancies in the radiology workforce. Whilst improvements continue to be sought no significant or sustainable improvement is anticipated in this area due to ongoing staff vacancies. Additional capacity has been secured within the Independent Sector (IS) for Imaging reporting, however, capacity within the IS and Trust staff vacancies continue to impact on the Diagnostic Reporting Turnaround Time (DRTT).

- **Cancer Pathway (62 Days) – OGI 4.9.3**

At the end of June 2019, 73% of patients urgently referred with a suspected cancer had their first definitive treatment within 62-days. Whilst the Trust's performance is comparatively strong, this position is less favourable than performance in 2018/19 reflecting the ongoing increase in red flag referrals across multiple tumour sites contributing to pressures throughout pathways. This increasing demand is set in the context of reduced capacity for red flag assessment and diagnostics including

endoscopy in 2019/20 due to inability to secure clinical additional sessions at the same level as 2018/19.

Within the Trust, whilst the greatest volumes of referrals related to upper and lower GI, the largest number of confirmed cancers and majority of patients that wait beyond 62 days continue to be demonstrated in urology. Investment to increase urology capacity has been a commitment but due to workforce and infrastructure the impact of this will be not realised until 2020/21. The Trust continues to participate in a regional improvement of cancer services and is piloting two prototype improvements to release clinical time.

Whilst actual performance is higher than anticipated in the Trust's trajectory, as at July 2019, the trajectory shows an anticipated reduction in performance and it is not expected that the objective will be achieved. The 2019/20 cancer trajectory has been submitted to HSCB highlighting these concerns.

- **Out-Patient Appointment (9 weeks and 52 weeks) – OGI 4.10(.1) & (.2)**

At the end of August 2019, the number of patients waiting less than 9-weeks was 28.6% against an objective sought of 50%. The total volume of patients on the entire waiting list has also increased and the position is not expected to improve due to demand beyond the level of capacity and direction of the majority of core commissioned capacity to address red flag and urgent waits in the first instance.

It is also anticipated that the target of no patient waiting longer than 52-weeks will not be achieved. At the end of August 2019, 21.8% of the total patients waiting for an out-patient appointment are waiting over 52-weeks. Sustainable improvement will not be demonstrated without recurrent investment for capacity gaps and non-recurrent backlog clearance in parallel. In the interim the Trust continues to seek to optimise available core capacity to achieve delivery of agreed performance trajectories and seeks to explore options to increase communication with patients on waiting lists, and to ensure lists are valid and robust.

The Trust continues to utilise available non-recurrent funding to deliver additional activity to benefit patients; this is targeted at reducing red flag/urgent waits and reducing the volumes of patients awaiting review beyond their clinically indicated timescales; as such this is not directly impacting on a reduction in the longest waits. The Trust continues to monitor those patients waiting beyond clinically indicated timescale for clinical review and is developing an action plan to manage emergent risk and seek improvements in the management of patients awaiting review.

- **Diagnostic Test (9 weeks and 26 weeks) – OGI 4.11(.1) & (.2)**

At the end of June, 43% of patients requiring diagnostic tests waited no longer than 9-weeks against an objective of 75% and 6,951 patients waited longer than 26-weeks. The Trust will not achieve these objectives in any of the three diagnostic categories: Imaging, Non-Imaging and Endoscopy.

Imaging - At June 2019, 53.6% of patients waited less than 9 weeks. The majority of waits greater than 9-weeks within Imaging are within Non-Obstetric Ultrasound (NOUS) (39%), Dexa (27%), MRI (23%) and CT (8%). At June 2019, 6951 patients were waiting more than 26 weeks for imaging.

Key issues include capacity gaps and availability of funded workforce. Additional non recurrent funding has been provided for CT and MRI in lieu of capacity gaps and the Trust has commissioned additional capacity in the independent sector however this is insufficient to meet demand and clear the backlog; long waits also prevail for specialty CT scans including CT cardiac and CT colonography. No additional funding has been provided for Dexa and NOUS to date which reflects the greatest proportion of waits over 9-weeks.

Capacity available continues to be directed to urgent /red flag and inpatient demand in the first instance to maintain cancer pathways and patient flow. A diagnostics action plan is in development to identify actions to manage and improve the position in year were possible.

Non-Imaging Diagnostics - At the end of June 2019, 28.2% of patients were waiting more than 9-weeks for non-imaging diagnostic tests and 4972 were waiting more than 26-weeks. Of those patients waiting more 9-weeks at the end of June 2019, 87% are waiting for Cardiology. An increase in demand and a reduction in capacity due to vacancies and inability to recruit senior staff within Cardiology Non Invasive Investigations have contributed to the increase. HSCB have funding available for additional capacity should the Trust be able to source available resources.

Endoscopy - At the end of June 2019, 56% of patients requiring Endoscopy waited less than 9-weeks and 160 patients were waiting more than 26 weeks. Turnover in staff, sickness and inability to recruit key operators, specifically nurse endoscopists, has significantly impacted on core capacity available, reflected in the Trust's in year trajectories. The Trust has sought to restructure nurse endoscopy capacity and is currently out to recruit again. Until full core capacity is available it is unlikely that the volume of routine longest waiting patients will reduce.

HSCB have committed non-recurrent funding and the Trust is currently exploring options to increase additional capacity which is likely to be less than 2018/19 in light of reduced uptake of additional clinical sessions. Additional capacity continues to be directed to red flag/urgent patients and those waiting in excess of their clinically indicated planned/repeat procedures in the first instance.

- **Inpatient/Day Case Treatment (13 weeks and 52 weeks) OGI – 4.12(.1) & (.2)**

At the end of August 2019, 70% of patients are waiting over 13-weeks for inpatient/day case treatment and 2700 patients were waiting over 52-weeks.

Demand is above the capacity available. Capacity continues to be directed to red flag/urgent cases in the first instance and the challenges presented by unscheduled care demand, workforce and infrastructure make it challenging to create additional in-house capacity for elective inpatient work.

Recurrent investment for capacity gaps along with non-recurrent backlog clearance is required to establish sustainable improvement and the Trust continues to participate in work to establish elective centres. It is not expected that the Trust will meet the objectives of 55% of patients to wait no longer than 13-weeks and no patient to wait longer than 52-weeks for Inpatient/Day case Treatment out with implementation of elective care reform.

- **Adult Mental Health Service (9 weeks) – OGI 4.13.2**

At the end of July 2019, the number of patients waiting over the target 9-weeks to access adult mental health services has reduced by 23% since end of April 2019 although it is not expected that the target of no patient waiting longer than 9 weeks can be achieved within the year. The majority of patients waiting over 9-weeks continue to be within the Primary Care Mental Health Teams where demand is greater than capacity and workforce challenges have further reduced this.

Significant work is ongoing to improve the position including recruitment of new staff and implementation of the Choice and Participation Approach in sub specialist areas. The Trust has secured additional independent sector capacity which has enabled streaming of lower level referrals to this capacity resulting in initial improvement. Whilst this is welcomed it is anticipated that the initial gains achieved may not be sustainable as more complex patients remain on the waiting lists.

The services are undertaking a refreshed demand and capacity exercise in 2019/20.

- **Dementia – OGI 4.13.3**

The Trust continues to be challenged by the target of no patient waiting in excess of 9 weeks. At the end of July 2019, 18 patients were waiting in excess of 9-weeks to access Dementia Services with the longest wait at 12-weeks. The number of breaches continues to be lower than anticipated in the operational trajectory.

Waiting times have been impacted by medical vacancies, for those patients referred directly to consultants, and other workforce pressures. Staff recruitment is ongoing. Lack of recurrent investment in this pathway and anticipated increases in demand linked to demography and disease prevalence remain key challenges in this area of growth.

- **Psychological Therapies – OGI 4.13.4**

The objective for no patient to wait longer than 13-weeks for Psychological Therapies is not currently being met. At the end of July 2019, 224 patients were waiting in excess of 13-weeks with the longest within Adult Mental Health at 81-weeks. Challenges continue to be related to the lack of skilled available workforce, experienced regionally, and prevailing vacancies in core capacity.

The Trust has sourced and secured capacity within the Independent Sector for lower level referrals, however, this may have a limited impact due to the specialist input required in the majority of cases. Increases in the number of complex referrals with longer treatment tails and sustainability of current capacity levels will continue to impact on waiting times.

An internal review of Psychological Therapies has been initiated in 2019/20 to review capacity, structures and governance.

- **Allied Health Professionals – OGI 5.3**

At the end of July 2019, the number of patients waiting over the target of no patients longer than 13-weeks was 3070. Overall the total numbers waiting for AHP services has also increased by +8% (+836) since March 2019. The largest increases have occurred within Physiotherapy and Occupational Therapy. In addition, in May 2019, 4328 patients were waiting beyond their clinically indicated timescale for review.

Whilst AHP areas continue to deliver core commissioned capacity improvements in the volume of patients waiting beyond 13 weeks, which improved in March 2019,

associated with additional capacity funded non recurrently, this could not be sustained into 2019/20 associated with the reduced level of funding and the demand for AHP posts in other areas aligned to transformational projects.

A number of actions are ongoing to seek to improve the position including:

- Development and replenishment of peripatetic pool for AHP to reduce delays in fill time;
 - Scheduling of clinical priority areas to facilitate deployment of available staff to key risk areas;
 - Development of an improvement plan to seek to manage the emergent risk in patients who wait beyond clinically indicated timescales for review/intervention appointments and;
 - Review of clinical templates and skill mix to maximise capacity for appropriate conditions.
- **Learning Disability Discharges (28 days) – OGI 5.7.1**

During June 2019, one patient waited in excess of the target 28-days for discharge due to sourcing of suitable accommodation.

Challenges remain with a cohort of learning disability clients who remain inpatients where options for discharge are not available due to unavailability of community placements. The Trust continues to negotiate with local providers to increase capacity and has proposed a pathfinder procurement project, supported by the Social Care Procurement Unit, to assess options for increasing capacity locally in advance of regional procurement and share any learning gained.

The Trust is also developing proposals for interim accommodation to prevent admission where packages breakdown.

- **Mental Health Discharges (28 days) – OGI 5.7.2**

During 2019/20 at July 2019, 2 patients were waiting in excess of the target 28-days.

Reporting reflects those patients who can be discharged and a cohort of patients where no accommodation can be identified remain as unfit for discharge and outside this target area.

Key challenges prevail and include sourcing packages of care/accommodation to meet the complex needs of this client group. The Trust has committed investment in year to support rehabilitation in the community and support discharge pathways for this complex group of clients.

- **Community Based Short Break (%) – OGI 6.2.2**

Whilst the Trust provided 512,706 hours of short breaks in 2018/19 and compared comparatively with other Trusts, it did not meet the objective improvement sought. The Trust continues to offer service users/carers access to a greater range of flexible, innovative and age appropriate (non-traditional) respite and short-break options in the community however some carers continue to seek bed-based respite/short breaks due to complexity and need for nursing care.

On-going actions in year continue to focus on identification of carers, as carers support and needs assessment are the gateway for short breaks; continued promotion of SDS, cash grant support and other forms of short breaks to decrease the reliance on residential bed based respite/short breaks; and monitoring by programme of care with individual internal targets to support ongoing improvement.

It is not anticipated that this objective will be achieved in year.

- **Acute Hospital Discharges (48 hours and within 7 days) – OGI 7.5.1 & 7.5.2**

At the end of August 2019 only 70.5% of complex discharges from an acute hospital took place within 48 hours and 90% were discharged within 7 days. Whilst work continues to ensure this remains a key focus, performance against this objective is unlikely to significantly improve in year.

Challenges in achievement include complex delays associated with patients requiring discharge to another Trust area, patients waiting for discharge support in environments supporting acquired brain injury and other physical disabilities, those requiring support for challenging behaviours and complex social problems.

Actions in place and ongoing include Control room function and increased co-ordination of discharge planning and flow; embedding and scale of discharge to assess models of care implemented over the last year; increased provision for those with confusion and deliriums in step down beds in statutory residential homes; and development of psychiatric enhanced liaison services to support more timely management of appropriate patients.

In-patient flow and discharge is a key area of focus in year and part of the Trust's unscheduled care resilience plan.

- **Hospital Cancelled Out-Patient Appointments (Baseline and 5% reduction) – OGI 7.3.1 & 7.3.2**

The Trust has established a baseline of the number of cancelled consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointments. In 2018/19 the number of actual cancellations increased to 6110 which, whilst comparatively positive regionally, did not see achievement of the objective. As such it is not anticipated that the 5% reduction sought will be achieved in year. Key challenges prevail, associated with medical workforce issues, including gaps in the junior and middle grade medical staff base which impacts scheduling of out-patient sessions.

Key on-going actions, to improve performance include forward planning of medical rotas to assist clinical planning and minimise impact on booking, with analysis on cancellation and reasons for same for senior review.

- **Service and Budget Agreement (New Out-patients and Review Out-Patients)**

New Outpatients - At August 2019, the Trust is underperforming by 10% lower than the commissioned level of activity. This equates to 2,570 less patients. Of these, 736 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The specialties most challenged to deliver activity are General Surgery; Nurse-Led Dermatology and ENT.

Review Outpatients - As August 2019, 5,229 less patients were reviewed than the commissioned level of activity. This equates to 12% underperformance. Of these, 1,557 reflect services not managed by the Trust i.e. Ophthalmology and Paediatric Cardiology. The General Surgery specialty has contributed to the majority of Trust underperformance in 2019/20 to date which is largely attributable to medical workforce challenges including lack of middle grade medical doctors.

- **Seasonal Flu Vaccine – 8.1**

The Trust's vaccination rate in 2018/19 improved to 29% of front line staff vaccinated when compared to the previous flu season.

In preparation for this flu season, a range of improvements are sought and actions underway including the embedding of peer vaccinators, established in 2018/19. An increased number of vaccinators have been nominated for this year and are currently being trained. A Flu Vaccine Steering Group has been established to oversee the programme and to ensure increased leadership from Senior Managers across Directorates.

Enhanced communications are being prepared for this year to seek to increase uptake, and dispel myths relating to the vaccine. Whilst improvement is anticipated and is sought, the ability to achieve the objective level in full is challenging.

5. Finance

I confirm that proper financial controls are in place with the exception of those areas subsequently identified in sections 6 to 13 of this report, to enable me to ensure value for money, propriety, legality and regularity of expenditure and contracts under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- preparation of business cases for all expenditure proposals in line with Northern Ireland Guide Expenditure Appraisal and Evaluation (NIGEAE) and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- accounting accurately for the organisation's financial position and transactions;
- securing goods and services through competitive means unless there are convincing reasons to the contrary; and
- procurement activity should be carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE)

The adequacy and effectiveness of these controls are regularly reviewed by Internal and External Audit.

6. Information Governance - General Data Protection Regulation (GDPR)

I can confirm that my organisation has taken appropriate steps and is continuing to carry out the necessary actions to ensure compliance with GDPR and DPA 2018.

7. Environmental, Medical Device Management and Estates Infrastructure Safety Governance

In respect to Environmental, Medical Device Management and Estates Infrastructure Safety Governance, the Trust has action plans in place arising from its self-assessment last year. I confirm that my organisation is committed to meeting and is currently reviewing structures to ensure robust controls are in place to enable it to meet the requirements of all extant statutory obligations upon it, that it complies with all standards, policies and strategies set by the Department and all applicable guidance set by other parts of government. Any significant control divergences are reported below together with an outline of action plans in place to address these divergences.

8. External Audit Reports

I confirm that action is being taken on all of the External Auditor's accepted recommendations.

Progress on the implementation of all external audit recommendations as detailed in the Report to those charged with Governance is reviewed regularly at Audit Committee meetings with the most recent review having taken place on 10th October 2019.

9. Internal Audit

To date, Internal Audit has issued the following reports in 2019/20:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE PROVIDED BY INTERNAL AUDIT
Fire Safety	Limited
Client Monies in Independent Sector (Residential Homes & Audit Supported Living Facilities)	Satisfactory 7 out of 10 Homes Visited in SHSCT area Limited - 3 out of 10 Homes Visited in SHSCT area (including Parkanaur College)

Travel Expenses (Trust Controls)	Satisfactory
Patients Private Property – MHD Inpatients Wards	Satisfactory
Non Pay Expenditure (OPPC)	Satisfactory
Charitable Funds	Satisfactory

No priority one findings were identified in the above audit assignments.

The Trust has a system in place to track progress on the implementation of all outstanding internal audit recommendations in conjunction with Internal Audit. An Internal Audit Forum has been established within the Trust where outstanding audit recommendations are reviewed and monitored on a regular basis. Progress is also reviewed and robustly challenged at each meeting of the Audit Committee and most recently on 10th October 2019.

Shared Services Audits

The following Shared Services audits have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan.

Shared Service Audit	Assurance
Payroll Shared Service (Follow Up Review) – as at September 2019	Limited
Accounts Payable Shared Service	Satisfactory
Accounts Receivable Shared Service	Satisfactory

Trust management will continue to monitor the implementation of payroll improvement plans with BSO Shared Services, via various fora, and progress is also reported to Audit Committee.

This has been further referenced below in internal control divergences at section 13.

During their mid-year follow up, Internal Audit found that 67% of the Trust's recommendations examined were fully implemented, a further 32% were partially implemented and 1% were not implemented at the time of review. Monitoring of the progress of all outstanding recommendations will continue on a regular basis through Audit Committee.

10. RQIA and Other Reports

I confirm that the Trust has processes in place to progress and monitor the status of RQIA inspection recommendations.

The Trust is also actively engaged in working through the implications of RQIA inspections on a number of Independent Sector Providers (ISP) Private Nursing/Residential Homes. As a Commissioner of private sector placements, the Trust has a duty to ensure that individuals placed by the Trust have their care needs met. Therefore, in addition to fulfilling a monitoring and review function in respect of individuals placed in care homes, the Trust works to support ISPs in terms of offering support in respect of specific care interventions.

11. NAO Audit Committee Checklist

I confirm completion of the NAO Audit and Risk Assurance Committee Effectiveness Checklist by the Audit Committee on 4th June 2019 and that an action plan will be implemented during 2019/20 to further build on the Committee's effectiveness. I also confirm that any relevant issues will be reported to the Department.

12. Board Governance Self-Assessment Tool

I confirm completion of the Board Governance Self-Assessment Tool which was approved by the Trust Board at its meeting on 29th August 2019. This included the recommendations from the Internal Audit report on Board Effectiveness. An action plan

will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

13. Internal Control Divergences

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

New Control Issues for 2019/20

EU Exit

One of the risks that the Trust has been continuing to manage with DOH during 2019/20 has been the potential impact of a 'no-deal' outcome from UK-EU negotiations on its services in 2019/20 and beyond. Since the summer of 2018, the Trust, in partnership with other ALBs, has been building a wide range of contingency and business continuity arrangements to prepare for the consequences of an EU Exit, covering staffing, procurement, clinical/non-clinical supplies and emergency plans. These arrangements have been regularly updated and presented to both SMT and Trust Board to provide an assurance on their validity. Plans have been refreshed again over summer 2019 in preparation for the EU Exit deadline of 31 October 2019.

However, the Trust has highlighted two residual risks to the DOH which include the ongoing ability of independent care providers to maintain their service delivery in the medium to long term in the event of EU Exit. The Trust is unable to provide a comprehensive assurance in relation to these providers' preparations for a no deal EU

Exit, whilst the continued delivery of Trust services relies on the ability of these providers to share the care of the patients we serve.

Secondly, should supplies and distribution disruption as a result of a no deal EU Exit last longer than 6-8 weeks, there may be a risk in relation to the provision of goods and services in the longer term.

Fraud cases

There have been 13 cases of fraud or suspected fraud reported to the Counter Fraud Services to date this year. There are also 10 cases from prior years under investigation by the Trust and/or Counter Fraud Services. Lessons learned from each case will be/have been compiled and are disseminated to both specific service areas and more widely in accordance with the Trust's Fraud Response plan.

Control Issues from previous years

Progress on each of the on-going internal control divergences as reported in the Governance statement for the year ended 31 March 2019 is given below:

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 CoPE cover for social and health care services in the Light Touch Regime, however the position has not changed significantly from that reported at 31 March 2019.

A regionally agreed procurement plan for the procurement of social care and other specific contracts over the EU threshold value is in place and timescales are being

reviewed. Oversight is provided by the Regional social Care Procurement Committee of which the Trust is a member.

The Trust has a number of extant contracts over EU threshold and these, under advice of the SCPU, have as in interim measure been directly awarded to current providers until their contracted service areas aligns with the regional plan and at this stage these procurements can be taken forward as part of the regional plan.

Trust officers, operating under the influence of the Social Care Procurement Unit have, and continue to, undertake a number of Trust specific procurements for new service awards or to meet operational need.

No specific common approach has yet been agreed for the management of award of contracts under EU threshold level; when this is available the Trust will develop a risk based work programme to manage award of contracts under the EU threshold value. In the interim extant contracts continue to be extended via direct awards. A large number of these contracts can be of a low value and it will be a key deliverable to ensure a process that this is both proportionate to the value of the contract and reflects best practice with arrangements to establish value for money is achieved.

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. The risks associated with this remain noted on the Trust's Corporate Risk Register. However, the senior management team have asked for a scoping paper to be prepared assessing the gaps, risks etc. for discussion late 2019.

Trust Estate Risks

The age, condition and nature of the estate continue to pose potential risks and are exacerbated by limited capital investment in major renewal and replacement projects. The estimated investment required for backlog maintenance has increased to £264m. Of particular note is the deterioration of exposed concrete on Daisy Hill Hospital exterior, leading to the detachment of concrete debris which poses a risk to service users, staff and public. The Trust implemented a number of controls to mitigate the risk which included completing interim structural repairs to the concrete heads and lintels as recommended by the Structural engineer. This action should afford the Trust 7 – 10 years to implement a longer term solution involving over cladding and window replacement, estimated to cost circa £2m.

In addition, the Low Voltage, (LV), infrastructure to the main CAH hospital block poses a significant risk of interruption to services along with associated patient safety risks. Controls are in place to mitigate this risk including an emergency fixed breaker plan in the event that one of the fixed breakers fails. A number of business cases have been submitted to the Department of Health seeking investment for LV.

Clinical and Social Care Risks

Elective Care

In 2019/20 the Trust continues to have capacity gaps in specialty areas associated with increasing demand; the absence of significant recurrent investments in elective services over the last few years, the growing impact of competing unscheduled care demands and increased workforce challenges impacting on the delivery of core commissioned levels of capacity and limiting additional capacity that can be put in place.

2019/20 will have the added challenge of the impact of the doctors pension thresholds. Due to the financial impact on individual consultants, there is reluctance from a number

of consultants to do anything additional (waiting lists) or take on additional responsibilities that have financial gain. Not yet scoped, but there will be an impact on delivery of core services due to the 'pension' problem as consultants are requesting to reduce clinical programmed activities to bring them below the tax threshold, which will ultimately lead to increased waiting times.

A level of non-recurrent funding has been allocated by the HSCB in 2019/20 to provide additional elective activity and the majority of this capacity has been focused on addressing patient safety issues with additional capacity directed in the first instance to 'red flag' and 'urgent' assessments, both new and review, and key diagnostics. These measures continue to support the delivery of the cancer pathways, however performance in these areas, whilst regionally comparable, is less favourable than previous years. The growth in the longest routine waits continues as does the volume of patients who are waiting for review or planned treatments beyond clinically indicated timescales. The Trust is developing an action plan to manage risk in those awaiting review beyond clinically indicated timescales in acute, diagnostic and allied health professional elective services.

The ability to manage emergent risk arising from the deterioration of a patient's condition whilst waiting is challenging and whilst the Trust is developing proposals for enhanced validation and communication of access times with local general practitioners this is unlikely to eradicate the risk. Significant sustainable improvement will require transformation of the elective pathway in line with the DoH elective care reform proposals.

Unscheduled Care

The Trust continues to be challenged to manage demand for unscheduled care in periods of heightened pressures with increasing demand for acute bed-day capacity, impacting on inpatient flow and resulting in increasing number of patients who require admission, waiting in the Emergency Departments for appropriate bed spaces. This is

set in the context of ongoing challenges in attracting and securing skilled medical and nursing staffing and a comparative low level of available bed capacity, particularly in the Acute Programme. The Trusts current infrastructure on its two acute hospital sites is challenged and the ability to increase physical capacity for additional bed and diagnostics capacity is limited. The Trust continues to maintain comparable good performance in relation to its bed utilisation with good average crude and risk adjusted length of stay, high bed turnover and comparable low re-admission rates. Further high levels of patients continue to be managed in community services within the Trust area.

The Trust does not anticipate an improvement in the current level of unscheduled care performance with performance against the 4 and 12 hour Emergency Department target deteriorating in year as noted in section 4 above. The Trust's unscheduled care resilience plan focuses on increasing bed capacity where safe to do so and supporting the Emergency Department in the management of current pressures, alongside ongoing transformational initiatives. Arrangements are being implemented to support safer staffing levels on wards and concerns can be raised via the daily control room meetings.

In addition to the Acute Programme, the Mental Health Programme continues to experience heightened unscheduled care pressures in year, compounded by staffing challenges including ongoing nursing vacancies, a loss of experienced staff and an increasing reliance on newly qualified workforce. Arrangements are in place to monitor staffing levels on Mental Health Wards and initiatives are in place to promote mental health recruitment, develop skill mix and promote retention of staff.

Regional work ongoing in respect of review of mental health beds and formalisation of escalation arrangements is essential. A Directors oversight group is in place to address short, medium and long term options to support the full functioning of Bluestone and Dorsy in-patient units.

Whilst progressing the transformational agenda, workforce issues continue to be the greatest challenge and constraint. The ability to maintain a robust medical staffing level

for the management of medicine and unscheduled care, in the context on ongoing unscheduled care pressures, continues to require significant internal focus with greater reliance on locum staffing provision.

The Trust is engaging with its staff and working with regional and local networks to identify and share good practice and develop operational resilience in the management of unscheduled care but recognised the challenges already presenting in this area outside the key periods of traditional heightened pressure. The Trust continues to focus on regional and local indicators of quality to provide assurance on safety and quality of services and to facilitate identification of areas of improvement linked to patient experience.

Emergency Department at Daisy Hill Hospital

Through the DHH Pathfinder Group an exemplar Model to meet the unscheduled care needs of the Newry and Mourne population was developed. With the Department's Health and Social Care Transformation Fund approved revenue investment of £650,000, the Trust has been successful in recruiting Year 1 staff against the 5 year workforce plan to ED, HDU and the new DAU. £1m Infrastructure Capital Investment was also received and 3 phases of works carried out on the DHH site which have completed with the new Direct Assessment Unit (DAU) opening on the 4th February 2019. GP referrals to the DAU commenced on 15 April and NIAS referrals commenced from September 2019. A total of 1,323 patients have been seen between February and July 2019. Feedback received via patient surveys has been very positive and the Trust will continue to monitor and evaluate the outcomes of the DAU.

Recruitment

The Trust continues to experience difficulties in 2019/20 in meeting its demand for recruitment of medical, nursing and GP staff as well as a number of other workforce areas, including AHP, Social Work, Social Care and Admin. In the current labour

market, there continues to be competition for limited staff resources not only within the HSC but also with other sectors. The Trust's Resourcing Department has an Operational and Service Improvement plan which includes a range of actions to support Trust services in addressing their workforce needs. Work has been ongoing during the first 6 months of the year to progress key pieces of work from the action plan to address attraction and recruitment challenges. A draft *Inspire, Attract, Recruit* Strategy is soon to be launched to place a corporate strategic focus on the current resourcing challenges.

The Resourcing Department also continues to work collaboratively with the BSO Recruitment & Selection Shared Service Centre (RSSC) and as part of the regional Strategic Resourcing Innovation Forum (SRIF) to seek ways to improve the recruitment of non-medical staff to the Trust. A Workforce Development sub group has also been established under the Daisy Hill Pathfinder project to look particularly at recruitment and retention challenges in the Newry and Mourne area, however the key themes and actions are undoubtedly relevant across our other sites, including Craigavon Area Hospital. As part of this work and under the umbrella of the *Inspire, Attract, Recruit* Strategy, the Resourcing Department will be delivering a Trust wide Careers Fair on 6 November 2019 in Newry targeting school age children in the area with the aim of creating and inspiring interest in HSC careers in the future.

Stabilisation of the medical workforce in Daisy Hill Hospital is a particular priority, the Medical Director has established a Clinical Group to explore all options in an effort to stabilise the medical workforce. A Nursing & Midwifery Workforce Strategy Project has also commenced focusing on recruitment and retention of this particular staff group with a Senior Nurse Project Manager leading on this key piece of work in 2019/20.

Financial Risks

Performance of BSO Payroll Shared Services Centre

The Head of Internal Audit has followed up the audit recommendations made for the BSO Payroll Shared Services Centre in March 2019 when a limited assurance was provided. As noted on page 18, the follow up audit remains as a Limited assurance. Work is progressing on the priority 1 and other recommendations assisted by a number of HSC regional work streams on timesheets and overpayments in which the Trusts and BSO are participating.

The Trust will continue to monitor progress at Audit Committee.

Failures in supervisory and managerial controls

The scale and number of payroll overpayments continue to be monitored in 2019/20. However, failures in supervision and appropriate checking at a managerial level continue to be a recurrent causing factor. A report continues to be issued to Directors on payroll overpayments which occurred in their Directorate, the amount of money involved, the service area and the root cause of the overpayment e.g. late paperwork. However, sharing and follow up of this information does not appear to be contributing to any significant improvements. Further ways to address this are being considered by the Trust.

Budget Position and Financial Outlook

The Trust has been working closely with the HSCB and Department to financially plan for 2019/20 for a number of months.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2019/20 financial plan is ongoing between the Trust, HSCB and the Department of Health. However as with other financial years, the Trust remains committed to achieving financial break even.

The Trust has submitted a balanced Trust Delivery Plan and continues to monitor closely emerging cost pressures.

Domiciliary Care Services

The Domiciliary Care Oversight Group in the Trust currently remains in place. Individual internal audit action plans on both Trust and independent sector domiciliary care providers are monitored and reported to Audit Committee. The Trust has commissioned Internal Audit during 2019/20 to conduct one audit of a domiciliary care provider.

The Trust is currently reviewing the Terms of Reference of the Oversight Group, with a view to incorporating the Oversight Group function within work streams of the overarching Trust Independent Sector Governance Forum, which is a cross directorate group. This IS Governance Forum, oversees Independent Sector Domiciliary Care Providers and Independent Sector Residential and Nursing Home providers, through reviewing trends in respect of compliments, complaints, contract compliance issues, as well as any RQIA recommendations.

The Trust also continues to work towards finalising the procurement consultation paper on domiciliary care and is actively engaged in regional work being undertaken to establish a new regional model for domiciliary care.

Waiting List Initiative Payments

Trust management continue to progress the internal audit recommendations made following the review of payments conducted in 2016-17. The follow up at mid-year confirms that of the 10 recommendations previously made, 60% are fully implemented and 40% are partially implemented. The Trust will continue to monitor progress at Audit Committee.

Cyber Security

Cyber Security is included on the Trust's Corporate Risk Register and updates are provided to 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 to address local cyber security issues and is staffed with a Cyber Manager and 3 cyber security officers. A Regional Cyber Security Workshop was held in July 2019 simulating a Cyber Incident within HSC and feedback has been used to update the Cyber Incident Response Plan and Handbook. A series of Regional Cyber Work streams have been initiated and will be funded through Business Cases currently being written by the Regional Cyber Programme Manager. Further improvement remains a priority for the Trust and the Trust continues to participate in the Regional Cyber Security Programme Board. Following DXc Cyber Audit, a programme of works has been developed regionally which is being managed by the Regional Programme Board. Internal Audit continues to review the Trust Cyber Security landscape in 2019 using the NCSC 10 Steps to Cyber Security – subsequent recommendations are being addressed.

Report on Inquiry into Hyponatraemia-related Deaths

The Trust's Oversight Group, co-chaired by the Medical Director and the Interim Executive Director of Nursing is continuing to progress work in 2019/20 reporting regularly to the Senior Management Team and Trust Board.

The Trust continues to participate in the Department of Health programme of work in response to the Inquiry Report's recommendations. The Trust plans a further benchmarking exercise against the recommendations. A being open group has been convened and review of SAI systems and processes has commenced. A staff resource has been developed to support staff in the preparation of Inquests.

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

As reported in the previous reporting period, in respect of the 'Home Truths' Report from the Commissioner for Older People Northern Ireland (COPNI) on Dunmurry Manor Care Home, the Trust is progressing with the five recommendations aligned to the Trust.

The Trust has met on a number of occasions with the Independent Review Team, most recently on 01 October 2019 when the Independent Review team took the opportunity to share their early thinking in respect of how arrangements around safe-guarding could be improved.

Whilst the Trust currently has no clients placed with Dunmurry Manor, the Trust continues to liaise with the families of those who were placed at the time of the COPNI investigation.

The Independent Review Team's report was originally due to be published in June 2019 however this has been delayed due to the ongoing police investigation into Dunmurry Manor. It is anticipated the safeguarding report will be ready at the end of October 2019 and the full report by the end of December 2019.

Non-compliance with lease policy

The Trust has a process in place to renew leases that it is over holding on. Where opportunities arise, the Trust is seeking to surrender or cease leases and relocate staff and services back into Trust owned Estate. Where the Trust has proposals being developed it is advantageous to continue to over hold to provide flexibility to vacate leased premises or take back granted accommodation. The decision to over hold is assessed on the basis that the accommodation move will happen within the next 12 months, if this is unlikely, Estates would seek a new lease agreement via the SOC process. The Trust has a programme in place for the renewal of leases and robust arrangements to manage critical lease dates in line with current policy. These arrangements are now managed and monitored by a professionally qualified Property

Manager and are reported annually, through Trust Senior Management in the Trust Asset Management Plan. The Estates Department resourcing issue has been alleviated and an improvement in SOCs being processed has been established. The rolling process of the lease renewal project will continue with a target of March 2020 to reduce outstanding SOC to those that are not related to scenarios where it is the Trust's preferred legal position to over hold.

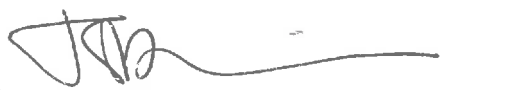
Business case approval process for Confidence & Supply Funding

All Confidence and Supply Transformation Business Cases that had not been formally approved by HSCB by way of allocation letter at 31 March 2019, but were approved via receipt of RRL (being 10 in number) were all subsequently approved early in the new financial year 19/20.

14. Mid-year assurance report from Chief Internal Auditor

I confirm that I have referred to the Mid-Year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.

Signed



CHIEF EXECUTIVE & ACCOUNTING OFFICER

18 October 2019