

DoH ARM'S LENGTH BODY: MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in Southern Health and Social Care Trust as at **30 September 2023**.

The scope of my responsibilities as Accounting Officer for Southern Health and Social Care 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 which I signed on 22 June 2023. 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. Trust Board and its six Committees:- Audit; Governance; Remuneration; Endowments and Gifts; Patient and Client Experience and Performance have continued to meet and to discharge their assigned business, thus enabling effective corporate governance arrangements to be maintained. Minutes of their meetings, together with Trust Board meeting minutes and the Committee Chairs' reports to Trust Board are available for Departmental inspection to further attest to this.

As part of the review of the Trust's Governance arrangements, a review of Trust Board Committees has been undertaken. As a result, the Committees are in the process of being reconstituted and each Committee is in the process of agreeing its Terms of Reference

2. Assurance Framework

The Trust continues during 2023/24 to implement its new and improved corporate and clinical and social care governance structures and processes. This work will be aligned to the development of a combined Integrated Governance and Assurance Framework for the Trust.

3. Risk Register

As part of the board-led system of risk management, 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 that risk management systems/processes are in place throughout the organisation.

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

I confirm satisfactory progress towards the achievement of the objectives and targets set by out in the organisation's business plan as approved by the Department with the following exceptions:

Regional work on new planning and performance arrangements, led by the Department of Health (DoH), has been progressing. A draft of the Strategic Outcomes Framework (SOF) has been produced as part of the developments of the Integrated Care System for Northern Ireland (ICS NI) and aims at providing the strategic direction to the whole HSC.

The Framework was developed in consultation with key stakeholders across the system and aligns to the draft Programme for Government. The key domains include Performance, Efficiency & Productivity, Safety & Quality, Leadership, Patient Experience & Access, Workforce, Finance and Governance. Details on specific key service areas included in each domain are yet to be confirmed and work is currently ongoing to

determine the suitability and robustness of potential key indicators, and to define the relevant trends and baselines accordingly.

This Framework will require Department of Health approval, which is anticipated in the near future. A summary of the Outcomes Framework is as follows:

- to ensure the whole population can identify themselves in the strategic direction and desired outcomes and offering a straight link to the PFG (Programme for Government);
- thematic outcomes reflective of the key priorities identified through the engagement programme, representing the life course and life journey of an individual through their potential interactions (or non-interactions) with the system; and
- a cross-cutting outcome focusing on health inequalities, linking to the overall public health and ICS objectives, with a particular focus on the wider social determinants of health.

During the transition to these new planning arrangements the Trust continues to work and report to the Trust Board, Performance Committee and the Strategic Planning and Performance Group (SPPG).

On the 30 June 2023 the Deputy Secretary SPPG wrote to Trust Chief Executives to advise of the HSC Service Delivery Plan (SDP) 2023/24, approved by the Departments' Top Management Group (TMG). Building on progress made in 2022/23 SDP sets out the performance trajectories required to move service provision towards core levels of activity on an individual/service area determined by SPPG/PHA Service Leads. As agreed at the Performance and Transformation Executive Board (PTEB), providers' performance against the SDP will be reported to PTEB on a quarterly basis during 2023/24.

Whilst post COVID challenges remain the Trust continues to focus on the prioritisation and management of emergency, red flag/cancer, urgent and social care services in the first instance with patient, service user and staff safety remaining the key priority.

Unfortunately, I am unable to report satisfactory progress toward the achievement of SDP trajectories based on the position at the end of June 2023, as reported to PTEB on the 23 August 2023.

When comparing actual performance with expected performance, variance will be assessed in line with the following SPPG RAG status:

≥5% below target
0.1% - 4.9% below target
target achieved / exceeded

When considering SDP alone, the summary position below indicates that 51% of Trajectories are below expected outturn of which 16 are unacceptable

Q1 (Apr-Jun 2023)									
Trust	Q1 Performance RAG Assessed RED	Q1 Underperformance Acceptable	Q1 Underperformance Unacceptable	Assessment of acceptability of underperformance deferred to Q2	Q1 Performance RAG Assessed AMBER	Q1 Performance RAG Assessed GREEN	Q1 performance not available	Total Metrics	% of metrics recorded as red
Southern	28	9	16	3	11	16	0	55	51%

It is anticipated that challenges will continue into 2024-25 due to ongoing workforce issues, infrastructure and environment conditions and the ongoing financial context. The Trust continues to experience supplementary challenges in other key performance indicators including for example patients waiting for review and treatment interventions, delays in the provision of client annual review assessments and the increasing volumes of clients waiting for the provision of domiciliary care services to allow them to be maintained in their own homes or effect prompt discharge from hospital.

Whilst the Trust seeks in year to return to core levels of activity in line with Service Delivery Plans and associated outturn there are a number of areas where specific workforce challenges will create a justifiable variation to the ability to achieve this position. Vacancies of consultant level staff, theatre nurses, allied health professionals and

radiologists impact on elective and cancer pathways. The Trust will continue to bring forward actions to seek improvement in workforce challenges however it is unlikely to fully resolve the impact substantively in year. SDP areas relating to emergency department, weekend discharges and length of stay are symptomatic of patient flow pressures. The Trust has developed its winter plan that sets out the arrangements the Southern Health and Social Care Trust will put in place to respond to anticipated additional pressures during the winter months 2023/24. This reflects plans to improve resilience and to make marginal gains with a focus on admission avoidance, ambulatory care, patient flow and discharge.

Operational and Divisional Medical Director level arrangements have been established to provide oversight to Service Delivery Plan arrangements. The Performance Committee continue to take a broad view of performance and this is providing an additional level of assurance on performance and appropriate actions being taken to mitigate and/or improve services in line with the Trust's current capacity and constraints and in context of broader system level changes being led regionally that are anticipated to support and/or improve delivery at local level for the population served by the Trust.

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 which following the impact of the pandemic situation has meant increased use of Direct Award Contracts (DACs); 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) & Data Protection Act (DPA) 2018

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

7. Environmental, Medical Device Management and Estates Infrastructure Safety Governance (Trusts only)

In respect to Environmental, Medical Device Management and Estates Infrastructure Safety Governance, the Trust has action plans in place arising from its self-assessment and an internal audit of the management of Medical equipment will take place in 2023/24. I confirm that my organisation is committed 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 recommendations. There are six recommendations, two priority two and four priority three. The priority two recommendation are in relation to the Internal Audit assignments which identified significant areas for improvement across the Trust and classification of payroll liabilities. The Trust is working promptly to address the issues identified from the 2022-23 Internal Audit reports, particularly where these relate to ensuring that the existing controls are robustly applied throughout the Trust.

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 12th October 2023.

9. Internal Audit

To date, Internal Audit has issued the following reports in 2023-24:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE PROVIDED BY INTERNAL AUDIT
Non Pay Expenditure - DRAFT	Satisfactory - controls within the Adult Community Services Directorate and retained Finance (with the exception below) Limited - Management of Revenue Business Cases
Adult Safeguarding	Satisfactory
Client Monies in Independent Sector Nursing Homes (inc Adult Supported Living Services)	Limited: 1 of 9 Homes & Trusts monitoring arrangements for residents' finances Satisfactory: 8 of 9 Homes
Fire Safety	Satisfactory
Information Governance	Limited
Infection Prevention Control - DRAFT	Satisfactory
Fairlawns Nursing Home	Satisfactory

During their mid-year follow up, Internal Audit found that 71% of the Trust's outstanding internal audit recommendations examined were fully implemented, a further 19% were partially implemented and 10% were not implemented at the time of review.

Internal Audit have reviewed all remaining recommendations and have identified 13 recommendations (2% of outstanding recommendations) which will require input from a third party to allow the full implementation of the recommendations.

The Trust has a system in place to track progress on the implementation of all outstanding internal audit recommendations in conjunction with Internal Audit. The Trust's Internal Audit Forum remains in place to monitor and review outstanding audit recommendations on a regular basis. Progress is also reviewed and robustly challenged at each meeting of the Audit Committee and most recently on 12th October 2023.

BSO INTERNAL AUDIT: SHARED SERVICE AUDITS

BSO Internal Audit carry out a programme of Financial and Recruitment Shared Service audit assignments as part of the BSO Internal Audit Plan. The recommendations in these reports are the responsibility of BSO Management to take forward and the reports are presented to BSO Governance & Audit Committee. As customers of BSO Shared Services, the final reports are shared with all HSC organisations.

The following 2023/24 audits have been conducted and finalised:

Shared Service Audit	Assurance
Accounts Receivable Shared Service Centre	Satisfactory
Accounts Payable Shared Service Centre	Satisfactory

10. RQIA and Other Reports

I confirm implementation of the accepted recommendations made by RQIA and confirm that SHSCT has processes in place to record, monitor and report on RQIA suggested areas for improvement. Work has progressed so that there is a central repository of the recommendations made by RQIA from April 2021. After quality assurance of this information by Directorate Governance representatives the position will be formally reported to Governance Committee. Improvements have also been made to ensure corporate oversight of all RQIA Inspections and QIP reports to facilitate proactive monitoring in this area.

11. NAO Audit Committee Checklist

I confirm completion of the NAO Audit and Risk Assurance Committee Effectiveness Tool (May 2022) by the Audit Committee on 27th June 2023. In line with good practice, feedback from key stakeholders was sought on the performance of the Audit Committee and any suggestions to improve its effectiveness. Based on the outcome of this exercise, the Committee is of the view that it is operating effectively and is complying with Audit and Risk Committee best practice.

12. Board Governance Self-Assessment Tool

I confirm completion of the Board Governance Self-Assessment Tool by Board members at a Board Workshop on 18th September 2023. The RAG ratings applied were formally debated and agreed at a Trust Board meeting on 28th September 2023. The results of this exercise demonstrate that good practices are in place and the Board is performing effectively in all areas.

One issue which has been reported to the Department is that of Non-Executive Director vacancies. The Trust Board has been carrying two Non-Executive Director

vacancies since 2020 with further Non-Executive vacancies arising in February 2024 and it is understood that following the Department of Health Non-Executive Director recruitment campaign for the Health and Social Care Trusts, that appointment decisions are anticipated in October 2023 and February 2024.

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.

Prior Year Issues – Closed

Nosocomial COVID-19 Level 3 Serious Adverse Incident

Between 16th August and 6th October 2020, the Trust experienced nosocomial outbreaks of COVID-19 in three separate inpatient locations. The outbreaks affected 29 patients, with 15 of these patients sadly dying following the outbreak. A Level 3 Serious Adverse Incident review was conducted by an independent chairperson and panel. The Final report was shared with families in August 2022 and published publically at the September 2023 Trust Board meeting. Recommendations of the review report are being taken forward.

Waiting List Initiative Payments

The one outstanding audit recommendation from the audit of this area in 2018-19 regarding the update of job plans has now been closed with a re-audit of this area in 2023-24.

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 2022-23. These are as follows:

Clinical and Social Care Risks

Medical Staffing Issues at Daisy Hill Hospital

Recruiting and retaining medical staff has been a major issue in Daisy Hill Hospital in recent years. The pressures have now escalated with increasing reliance on medical locum cover and a number of consultant medical staff have ended their tenure at the hospital. As a consequence, this has put provision of services in Daisy Hill Hospital such as respiratory and gastrointestinal (GI) inpatient medical provision at risk. To mitigate, pathways have been developed for the most complex gastroenterology patients to receive their inpatient care in Craigavon Area Hospital. The Trust is continuing to review if alternative pathways are required.

In addition, as there are insufficient substantive stroke consultants at Daisy Hill, the decision has been taken on patient safety grounds to divert all acute stroke patients to Craigavon Area Hospital from 31 May 2023. Patients who walk into DHH Emergency Department who are subsequently diagnosed with stroke can have lysis treatment where this is clinically appropriate. In order to minimise the impact of this situation, the Trust's Senior Leadership Team met with other Trusts, Department of Health, Northern Ireland Ambulance Service and the Northern Ireland Medical and Dental Training Agency to seek regional support. The Trust has developed a stabilisation plan, which was agreed at the Trust's June Board meeting in response to challenges with senior medical cover, focus on immediately stabilising services at the hospital which includes the appointment of a Chief Operating Officer for the Daisy Hill site.

Ensuring patient safety, supporting staff, maintaining a Type 1 24/7 Emergency Department at Daisy Hill, stabilizing ongoing medical inpatient care provision and providing alternatives to hospital admission close to home remain the absolute priorities

for the Trust. This initial focus aims to stabilise staffing for the summer months in anticipation of a more permanent solution.

The Trust has formed an Expert Panel to provide advice on current and future provision of acute medicine for Daisy Hill Hospital and will be using their recommendations to address the challenges and to support the development of services into the future.

Membership of the Expert Panel includes independent professional and clinical advisors, involvement advisor, regional partners, senior Trust clinicians and management as well as Trade Union representatives.

The Expert Panel is engaging with Trust staff and other key stakeholder groups with an interest in services at Daisy Hill Hospital and the Newry, Mourne and South Armagh areas. They will make recommendations for consideration by the Trust Senior Leadership Team and contribute to the medium to long-term plans for Daisy Hill Hospital as part of the Department of Health's wider Review of Local Hospitals.

Cervical Screening Slide Review

In response to concerns raised about the performance of a number of biomedical cervical screeners the Trust commissioned a risk assessment from the Royal College of Pathologists (RCPATH). RCPATH provided the Trust with a report on this risk assessment in May 2023.

The RCPATH report stated that “...*likelihood that significant numbers of women screened in this laboratory have had abnormalities missed which would have been detected elsewhere...*” They recommended that HPV primary screening should be implemented in a quality controlled manner, with consideration of early invitation of women considered to be most at risk.

With regards to this recommendation, the Trust is undertaking a review of cervical screening slides from 2008 to 2021 to establish those women who required further attention with regards to cervical screening; some women will also be invited to attend early for their cervical smear as part of the normal screening cycle. This review is believed

to impact on approx. 17,320 women and will commence on 9th October 2023 starting with those slides of women who deemed at highest risk, following risk stratification work.

Temporary Suspension of UKAS of Accreditation for Cervical Cytology

In early October 2023, the Cellular Pathology Laboratory in the Trust was undergoing a scheduled surveillance visit from UKAS to assess the Laboratory against ISO15189:2012. On 6 October 2023, an Interim UKAS report was forwarded to the Trust which recommended Temporary suspension of Accreditation for Cervical Cytology. The Trust responded to the Interim Report on 7 October 2023 citing various accuracy issues. On 9 October 2023, UKAS confirmed to the Trust that there was a Compulsory Partial Suspension of Accreditation with scope of Gynaecological Cytology (Cervical Screening Service). The factors influencing their decision were cited as

- the seriousness of the incident and the number of patients affected as well as the failures in the management of the incident
- delays in concluding the investigation and failure to notify UKAS and patients in a timely manner
- concerns about statistical reporting and the lack of planning to provide a resolution and ensure the safety of the affected patients

UKAS further informed the Trust that the suspension of accreditation is intended to be a temporary status and also detailed the process required to bring the suspended scope back to the accredited schedule, expecting that this would be completed within a maximum of 3 months.

The Trust is actively working to resolve the non-conformities in the accreditation with the aim of rapidly re-attained accreditation status well within the 3 month expectation.

Electronic Document Transfer (EDT) System Issue

In September 2023 the Trust identified an emerging issue with the regional hosted service called Electronic Document Transfer (EDT) that facilitates the electronic transfer of clinical

communications from certain Trust systems to Primary Care Information systems (GP Practices). This replaces posting letters to GPs and has the benefit of real time transfer once the communication is approved for sending. In order for the Patient/Client letter to be sent via EDT it requires users to approve/verify the letter. This ensures that only final (approved) copies are sent to the GPs and that they are not receiving multiple copies as the letters move through the review and approval process.

On the back of a recent Serious Adverse Incident (SAI) within the Orthopaedic ICATs service, a data quality report was run for the entire Patient Centre system which has potentially uncovered a significant number of letters that were never verified/approved and subsequently not sent to the GP. The information that was returned from the Data Quality report is currently being validated to understand the potential scale of the issue. The Patient Centre system and Electronic Document Transfer functionality both appear to be functioning as designed however it appears there may have been an issue with adhering to the verification/approval process in certain service areas.

Unscheduled Care (Surgery and Clinical Services)

In February 2022, the Trust had to implement contingency arrangements for the Emergency General Surgery Service on the DHH site. This contingency arrangement meant that any patient requiring admission for an emergency general surgery treatment was transferred from DHH ED to CAH with direct admission to the Surgical Ward.

In line with statutory obligations, the Trust undertook a Public Consultation exercise on the future of Emergency General Surgery Services with the consultation period ending on 21 April 2023. The outcome of the consultation was presented to Trust Board in September 2023.

Unscheduled Care (Medicine and 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. While COVID-19 numbers have reduced, there is still some additional pressure associated with our response to COVID-19 outbreaks which has a direct impact on our bed capacity. The Trust is also not back to pre-COVID-19 levels of activity and this is contributing to the increased waiting times.

Significant nosocomial works have now been completed in the Emergency Department including, mechanical ventilation, additional toilet and shower facilities and single cubicles. This has improved the environment for patients and staff. Works are ongoing, with improved ventilation being completed as part of the next phase

As part of our ongoing new service development, the Trust has opened a 6 cubicle ambulance area which has improved our ability to offload patients in a timely manner. The medical ambulatory units are in place and we are currently recruiting to further enhance these services to include Medicine, nursing and AHPs. Ongoing bed pressures have impacted the ability to deliver consistent flow which is contributing to exit block in the Emergency Department. A number of proactive initiatives are being taken forward to optimise the patients' clinical journey and allow us to re-profile the beds.

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

Workforce issues continue to be a challenge across unscheduled care with a high reliance on Medical Locum and Nursing Agency provision. As part of the workforce stabilization project Medicine and Unscheduled Care (MUSC) Directorate have made significant improvement in recruiting nursing staff against vacancies which will lead to a reduction in flexible spend.

Medical staffing remains an ongoing challenge, and the ability to attract and retain Consultant Physicians, has impacted in year on the ability to deliver safe general medical services over two acute hospital sites. The Trust has developed an action plan to address

the challenges within medical staffing at both Consultant and Middle grade level. Specific challenges on Daisy Hill Hospital site are detailed at the start of this section. As part of the modernisation and efficiency work streams MUSC Directorate are reviewing current models of care.

Recruitment

There has been continued progress in 2023-24 in terms of our ability to attract staffing across all disciplines to improve on the workforce deficits, however, staffing challenges remain across various job families.

The Trust's Resourcing Team, in line with its Inspire, Attract, Recruit, Strategy continued to attend a number of school, college and employer events during 2023/24. These events offer opportunities for the Trust to engage with young school age people, school leavers and individuals seeking employment to ensure the Trust and HSC roles are promoted. In addition, the Resourcing Team has been working on a range of advertising proposals to make use of Trust space in hospitals, community facilities and Trust vehicles as advertising space for Trust jobs, and is bringing forward these proposals to implementation stage during this financial year.

From February 2023 for a period of 3 months into 2023/24, the Trust engaged a resourcing company on a short term contract to avail of the expertise and technological resourcing platforms to assist with specific challenging recruitment projects. These include specific campaigns to support resourcing of administrative staff and health care support staff. As part of the contract, the Trust are planned 3 'one stop' recruitment days to recruit domiciliary care workers across all Trust localities. These events occurred in April and May 2023, with a much higher fill rate than previously achieved through traditional recruitment methods.

In recognition of the high level of nursing vacancies across Acute and Non Acute, the Trust's Resourcing team completed work with the Nursing Governance team and senior managers across the Trust to ensure workforce stabilisation on all wards within the Trust.

A specific focus has been on safe staffing to ensure appropriate levels of nursing staff are available and vacancy gaps recruited using a combination of local recruits, new graduates and internationally educated nurses. This work also enabled the successful elimination of off contract agency usage from mid-August 2023, following the introduction of the new contracted Agency Framework for Nursing. The Trust established a Nurse Utilisation Group to analyse and review Agency usage and to improve productivity.

The Trust has ongoing vacancies in medical staff in substantive doctors on all acute sites. Consultant vacancies exist across a number of acute specialties in the Trust due to lack of availability of training consultants in Northern Ireland and the UK. These vacancies have the potential to impact on the ability of the Trust to provide a comprehensive service for our patients.

The Trust had been working hard to fill our medical vacancies using a variety of methods in addition to standard recruitment activity. This has included an enhanced subscription model with the British Medical Journal to promote all medical roles to a wider audience alongside the creation of new and innovative medical training programmes such as CESR programmes and Clinical Fellow programmes. Despite this, we were still seeing vacancies and huge locum expenditure and it was felt that we needed to consider other options. The Trust identified an urgent need to commence a bespoke international recruitment project to stabilise medical staffing numbers across the Trust. The purpose was to seek fixed term and ultimately permanent appointments to fill a significant number of vacancies and posts where we have engaged long-term locum spend across the service over a number of years. A partnership agreement was entered into with a specialised agency, who had demonstrated clear success in ethical international recruitment with UK Hospital Trusts with excellent retention results. A group of consultants along-with our Head of Medical HR visited Mumbai from 14-20 September 2023 and interviewed over 130 candidates over 3 days. To date, 69 Doctors have accepted posts, with the first group arriving in the Trust in October 2023. Recruitment for the remaining doctors will be ongoing over the next 12 -15 months.

Industrial Action

Since December 2022, ongoing industrial action relating to pay, safe staffing and mileage has disrupted many of the Trust's services. This is HSC wide action, consisting of both Action Short of Strike and Strike. On days of strike, services to patients and services used have been severely disrupted resulting in cancellation of surgery, outpatient appointments, closures of day centres, and limited cover for many of our services, including District Nursing and Domiciliary Care services. The industrial action remains ongoing into 2023-24. In addition, normal partnership working arrangements between managers and Trade Union colleagues has been affected.

Domiciliary Care

The historical issues and risks in relation to this sector such as procurement, the lack of a regional model of care, the capacity/demand gap and domiciliary care billing have remained in 2023-24. However, the DOH/ SPPG has now established a Social Care Collaborative Forum, inclusive of a range of regional collaborative work streams,, which will review aspects domiciliary care provision.

These are now meeting regularly, with membership drawn from Trusts across the region. One of the Task and Finish groups as part of the collaborative forum will focus on agreeing and commissioning a new model of domiciliary care for HSCNI. The Trust will continue to seek its own pre-tender lead, to ensure that the Trust is ready to participate in any re-tendering exercise for Domiciliary Care, once the new model has been agreed.

Locally, the Domiciliary Care Oversight Group has continued to meet. It is an opportunity to review performance and progress against a number of recommendations across a number of sources e.g. Internal Audit reports, Performance Notices, RQIA reports, Safeguarding investigations, Complaints and Incidents.

Over recent years the Trust has commissioned Internal Audit to conduct audits of a number of independent domiciliary care providers. Going forward in 2023-24, the Internal Audit focus is to be re-aligned to the Trust's Monitoring programme of independent sector

domiciliary care providers with a view to enhancing the current Trust Monitoring officers' role. The revised Trust Monitoring programme will ensure the findings of the Monitoring Officers are responded to and appropriately actioned by relevant commissioning teams.

The Trust has submitted a business case, requesting central funding to implement a Live Monitoring solution across the in-house Domiciliary Care service, in the first instance, with a view to seeing this embedded across in-house and independent sector providers in due course. The implementation of a Live Monitoring system, is regarded as a key enabler to support the delivery of a high quality service. This will also ensure that the Trust makes best use of the existing domiciliary care capacity, freeing-up capacity, to allow any such capacity to be focussed on responding to the unmet need in this service area, which currently equates to approximately 670 service users on a waiting list for a domiciliary package of care. The Trust is currently delivering more domiciliary care than it is commissioned to provide. To deliver the additional unmet level of care would require additional capacity in the system to deliver approximately 6,000 hours input per week at a cost of approximately £7million per year. This is beyond our current commissioned levels of domiciliary care.

Social Work Services

Social work services in the Trust continue to be compromised primarily as a consequence of substantive long term vacancies and lack of available staff to recruit. Whilst impacting on all Directorates, it is most profound in Children's services where there are vacancies of up to 35% in areas such as Looked after Children teams and Family Intervention teams. This has resulted in high numbers of unallocated children's cases as experienced across the region.

Mitigating actions have been implemented including introduction of skills mix, and application of a whole service approach with the objective of prioritising Child Protection and Looked after Children services.

The service continues to experience an upwards trajectory in the numbers of children becoming Looked after which is creating very considerable challenges in respect of Care placement Capacity.

Report on Inquiry into Hyponatraemia-related Deaths

The Trust's Oversight Group, co-chaired by the Executive Medical Director and the Executive Director of Nursing continues to progressed work in 2022-23, focusing attention on those recommendations which were previously considered partially implemented. From November 2023 the Trust will move monitoring of Trust compliance with recommendations into standard Senior Leadership Team management structures. A number of recommendations have not been able to be advanced as they are dependent on regional action. The DOH have updated their IHRD plan and have visited the Trust to discuss same. The work has been divided into three phases, phase 1 actions which are largely complete, Phase 2a actions which are being progressed at present and Phase 2b which have been mainstreamed into the relevant area of expertise within the DOH for implementation. Progress will be monitored by a Departmental group.

EU Exit

Supply chain disruption and logistical issues continue to affect the purchase of medicinal products into the Trust. There are over 100 live shortage issues including antimicrobials and chemotherapy products, which require extensive management across the region and within the Trust. DoH funding continues for a Pharmacist to work with pharmacy procurement on medicine supply issues because of global, protocol and licensing issues.

From 1st 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 not licensed in NI, where no licensed alternative is available. The NIMAR list continues to grow; this legal process has prevented patients experiencing the negative impact of supply disruption and clinic cancellations.

The Windsor Framework has the potential to ease licensing and supply chain issues experienced by the Trust to date, but implementation and realisation of this will be in the 2025/26 financial year due to the legislative timetable.

Statutory Public Inquiry into Urology Services in the Southern Trust

The Statutory Public Inquiry into Urology Services in the Southern HSC Trust was announced by Health Minister, Robin Swann in November 2020. The Inquiry is now almost one year into the public hearing phase, with hearings likely to continue until April 2024.

- More than 120 Section 21 notices have now - up to the end of September 2023 have been completed by former and current staff. Alongside supporting the S21 process, the Trust continues to deal with multiple queries in relation to historical service issues.
- To date (end of September 2023) there have been 63 days of public hearings, with 49 witnesses appearing to give oral evidence. Six days of hearings have also been held in private to give patients, and/or their families an opportunity to recount their experiences to the Inquiry.
- The USI have explored evidence in four modules:
 - an overview of the service and the circumstances that led to the Public Inquiry;
 - Module 2 which looked at the implementation of the Department of Health's 'Maintaining High Professional Standards' process in relation to Mr O'Brien.
 - Module 3 - governance structures and processes put in place by the Trust or developed by Trust staff in their attempt to ensure the smooth running of systems of operational and clinical governance. In short form, this evidence seeks to demonstrate Trust governance in action.
 - Module 4 - Autumn 2023 hearings involve clinicians who have engaged with, or worked within the Trust's urology service, and who will be able to describe

the practices of that specialty, how it functioned and the difficulties which it faced.

- Public Hearings resumed on September 12th, and are scheduled to continue until mid-December. As these hearings predominantly involve current clinical staff in the Urology Team, the Trust has been working to minimise the operational impact of their unavoidable absence on patient services. The USI have worked with the Trust to limit the service disruption, through early identification of witnesses and timing of appearances.
- The Trust has established the Southern Trust External Reference Group, which acts as a critical, independent friend to support the Trust's senior team response to the Inquiry.

UK Covid-19 Public Inquiry

The UK COVID-19 has been set up to examine the UK's response to, and impact, of the CCOVID-19 pandemic, and learn lessons for the future. The Inquiry is chaired by the Right Honourable Baroness Heather Hallett DBE.

The Trust has provided some initial information to the Inquiry, and is now preparing to locate and log all relevant documents, identifying key decisions and supporting evidence, to support future Modules of the Inquiry.

Urology Lookback Review

The Southern Trust Urology Lookback Review is ongoing to ensure patients under a named urologist have received / are receiving the care and treatment they required and if not, remedy care where possible.

In August 2023 the outcomes of the lookback review process for 2112 patients in Cohort 1 was published. As a result of the findings from Cohort 1, it is recognised that a further cohort of individuals (Cohort 2) will need to be further analysed and reviewed.

In identifying this group of patients the Trust determined that they are patient groups where there would be a greater opportunity to change their clinical management pathway for a more positive outcome. This includes patients with Urological Cancer and patients who were diagnosed with renal stones, who were treated with or without ureteric stents and any patient who continues to have an “open” episode of care and has yet to be discharged or their care taken over by another Trust urologist.

In addition, a concern has been raised that Mr O’Brien may have seen and treated patients privately in his own home. Due to the ongoing difficulties in gaining access to Mr O’Brien’s private patients, it is the intention of Southern Trust to include in Cohort 2 any private patients, who wish to have a review. Patients who fall into this category will be invited to come forward and make contact with the Trust directly.

Granville Manor

RQIA carried out an unannounced inspection of Granville Manor in September 2022 and serious concerns were identified during the inspection regarding a lack of robust governance arrangements and managerial oversight in relation to staff training, staff appraisals and the management of potential risks to patients which could arise from these deficits. In addition, review of governance records also highlighted that monthly quality monitoring reports were ineffective in driving the required improvements. An action plan was provided by the Trust confirming how deficits would be managed in a sustained manner. Subsequently, a further unannounced inspection took place on 6 January 2023. Whilst there were improvements noted in relation to the governance and management arrangements, further improvements are required to ensure that the ethos of supported living is embedded into practice. The Trust remains concerned in respect of the provision of safe and effective, person centred care in Granville and has located an improvement team in the facility from March 2023. Progress has been limited, with staffing, culture and competency concerns remaining. The Trust continues to prioritise improvements in Granville.

Inpatient Dementia Services

Dementia services are provided by three locality community teams and a 17-bedded inpatient assessment and treatment unit, Gillis Ward Armagh. Psychiatry of Old Age Services are provided within the Support and Recovery Service, across three locality community teams and are supported by the 16-bedded Willows Ward, Bluestone Site, Craigavon Area Hospital. Significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age emerged during 2022-23. At 1st April 2022, there was 1WTE permanent Consultant in Psychiatry of Old Age in place for all the services detailed above. Two posts were vacant and although Locum cover was in place, this was confirmed only until end-June 2022. One post was vacant due to maternity cover until at least autumn 2022. Regionally, there is a lack of available, suitably trained and experienced workforce for permanent recruitment. There is also a lack of available, suitably trained and experienced locum staff.

The Trust held patient safety concerns as there was no aligned / available Consultant Psychiatry cover for the 17-bedded Gillis dementia assessment and treatment unit. Gillis is a stand-alone unit on the St. Luke's site, looking after a vulnerable patient group who have a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges. Current service provision was unsustainable and there was therefore a need to instigate an interim change in service delivery to ensure safe and effective care. To this end, in May 2022, Gillis Ward was relocated from St Luke's Hospital, Armagh to co-locate with Willows Ward, Bluestone Inpatient Unit, Craigavon Area Hospital. This interim contingency arrangement was approved by Trust Board, who also approved a public consultation for the future of inpatient dementia assessment and treatment in the Southern Trust. The public consultation concluded in December 2022, with the final recommendation of the creation of a bespoke dementia inpatient assessment and treatment unit on the Bluestone Unit, also accepted by Trust Board. This is currently under consideration by SPPG. The Trust continues to await the outcome of the SPPG deliberations. Pressures remain in respect of medical staffing levels and demand exceeding capacity in dementia and over-65 mental health inpatient beds.

Consultant Psychiatry Medical Staffing Pressures

Currently, the Trust, despite repeated recruitment campaigns, have seven out of eight community adult consultant psychiatry vacancies, with the one permanent consultant on maternity leave until mid-2024. There is variable locum cover. This is impacting on service delivery, with a risk assessed approach undertaken to maintain as many aspects of delivery as possible. Routine psychiatry reviews are currently suspended, with priority given to urgent psychiatry reviews; outpatient waiting lists are to be reviewed by other members of the multi-disciplinary team to establish risk/need; implementation of consultation approach for keyworkers in managing patients on community mental health teams. The Trust continues to prioritise consultant psychiatry recruitment; has progressed to develop additional speciality doctor posts; and is supporting one colleague with CESR.

IT Risks

Cyber Security

The risks associated with cyber threats remain high, however the Digital Services Division continues to maintain robust Cyber Security through its continued focus on technical security measures, governance and compliance, in line with the Regional Cyber Security Programme Board. The Network & Information Systems Regulations (NIS) Cyber Assessment Framework (CAF) has now been completed and the Trust has received a set of recommendations from the Competent Authority to improve compliance with the regulations. An action plan has been agreed and progress will be monitored by the Trust's Cyber Oversight group. Focus continues on raising awareness of Cyber Security throughout the Organisation through a range of communication initiatives. The Trust is continuing to review its corporate risk to take account of these developments.

Financial Risks

Budget Position and Financial Outlook

The financial position for 2023-24 is extremely challenging. As part of the usual financial planning process the Trust presented a financial strategy and plan to SPPG in June 2023.

The SHSCT is forecasting a deficit of £29.68m. This relates to pressure on services particularly in the context of increased acuity in those attending services post COVID-19 measures, the impending winter pressures including covid and influenza, inflationary spend, the impact of strikes, staff shortages, no value added delays in hospital and the imperative to maintain Daisy Hill Hospital services. The Urology Services Statutory Inquiry called by Minister Swann is ongoing and has costed £5.78m from the outset of the inquiry. The total expenditure in 23-24 is expected to be £4.5m.

We are very concerned at the increase in demand and service growth as we enter into the winter months which will place a greater strain on our system. The pressures are resulting in increased staffing levels with increase use in higher use of agency and locums. We are experiencing an increase in agency and locum costs due to increase in demand across our services which is driving up our flexible workforce to counter the effects of ambulance and ED waits and the lack of affordable capacity within the community, the demand on inpatient provision is resulting from increased acuity due to clinical delays following the restrictions of the Covid19 pandemic. This is also due significantly to the impact of delayed medical discharges. These have resulted in overcrowding on wards and in un-commissioned beds being established with a resultant impact on the demand for agency and locum cover. Older patients in particular who are delayed in hospital are recognised as being at significant risk of coming to harm through deconditioning , leading to falls, infection, delirium and social isolation. This in turn increases the complexity of the discharge packages required and further adds to delay and cost and a decreasing spiral of health outcomes and loses any value added by healthcare.

SHSCT has been set a savings target of £26.4m in 23-24 and has identified £17.6m that could be achieved through low/medium impact savings however £8.7m could only be achieved through high impact savings. We do not anticipate that the remaining £8.7m is achievable in 2023-24. In order to make savings of this magnitude would require high impact measures and likely result in a reduction of staff by not filling essential posts. This will have a detrimental impact on service delivery and patient safety and is counter

intuitive and counter strategic and would require SPPG commissioners to determine the services that will have to stop and a public consultation with staff and the public will be necessary.

We are protecting the quality of services as best we can within the current budget allocation however we will require additional funding to meet our deficit which if not forthcoming could lead to a reduction in our services and quality.

Extensive budget planning work to support the Trust 2023-24 financial plan is ongoing between the Trust, SPPG and the Department of Health. The financial focus in 2023-24 is rebuilding robust financial control and improving service productivity and efficiency to help contain and reduce costs and improve financial discipline across the Trust.

The risk to achieving break-even in 2023-24 is included in the Trust Corporate Risk register.

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.

I confirm that I remain fit to carry out the role of Accounting Officer in accordance with MPMNI Chapter 3 and that any issues arising which question my ability to carry out the role (e.g. bankruptcy, disqualification, serious conflicts of interest, etc.) are notified immediately to the Departmental Accounting Officer.

Signed: 

Date: 13th October 2023

CHIEF EXECUTIVE & ACCOUNTING OFFICER

