

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

This statement concerns the condition of the system of internal governance in the Southern Health and Social Care Trust as at **30 September 2024**.

The scope of my responsibilities as Accounting Officer for the 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 2 July 2024. 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 seven Committees:- Audit and Risk Assurance; Governance; Remuneration and Terms of Service; Charitable Trust Funds; Strategy and Transformation; Finance, Performance and Workforce and Patient and Service User Experience 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.

2. Assurance Framework

An Integrated Governance and Assurance Framework 2024-27, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved by the Trust Board. This framework brings together in one place all of the relevant information on the risks to the Trust's strategic objectives and how assurance is obtained, including the utilisation of the three lines of assurance. It outlines the Trust Board's structure and processes for integrated governance and specifies the organisational and accountability arrangements that ensure fulfilment of the Trust Board's responsibilities.

3. Risk Register

As part of the board-led system of risk management, I confirm that the Senior Leadership Team review the Corporate Risk Register on a monthly basis at its Risk and Assurance meeting and act as the filter for risk issues from Directorate Risk Registers for entry onto the Corporate Risk Register. The updated Corporate Risk Register is provided to two Trust Board Committees, namely Audit and Risk Assurance Committee and Governance Committee whose responsibilities are clearly defined. The Audit and Risk Assurance Committee provides assurance to Trust Board on the appropriateness of Risk Register operation whilst the Governance Committee provides assurance to Trust Board on the appropriateness of Risk Register contents. Any significant risks are escalated to the Trust Board.

I confirm 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 Trust's Service Delivery 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 focuses around 9 thematic outcomes and supporting key indicators, all of which provide a population accountability of the system which depicts the condition of health and wellbeing that we want to achieve for the whole population based on an outcome-based accountability approach.

The system performance accountability will be measured by a range of metrics called System Oversight Measures (SOMs), these will reflect the short term Ministerial and Departmental Priorities to the HSC System.

SOMs have been structured around 6 key domains (outlined below) to provide a more comprehensive view of current issues and challenges:

- Performance;

Southern	26	6	20	0	0	10	23	4	63	41%
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While this is an improved position from 2023/24, it is anticipated that challenges will continue into 2025/26 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, but not limited to, 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 however several 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. Social Work staff vacancies impact on both adult community services and children and young people's services. Compliance with Mental Capacity Act, Adult Safeguarding work and dealing with complex family dynamics together with increasing demand for services, ageing population and acuity all provide a challenge to achievement of performance. 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, through its Timely Care Project, is trying to mitigate the impact of unscheduled care pressures. It is in the process of identifying enablers and barriers to flow and discharge and has highlighted a number of outcomes and insights which the Trust is working towards implementing under four key pillars:

- Admissions avoidance
- Timely Care (Flow)
- Discharge
- Enablers

The Project will be managed through the Trust's RISE Programme Board.

Operational and Divisional Medical Director level arrangements have been established to provide oversight to Service Delivery Plan arrangements. The Finance, Performance & Workforce 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.

Deep Dive work is being completed to examine reasons for underperformance within the top underperforming specialty areas with the sole purpose of maximising capacity within existing resources and identifying gaps between funded capacity and demand. Outpatient Modernisation and Theatre Utilisation Projects are also ongoing. Regular meetings with SPPG around 'at risk' specialty areas continue as well as formal Performance, Cancer, Commissioning & Planning and Unscheduled Care meetings.

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 FD(DoF)11/20 Better Business Cases NI 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 and capacity constraints within the approved Centre of Procurement Expertise (CoPE), BSO PaLS, 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, I confirm that my organisation has controls 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 implementing all of the External Auditor's accepted recommendations. There are nine recommendations, seven priority two and two priority three. The seven priority two recommendations relate to the following areas:

- Holiday/Sick Pay Provisions
- Internal Control Environment
- Clinical Negligence
- Backlog Maintenance
- Bank Reconciliation
- Existence and valuation of fully depreciated assets
- Capital accruals

Progress on the implementation of all external audit recommendations as detailed in the Report to those charged with Governance is reviewed regularly at Audit and Risk Assurance Committee meetings, with the most recent review taking place on 17th October 2024.

9. Internal Audit

To date, Internal Audit has issued the following reports in 2024/25:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE PROVIDED BY INTERNAL AUDIT
Non Pay Expenditure	Satisfactory - controls within MUSC and retained Finance (with the exception below) Limited – Management of Agency Locum Expenditure
Financial Assessments	Satisfactory
Client Monies in Independent Sector Nursing Homes (inc Adult Supported Living Services)	Satisfactory: 5 of 7 Homes Limited: 1 of 7 Facilities Unacceptable: 1 of 7 Facilities
Cash Management in Cash Offices	Satisfactory
Management of Complaints 24/25	Limited
Management of Emergency GI Bleeds	Limited
Management of Private and Change of Status Patients 24/25	Limited

During their mid-year follow up, Internal Audit found that 81% of the Trust's outstanding internal audit recommendations examined were fully implemented, a further 14% were partially implemented and 5% were not implemented at the time of review.

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. In addition, ten improvement targets have been set with regard to progressing Internal Audit work in the Trust for 2024/25 and SLT Risk and Assurance Group have commenced oversight of this progress monthly.

Progress in implementing Internal Audit recommendations is also reviewed and robustly challenged at each meeting of the Audit and Risk Assurance Committee with an additional ARAC meeting scheduled on 21 October to spend time examining all outstanding internal audit recommendations in detail with Directors.

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 2024/25 audits have been finalised:

Shared Service Audit	Assurance
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 in the Trust so that there is a central repository of the RQIA recommendations.

The Trust has been working with the Department of Health (including SPPG and other Trusts) on a regional RQIA Short Life Working Group to develop processes to gain assurance that RQIA Review Recommendations are implemented. It was planned that a cleansed list of regional RQIA reports that remained open for monitoring would be sent to Trusts, but meetings to agree regional process for this to provide a finalised list of RQIA reports are not yet complete. In the interim, the Trust has agreed internal Trust processes for both implementation of new RQIA recommendation reports and provision of corporate oversight of open RQIA reports. These Trust processes will then be merged with the new regional process when it is finalised.

11. NAO Audit and Risk Assurance Committee Effectiveness Tool

I confirm completion of the NAO Audit and Risk Assurance Committee Effectiveness Tool (May 2022) and that action plans will be implemented to address any issues.

I also confirm that any relevant issues will be reported to the Department. 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 that the SHSCT is revising its approach and will be trialling the PHA Board Effectiveness process. This work will be concluded by end December 2024. I confirm that action plans 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 Partnership Agreement, other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

Clinical and Social Care Risks

- **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.

Ongoing bed pressures have impacted the ability to deliver consistent flow which is contributing to exit block in the Emergency Department. A dedicated work programme continues and has been enhanced through the RISE Timely Care Programme. This is clinically led, managerially supported and data driven, focusing on four implementation pillars which include Same Day Emergency Care with overnight stay admission avoidance, Timely Care to include effective ward processes and timely diagnostics and Timely Discharge. However, in line with the anticipated growth in over 65's in the Southern area, the Trust is seeing increasing numbers of elderly patients being admitted to hospital with multiple underlying conditions that can lead to an increased length of stay in hospital. Challenges with ensuring timely safe and effective discharge of patients when medically optimised continues to contribute to increased waiting times in ED with ED and ward overcrowding.

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.

Medical ambulatory/ same day emergency care units are in place there are plans to further enhance these services to include the full multidisciplinary team working and an ethos of Same Day Emergency Care (SDEC). Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

Workforce issues continue to be a challenge across unscheduled care with a high reliance on medical Locums and Nursing Agency provision. As part of the workforce stabilization project, the Medicine and Unscheduled Care (MUSC) Directorate has made significant improvement in recruiting nursing staff against vacancies with a reduction in nursing agency usage.

Recruitment

The first six months in 2024/25 has seen a continuation of ongoing work in terms of attracting staffing across all disciplines to improve on the workforce deficits, however, staffing challenges remain across various job families.

The Trust's Resourcing Team supported by professional and operational managers, continued to attend school, college and employer events to promote HSC as a career and Southern HSC Trust as an employer of choice until end of June 2024. From September 2024 and for the duration of the 2024/25 academic year the HR resource dedicated to individual work placements has been diverted to assist with resourcing programmes to assist with reduction of agency spending aligned with financial plan,

Our Southern Health & Social Care Trust jobs Facebook page is proving effective in assisting with raising the profile of the Trust, and particular posts which are difficult to fill and is supporting targeted bespoke campaigns to support areas where there are specific workforce challenges, including admin roles, nursing support roles and social care support roles. The Trust is piloting with RSSC and the regional Recruitment Project Team a different approach to Nursing Assistant Bank recruitment in October 2024, to supplement the bank for shifts and wards which require cover, with the aim of eliminating agency cover in those areas.

Significant progress has been made in relation to recruitment of registered nurses, with all Adult, Children's and Learning Disability vacancies assigned to the new intake of nursing graduates in October 2024. International recruitment is now ongoing in

respect of Mental Health nurses again with the aim of stabilising the workforce and reducing agency spend.

The Trust also used a recruitment partner to assist in addressing challenges with ongoing vacancies in the medical workforce. 70 doctors have been recruited internationally to date and at various stages of induction into medical roles.

In addition, despite repeated recruitment campaigns, recruitment of consultants remains challenging in a number of medical specialties in Southern, for example: Obstetrics and Gynaecology; Haematology; general Surgery, ENT, Breast surgery, and Care of the Elderly. Three specialties areas under significant pressure are described below.

Psychiatry: The Trust have seven community adult consultant psychiatry vacancies, with the one permanent consultant on maternity leave until mid-2024 with the vacancies partially supported by locum cover which is itself of limited availability. 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.

General Internal Medicine and Gastroenterology: There remains an ongoing challenge in attracting Consultant Physicians; this is a recognised difficulty both locally and nationally. The impact of medical staff challenges has impacted in year on the ability to deliver safe general medical services over the two acute hospital sites. Services and in particular Gastroenterology have been particularly impacted with the Trust being unsuccessful in recruiting new gastroenterology consultants, mainly due to lack of applicants and availability of newly trained gastroenterology CCT holders in NI. There has been some positive recruitment with the appointment of new Consultants within Medicine and Unscheduled Care through local and international recruitment. As part of the modernisation and efficiency work streams the MUSC Directorate is reviewing current models of care. Additional consultant recruitment advertising campaigns continue to further stabilise the medical workforce in both Acute Hospitals.

Haematology: Ongoing challenges exist with consultant haematology vacancies. The haematology team has undergone significant service improvement to support the medical workforce, but with ongoing consultant level vacancies is dependent on support from Belfast Trust and outsourcing of some work to a Trust in England.

Obstetrics and Gynaecology: There have been ongoing challenges in Obstetrics and Gynaecology to recruit to Consultant level. There is a shortage of obstetrics and gynaecology consultants, both within NI and nationally (UK wide), which has contributed to recruitment challenges, and with recent retirements and resignations on the Daisy Hill site, there is now a reliance on locum doctors to assist in the running of the service. In addition to this there are a number of newly appointed midwives yet to take up post (due to be in place in February 2025). Pressures due to sickness, maternity leaves and vacancies have also contributed to the increasing number of diverts between acute sites. This is being managed on a daily basis by senior operational managers. The Trust continues to progress recruitment efforts for vacant posts.

Domiciliary Care

The historical issues and risks in relation to this sector such as procurement, lack of a regionally agreed model of care, capacity and domiciliary care billing, have remained in 2023-24 and are continuing in 2024-25. The DOH/ SPPG established a number of regional Social Care Collaborative forums and their work continues at this time. 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.

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

The Trust commenced a digitalisation project within the in-house Domiciliary Care service in August 2024, which in the first instance will introduce the use of mini i-Pads to approximately 1180 staff, facilitating electronic communications and rota management. This project will also enable the implementation of a Live Monitoring solution across the in-house Domiciliary Care service during late 2024 - early 2025, with a view to seeing this embedded across the Trust employed in-house domiciliary care staff in the first instance and ideally with 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 deal with some of the unmet need in this service area, which currently equates to approximately 586 service users on a waiting list for a domiciliary package of care. To deliver this level of care would require additional capacity in the system to deliver approximately 4,990 hours input per week at a cost of approximately £7million per year. This is beyond the Trust's current commissioned levels of domiciliary care.

Report on Inquiry into Hyponatraemia-related Deaths

Trust level responsibility for assurance surrounding the inquiry oversight transferred to the Trust Safety and Quality Steering Group in October 2023. The Trust continues to monitor the progress of implementation of the Hyponatraemia recommendations and provide assurance through six monthly progress reports. Progress is onward reported via the SLT Risk and Assurance and also provided to Governance Committee. During 2023, the Department of Health amalgamated the IHRD and INI Boards, forming the new Inquiries Implementation Programme Management Board (IIPMB) which now has oversight of recommendations from both programmes. Progress has been made in the past year on a number of recommendations, however, there is still a portion outstanding which rely on DoH input and the Trust continues to engage with DoH colleagues in relation to this cohort and implements the recommendations and guidance provided.

Cervical Screening

The Northern Ireland Cervical Screening Programme, which is managed by the Public Health Agency (PHA), aims to reduce the number of women in the population of Northern Ireland who develop cervical cancer by screening as many women as possible, examining the screening smear test results and referring the women for further treatment if any early warning signs are present. Currently, women aged 25-49 are invited for screening every 3 years and those aged 50-64 are invited every 5 years. The Southern Health and Social Care Trust laboratory alongside 3 other Trusts' laboratories, is commissioned by the PHA to provide the "screening" element of the samples retrieved during the Pap smear part of the Cervical Screening Programme. In July 2022, senior laboratory staff notified the Southern Trust's management team that they had concerns about performance in some steps of their laboratory's cytology screening system.

To fully consider these concerns, the Trust and PHA commissioned the Royal College of Pathologists (RC Path Consulting) to undertake an independent risk assessment of its cervical screening services to assess whether the women in SHSCT had a higher risk of a false negative report for smears reported by some screeners.

The RC Path report was completed on the 18 May 2023 and published by Southern HSC Trust on 9 October 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.”

Having considered the RCPATH Report, the Trust and the PHA determined that it was appropriate to undertake a precautionary review of the results of slides screened fully or in part by the screeners for whom concerns had been raised for the period from 1 January 2008 and October 2021.

The Cervical Cytology Review impacts approx. 17,543 women and commenced on 20 November 2023 starting with those slides of women who deemed at highest risk, following risk stratification work into cohorts 1-5. This specific focused piece of work is to provide reassurance to the impacted women that their original result (i.e. a normal result) was correct when cytology slides are available to be reviewed via the Slide Review Pathway and otherwise to undertake a Call Forward Smear Test to provide the current cervical screening status. At 16 September 2024, cohorts 1-5 the slide review is 100% complete. Overall completeness is 99.35% (115 women are in the call forward pathway and they do not count in the complete figure until they have an outcome).

Some women who were initially part of the cervical cytology review have attended routine screening through the Northern Ireland Cervical Screening Programme (NICSCP). These women were initially excluded from the slide review on the basis that their recent screening result provided the best assessment of their current risk. Following feedback from the women and discussion/agreement at the Cervical Cytology Steering Group these women were added back into the review. Review of this additional cohort of women, commenced when the slide review for the main cohorts was complete.

This cohort is on schedule to complete review week commencing 16 September 2024.

Urology Public Inquiry

In November 2020, the then Health Minister announced a Statutory Public Inquiry into Urology Services in the Southern Health and Social Care Trust. The Urology Services Inquiry (USI) was formally set up on September 6th 2021, with Christine Smith KC appointed as Chair.

In the period from September 2021, to June 12th, 2024 (the date of closing submissions for Core Participants), the Trust has engaged fully with the USI process.

The Trust has:

- disclosed almost 415,000 pages of potentially relevant documents to the Inquiry;
- supported the provision of 158 Section 21 statements (legally required documents and evidence which are requested by the Inquiry Chair);

- directly assisted 85 witnesses, 45 of whom were called to give oral evidence across approximately 60 of the 92 days on which the Inquiry heard from witnesses;
- assisted staff who have been amongst the 200-plus nurses and registrars who received questionnaires from the Inquiry.

The USI is now in the final phase, with the preparation of the final report and publication at a date still to be confirmed. In this final phase of the Inquiry, the Trust is required to review S21 notices in advance of publication on the Inquiry website to ensure appropriate redaction; management of ‘warning letters’ and additional requests for information. Engagement with the USI team continues as we work towards a conclusion of the process.

Southern Trust Urology Lookback Review

In July 2021 the Trust commenced an extensive Lookback Review Exercise into the treatment and care provided to urology patients by the now retired Consultant Urologist, Mr Aidan O’Brien. The purpose of this Lookback Review (LBR) was to determine if the treatment received by individual patients was appropriate, and to an acceptable standard, or if patients required a change to their treatment plan.

The Urology Lookback Review was conducted in two phases. The first phase (Cohort 1) completed in August 2023.

The second and final phase (Cohort 2) began in September 2023 and is now concluded.

A total of 2302 urology patients were reviewed across both cohorts as part of the Urology Lookback Review. Of these patients 549 were offered a recall appointment, with 353 of these patients requiring at least one change to their treatment plans.

In May 2022, the Department of Health commissioned the RQIA to undertake a review of Urology Services and the LBR – the review was undertaken in two phases with the final reports delivered to the Trust in August 2024.

Southern Trust External Reference Group

As part of the process of engagement and real-time learning from the Inquiry process, the Trust established an External Reference Group (ERG). The core purpose of the ERG was to fulfil the role of an expert panel and “Critical Friend” providing independent challenge and support to the Chief Executive and Directors in their focus on improving organisational health and maximise safety, quality and experience for patients / service users and staff.

The intention was to take an “action learning” approach to its work, using independent members to question and challenge, thus promoting active reflection in order to draw out learning which would inform approaches going forward.

Work of the ERG completed in Spring 2024, with the preparation of a final report, identifying learning and future actions for the Trust to take forward.

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. The Trust remained concerned in respect of the provision of safe and effective, person centred care in Granville and located an improvement team in the facility from March 2023. Progress has slow and whilst more stable, change has not yet sustained. The Trust proposes to close Granville Manor as a control diverge and monitor in line with internal governance processes.

Inpatient Dementia Services

Older People's Mental Health services, inclusive of dementia services and psychiatry of old age services are provided by community teams across the three localities of the Trust and are supported by hospital inpatient assessment and treatment beds. Significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age emerged during 2022-23.

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, a stand-alone unit on the St. Luke's site, Armagh, looking after a vulnerable patient group with a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges. The current service provision was unsustainable and there was a need to instigate an interim change in service delivery to ensure safe and effective care. Following a public consultation (December 2022) the final recommendation of the creation of a bespoke dementia inpatient assessment and treatment unit on the Bluestone Unit was accepted by Trust Board in March 2023. This position is currently under consideration by SPPG and the Trust continues to await the outcome of the SPPG deliberations. Pressures remain in respect of consultant psychiatry medical staffing.

Maternity Services

The Trust is committed to delivering a safe and sustainable Obstetrics and Gynaecology service to the Southern Trust population which includes the continuation of services on both acute hospital sites. Unfortunately, due to the workforce challenges there have been occasions the Trust has been unable to safely provide services on

both sites and consequently diverts have been put in place to manage patient acuity, volume of patients and support the workforce to maintain a safe service.

There have been ongoing challenges in Obstetrics and Gynaecology to recruit to Consultant level. There is a shortage of obstetrics and gynaecology consultants, both within NI and nationally (UK wide), which has contributed to recruitment challenges, and with recent retirements and resignations on the Daisy Hill site, there is now a reliance on locum doctors to assist in the running of the service. In addition to this there are a number of newly appointed midwives yet to take up post (due to be in place in February 2025). Pressures due to sickness, maternity leaves and vacancies have also contributed to the increasing number of diverts between acute sites. This is being managed on a daily basis by senior operational managers. The Trust continues to progress recruitment efforts for vacant posts.

The diverts have impacted inpatient maternity services on both sites. The Trust has put in place a number of mitigations and has identified a number of actions to maintain service provision. Discussions are continuing with SPPG, DoH and PHA and other Trusts for support on this issue. This is an ongoing issue and is being monitored on a daily basis.

UK COVID-19 Public Inquiry

The UK Covid Inquiry was set up to examine the UK's response to, and impact of, the Covid-19 pandemic. The Inquiry Chair is Baroness Heather Hallett.

There are currently eight active Modules in the Inquiry, with a further one module already completed.

The Trust, like other Trusts across the UK, is a participant in this Inquiry and has been subject to a number of Rule 9 requests (a formal request for information). So far, specific information requests include procurement and the care home sector, which relate to Modules 5 and 6 of the Inquiry.

IT Risks

- **Cyber Security**

The risks associated with cyber threats remain high. The Digital Services Division continues to maintain robust Cyber Security through its continued focus on technical security measures, governance and compliance, in line with the Regional Cyber Security Programme Board. A regional business case to continue the Regional Cyber Programme is in progress and the programme will seek continued investment for

Cyber related projects and resources. Timeframes for approval of the regional business case remain unknown.

Focus continues on raising awareness of Cyber Security throughout the organisation through a range of communication initiatives and the Trust has a robust communications plan in place to manage communication activities.

The Network & Information Systems Regulations (NIS) Cyber Assessment Framework (CAF) Stage 1 and Stage 2 returns were completed in early 2023 and a number of recommendations were identified to improve compliance with the regulations. Monthly Compliance meetings have now been established with the Competent Authority to show progress against the Stage 1 and Stage 2 CAF recommendations however progress to date has been challenging and concerns remain around the level of resource required to support the NIS Regulations from Digital Services and Emergency Planning.

The Trust is continuing to review its corporate risk to take account of these developments.

Financial Risks

- **Budget Position and Financial Outlook**

The 2024-25 financial position for the NI Public Sector is very challenging. Across the HSC Sector significant challenges continue to be faced and are expected to intensify. As part of the usual financial planning process the Trust presented a financial strategy and plan in response to the indicative budget announced for 2024-25.

The Financial Contingency Plan reflected a forecasted deficit of £59m with low/medium risk savings of £17m which will be implemented in 2024-25 with a deficit gap of £42m remaining. The Trust Board and SPPG has approved the implementation of the £17m savings, which were considered as having low/medium impact on service delivery and patient safety. These savings were identified through a detailed review of all spending areas, workshops and meetings held with Senior Leadership team and Trust Board.

In July 2024, SPPG increased the SHSCT savings target by £5m (total savings £22m) and transferred the remaining deficit £37m back to centre in SPPG which will be met through monitoring rounds.

There is robust monitoring of the implementation of the £22m savings in 2024-25, progress will be reported each month with oversight from the Director of Transformation and reported each month to the Trust's RISE programme, chaired by the Chief Executive and oversight from the Finance, Performance and Workforce Committee that reports to the Trust Board. Any deviations from plan are being

promptly addressed. The savings programme will focus on-going identification of further savings.

Following the Southern HSC Trust increase in forecast deficit and non-achievement of savings plan in 2023-24, the Department of Health commissioned an external review of the Financial Management and Governance arrangements within the Trust. This review made a number of observations and recommendations that will further strengthen controls in relation to Financial Management and Governance and Financial Culture within the Trust. The vast majority 90% of these recommendations are either fully or partially implemented and will be fully implemented in 2024-25 with an internal audit follow up review taking place in January 2025.

The Trust continues to have considerable underlying recurrent funding pressures, which, coupled with further in-year emergent pressures will undoubtedly result in significant budgetary challenges continuing into future years. Financial Recovery plan over 5 year period is being prepared regionally to address the deficit position.

However, it is clear that, if the Department of Health does not receive significant additional funding, the implementation of high impact savings will be required, with adverse consequences for an already highly pressurised health and social care system which would be very damaging for service delivery.

The financial focus in 2024-25 will be on 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 2024-25 is included in the Trust Corporate Risk register.

Social Work Services

Social work services in the Trust continue to be compromised primarily as a consequence of substantive long-term vacancies and insufficient numbers of 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.

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 (LAC) services. This, combined with application of Quality improvements initiatives, has resulted in reductions in Family Support unallocated cases. The service continues to experience an upwards trajectory in the numbers of children becoming Looked after which is creating considerable challenges in respect of care placement capacity.

In addition, and directly linked to substantive social work vacancies, the service is now experiencing a small number of unallocated Looked after children and a corresponding breach in Directed Statutory Functions.

The service has very specific Governance and review arrangements in place and the young people concerned are in stable long term foster care placements.

The Trust is committed to exiting unallocated LAC as soon a social work capacity permits same.

There is ongoing work to promote social work as an attractive career opportunity to secondary school aged young people and undergraduates. This includes hosting a specific careers event within the Trust and participation in regional careers events, both planned in October 2024. The Trust continues to collaborate with universities to promote the graduate route to those with relevant degrees. The Trust will increase the number of practice learning places offered to social work students in line with additional funded places that the Department of Health have committed to. This will see an increase of places offered via the Open University route for experienced social care workers within the Trust. A total of 42 newly qualified Social Workers accepted posts within the Trust in Summer 2024 and have commenced employment. Structured induction is being provided, alongside enhanced supports for their first year in employment. A broader quality improvement project is progressing with a focus on increasing retention rates across social work.

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.

15. Annual Assurance of Fitness of Accounting Officer

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: 29th January 2025

TEMPORARY ACCOUNTING OFFICER