WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2021

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 by the Department of Health (formerly known as the Department of Health, Social Services and Public Safety)

On

6th July 2021

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FOREWORD FROM THE CHAIRMAN

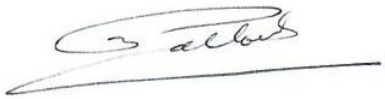
I am pleased to present the Western Health and Social Care Trust Annual Report for the year 2020-2021. The Report gives a comprehensive outline of the business and services of the Trust in what has been an unprecedented and challenging year for all staff, patients, carers and their families.

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

The Trust continues to be led in a most competent and proactive manner by our Chief Executive, Dr Anne Kilgallen, and a strong team of Directors, who have stepped up to meet the challenges of the Covid pandemic. Anne has announced that she will be retiring in June 2021 and I take this opportunity to thank her and wish her well. Also, Ann Mc Connell, Director of Human Resources who retired in April, has done outstanding work for the Trust particularly during the past unprecedented year. It has been a privilege to work with them and they will leave the Trust in a strengthened position with a strong and cohesive executive team, which I am proud to Chair.

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

I commend this report to you as a statement of the work of the Western Heath and Social Care Trust with my best wishes.



SAM POLLOCK
CHAIR

FOREWORD FROM THE CHIEF EXECUTIVE

As I write this review of the Trust's achievements for 2020/21, I want to start by expressing my personal sympathy to those who have lost loved ones during this pandemic, including the families of Trust staff.

I have announced my retirement in the coming year and as I reflect back on my career I must acknowledge the personal privilege it has been to have led the Trust through the most challenging year of its existence, I am proud of the effort, commitment and team work that everyone has shown in continuing to deliver safe services, in unprecedented circumstances, to our population since the onset of the Covid pandemic.

In the midst of the most extraordinary times most of us have lived through, I wish to acknowledge and celebrate the really impressive work that has continued across the organisation on a daily basis in delivering services for patients, service users and families in a safe and caring way, while embracing the challenges and new ways of working that this pandemic has brought.

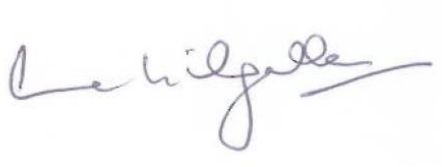
We in the Trust have responded to the Covid pandemic with meticulous planning, innovation, dedication and sheer hard work to effectively address the impact of the pandemic on our local population. It has been inspiring to see the amazing commitment and ingenuity shine through from people working in all parts of our Trust, as they have overcome the challenges of the pandemic in some cases and mitigated the impact on patient and client care in others.

The Covid pandemic has increased the gap between the level of services we can provide and the level of demand for those services due to the need to provide a safe socially distanced environment for patients and staff. As a result the length of time people are waiting for access to our services is much longer than we would want. As we begin to rebuild our services we will continue to develop the new ways of working that are already improving the way our health and social care services are delivered. However, we have to acknowledge the funding constraints we are operating under with the fundamental resource issue largely outside our control.

I am, however, pleased to note that through cross directorate working and sound financial stewardship, the Trust has continued to progress towards financial stability.

I wish to acknowledge the work of, and personally thank, Ann Mc Connell, Director of Human Resources who retired after many years of dedicated service and wish her well in the future.

Finally and again, I wish to thank all staff, at every level in the organisation, for the outstanding commitment you have shown during the year. I am especially proud that as an organisation we have worked even more closely together than ever before to serve the population of the Western Trust.



DR ANNE KILGALLEN
CHIEF EXECUTIVE

PERFORMANCE REPORT

Purpose

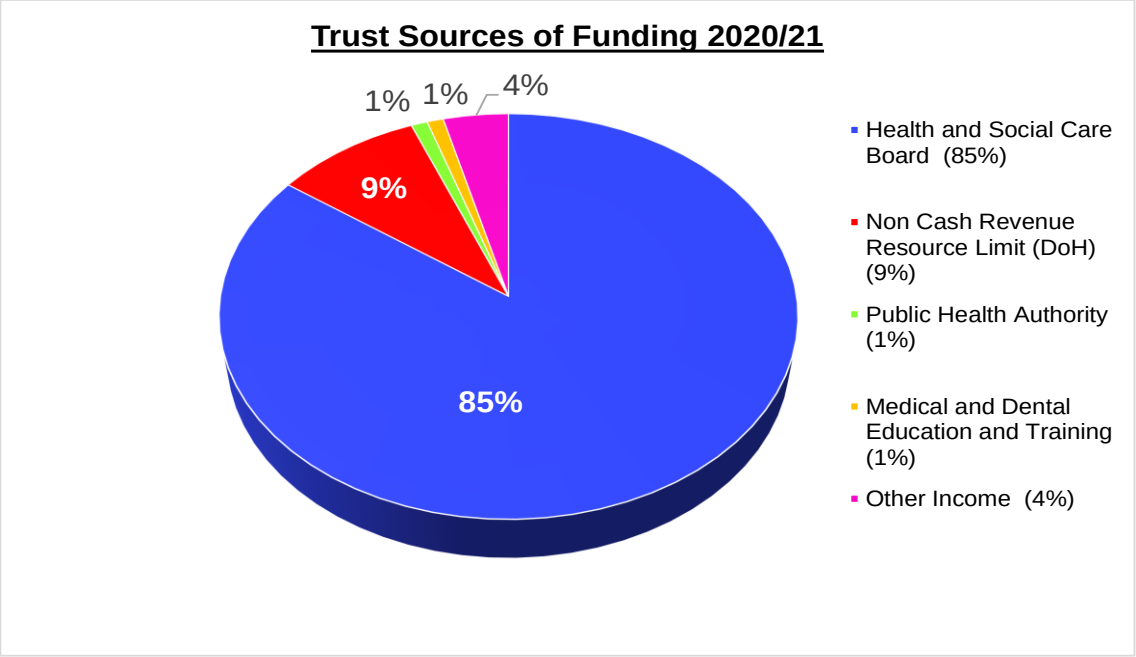
This section of the report presents the corporate perspective on the Western Health and Social Care Trust's performance over the period 2020/21. It also summarises the purpose and activities of the Trust and provides a brief description of the business model and operating environment, organisational structure and strategies. Key issues and risks that could affect the organisation in delivering against its objectives are identified and the section concludes with an outline of performance over the reporting period.

The Western Health and Social Care Trust

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

The Western Trust employs approximately 12,000 staff and had an annual income of over £945m in 2020/21.

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



Business Model

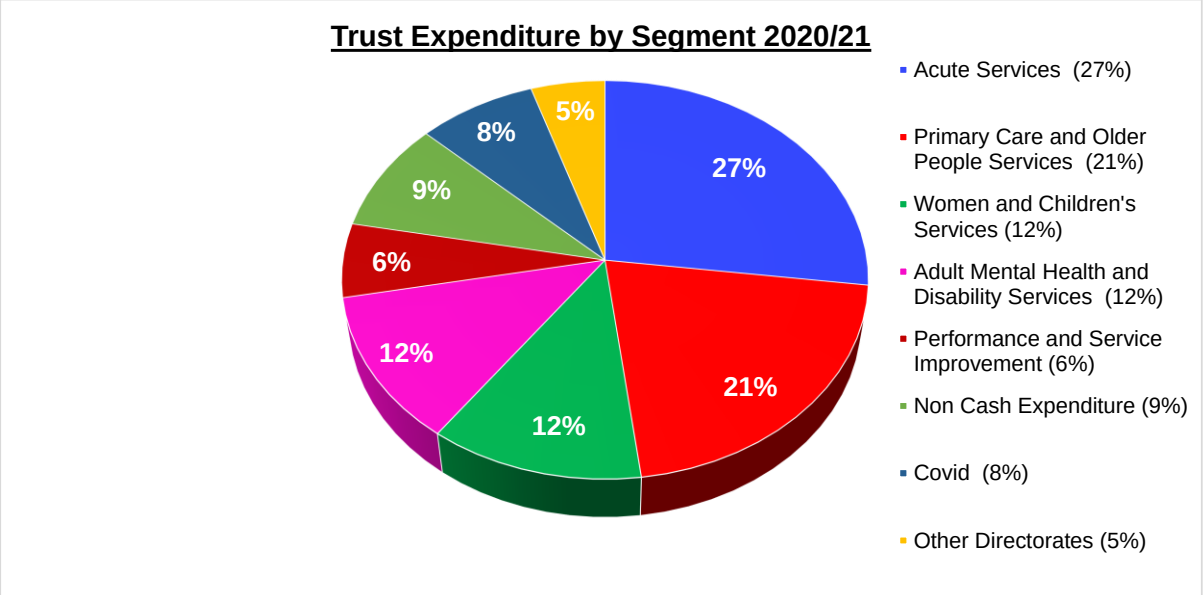
The Trust provides services across 4,842 sq. km of landmass and delivers services from a number of hospitals, community based settings and directly into individuals' homes. This comprehensive range of services is provided through the following operational Directorates:

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

The service Directorates are supported by the

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

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



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

The Tyrone and Fermanagh Hospital provides a range of acute mental health inpatient services for adults and older people.

Social services and many other Trust services are delivered in community-based settings, often in partnership with organisations in the private, community and voluntary sectors.
In support of “Health and Wellbeing 2026 - Delivering Together” the Trust aims to deliver the following outcomes:

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

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

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

Covid-19 Pandemic
The Covid-19 pandemic presented unprecedented challenges for the planning and delivery of health and social care (HSC) services in Northern Ireland (N.I.), and the Trust stood up its level 3 emergency planning processes in order to support the need for rapid decision-making and good governance over the period ahead.

A range of planning, operational, and expert groups were established and the Trust Corporate Management Team fully engaged with the establishment of seven day "Command and Control" arrangements to support the management of the Trust through the crisis.

In March 2020, the Minister announced that many services would be stood down or scaled back in the face of the first wave of the Covid-19 pandemic, and in order to prepare services to surge their capacity in order to respond to the expected high numbers of people requiring hospital care, and to minimise the risk of infection of staff and people requiring care. All Trusts scaled back "Face to Face" services in hospitals and in community care, and focussed on only the most urgent assessment, treatment and care interventions.

In response to the impact of Covid, the Department of Health produced a memorandum to the HSC Framework Document, (originally published in September 2011, to meet the statutory requirement placed upon it by the Health and Social Care (Reform) Act (NI) 2009). This Memorandum set out temporary changes for a period of two years with effect from June 2020 (to be kept under review), and created a new temporary management board, the 'Management Board for Rebuilding HSC Services' which came into being in June 2020 for a period of two years to be reviewed thereafter.

In June 2020, the Minister announced a new strategic approach to the planning and delivery of the Rebuild of HSC services. This Rebuild Framework accepted that the impact of Covid-19 on HSC would be profound and long lasting, and that services would not be able to resume as normal for some time due to the continued need to adhere to social distancing and the need to operate infection control processes which adequately managed the risk of infection. It also acknowledged the impact of the first wave of the pandemic on the health and social care workforce, and that there would be further "surges" of infection which would impact the ability of Trusts to rebuild its services back to anything approximating previous levels.

The Framework asked all HSC Trusts to develop incremental service plans, detailing how capacity can be increased in the context of Covid, and set aside the customary process of annual Trust Delivery Plans, based on Commissioning Plan Directions from the Department of Health and priorities set regionally and locally by commissioning bodies.

The first Western Trust Rebuild Plan was issued in June 2020, and successive plans since then have operated on a three monthly cycle.

Performance Overview

Normally, each year the Department of Health (DoH) issues its Commissioning Plan Direction to the Health and Social Care Board (HSCB), which contains the priorities and targets for the region. In turn, the HSCB issues the Trust with an annual Commissioning Plan, which details what the HSCB expects the Trust to deliver in the coming year. Each of the targets will have associated measures or performance indicators, by which the Trust's performance will be measured. For 2020/21, the Commissioning Plan Direction (CPD) and Commissioning Plan (CP) were rolled forward and a similar approach was adopted in relation to Trust Delivery Plans which have essentially been replaced by Trust Rebuild Plans which are being developed and published on a quarterly basis in line with the approach set out in the Minister's Framework for Rebuilding Health and Social Care (HSC) Services. These Rebuild Plans include targets and performance metrics and provide an indication of current activities and priorities in line with Departmental requirements.

In response to the Covid-19 pandemic it was necessary for the Trust to implement a number of extraordinary measures which impacted on Trust services. Many routine hospital assessments and interventions were scaled back or stood down ahead of Surge 1, in late March 2020, in order to escalate critical care capacity in Intensive Care Units (ICUs) and to support respiratory wards in our acute hospitals across N.I. The Rebuild of elective activity, while maintaining Covid safe services, commenced in June 2020.

The delivery of critical community services during surge periods has been achieved through careful prioritisation and close working with service users, carers and families, and changes to how care was delivered in some cases. These services provided vital support to Nursing Homes dealing with Covid-19 outbreaks, and to people in their own homes. Mental Health Services have faced considerable pressures particularly Acute Adult Inpatient Services with bed occupancy rates over 100% and increasing demand for Adult Mental Health Services, CAMHS and Psychological Therapies.

In order to optimise performance and to support continued delivery of care, the Trust implemented significant changes in 2020/21 such as an alternative ambulatory pathway for Cardiology patients, the Unscheduled Care "Phone First" service to stream patients from the emergency departments and the Hospital At Home service in the Southern Sector to help manage people who needed acute interventions in their home setting.

As we begin to rebuild our services, working safely as employees and with those who experience our services requires high standards of Infection Prevention and Control (IPC) and that we continue with the Covid safe practices which minimise the risk of the spread of infection in hospitals and care settings. This impacts our productivity and capacity and affects our ability to scale up services.

The end-of-year position on the Trust's performance against the Commissioning Plan and Direction targets are summarised below. The red (R) status denotes Not Achieving

Target, Amber (A) denotes Almost Achieved Target and Green (G) denotes Achieving Target.

Summary of Trust Performance against 2020/21 Commissioning Plan Targets - March 2021	
By March 2021, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	R
By March 2021, all urgent diagnostic tests should be reported on within 2 days.	R
During 2020/21, all urgent suspected breast cancer referrals should be seen within 14 days.	R
During 2020/21, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	G
During 2020/21, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	R
By March 2021, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	R
By March 2021, no patient should wait longer than 52 weeks for an outpatient appointment.	R
By March 2021, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	R
By March 2021, no patient should wait longer than 26 weeks for a diagnostic test.	R
By March 2021, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	R
By March 2021, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	R
By March 2021, 55% of patients should wait no longer than 13 weeks for inpatient/daycase treatment.	R
By March 2021, no patient should wait longer than 52 weeks for inpatient/daycase treatment.	R
By March 2021, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	R
By March 2021, to establish a baseline of the number of hospital cancelled, consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2021 seek a reduction of 5%.	R
By March 2021, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department.	R
By March 2021, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours.	R
By March 2021, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	G

By March 2021, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.	A
By March 2021, ensure that no complex discharge from an acute hospital takes more than seven days.	R
By March 2021, all non-complex discharges from an acute hospital to take place within six hours.	R
By March 2021, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	R
By March 2021, no patient waits longer than nine weeks to access adult mental health services.	R
By March 2021, no patient waits longer than 9 weeks to access dementia services.	R
By March 2021, no patient waits longer than 13 weeks to access psychological therapies (any age).	R
During 2020/21, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge.	R
During 2020/21, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	R
During 2020/21, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.	A
During 2020/21, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	R
By March 2021, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	G
By March 2021, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).	G
By March 2021, no patient waits longer than 9 weeks to access child and adolescent mental health services.	R
By March 2021, secure a 10% increase in the number of direct payments to all service users.	R
By March 2021, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users.	G
By March 2021, secure a 5% increase (based on 2019/20 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	A

Outline of organisation performance

Elective Care

Inpatients, Daycases

At the end of March 2021, the total inpatient (IP) and daycase (DC) waiting list has grown to 22,848 patients, reflecting a 15% increase in a period of one year. Significantly 60% of these patients are now waiting longer than 52 weeks compared to 34% at the end of March 2020.

In its Rebuild plans Phases 2–4 (July 2020 to March 2021) the Trust delivered 2,043 inpatient treatments against a predicted 1,871. Delivery against predicted activity varied over this period, particularly as services responded to surges in Covid-19 admissions to hospital across the months, overall 109% of the predicted activity for July 2020 to March 2021 was delivered. (*Figures exclude January 2021 when predicted activity was not submitted due to the expected surge 3)*

In daycase services, overall during Phases 2–4 (July 2020 to March 2021) the Trust delivered 7,201 daycase treatments against a predicted 5,764. Although delivery against predicted activity varied across months, the Trust achieved the target during seven of the eight months and overall delivered 125% of the predicted activity for July 2020 to March 2021. (*Figures exclude January 2021 when predicted activity was not submitted due to the expected surge 3).*

From the start of March 2020 to 31 March 2021, there have been 3,290 patients *(502 IP's & 2,788 DC's)* who have had their Inpatient or Daycase admission cancelled due to Covid-19 reasons. This includes both patients who have been cancelled by Hospital due to Covid pressures or patients who cancelled due to Covid fears, did not self-isolate or failed to attend pre-operative Covid-19 screening.

Outpatients

During 2020/21 there has been a 27% (31,643) reduction in consultant-led new outpatient referrals but despite this, the waiting list has grown to 49,296, reflecting a 17% increase in year. Significantly 54% of these patients are now waiting longer than 52 weeks compared to 35% at the end of March 2020.

In terms of rebuild of outpatient services, overall during Phases 2–4 (July 2020 to March 2021) the Trust delivered 27,314 new outpatients against a predicted 25,064. There were 20,556 face to face appointments delivered against a predicted 19,854 and 6,758 virtual appointments delivered against a predicted 5,210. Although delivery against predicted activity varied across months, the Trust achieved the target during six of the eight months and overall delivered 109% of the predicted activity for July 2020 to March 2021. (*Figures exclude January 2021 when predicted activity was not submitted due to the expected surge 3).*

During this period the Trust delivered 64,337 review outpatients against a predicted 54,872. There were 35,465 face to face appointments delivered against a predicted 29,646 and 28,872 virtual appointments delivered against a predicted 25,226. Overall, services delivered 117% of the predicted activity for July 2020 to March 2021. *(Figures exclude January 2021 when predicted activity was not submitted due to the expected surge 3).*

From the start of March 2020 to 31 March 2021, there have been 31,339 (New 8,148 / Review 23,191*)* outpatient appointments cancelled due to Covid-19 reasons. This includes both patients who have been cancelled by Hospital due to Covid pressures or patients who cancelled due to Covid fears, did not self-isolate or failed to attend pre-operative Covid-19 screening.

Diagnostics

Overall, during Phases 2–4 (July 2020 to March 2021) the Trust delivered 61,754 diagnostics imaging tests for five modalities against a predicted 50,863. The Trust exceeded the predicted activity in four of the five modalities and exceeded the overall monthly target in all of the nine months during rebuild and delivered 121% of the predicted activity for July 2020 to March 2021. The Trust delivered 4,975 Echocardiograms against a predicted 3,530, meeting or exceeding the rebuild target during all nine months of rebuild and delivering 141% of the predicted activity for July 2020 to March 2021.

Cancer Care

Suspect cancer referrals fell sharply in the early part of the pandemic. In April 2020 the number of red-flag referrals reduced by 50% of the referrals received in April 2019. However, referrals continued to increase throughout the year resulting in a 3% reduction during 2020/21 compared to 2019/20. The increase in red flag referrals is particularly evident in breast (8%) and skin (23%) suspect cancer tumour sites, although some suspect cancer tumour sites have seen a reduction during 2020/21 in referrals for e.g. lower gastrointestinal, head and neck, upper gastrointestinal and lung.

14-Day Breast Pathway

The Trust has been exceeding its commissioned capacity level for some years, and Waiting List Initiative (WLI) additional activity has been used to bridge this gap. The Trust has recently developed a proposed phased implementation plan which requires the continuation of the WLI allocation and recruitment of an advanced nurse practitioner in the short term.

Whilst HSCB have acknowledged the capacity gap, opportunities in year to close the gap are challenging. The plan has been logged as part of the Regional Cancer Recovery Plan.

In terms of rebuild, overall during Phases 2–4 (July 2020 to March 2021) of the 2,605 patients seen, 84% were seen within 14 days of referral and 405 patients waited longer

than 14 days. The percentage seen within 14 days varied across months, and the Trust achieved the target during five of the nine months.

31 Day Pathway and 62 day Pathway

Delays accessing outpatients and reduced access to theatres have led to significant challenges in meeting the 31 and 62 day pathway. A regional process for prioritisation of theatre capacity has been established by DoH to allocate to available theatre capacity in the Independent Sector (IS) in line with clinical priority, and this is being adopted for available In-house capacity.

During Phases 2–4 (July 2020 to March 2021) of the 1,147 patients treated, 99% received their first definitive treatment within 31 days of a decision to treat and 12 patients waited longer than 31 days. Although the percentage treated within 31 days varied across months, the Trust achieved the target during all nine months of rebuild.

Overall, of the 782 patients treated, 62% received their first definitive treatment within 62 days of a decision to treat and 293.5 patients waited longer than 62 days. The Trust achieved the target during six of the nine months.

Endoscopy

This service has been significantly impacted by a downturn in activity during the pandemic, due to staff redeployment, reduced capacity due to the need for IPC measures, and also due to staff absence. Waiting times and the number of patients waiting for endoscopy treatment both grew significantly for non-urgent patients.

At the end of March 2021 the total endoscopy waiting list has grown to 5,022 patients, reflecting a 42% increase in year. Significantly 45% of these patients are now waiting longer than 52 weeks compared to 4% at the end of March 2020. In terms of rebuild, overall during Phases 2–4 (July 2020 to March 2021) the Trust delivered 4,438 endoscopies against a predicted 4,040.

Although delivery against predicted activity varied across months, the Trust achieved the target during seven of the nine months and overall delivered 110% of the predicted activity for July 2020 to March 2021.

Unscheduled Care

Progress on the Regional No More Silos Programme commenced during 2020/21, commissioned by DoH as part of a regional programme to reform unscheduled care.

The “Phone First” initiative went live on 25 January 2021 and the Trust commenced the expansion of the ambulatory care service at Altnagelvin Hospital.

At Altnagelvin Hospital during 2020/21 there was a 19% reduction in Emergency Department (ED) attendances, 56% of patients were admitted or discharged within 4 hours and 4,464 patients waited longer than 12 hours.

The conversion of ED attendance to admission to hospital remained stable at 21% of the total patients seen in ED. Overall there was a 13% reduction in Adult Unscheduled admissions and the overall average length of spell reduced by 0.17 days on average.

87% of Complex Discharges were discharged within 48 hours and 112 (5%) of Complex discharges waited longer than 7 days, which is a 15% improvement on the prior year.

At South West Acute Hospital during 2020/21 there was a 17% reduction in ED attendances, 65% of patients were admitted or discharged within 4 hours and 2,025 patients waited longer than 12 hours. 22% of the total patients seen in ED were admitted and overall there was a 16% reduction in Adult Unscheduled admissions and the overall average length of spell reduced marginally, by 0.07 days.

89% of Complex Discharges were discharged within 48 hours and 106 (7%) of Complex discharges waited longer than 7 days.

In general, while attendances and admissions to hospital from our EDs fell significantly during the year overall, 4 hour performance did not worsen, and the numbers of people waiting longer than 12 hours reduced.

Community Services

Adult Mental Health

Performance against the 9 Week Target has significantly improved throughout 2020/21. Overall, the Total Number Waiting for a new AMH outpatient appointment reduced by 37% from March 2020. At the end of April 2020, there were 676 waiting more than 9 weeks, due to an increase in capacity, utilisation of virtual measures and suppressed demand, this decreased to 165 by March 2021.

During Phases 2–4 (July 2020 to March 2021) the Trust delivered 3,563 new outpatients against a predicted 4,442 (80%), achieving the target during three of the nine months. A total of 38,482 review outpatients were also delivered against a predicted 34,606 (111%), achieving the rebuild target during eight of the nine months.

Psychological Therapies

There has been a significant deterioration in access to this service during 2020/21. Overall, the total number waiting for a new Psychological Therapies outpatient appointment increased by 16% from March 2020. At the end of April 2020 there were 1,067 waiting more than 13 weeks, due to workforce issues, Covid-19 social distancing restrictions and IPC, this increased to 1,326 at end of March 2021.

Psychological Therapies remains an area of concern across the region and HSCB has signalled its intent to commence an improvement and reform programme. Within Adult Mental Health Psychological Therapies a Quality Improvement Project has commenced

which will explore demand, capacity, processes and pathways and reformed ways of working.

Given the instability in this service, delivery estimates were expected to reduce, however, the Trust delivered 1,532 new outpatients against a predicted 637 (241%), achieving the target during each of the nine months. A total of 10,188 review outpatients were also delivered against a predicted 8,711 (116%), achieving the rebuild target during seven of the nine months.

Dementia Services

There has been a steady deterioration in access to this service during 2020/21. Overall, the total number waiting for a new Dementia outpatient appointment increased by 30% from March 2020. At the end of April 2020 there were 309 waiting more than 9 weeks, and due to a reduction in capacity, this increased to 366 at end of March 2021. This service were unable to fully utilise virtual measures due to the type of assessment undertaken and the need to complete these on a face to face basis.

Overall, during Phases 2–4 (July 2020 to March 2021) the Trust delivered 257 new outpatients against a predicted 543 (47%) and was largely unable to meet the rebuild estimates set in the Trust plans. However, 3,024 review outpatients were also delivered against a predicted 2,300 (131%), achieving the review outpatients target during seven of the nine months.

Allied Health Professional (AHP) Services

There has been a marked improvement in waiting times throughout 2020/21 within AHP services, and it is one of a small number of services which has recovered close to the position at March 2020.

During 2020/21, there has been a 41% reduction (-20,446) in the AHP new outpatient referrals accepted by the Trust.

Overall, the total number waiting for a new AHP outpatient appointment reduced by 20% from March 2020. At the end of April 2020, there were 6,002 waiting more than 13 weeks, due to an increase in capacity from recruitment of additional staff, full utilisation of appointment slots and virtual measures and suppressed demand, this decreased to 4,622 by March 2021, within this, by far the greatest number were waiting for Occupational Therapy. This service is experiencing workforce challenges, staff movements and vacancies within Paediatric Occupational Therapy which is a complex and difficult area to recruit to.

Overall, during Phases 2–4 (July 2020 to March 2021) the Trust exceeded the monthly targets for AHP new and review outpatient appointments. Services delivered 25,957 new outpatient appointments against a predicted 20,960 (124%) and 117,420 review outpatient appointments against a predicted 87,092 (135%).

Children's Services

Child and Adolescent Mental Health Services (CAMHS)

Access to this service has significantly improved throughout 2020/21. Overall, the total number waiting for a new CAMHS outpatient appointment reduced by 53% from March 2020. At the end of April 2020, there were 488 waiting more than 9 weeks, due to an increase in capacity, utilisation of virtual measures, implementation of service improvement initiative and suppressed demand, this decreased to 131 by March 2021. This service have been successful in securing additional funding from HSCB for new Mental Health Practitioner posts which will provide a further increase in capacity.

Overall, during Phases 2–4 (July 2020 to March 2021) the Trust delivered 962 new outpatients against a predicted 639 (151%), achieving the target during eight of the nine months. A total of 7,031 review outpatients were also delivered against a predicted 6,343 (111%), achieving the review outpatients target during seven of the nine months.

Autism

The Autism Diagnostic Access target was not achieved and there has been a deterioration in waiting times throughout 2020/21. Overall, the total number waiting for a new diagnostic assessment increased by 27% from March 2020. At the end of April 2020 there were 754 waiting more than 13 weeks, due to Covid-19 social distancing restrictions and IPC, this increased to 988 at end of March 2021.

However, the new intervention access target has significantly improved during 2020/21. Overall the total number waiting for a new intervention appointment decreased by 74% from March 2020. At the end of April 2020 there were 206 waiting more than 13 weeks and this decreased to 17 at end of March 2021, as a result of the service undertaking a review of the Post-Diagnostic Intervention Pathway and implementing an interim partial booking process.

Overall, during Phases 2–4 (July 2020 to March 2021) the Trust delivered 242 New Diagnostic appointments against a predicted 157 (154%), achieving the target during each of the nine months. A total of 239 New Intervention appointments were also delivered against a predicted 289 (83%), achieving the target during five of the nine months.

Child Protection

The number of children on the Child Protection Register at March 2021 has decreased to 518 from 546 in February 2021(-28).

Overall during 2020/21, the number of children on the Children Protection Register has decreased. The position at March 2021 reflects a 14% decrease compared to March 2020 (601).

From March to June 2020, there was regional agreement that initial Child Protection Case Conferences would proceed and reviews would take place where it was assessed that they could not be delayed due to risk. Trust Chairpersons were redeployed to front line Safeguarding and Looked after Children (LAC) Teams to support Service Managers. This had a direct impact on Child Protection Registration statistics as the delayed Reviews impacted on Children's names being removed from the register, whilst Initial Case conferences proceeded with children's names continuing to be added to the register. The Principal Practitioner for Safeguarding and Principal Social Workers are undertaking work on cases that have been subject to child protection for a prolonged period; this has resulted in a reduction of risks and subsequent deregistration's.

Looked After Children (LAC)

During 2020/21 the overall number of Looked After Children (LAC) increased. At 31 March 2021 there were 688 compared to 652 at March 2020, an increase of 6%.

The service is undertaking work to understand the rise in the number of LAC cases. While there is no significant rise in the number of children coming into care there is a rise in the number moving out of care. Children returning home is now one of the main areas of work for the Trust under Delivering Value, however, this work has been delayed due to Covid-19. In addition, the pandemic resulted in Court closures so final decisions regarding care planning have been delayed; this has also impacted on the LAC numbers.

Children Waiting for a Social Work Allocation

During 2020/21, there was an incremental increase in the number of children waiting for a social work allocation from July to November 2020 and a significant monthly reduction from November 2020 to 31 March 2021, leaving 76 children waiting for a social work allocation at 31 March 2021, compared to 214 at 31 March 2020.

The Family Intervention Service (FIS) have been impacted by workforce issues/staffing shortages particularly within the Southern Sector of the Trust. Recurrent funding for additional posts was allocated to address the number of children waiting for a social work allocation which, along with overtime, resulted in a decrease during this period.

The service commenced a pilot within the Southern Sector combining social staff from Gateway, Family Intervention Service and Looked After Children which allowed social workers to hold a mixed caseload and work cases from beginning to end. It is envisaged that this pilot will also help reduce the number of children waiting for a social work allocation.

Domiciliary Care

Overall, during Phases 3–4 (October 2020 to March 2021) the Trust delivered 181,692 Statutory Hours against a predicted 205,948 (88%) and 649,549 Independent Hours against a predicted 672,626 (97%).

Carers Assessments

During 2020/21 the quarterly target of 337 was achieved at quarter end March 2021 with 351 carers assessments offered. The number of carers assessments offered and completed was significantly impacted in quarter one 2020/21 by Covid-19 restrictions, Covid fears and workforce capacity. During this period, some carers requested postponement of home visits and appointments.

Overall in 2020/21, there was a total of 1,193 Carers Assessments offered with 48% (569) completed and 52% declined (624). 39% of the assessments declined were due to the carer advising that the time, place and/or environment offered was unsuitable and that they wished to consider an assessment at a later date. In comparison to 2019/20, there has been a 3% decrease in the number of Carers Assessments offered, however, a 10% increase in the number completed.

Direct Payments

During 2020/21, the Trust target was not achieved. There has been an incremental increase in the number of Direct Payments in place from June 2020 with reductions in January and February 2021. March 2021 has seen the highest number of Direct Payments in place (1659) - a 21% increase compared to April 2020.

Self-Directed Support

During 2020/21, the total number of service users in receipt of Self Directed Support increased on a monthly basis from April 2020 to February 2021, with a marginal decrease in March 2021.

At the end of March 2021, there was a total of 6,605 service users in receipt of Self Directed Support. This reflects a 16% increase when compared to the number of Service Users at the end of March 2020 (5,694).

Performance - Other Issues

Long Term Liabilities

The most significant long-term liabilities of the Trust arise in two areas:

1. *Private Financing Initiatives (PFI)*

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

The overall PFI liability, excluding interest and service costs, for the two contracts as at 31 March 2021 was £114m. Further details of the PFI details can be found in Note 18 to the Accounts in Section 3 of this document.

2. *Provisions greater than 1 year*

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. At 31 March 2021, the Trust had £67m of non-current provisions.

Public Sector Payment Policy

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

Public Sector Payment Policy - Compliance	2021 Number	2021 Value £000s	2020 Number	2020 Value £000s
Total bills paid	240,663	519,533	267,573	487,613
Total bills paid within 30 days of receipt of an undisputed invoice*	230,074	499,740	243,311	457,412
% of bills paid within 30 days of receipt of an undisputed invoice	**95.60%**	**96.20%**	**90.90%**	**93.80%**
Total bills paid within 10 day target	198,269	444,073	200,613	405,923
% of bills paid within 10 day target	**82.40%**	**85.50%**	**75.00%**	**83.20%**

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

The amount of compensation paid for payment(s) being late was nil for the year.

One of the key performance indicators of the Trust is the prompt payment of invoices. The Trust is currently meeting the DoH Prompt Payment target to pay 95% of invoices within 30 days This is the first time the Trust has achieved the target.

Employee issues

The cumulative rate of absence for all Trust staff during 2020/21 was 6.93%.

The Trust positively promotes the objectives and principles of equality of opportunity and fair participation and observes its statutory obligations in relation to all of the Section 75 groups in the Northern Ireland Act (1998).

Disability Policies

Under Section 49A of the Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), the Trust is required, when carrying out its functions, to have regard to the need to:

- Promote positive attitudes towards disabled people' and
- Encourage participation by disabled people in public life.

Under Section 49B of the Disability Discrimination Act 1995, the Trust is also required to submit to the Equality Commission a plan showing how it proposes to fulfil these duties in relation to its functions.

Accounts and Audit

The Trust has prepared a set of accounts for the year ended 31 March 2021 which have been prepared in accordance with Article 90(5) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health. The Trust accounts are set out in Section 3 of this document.

The Trust's External Auditor is the Comptroller and Auditor General who sub-contracted the audit to PwC LLP for 2020/21. The Trust was charged £73,000 for the statutory audit of the accounts (£66,000 for Public Funds and £7,000 for Endowments and Gifts).

DIRECTORATE PERFORMANCE

Acute Services

Altnagelvin Area Hospital

Managing Unscheduled Care Services and Elective Care demands alongside the need to provide capacity to manage Covid-19 patients has been challenging in 2020/21. A refurbishment of the Emergency Department (ED), circa £1.2 million, has helped by enhancing capacity to assess patients and improved the waiting room surroundings for those awaiting assessment and treatment. Additionally this work has increased the Triage capacity which will allow the patients' initial assessment to be performed in a more timely way, while a new ambulance handover area has been created which will decrease the handover time for patients.

In order to manage Covid-19, the Trust had to temporarily cease elective inpatient orthopaedic surgery and limit bed capacity for elective patients. The Trust did however maintain a pathway for 'red flag' surgery and worked with the HSCB to utilise capacity in the independent sector for a number of specialities, including orthopaedics. The focus for Acute Services is now the rebuild plan for inpatient elective and increasing the capacity for outpatients.

The Directorate is working with Capital Development on a scheme to increase Intensive Care Unit (ICU) and recovery capacity to support the isolation requirements for Covid patients. Completion of this will minimise the impact of any further surge on theatres and elective activity.

The North Wing phase 2 was completed in 2020/21 and is now exclusively occupied and utilised by the Trust's Orthopaedic Service. A further 10 new trauma beds are available which will improve capacity and minimise the impact of this service on their inpatient elective pathway.

The Directorate is focusing on further developing its plans for 'No More Silos' (NMS) the reform of unscheduled care. This will see the ambulatory service move to a newly refurbished area on the second floor of the tower block allowing the team to increase capacity for ambulatory patients and for those requiring admission and assessment. There will also be speciality in-reach to the service allowing alternatives to admission. As part of NMS the Trust commenced its phone first service which encourages those considering an ED attendance to seek the advice of a health care professional to determine if a visit is required. This service also offers an option to schedule an appointment for minor injury presentations.

South West Acute Hospital and Omagh Hospital and Primary Care Centre

Throughout 2020/21 the two hospitals balanced meeting the needs created by Covid-19 and maintaining elective services. Covid brought many challenges with Emergency Department (ED) creating a new ambulatory area which allowed the creation of a Covid-

19 pathway through the main ED. Elective surgery continued throughout the pandemic for the most part and South West Acute took part in a “Test of Change” initiative to provide elective capacity for the Region for lists with a greater clinical priority. This was significant and allowed operators from Belfast Trust and South Eastern Trust, in particular, to come to South West Acute to deliver priority surgery to over 60 patients. This initiative continues to develop with regional operators continuing to avail of capacity at South West Acute from mid-February to date. The site also initiated a separate Test of Change for Orthopaedics which culminated in a successful operating session in March for orthopaedic foot and ankle surgery. This work is also to continue in the new financial year.

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

The commencement of the Hospital At Home service in December 2020 was such an initiative whereby medical staff worked with community teams such as Rapid Response Nursing, mental health and pharmacy colleagues to support patients to receive medical and nursing care whilst remaining in their home environment. This has been piloted across three nursing homes in Fermanagh and is now extended to Omagh nursing homes and residents’ individual homes where circumstances allow. This project has been found to have saved 840 bed days in its first year of implementation reducing cardiac emergency re-admissions by 40% across Trust and improved quality of care experience for patients and their families.

Our Hearts Our Minds have also transitioned to working virtually. Their caseloads have increased throughout the year with the virtual delivery overcoming barriers such as geography and time. The programme has been presented at four National meetings and is regarded as a showcase for delivery of cardiac rehabilitation in the Covid era.

Colleagues within the hospital setting continue to work with Pathfinder colleagues on issues pertaining to workforce stability, innovative models of healthcare delivery and long-term multi-morbidity improvement programmes. The Hospital Management Team are delighted that there is a newly appointed Clinical Director for Medicine who is working across Acute and Primary Care and Older People’s Directorates and across South West Acute and Omagh Hospitals to support and work with medical colleagues in ensuring priority issues are addressed.

Cancer and Diagnostics

Throughout 2020/21, the Cancer and Diagnostics Hospital Management Team have worked together to further develop the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients.

The Directorate has built on last year’s achievements, maintaining accreditations across Pathology and Radiotherapy, with Radiology and Medical Physics also achieving accreditation. We continue to work closely with our colleagues in the Republic

of Ireland. A review of the Service Level Agreement with the Republic of Ireland was completed in December 2020 which reviewed the service provision for patients from Co Donegal.

The radiotherapy department has continued to support innovation and research to ensure patients have access to the latest equipment and treatments, with targeted treatments and more treatment options available for patients. In 2020/2021, 1,054 patients were treated.

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

Adult Mental Health and Disability Services

Covid-19

The onset of Covid-19 demanded that we fully considered how best to support individuals and their carers who rely on us to deliver safe and effective care whilst ensuring staff were fully equipped to do so.

The low incidence of infection amongst staff was the result of early adoption of IPC guidance, aligning staff to key roles to ensure risks were minimised across all our facilities.

The significant investment in Information and Communications Team (ICT) equipment to enable staff to work from home contributed to our staff feeling valued by the organisation. The teams worked flexibly to adapt to the changing needs of their service areas and continued to offer a range of services using the technological resources available to them.

Covid restrictions brought about an opportunity for each team to rethink how services could be provided with each individual's unique set of arrangements informing risk assessments to ensure their safety was paramount.

There has been a renewed energy to strengthen links with our partners in the community and voluntary sector and develop opportunities for people living with disabilities and particularly for those isolated in their homes.

Across all service areas, teams have taken the opportunity to test new ways of working, the learning from which will be incorporated into revised pathways and improved models of service delivery.

Outstanding Serious Adverse Incidents (SAI's)
Within Adult Mental Health Services a recovery plan to address outstanding SAIs is ongoing. Following commissioned training, Team Managers and Leaders are undertaking more timely investigations. This has led to a reduction in outstanding SAI reports. This initiative has been supported by senior managers and improved Governance structures.

Adult Mental Health Services
The Trust continues to experience significant demand, in line with the region, for mental health services, including adult mental health, psychological therapies and child and adolescent mental health services (CAMHS). With raised acuity, this has had a particular impact locally and across the region on acute inpatient beds. Rathview has been reconfigured as Mental Health estate to support inpatient pressures. The Trust was successful in delivering an improved position for Adult Mental Health and CAMHS, however was challenged to maintain access to Psychological Therapies at the levels required in the performance improvement trajectory.

New Mental Health Unit in Omagh
The Western Trust has updated the Outline Business Case to the DoH for a capital investment to build a mental health unit in Omagh to provide enhanced acute inpatient care to adults and older people, an addictions detoxification inpatient ward and day-care and crisis response home treatment services across the Omagh and Fermanagh council areas. The new unit will allow existing services to relocate to a modern state of the art facility located adjacent to the new Omagh Hospital and Primary Care Complex. In the interim, estates works have been completed to improve the environmental safety and comfort within the existing unit.

Adult Psychological Therapies Service
Waiting list pressures continue to be an issue with demand exceeding capacity across Adult Psychological Therapies Services (APTS) and in most of the specialist teams Trust-wide. Quality improvement initiatives are underway in APTS to review systems to ensure efficiency, effectiveness and flow and to address staffing deficits.

Adult Learning Disability Services
The overarching practice emphasis in the preceding year has been on the delivery and provision of services within the context of Covid-19, with adults with a learning disability and their carers being particularly impacted by some of the more isolating features of life in a pandemic. In the initial lockdown period, in keeping with many other practice areas there was a significant reduction in the provision of traditional community services with the emphasis on keeping people safe within their own homes.

There was strong health and social care staff connectedness in working together to support Covid-19 related service requirements e.g. in relation to swabbing and the more recently very successful vaccination roll out across this service user group.

Staff impacted by stood down services were immediately deployed particularly within 24/7 services, including the independent sector where some of the effects of Covid-19 were most fully experienced. This brought benefits both in terms of managing staff availability during periods of increased absence as well as providing very natural opportunities for staff competence development and a fuller appreciation of the range of learning disability service provision.

Since July 2020, efforts have been focused on the restart/rebuild of Services, with an emphasis on regionally consistent priorities particularly in relation to Day Care, Short Breaks and Community Social work. This work continues to be delivered within the required social distancing and Infection, Protection and Control guidelines with some associated reduction in capacity, requiring consideration of blended approaches. Technology has been used to support some practice areas such as psychiatry/ psychology and residential home/inpatient facility visiting but has yielded less positive outcomes not least connected to variation in broadband availability across the Trust area.

The continued reduction in traditional provision such as Day Care is having an impact on service user/carer choice to use self-directed support options to develop more bespoke responses to their assessed needs. The longer term effects of this will require monitoring in relation to any associated reconfiguration of more traditional provision. There has been very limited progress in identifying additional physical space for service delivery and the associated processes remain protracted in reaching the point where the positive effects of the increased capacity is felt. Given the success of the vaccination programme and an associated expectation about a return to “normality” it is likely that challenges will be experienced in how services continue to be delivered.

Lakeview inpatient facility has experienced a challenging patient context as well as being impacted by the limited availability of regional bed provision at a time of increasing need. Considerable progress has been made in relation to more effective multi-disciplinary team working that has positively influenced the patient experience. The regional bed provision remains a focus of HSCB led work to determine effective solutions, which remains vitally important given the growing awareness of the more lasting impact of the Covid related experiences on mental health and well-being.

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

established a meeting schedule and provides a valuable opportunity for multi-agency and partnerships working to enhance the experiences of service users and carers across the Trust area partnership.

Sensory Support, Brain Injury, Autistic Spectrum Disorder and Adult Physical Disability Services

Sensory Support Service

Since March 2020 the sensory teams from WHSCT and the four other Trusts worked in partnership with HSCB to implement a remote interpreting service 'Interpreter Now'. This enables Deaf sign language users to access health and social care services in addition to NHS111ni (Covid-19 advice line) in their first language namely British Sign Language (BSL) or Irish Sign Language (ISL). The sensory teams have produced accessible online information for adults and children with a sensory loss and their carers.

Brain Injury Service

Covid-19 challenges were faced in terms of people leaving hospitals earlier than would be usual and the complication of providing care and support and rehabilitation input in their homes with appropriate Personal Protective Equipment (PPE) use.

Finding suitable accommodation for young adults with physical and cognitive impairments consequent to Acquired Brain Injuries continues to pose challenges. There is no simple solution as these difficulties occur across Primary and Secondary Care settings, but with moves towards the regional "No More Silos" approach, will support better joined up solutions.

Autistic Spectrum Disorder Services

There are ever increasing numbers of adults recognised as having an Autistic Spectrum Disorder (ASD) within the Trust area. Waiting lists, particularly for diagnostic assessment, continue to be long and have been significantly impacted by Covid restrictions.

An updated ASD cross departmental Strategy was published this year which seeks to promote a more flexible approach for people with autism, their families and carers.

Adult Physical Disability Services

Due to the ageing population and more individuals residing in the community with complex health and care needs, demand on core teams is high. In order to provide a better service, the adult physical disability service is streamlining their pathway to have a central point of contact for each sector of the Trust. The service has also introduced a new model of working whereby individuals who are managing well with the support of their care package, will now have reduced contact with the service unless their needs change. They will continue to be formally reviewed on an annual basis. This service

development has provided the opportunity for increased flow in the service and a reduction in waiting lists in respect of individuals being assessed.

Hospital Discharge

There has been a marked reduction in Adults with a Physical Disability who are delayed in hospital which has been the result of an in-reach model by the community social work teams. By engaging early in the discharge planning process and working to overcome any challenges, this has resulted in a smoother transition home with improved outcomes for patients and their families and less bed days in hospital.

Day Care / Day Opportunity

Day Care centres have adapted significantly during the Covid pandemic to be able to continue to provide day care and day opportunity to those most in need. Due to the implementation of social distancing, day care attendances have reduced. However the option of day opportunity was also fully utilised in order to support as many individuals as possible within the restrictions of community 'lockdowns'. Day Care rebuild and reset is currently in place with the aim to increase support to those who depend on our services and the much needed short break it offered families and carers where it is deemed safe to do so based on thorough risk assessments.

Self-Directed Support (SDS) / Carers

The flexibility of Self Directed Support (SDS) was welcomed particularly when traditional services have been restricted by IPC measures resulting in reduced attendances. Carers received a range of supports including one off direct payments based on assessed need. We have also seen an increase in carers receiving a personal budget in lieu of a traditional short break which has received very positive feedback from our carers.

The SDS personalisation agenda continues to build momentum within the WHSCT. The process of ensuring individuals who have been assessed as eligible for social care support via holistic robust assessments and partnership between families, community resources and the Trust has supported these individuals to meet their assessed need and promote their outcomes. In 2020/21 due to Covid-19, regional work was undertaken from a Self-directed Support perspective in regards to developing guidance for individuals in receipt of services and informal carers, in respect of flexibility and choice in how they could receive services due to them isolating/shielding, the closure of day care and day opportunities etc., This enabled each individual and informal carer to be reviewed, if deemed necessary, due to the impact of the restrictions, and identify how their support could be tailored to meet their needs in these challenging times.

There was significant work carried out in respect of Personal Assistants employed via Direct Payments to be deemed keyworkers, being permitted access to the vaccine and free travel via Translink. Also, receiving approval from the DoH for Personal Assistants to continue to be paid as well as Day Opportunity providers during Covid so that they

were available when restriction eased. This encouraged everyone to be creative and flexible in how needs could be met whilst working within the policies and procedures.

Direct Payments have continued to grow at a rate of 30 plus % annually over the last five years in the WHSCT as individuals and informal carers choose to manage their own personal budgets to meet their assessed need and promote outcomes by employing their own personal assistants or via a non-contracted agency. The DoH funded the 'testing' of Emergency Direct Payments in assisting with managing delayed discharges in the hospitals between January and March 2021. The SDS officers were requested to develop regional paperwork to support the EDP for hospitals implementation going forward. Alongside this the Regional Direct Payment Staff Guidance for Direct Payments has been updated to reflect the changes that have come about since its introduction in 2002.

Demographic Shift

People with complex disabilities are living longer and choosing to remain in their homes within their communities. The Adult Physical Disability Service has noted increased referrals in respect of individuals living with addiction which requires a significant resource particularly in terms of social work time required to manage the risks in these cases and to access appropriate care and support for them. The demand on the Adult Physical Disability service is evidenced by the increase in referral rates from 20% in September 2020 to 40% in December 2020.

Referrals for people with chronic obesity have increased with some individuals now requiring the assistance of four or five carers to meet their assessed needs. This places a significant challenge in all aspects of service delivery across the spectrum as services and facilities are not designed to safely accommodate and manage the risks associated with specialist equipment needs and manual handling requirements.

Delegation Panel

There are growing numbers of people with complex needs who, in order to live full and active lives in the community, require skilled staff who are suitably trained and deemed competent to carry out the tasks associated with their health care requirements. Working with senior nursing colleagues a cross-directorate panel has been established to consider risks in the delegation of tasks which would have traditionally been provided by a trained nurse. To date we have achieved very positive outcomes for people who would normally have been denied opportunities for example to attend day-care.

At present, the children's nursing service continues to support this service need in Adult Physical Disability as an interim measure whilst we explore alternative models of service delivery. There are a number of children who will transition to Adult service in the next reporting period who will have health care needs. It is therefore imperative that this area of unmet need remains a priority for all Adult services.

The Delegation Panel acts as an example of shared decision-making working across disciplines and Directorates to achieve the best outcomes for patients and their families.

Accommodation Needs

The absence of suitable housing options including supported living and residential care for young adults with Physical Disabilities, Autism and Acquired Brain Injury continues to be highlighted across the Region as a significant pressure. The escalating costs of nursing home placements including the increasing demand for enhanced rates to meet specific needs and the increase to top-up fees has resulted in a significant pressure on the independent homes budget. There continues to be limited availability of suitable nursing home placements for people under 65 years with complex needs.

Spruce House

Spruce House (SH) neuro-disability rehabilitation centre has evolved over the past 12-18 months. There is now a designated Rehabilitation Wing in the unit for specific therapies to occur. Occupational Therapy, Physiotherapy and Neuropsychology rehabilitation clinics affiliated to the Consultant service now operate their outpatient service within the unit. The new system of working has contributed to the development of more bespoke programmes of individualised care. Joint Consultant and AHP clinics have evolved, and this inter-disciplinary approach helps to optimise a smooth transition from inpatient to outpatient community re-integration and onward follow-up.

The short stay service has broadened the criteria of clients who can access the service. Through inter-disciplinary work with colleagues from Learning Disability (LD), a number of service users can access the unit for short break. Feedback to date from service users, families and staff has been positive and we look forward to the further development of this service, including accessing sessional activities in Glen Oaks Day Centre and the development of an in-reach programme by Community Access staff. Investment in assistive technology in Spruce House has been timely as it has provided additional support for individuals with complex disabilities to communicate with family and those who support them whist visiting restrictions continue.

Challenges

There is a dedicated spasticity outpatient clinic for patients with increased muscle tone at risk of developing contractures which can lead to significant disability. The service is not commissioned, and requires development. There is an unmet need with growing waiting lists.

There is an ongoing need to develop a multi-professional transition (16-18yrs) service for young adult patients with complex disabilities. There is a significant challenge with regard to the provision of appropriate care for these patients with complex care needs including those transitioning to adult services.

Primary Care and Older People's Services

The Directorate of Primary Care and Older People's Services has faced significant service challenges during the 2020/21 year with the onset of the Covid pandemic, including services being stood down, staff redeployed and managing Covid-19 outbreaks across a number of facilities.

Community Planning Group

A Community Planning Group was established at the early stages of the pandemic as part of a framework for the Trust's response to the Covid pandemic. It is co-chaired by the Directors of Primary Care and Older People's Services and Adult Mental Health and Disability Services and has evolved into a group that provides an integrated system for how common operational, governance, communication and service development (rebuild) priorities can be jointly responded to across the community services directorates. This group led on the development of robust contingency plans for each service area and of the Community Bed Surge Plan to ensure that the Trust had in place an appropriate level of beds to sustain Covid-19 and non-Covid-19 pathways out of our acute hospital sites. This group has and continues to provide robust leadership and guidance in order to provide assurances to the Corporate Management Team/Silver Command and Bronze Control that will enable it to discharge its duties effectively and efficiently.

Domiciliary Care Services

Domiciliary Care Services provided by both the Trust and independent sector providers continued to operate on a "business as usual" basis throughout the Covid-19 period. In the later part of the year, there was an increased demand for the restart of services and as part of the restart/rebuild process, a reassessment of the individual's current care needs was conducted to ensure their assessed care needs were being met.

Day Care Services

Day Care services were suspended at the start of the pandemic with all day care service users being contacted by telephone/video to explain the restrictions and to provide contact information for the Trust if there was any support that could be offered.

These services then recommenced from July 2020, but had to open with reduced numbers in order to adhere to social distancing. All facilities completed a risk assessment in advance of re-opening and in some instances, an outreach service was provided to the service user, given the reduced numbers that could attend each day care session. Technology was provided to enable our day care staff to keep in contact with service users virtually.

Care Home Support Team (CHST)

The Covid care home support model for care homes, which was developed in April 2020, provided dedicated support to almost 70 care homes from both the statutory and

independent sectors. This required an extension of the team's roles and function and redeployment of staff to include providing support to the community testing team.

The Care Home Support Team (CHST) supported the vaccine program rollout and development of a Covid surge palliative care support operational plan in collaboration with the Palliative Care Team. At the height of the pandemic, the team was providing support on a given day to 23 care homes across the Trust that had a Covid-19 outbreak. From a peak of over 30 care homes experiencing a Covid outbreak at the mid-point of January 2021, at 31 March 2021, there were no care homes in the Trust with a Covid outbreak.

Carer Support Team

Regionally, the Carers Co-ordinators have worked together to open up online programmes to carers across Northern Ireland. Between February and March 2021, the team supported the co-ordination of the Covid-19 vaccination programme for carers and referred approximately 2,700 carers to the vaccination booking team.

Dementia Companion Service

During the year, work continued to employ Dementia Companions to work as part of the overall nursing team in the provision of safe, effective and compassionate care. The overall role of the Dementia Companion is to enhance the safety and experience for people living with dementia who are admitted to acute or non-acute hospital wards by creating ward environments that are both person centred and dementia inclusive.

District Nursing Service

District Nursing visits have continued throughout the pandemic and, in support of GP Practices, put in place a Covid Community Rapid Response Team to provide a nurse led service for our housebound patients. District nursing teams were also required to swab patients with suspected Covid-19 symptoms and those who required respite in a care home or to attend a hospital facility.

All district nurses were given access to smart phones to enable them to carry out virtual home visits with a patient or to video and/or voice call the patient's GP for further advice while in the patient's home.

District Nursing staff were seconded from all four localities to support the trust mobile vaccination teams delivering the care home vaccination programme from December 2020 to March 2021.

Older People's Mental Health and Geriatric Services

In an attempt to ensure service continuity as far as possible, older people's mental health out-patient appointments, geriatric medicine out-patient appointments and psychology assessments were all offered to service users as virtual appointments, either via telephone or video call. It has been found that virtual consultations do not work as well for the older population due to difficulties with technology, seeing and

hearing the professional member of staff. In addition, some aspects of the functional assessment process required a “hands on” approach. These services will revert to face-to-face contact to ensure the best possible outcomes for service users.

Inpatient care of the elderly wards continued to operate and provided treatment for both Covid and non-Covid patients. One of our Care of the Elderly wards was transferred to provide dedicated care for Covid-19 patients, with consultant cover provided by geriatricians, Covid and non-Covid step down beds were also provided within geriatric services to ensure safe and effective hospital flow and discharge pathways.

Rebuilding Services

The Directorate commenced planning for the restart of normal services in June 2020, in line with the Department of Health’s Strategic Framework for Rebuilding HSC Services. Planned progress in rebuilding services was largely maintained during the second surge of Covid-19 which began in September 2020. However, due to the scale of the third surge, the Trust was required to implement actions outlined in its Winter Resilience Plan.

The vaccination programme was also stood up in December 2020. This included delivery of vaccines to residents and service users in care homes, supported living facilities and day centres as well as the establishment of three Mass Vaccination Centres, which have successfully delivered vaccines to our staff and many of our wider population. The Trust will continue to support the vaccination programme until July 2021, including the continued redeployment of some staff, which will impact on rebuild plans in some service areas.

Women and Children’s Services

Family Support

The Covid-19 Virtual Family Support Panel became operational in May 2020. Given the challenging context of a pandemic, the primary aim of the panel is to re-engage with providers across the continuum of statutory, voluntary and community sectors to provide timely support to vulnerable children and their families particularly those compromised families that the Trust harboured concerns about prior to the lockdown period.

Lockdown and social distancing impacted on service planning for vulnerable children, inclusive of educational input. The panel aimed to focus on those vulnerable children where safeguarding concerns were high and to target resources effectively in the context of Covid-19.

All referrals to Family Centres are currently progressed via the Covid Panel and these are being responded to as capacity allows. All Family Centres are now beginning to work with sibling groups of children referred through the Covid Panel.

Staff continue to maintain a level of contact with all children's families via telephone calls, gate visits, home visits, delivering play/activity packs, organising food and electric cards etc. and linking families with other community services when needed.

Looked after Children's (LAC) Services

The Trust is moving forward and taking some of the positive learning that has been gathered from the changes needed due to Covid-19. This has included better use of technology to facilitate meetings and indirect family time which has aided assessments on what is needed for children going forward. Direct family time has recommenced following individual risk assessments and the learning from this will be taken forward as part of the Family Time Review.

Safeguarding

The Trust is moving forward with reset following Covid with all meetings now taking place with families on a face to face basis. All statutory visits are taking place directly with children and support services are beginning to resume. Risk assessments have been carried out on all children within the Family Intervention Service (FIS) who are looked after to ascertain how direct contact arrangements with their birth family can be reinstated safely and at the appropriate level to meet everyone's needs. Contact venues remain a difficulty but staff continue to be innovative in sourcing community venues.

Mobile phones for social workers provided at onset of the pandemic have made a huge positive impact on the social work role and communication with families, especially teenagers.

Health Visiting and School Nursing

The Health Visiting and School Nursing Teams played a major part in the Covid-19 vaccination delivery in the Mass Vaccination Centres due to their experience and expertise in delivering vaccination programmes. A gradual withdrawal from the vaccination programme is in process allowing a return to core service delivery.

There is a very significant number of school aged children who have outstanding Health Reviews and Immunisations due to the closure of schools as a result of the pandemic. A number of community clinics were held in December 2020 in order to complete the Fluenz programme for primary school children and planning is underway for "catch-up" of outstanding health reviews and immunisations.

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

The Trust Human Milk Bank
The Human Milk Bank continues to provide donor breast milk to Neonatal Units throughout Ireland.

A service level agreement has been agreed with hospitals in the Republic of Ireland which has meant that there has been no disruption of the supply of donor breast milk following Brexit and the Milk Bank continues to meet the demand for supply throughout the Island of Ireland.

Sexual and Reproductive Health
The Early Medical Abortion (EMA) service has commenced offering a service to women within the Western Trust whose pregnancy gestation is less than 10 weeks. There have been significant barriers to implementing the service including conscientious objection by staff and resource implications as the service has not yet been commissioned. The provision of this service is a very emotive issue and there continues to be societal objections. Protests against the delivery of the service have taken place and this has had a detrimental impact on staff and service users.

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

Children's Autism Service
The Covid pandemic and restrictions have had a significant impact on children with Autism and their families. In response to the challenges that families experienced over the Covid pandemic Children's Autism Services introduced a clinical helpline.

Early Intervention
Additional investment has been received to establish support and early intervention for children on the Autism assessment pathway. This team has now been recruited and five members of staff have recently taken up post.

Diagnostic Assessment
Due to Covid the use of standardised, face to face diagnostic assessments with children was initially suspended. Socially distanced adapted face to face assessments have also been developed for older children and virtual assessments are being used where clinically appropriate. Assessment clinics are now operational again and the conclusion of open assessments is being prioritised.

Post-diagnostic Autism Intervention
Throughout the year, families, where high levels of supports were required, were proactively identified and monitored. Virtual clinics were used to progress reviews. In collaboration with the Children's Disability Service a weekly Emergency Family Support Panel was also established to facilitate timely provision of support to families.

Psychology clinics, family support and occupational therapy interventions continued throughout the year via a blended approach of virtual and face to face clinics and home visits depending on clinical need and Covid guidelines. There were regular virtual meetings with school staff to support children with anxiety and distress in returning to school. A virtual stress management programme for children has been developed and is being piloted and reviewed by young people. Specialist ASD Occupational Therapists have contributed to a regional project and have provided specialist training to core Occupational Therapists to support their work with children with ASD.

CAMHS
The Covid-19 pandemic has had a significant impact on the CAMHS service. Following the lifting of the first lockdown the service witnessed a significant rise in referral rates across all Tiers in particular emergency and urgent presentations. The pandemic has also had a significant emotional and mental health impact on specific vulnerable grouping such as young people with eating disorders presenting with higher risks, lower body weights and requiring intensive level of multi professional support.

This has also been witnessed in the looked after population presenting in mental health crisis. Throughout the Covid pandemic the CAMHS Service has remained operational and worked tirelessly to support vulnerable young people and their families in receipt of their care. The Service has also attempted to support the wider networks to nurture and continue to strengthen interfaces.

The service implemented a service improvement initiative in May 2020 and has since significantly reduced waiting times for young people, as well as supporting the significant number of young people on their caseloads. The service has also dealt with significant complex presentations and responded to the need for emergency mental health assessments and transitions to AMH. The service has adapted to the new ways of agile working due to the pandemic by adopting virtual outpatient clinics with young people in an effort to support capacity, maintain therapeutic connection and adhere to guidance.

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

- SWAH paediatric service moving to an ambulatory care model in the first surge.
- Development of a paediatric Covid assessment unit remotely from the main service area to reduce cross-infection.

- Redeployment of staff from specialist nurse and midwifery roles to core services.
- Move to virtual clinics and support.
- Paediatric staff supporting the GP Covid centre.

Paediatrics and Neonatal Services
The Advanced Neonatal Nurse Practitioner in Altnagelvin (Angela Hughes) was winner of the UK Neonatal Nurse of the Year Award due to her "excellent and innovative work in the development and support of the neonatal nursing practice, working above and beyond her role to support and inspire others" (Neonatal Nurses Association).

The Altnagelvin Paediatric Parents' Group has been very proactive during the year, providing equipment for children and parents. The group comprises parents of children with chronic conditions necessitating regular attendance at clinics and ward. The group has been and will continue to be involved in the future development of paediatric services and their input is invaluable.

The SEN (Special Educational Needs) coordinator has successfully, with colleagues across the Trust and in the Education Authority, streamlined the SEN process to ensure compliance with statutory requirements re timelines.

Community Dental Services
During the first wave of the Covid-19 pandemic, routine community dental services were downturned and staff worked with general dental practitioners to provide care for over 1,100 patients in the urgent dental care centre in Omagh.

As community staff were unable to carry out routine prevention work, they worked with local community and voluntary groups and food banks to ensure distribution of dental packs to those most in need.

Medical

Quality and Safety

Corporate issues
In March 2020, the Governance Committee was advised that to enable the Trust to provide assurance around key Quality Corporate issues co-ordinated by the Quality and Safety Team, key quality indicators would be developed into an overarching Safety and Quality Management Improvement Plan which will be monitored by the Governance Committee and Trust Board. The Improvement Plan is a live working document based on an RQIA Improvement template. Monthly reports have also been provided on progress to Trust Board linked to outcomes and improvements in SAI reporting, SAI action plans, complaints response times, and risk register training and developments.

Governance Review

In January 2020, the Trust requested support from an external consultant to undertake a review of corporate governance within the Trust, specifically corporate governance arrangements within the Medical directorate in supporting the revised Governance Framework and in the context of existing governance arrangements within all other directorates, benchmarking against best practice and recommending a way forward against any deficits identified. The final Review Report was received in July 2020. The report has 37 recommendations listed requiring implementation to strengthen and enhance the effectiveness of governance arrangements within the Trust. To ensure timely implementation of the proposals and recommendations contained within the Governance Review, an implementation Team, led by a Senior Manager at Assistant Director level, has been established with the intention of completing actions by 31 August 2021.

Risk Management

A Trust Board Risk workshop was held on 21 October 2020 which included a review of the Risk Appetite. A Risk Appetite model was agreed based on a model from University Hospital Birmingham. Risk Categories and Trust objectives were agreed and an action plan developed to complete the process of risk review which includes merging a number of current risks, allocation of each risk to a category, with sub categories to be developed and target scores agreed for each sub-category aligned to risk appetite. Future monitoring and assurance on Corporate risk performance and decisions on risk tolerance will be assisted by the identification and reporting on key performance indicators for each risk. To help facilitate this, the reporting template for all sub-groups within the assurance framework is being revised to include the requirement to report on these indicators where relevant. The action plan from the workshop is tabled monthly at the Corporate Management Team (CMT) and Trust Board. The Risk Register was last presented to Trust Board on 4 March 2021.

During the Covid Emergency, the Risk Management Team supported Managers across the Trust to provide advice and undertake risk assessments to keep the service viable and keep patients and staff safe.

Complaints

During the Covid-19 emergency the complaints office remained open and acted as a valuable link for members of the public and clinical teams to raise issues or concerns.

Quality Improvement (QI)

Safety Quality West and Step West internal QI training programmes

The WHSCT internal Quality Improvement (QI) Level 2 programmes Safety Quality West Cohort 3 and STEPWEST QI training programme commenced in October 2020 Despite the challenges and demands of the Pandemic over 150 staff signed up to participate in the 9 month training which combines action learning sets with delivery of

an improvement project. Staff are motivated to both deliver improvements in safety and quality in their service areas and develop their QI skills.

This cohort has seen an increase in the number of teams forming across the previously traditional boundaries of Directorates uniting behind an agreed purpose. Membership of Project teams is becoming increasingly diverse and includes MSc students and a Public Health Agency (PHA) staff member.

Currently there are over 30 QI projects addressing a range of challenges and priorities across the organisation.

Staff are the Trust's greatest asset and learning from Covid-19 has highlighted the critical importance of attending to staff well-being. It is encouraging to see projects focusing on increasing physical activity and joy in the workplace with a particularly interesting project looking at Psychological PPE. Teams are also focusing on improving training opportunities and increasing compliance with mandatory training.

The Western Trust is hosting a virtual celebration event for SQW Cohort 3 on 21 May and 11 June 2021 to recognise all the great improvements.

Due to the delays that were experienced across many aspects of service delivery as a result of the Covid-19 pandemic our previous years cohort of both these programmes were delayed in their graduation, although over 25 teams graduated with their Quality Improvement projects at a virtual celebration in September 2020.

Flow Coaching

The WHSCT delivered its first training for a cohort of 23 coaches across Trusts in Northern Ireland as part of it becoming a faculty in Northern Ireland for Flow Coaching. Flow Coaching Academy NI (FCA) commenced training in May 2019 and, due to challenges and delays as a result of the Covid-19 pandemic, 23 coaches graduated in October 2020 after completing their level 3 Quality Improvement methodology training and coaching techniques. Each of the Flow coaching pairs, one with clinical expertise in the pathway and one who is independent to the pathway have been instrumental in setting up a Big Room for a specific pathway of care e.g. stroke, oncology and frailty are striving in their goals to share their new training and expertise with colleagues in providing high quality care using the Institute of Medicines (IOM's) six aims: Safe, Effective, Patient-Centred, Timely, Efficient and Equitable care. Flow coaching Cohort 2 is expected to commence in autumn 2021.

Doctors Hub

This initiative was put in place to support our frontline doctors holistically as well as the support of managing safe and effective rota planning as a result of Covid-19. The Doctors hub also acts as a single point of contact for Doctors as they are often nomadic in nature in signposting them to other supporting services or to navigate on their behalf. This initiative has enabled frontline Doctors to deploy their energy and time in caring for

patients on the frontline rather than other administrative tasks. This initiative assists Doctors with the pressures and stresses being experienced as result of the Covid-19 pandemic and will help support staff to stay at work and feel better able to cope with the demands they are experiencing at this time, resulting in a better supported, safer and more resilient workforce.

HSCQI

The WHSCT QI team are part of the regional HSCQI network .The regional HSCQI network shared learning after a 90 day learning system cycle during June-August 2020. Three themes/work streams were identified to take forward as regional work streams, Virtual Consultations, Virtual Visiting and Staff Wellbeing and Psychological. An ECHO network that meets monthly has been set up to share learning and regionally collaborate on these 3 themes. The WHSCT QI team are involved in all 3 of the work streams and have been using this forum to showcase some of the great work going on within the Trust. In addition there is continuing ongoing work on previously established work streams Zero suicide and Sepsis.

HIAE Health Improvement Alliance Europe (HIAE)

The WHSCT remains as a strategic partner with the HIAE and this year the focus has been on three work groups where monthly meetings to share and learn are in place. The three workgroups are improving equality and reducing disparity, working across boundaries for better population health and improving staff physical and psychological well-being. The Quality Improvement team are actively involved and have been recruiting staff within the WHSCT to get involved within these work groups to share and support learning with colleagues across the globe.

QI Steering Group

The WHSCT QI steering group reviewed the terms of reference for this group in December 2020 as well as agreeing to commence a regular QI operational group to support the quarterly QI steering group.

QI Trust Showcase event

The annual showcase event was held virtually on Friday 13 November 2020 and was a huge success with upwards of 130 staff attending. The inaugural Davin Corrigan Legacy Award was launched and the winning team the Strabane Community Mental Health Team were presented and recognised for their sterling work in initiating and facilitating the Strabane Recovery Café.

QI WEST Connect

This monthly forum commenced in December 2020 as a forum to connect QI improvers across the Trust to share learning and connect together as part of the ongoing support and development of a QI culture within the organisation.

Bereavement

In March 2020, all bereavement services within HSC Trusts were required by the DoH, to change from a strategic to an operational service model providing follow up bereavement support calls to the next of kin of patients who have died within Trust hospitals. As all deaths were and continue to be affected by the pandemic restrictions, the relatives of those who have died, whether Covid positive or negative are being followed up. A Trust bereavement helpline is also available Monday to Friday 10.00am to 4.00pm and this number is given to next of kin should they need to contact the Trust for further support or information.

A small bereavement support team comprising redeployed nurses continue to provide this service, managed and supported by the bereavement coordinator. The purpose of the bereavement support calls are to offer condolence from the Trust, to listen, to signpost to relevant support agencies and to offer a bereavement pack containing specific bereavement information. Covid-19 bereavement information booklets have been produced by the PHA and HSC Bereavement Network.

Requests for information from next of kin about the death of a loved one are followed up with wards and in some cases, meetings with staff have been arranged. Positive feedback and thanks from next of kin are also relayed back to wards. Care Opinion details are given to next of kin who would wish to give their feedback using that platform. Care Opinion Responder Training has been completed by the coordinator.

Going forward, the DoH have indicated via the Chief Medical Officer that a new Bereavement Network is to be established with a wider remit to include community and voluntary agencies, this will be known as the NI Bereavement Network. This will be chaired by Patricia Donnelly who was instrumental in setting up the original HSC Bereavement Network in 2006. It is hoped that the issue of the sustainability and funding requirements for the current Trust bereavement follow up model will be a priority for the DoH and NI Bereavement Network. The current challenge for individual Trusts is that this service is being provided via redeployed staff or volunteers which is not sustainable in the long term.

The bereavement coordinator continues to provide ongoing support and liaison with a number of families going through the SAI process after the death of a loved one. The recent appointment of a Family Liaison Officer is welcomed, the coordinator will provide line management and work closely with the liaison officer when a SAI involves bereaved relatives.

Individual staff support following bereavement continues to be provided as requested by managers / staff. The coordinator is a member of the Trust Critical Incident Stress Management debrief team (CISM) and has also provided self-care sessions for ward manager and community staff via Zoom sessions. Eleven bereavement care training sessions were co-facilitated with the specialist palliative care team for approximately 150 hospital and community staff.

The ‘Finding Hope after Bereavement’ course, co-produced and co-designed with WHSCT Recovery College has now been converted into a one hour Zoom session which the bereavement coordinator co-facilitates with Recovery College peer educators. Extra sessions have been requested by local community groups.

The National Audit on Care at End of Life (NACEL) is taking place this year across the NHS and HSC Trusts are taking part in the various strands. A quality survey to capture the experiences of relatives of end of life care is to run from 1 April to 31 August 2021. The bereavement support team will work closely with the Trust NACEL coordinator and team to facilitate the data collection for this audit.

Research and Development

Research and Development 2020/21

The Covid-19 pandemic has had a dramatic effect on research activity across the WHSCT whereby local and regional decisions were reached to suspend recruitment activity to most of our non-Covid research portfolio whilst ensuring a sufficient core of research staff was retained to safeguard the care of our research participants already undergoing treatment on interventional clinical trials.

The pandemic has inevitably reduced the amount of research we are able to do into other conditions, as all our resources are deployed to deliver Urgent Public Health Studies for Covid-19 which are prioritised by the four Chief Medical Officers in the United Kingdom (UK).

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

Covid-19 Staff Testing Facility – CTRIC Building

At the beginning of the Covid-19 pandemic the WHSCT alongside the rest of the NHS/HSC was beginning to feel the pressure in keeping staff on the frontline due to the need for staff to self-isolate for two weeks in circumstances were they or members of their family were experiencing Covid-19 symptoms. The health service is simply not resilient enough to withstand staff absence from self-isolation and so a solution had to be found.

The Clinical Translational Research and Innovation Centre (C-TRIC) was identified as a temporary location to rapidly set up a Covid-19 testing centre. The purpose of this centre was to facilitate early return to work of WHSCT Staff so that they could protect and treat our community.

A referral and testing system was set up at pace. The service was staffed by the Clinical Research Nursing team and assisted by a small number of nurses who were redeployed from other departments. Administration for the service was coordinated by C-TRIC staff and those in the Research and Development Department. The service operated seven days per week which evolved to support cluster testing of local nursing homes and testing of patients for emergency and planned procedures.

The service was relocated to Gransha Park on 14 July 2020 to allow the team at C-TRIC to support the delivery of urgent public health studies.

Clinical Trial Participation

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

RECOVERY Trial

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

RECOVERY Respiratory Support Trial

This trial will compare standard care, intubation and invasive ventilation for critically ill patients with other non-invasive treatment methods including masks driven by oxygen or high flow oxygen through the nose. The comparative data produced will provide a better understanding of which methods are most effective in reducing the need for invasive ventilation and for improving patient outcomes. The WHSCT has recruited 10 research participants to this study to date.

REMAP-CAP

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

SIREN

The objective is to help to understand whether prior infection with SARS-CoV2 (the virus that causes Covid-19) protects against future infection with the same virus. By doing both swab and blood tests together, regularly over time we will be able to assess whether prior infection (measured through an antibody test) protects against future

infection (measured through detection of virus on a swab test). The WHSCT recruitment target of 250 research participants has been achieved.

COVRES

The Trust is collaborating with Ulster University to deliver the **COVRES** Study. This study is exploring prevalence and factors influencing severity of the disease in N.I. This study will help us find out how our genes influence mild or severe symptoms of the disease. The WHSCT recruitment target of 500 participants has been achieved.

Novavax Vaccine Study

The Novavax Covid-19 vaccine trial recruited 15,000 participants across the UK. N.I. was one of the regions that helped deliver the Novavax study with a recruitment site located in the Clinical Research Facility in Belfast. 500 research participants were recruited from across N.I. Delivering a vaccine study is incredibly challenging as they are very complex and this required input from all the different elements of the clinical research infrastructure in Northern Ireland to be successful. The Clinical Research Nurses based at the WHSCT travelled to the Clinical Research Facility in Belfast to support the trial. The interim results reported on the 28 January 2021 showed that it had an efficacy of 89.3% against acquisition of Covid-19 and the development of severe Covid-19 infections.

Infection Prevention & Control

Meticillin-Resistant Staphylococcus aureus (MRSA) Bacteraemia Surveillance

Due to the Covid-19 pandemic the DoH did not set a reduction target for MRSA bloodstream infections in 2020/21. Surveillance remained ongoing, however, and a total of seven cases were reported.

Clostridium difficile Infection Surveillance

The DoH did not set a reduction target for *Clostridium difficile* associated infection in 2020/21. The surveillance programme continued and a total of 66 cases were reported for the year.

Enhanced Gram-Negative Bacteraemia (GNB) Surveillance

In response to the O'Neill Review on Antimicrobial Resistance, the UK has adopted two ambitions in relation to human health, i.e. to improve antibiotic prescribing and to reduce GNBs. As a result of the Covid-19 pandemic the DoH did not set a reduction target for the Trust for healthcare-associated GNBs (specifically *Escherichia coli*, *Klebsiella* species and *Pseudomonas aeruginosa*) in 2020/21. However, surveillance remained mandatory and a total of 39 healthcare-associated GNB cases were reported.

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

In 2020/21 the Trust's C-section SSI rate remained below the N.I. average and the rate for Orthopaedic SSIs remained below 1%.

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

The attendance target for each year is 50% of the total number of staff who require training (i.e. 5,477 out of 10,953 applicable staff).

As attendance at IP&C Training is required on a biennial basis, the attendance rate over a 24 month period has also been calculated. As of the end of December 2020 it was 71.85%. That is the highest attendance rate since this figure began to be monitored in January 2018.

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

The IP&C Team is also required to continue to support Independent Sector care homes in the event of any declared outbreaks. As a result of the increased demands upon the team and within the current IP&C resources, there are challenges in attending to other core work. This may impact on the ability to achieve the DoH HCAI reduction target and participate in mandatory surveillance and improvement programmes. The Trust is managing the risk through the Risk Register Process whilst working on a plan to increase the IP&C capacity.

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

Personal Protective Equipment (PPE) Safety Officers
The IP&C team initiated a new development with the training of 254 PPE Safety Officers across the Trust. These staff received bespoke training and support to enable a local ward/department approach to providing key information and education on the safe and effective use of PPE.

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

Appraisal and Revalidation

Appraisal and Revalidation activities were greatly impacted when medical appraisal activities across N.I. were suspended by the Chief Medical Officer (NI) so that staff could focus on pandemic response. This instruction was supported by the General Medical Council. As 2020 progressed and where pandemic pressures eased there was a gradual return to annual appraisal activity. Normal annual appraisal completion deadlines were extended to suit.

All revalidation dates between 17 March 2020 and 16 March 2021 were postponed by the General Medical Council for 12 months to account for the suspension of annual appraisal activity and the pressures of the ongoing pandemic.

The Trust, where requested and as appropriate, continued to support doctors who wished to engage in appraisal and revalidation activities, and provided Appraisal and Revalidation update communications for all doctors.

Appraisal training activities were limited during 2020/21 only being able to offer socially distanced training to a small number of doctors in July 2020. The first online appraisal training session program has been agreed and scheduled for April 2021.

Work on the Regional Appraisal System Project was limited to a small number of online meetings. Development plans for the Regional Appraisal System and Collaborative Working Opportunities were placed on hold, with plans to recommence in 2021/2022.

Medical and Dental Education

The role of medical education is to develop competent and caring healthcare practitioners who are capable of providing the highest level of care to their patients. MedEdWest is a dynamic innovative medical education department with a seamless undergraduate and postgraduate structure. MedEdWest delivers undergraduate (UG) medical education to Queen's University Belfast (QUB) and Royal College of Surgeons Ireland (RCSI) 3-5 year medical students and postgraduate (PG) medical education for Doctors in Training for the Northern Ireland Medical and Dental Training Agency (NIMDTA). The Western Trust continues its long-standing tradition of providing excellent education and training for medical students, doctors in training and continuing professional development for consultants and continues to cultivate the strong on-going relationships with Queen's University Belfast, (QUB) and the Royal college of Surgeons Ireland (RSCI), the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the General Medical Council (GMC).

Never has the environment been as changing as 2020, with education and training being delivered in a rapidly evolving environment with decisions and training needs being met in an almost constant state of flux. The impact of Covid-19 pandemic has brought unprecedented and unexpected challenges to medical education. Medical students were removed from Trust placements in March 2020 with virtual teaching and catch up placements ensuring their training was maintained until they returned to

placement in the summer. There were massive changes for our doctors in training with redeployment to Covid facing areas. Those remaining in specialty had to cover for redeployed colleagues with rota changes and merges. All of these required focused training packages to ensure patients and trainees were protected.

MedEdWest worked closely with and within The Doctors Hub to ensure doctors were supported, cared for and skilled up throughout that period. MedEdWest led the Covid training and lecture series that kept all medical staff informed and updated re all aspects of Covid related care. All aspects of training were recorded and archived within the MedEdWest Covid Page tiger resource. This has since morphed into the MedEdWest Pagetiger resource for all training. This ensured availability of training to all on a 24/7 basis. There were weekly zoom updates for trainees from the Director Medical Education (DME) and wider team. New Foundation interim Year (FiY1) posts were created for some 2020 medical school graduates to join the workforce early as well as Medical Student Technicians (MST) posts to support the Trust in the delivery of care to patients.

Cost of Training

Training is expensive and MedEdWest continues to ensure that expenditure is accounted for and protected. The DoH continues its expectations of accountability for medical and dental educational resources against educational outcomes and funding must follow the medical students and the trainees. The key role of medical education and training continues to be supporting good medical practice.

The Trust has recognised the importance of teaching, education and training and the value of supporting committed clinical teachers across all five of its hospital sites and has shown its commitment through transparent funding for medical education and training to include education contracts for lead posts, recognition of trainers in job plans and an appropriately robust governance framework for medical and dental education.

Teaching Fellows

Founded in 2014, the MedEdWest teaching fellowship is now in its sixth year. The programme started with a single fellow and the scheme has grown steadily recruiting at least 12 participants every academic year, which are representative of doctors from a variety of medical and surgical specialities. The teaching programmes which include simulation, are well embedded in the delivery of undergraduate and postgraduate education. This initiative is very much valued by the medical students and the junior trainees. By providing extra curriculum initiatives and embedding programmes of near/peer assisted learning (PAL) and teaching fellow roles within the clinical education programmes in MedEedWest we can attract and retain doctors to the WHSCT as a “great place to work” by empowering medical students and junior doctors to lead on these roles and become our future leaders in the digital age.

These innovative cultures reportedly enhance the creation and implementation of new ideas and working methods in organisations. We need to harness that enthusiasm for

education and learning by being slightly different to other education providers by offering additional opportunities and providing a truly positive experience here in the WHSCT at an early stage in their career.

Simulation and Virtual Reality

Healthcare simulation improves the safety, effectiveness and efficiency of healthcare services. These emerging training opportunities provide a pathway to digital transformation in healthcare. “See one, do one, teach one” is no longer the standard technique of learning new skills and competence in medicine. The move away from didactic or lecture based teaching to healthcare simulation is a bridge between classroom learning and real life clinical experience. The use of simulation and virtual reality provides a safe learning environment were mistakes can be made without any risk to patients. It provides a means to “practice” critical thinking, clinical decision making, and psychomotor skills in a safe, controlled environment. Errors can be allowed and corrected without concern for patient safety.

Simulation increases year on year with the recruitment into the MedEdWest team of another simulation educator and a clinical skills nurse. These posts have enriched the teaching available to include more practical simulation with a more multi-disciplinary approach to develop team working skills. We continue to promote our cutting edge equipment and exciting developing programmes including in-situ training within the clinical setting and generic skills sessions. Simulation in UG education is going from strength to strength.

Pre-Covid, MedEdWest began to introduce gamification type teaching to undergraduate medical students in the form of clinical escape rooms. The feedback was very positive and this new way of teaching will be expanded to include different levels of students and potentially to postgraduate teaching in the new academic year.

Communication

Considering the substantial changes this year, medical education continues to be in a great place. Our continued growth, innovation and vision translates to consistently frantic but creative education centres. We are particularly proud of our Step-West programme (trainee leadership and QI programme) which has grown to include FirstSTEPWest specifically for Foundation trainees and the new Clinical Learning and Simulation Skills (CLASS) weekly programme for foundation doctors which is a blend of both theory and simulation.

We are also extremely proud of our MDE APP that received positive mention from the GMC as good practice and which continues to develop to address the increasing communications requirements of our medical students, doctors in training and trainers in conjunction with our increasing use of PageTiger as another communication tool which enables us to offer innovative ways of induction and training. During the Covid-19 emergency the MedEdWest re-designed training programmes to be responsive to the needs of doctors across the Trust using a range of new teaching methods including

the use of Zoom technology to upskill staff in preparation for new roles, plus the development of a Page tiger/Medics Information/communications tool. These tools have all been increasingly important during the Covid pandemic. MedEdWest are constantly finding and refining ways to deliver teaching and training in view of the restrictions placed on us that has impacted on our daily lives.

Up-to-Date

MedEdWest continues to support Up-to-Date Everywhere where medical staff, trainees and undergraduates can access the up-to-date clinical support database from their own devices remotely at any time. All WHSCT can avail of this point of care resource.

Widening Participation

MedEdWest facilitated the opportunity to 80 Year 13 students from schools in the Western Area who are considering a career as a doctor to avail of "The Access to Healthcare Virtual Clinical Work Experience Programme". This programme provided an introduction to a number of fields of medicine and teach some key skills that are essential in the daily lives of every doctor, such as navigating complex ethical situations. The programme was an invaluable opportunity for all students interested in medicine as an alternative to face-to-face work experience that provided a strong grounding for their medical applications. The students participated in all three days in February and March 2020 with great feedback.

Queens University Belfast (QUB) C25 Curriculum

The QUB new C25 curriculum was introduced with the impact to the Trust in 2022 with the delivery of the new 3 year Longitudinal Integrated Clerkship (LIC). This framework for medical student clinical placements focuses on continuity across learning environments and experiences focusing on integration, combining traditionally discipline-specific learning across the period of the 14 week LIC placements. It offers continuity of clinical experience in the same clinical setting, increasing students' long-term learning, focusing on patient-centeredness and clinical independence, thereby developing meaningful roles in the care of patients. The 14 week placement split into seven weeks medicine and seven weeks surgery. The old specialty specific placements were replaced with a "peppering" into these two placements.

This change was a huge challenge for MedEdWest during the pandemic, as this new format was implemented two years early during Covid plus with the additional challenge of a catch up period over the summer months for the third and fourth year medical students to enable them to complete the 14 week placement in the Trust to complete the year.

MedEdWest must commend the FY1's who have been amazing and assisted us in the delivery of some of the education and training throughout this difficult time.

Year on year, MedEdWest are delivering better and more focused training within the WHSCT. We are currently adapting to the new normal and delivering medical education

in a different way which is much more challenging. Everything that will be done in the year ahead will incorporate the learning from the changes which have occurred and utilise the unique opportunities that are emerging from the Covid-19 pandemic. In medical education, the new ways of educating must be embraced and we will lead the way in training and assessing our medical students and doctors for the NHS of the future not of the past.

These new ways of teaching and support will become more normalised and Medical Education will continue to adapt, place innovation, engagement and professionalism at the heart of what we do, to address the new challenges without losing momentum of the gains in education made pre-Covid-19. With the announcement of the new graduate entry medical school (GEMS) in Ulster University's Magee campus and the training of Physician Associates under the umbrella of MedEdWest we have begun to cultivate a strong relationship with Ulster University to ensure medical education continues to thrive in this part of the region.

We will continue to deliver with care and compassion in the knowledge that this will undoubtedly translate to better training for our doctors and better care for the patients they look after. We will continually build on our theme "The West is Best".

Financing, Contracting and ICT

Director of Finance Performance Overview

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

In February 2019, the Western Health and Social Care Trust (WHSCT) agreed to a three year Recovery Plan for £39 million, with key stakeholders the Health and Social Care Board and Department of Health (HSCB and DoH). Significant progress was achieved in 2019/20, with £20m of the original £39m being addressed, however early in 2020/21, it became clear that the Covid-19 pandemic would affect progress in many of the areas and much of the programme has been delayed during 2020/21, for obvious reasons.

Discussions with DoH senior officials during 2020/21 confirmed acceptance of this delay, with the Trust submitting a two year Financial Savings Implementation Plan, derived from the Financial Recovery Plan 2020/21 to the DoH to provide clarity on how WHSCT proposes to address the £19m residual deficit (from the £39m identified and agreed in March 2019) after taking account of the impact of Covid-19.

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

The Directorate has prepared the statutory accounts, which confirm the Western Trust's financial position for 2020/21.

Financial Management

The Financial Management Division supported the development of the financial plan and monitoring during 2020/21, which included monthly financial performance reporting to Trust Board, HSC Board and DoH. The division is also responsible for setting the annual budget for the Trust, which is devolved to Directors, Assistant Directors and Heads of Service and monitored monthly at Trust Board and Corporate Management Team meetings. The division is currently working on the 2021/22 Financial Plan and has also been providing extensive support to Covid-19 and the Trust financial recovery process.

Capital, Costing and Efficiency

The Capital, Costing and Efficiency (CCE) division played a significant role supporting front-line staff during the Covid pandemic. The CCE chaired the Trust PPE Strategy Group and Co-Chaired the Trust Vaccine Operations and Logistics group, while the CCE team played a lead role in the procurement of timely Personal Protective Equipment (PPE) for Trust Staff, helping procure 54 million items of PPE during the year.

Major actions undertaken by the CCE team within the PPE effort included,

- Establishing a Logistics and Governance framework to ensure that staff have access to appropriate PPE.
- Establishing a PPE Supply Chain liaison function (alongside BSO regional),
- Developing a series of daily stock management reports to ensure the adequate supply of PPE and highlight areas of concern,
- Supporting the establishment of a PPE Warehousing and Distribution hub.
- Developing a business case for all aspects of PPE staffing.

The CCE team also developed a Trust wide Surge Demand Model, based on clinical and service inputs which gave rise to a well-informed, constructive contribution to a regional PPE modelling project.

In addition the CCE team developed concise metrics to focus transitional PPE Face Fit testing capacity and supported the Vaccine roll-out programme through the creation of the initial multi-site delivery model, and subsequent onward oversight monitoring of Vaccine delivery across WHSCT, across all delivery forums (Nursing homes, Inpatients, Supported Living, Mobile Units (Homeless, Day centres, clinics) and Mass Vaccination Centres).

The Capital, Costing and Efficiency (CCE) Division have also provided support to the Trust's extensive Capital programme by developing and monitoring 441 capital business cases/annexes for additional funding, including Covid response and rebuild.

The CCE also led on the update of the 3 year Financial Recovery Plan, which has been submitted to the DoH in March 2021.

Access to Healthcare Department

During the first surge of Covid-19 most of the staff within the Access to Healthcare Department were redeployed to other areas of the Trust to help with Covid workload, for example the Access to Healthcare Manager was redeployed for several months to support the Assistant Director and Director of Finance with Personal Protective Equipment (PPE). This involved leading a team to source local PPE supplies by engaging with local suppliers when shortages were identified at daily regional Cell meetings. The role was to ensure that there were robust governance arrangements in place for the local procurement of PPE, given this was a step aside from normal procurement business.

Furthermore, the manager developed a value for money (VFM) process for each item procured locally and developed a procedure document to be followed which was approved by CMT and incorporated into day to day processes. A further staff member supported the Acute Directorate with local PPE procurement. This involved receiving delivery notes from stores and receipting deliveries on to E-Procurement, raising Purchase Orders and receipting for Face Fit Testing companies. Some of this work lasted from April 2020 through to February 2021.

Another staff member worked with Bronze Control in South West Acute Hospital reporting on the daily Covid-19 statistics and supported the admin function within Bronze Control. A fourth member was redeployed within Support Services, helping with home food orders, raising orders and receipting onto procurement systems. In the later months of 2020/21 some staff have been helping with processing Covid related payments to the independent sector.

Despite this key significant Covid related work undertaken, the core work of the Access to Healthcare team continued throughout the year but increased between Covid surges. The key responsibility of the Access to Healthcare Department is to assess patients' entitlement to free healthcare and identify chargeable patients e.g. paying patients, private patients and EU and other overseas visitors. During 2020/21 the team completed investigations or assessments on 1,486 inpatients that were identified to have no Health and Care number or no valid Northern Ireland GP Registration. In addition 226 cross border workers required verification and evidence to assess their entitlement to free NHS healthcare. By utilising a specialist tool, the team was able to identify an additional £101,855 of non-contract activity, which would not otherwise have been picked up through routine processes.

The manager of the Access to Healthcare department was involved both regionally and in Trust groups in planning in relation to EU exit and taking forward implementation of relevant changes required as a result of EU exit.

Self-Directed Support

A small team is in place to support payment and monitoring of direct payments made to clients who have chosen to purchase their own care as part of Self-Directed Support. This area of work continues to grow at a significant rate with a net additional 89 users during 2020/21 and 1,411 direct payments users at 31 March 2021. There has been a 30% net increase in the value of the average cost per package in the year, mainly due to Covid-19 and the closure of nursing homes and day centres. Over 13,802 recurring payments were processed during 2020/21 as well as over 800 one-off payments and 720 additionality payments. A Covid-19 fund was setup for additional care payments due to Covid. £165,790 of this fund has been spent on direct payments, additionality and one-off payments.

Financial Assessments

During 2020/21, a new staffing structure piloted in 2019/20 was implemented which will support the growing workload due to the move to gross payments to homes. Delays in system procurement, testing and implementation have been caused by Covid-19, but recent progress should lead to full implementation in 2021/22. Additional payments were made by the team to support independent sector homes' cash flow during the pandemic.

Retained Finance

Additional staff over and above the existing team and members of the Access to Healthcare Team have provided support in the administration of grants and claims to Independent Sector Residential and Nursing Homes, Domiciliary Care Agencies and Trust-only commissioned Supported Living organisations as part of the DoH led arrangement to support the Independent Sector during COVID-19. In total £5.5m was administered.

Procurement

The Directorate helps to maintain a focus on the Trust's procurement agenda by supporting the Trust Procurement Board, the Trust Social Care Procurement Board, and the Trust Operational Procurement Group. A key output from this work is the development of a three-year Trust Procurement Strategy which sets out the Trust's procurement vision and objectives. The Directorate supported the Trust during the year in implementing its procurement strategy.

By virtue of the introduction of the Public Contract Regulations 2015, social care procurement for the first time became subject to the same procurement regulations as other goods and services. The Trust in conjunction with all other HSC bodies is working to put arrangements in place to ensure compliance with the new regulations. In order to minimise the risk of non-compliance, all HSC bodies are extending Centre of Procurement Expertise cover for social and healthcare services in the light touch regime. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board. The Trust will continue to participate in regional procurement exercises as per the five-year regional social care procurement plan.

During the 2020/21 financial year, the Finance, Contracting and ICT Directorate also:

- Made approximately 13,802 recurring payments to clients who chose to receive direct payments to enable them to purchase their own care.
- Identified 113 patients from Europe who presented with European Health Insurance Cards (EHIC), a significant number during the pandemic, which led to an incentive payment to the Trust of £30,088.
- Completed investigations or assessments on 6,525 new outpatient referrals that were identified to have no Health and Care number or no valid Northern Ireland GP Registration.
- Receipted £108,884 of grant monies from NHS Charities much of which was raised by the Captain Tom appeal. This has been used for the relief of staff and patients following the effects of the Covid-19 pandemic.
- Receipted £3m of funding from DoH as a donation for staff support.
- Managed a fleet of approximately 150 leased car vehicles on average over the year that are used by Trust employees,
- Reported five instances of suspected fraud within the WHSCT to BSO Counter Fraud and Probity services that progressed to investigations and supported progress in 13 other investigations,
- Administered 173 individual Endowment and Gift funds throughout the year, valued at approximately £6 million
- Administered approximately 1,275 individual Patient Monies accounts throughout the year, equating to approximately £3.1 million in value,
- Administered approximately 8,000 individual assets on the Trust asset database,
- Delivered virtual cash handling training through a voice presentation PowerPoint made available to staff .
- Provided governance advice within the Trust in specific areas that required assistance.

Recognition for Contracts Manager (Acting) in Queen's Birthday honours. Leone Burns, the acting Contracts Manager for the Trust was awarded an MBE for her contribution to the Covid-19 Pandemic. Leone played a key leadership role in supporting the Independent Sector through this difficult period.

Information Communications Technology

In 2020/21, the ICT Department were tasked with enabling technical solutions and infrastructure to support the Trust response and re-build programme associated with the Covid-19 pandemic. At the same time, the department continued to support the HSC E-Health programme and the associated ICT Projects as well as local Trust priorities.

Covid-19

At the outset of the year the Trust were required to re-configure services, adapt workforce strategies and introduce solutions for remote working. The following ICT priorities were progressed to deliver technical solutions:

- Facilitating Remote Working for CMT approved Priority Services/Staff.
- Facilitating Ward moves in terms of Networks, Telemetry, Phones, and ICT Equipment.
- Extend Video Conferencing access and researching Virtual Consultation solutions for Services.
- Maintain Cyber Security Vigilance.
- Maintaining Risk Management processes.
- Work on rolling out technical solutions continued throughout the year and was heavily influenced by changes to service configuration through the phases of the pandemic and service demands and re-configuration.

Digital Re-Build Programme

The Trust submitted 23 bids in July 2020 as part of the Digital Rebuild submission. The proposals were grouped in six broad themes by DHCNI:

1. *Service Continuity*
   These include the use of digital tools and applications to transform the way services are currently operating, in order to provide continuity of service to our service users including a new staff communication app.
2. *Infrastructure Rebuild Plans*
   Upgrades to critical existing technologies or networks.
3. *Remote Care*
   Including digital solutions to move the way key services are currently delivered to a remote method.
4. Information and Data
   Building on the software and expertise already invested in by the Trust (Qlik) to report on the key data and critical metrics necessary to run and plan services.
5. *Virtual Service Delivery*
   One of the key projects and a Trust priority in this area is the implementation of Virtual Consultations via Pexip and Clarity (already used for Self Check-In kiosks). The move to Virtual Consultations for key services will yield a long-term shift towards digital appointments where appropriate, with benefits for Trust and service user.
6. *Remote Working*
   Nine submissions focus directly on Remote Working and Staff Mobilisation. Most of this will include the roll out of Laptops, Mobile Phones and other devices to allow staff to work remotely (including from home) and avail of the underpinning technologies mentioned above.

The benefits of implementing the Digital Rebuild Programme will be as follows:

Staff Mobilisation

- An additional 1,250 laptops will be deployed as part of the rebuild across all directorates.
- Bring Your Own Device (BYOD) will allow for more staff, at home, using their own devices to be mobilised.
- In total WHSCT will have at least 4,500 staff with the ability to work remotely, which equates to more than a third of all WHSCT staff being mobile.
- 573 Mobile Phones will be deployed as part of the programme.
- 120 iPhones will be rolled out to Estates Staff increasing their Mobilisation across the Trust.

Virtual Working

- 20 new Virtual Meeting Rooms in both Acute and Community Facilities.
- 2 upgrades to existing critical Trust meeting rooms.
- The Thrive Staff App will mean that those staff who do not currently use Technology while at work will be able to be communicated with.

Virtual Consultations

- Capacity for 200 additional Virtual Clinics (with system integration with existing Trust Systems).
- Integration with existing systems in both Acute and Community.

Infrastructure and Network

- Upgrades to the network across Acute and Community.
- Up to date, fit for purpose technology with long term benefits.
- The replacement of Windows 7 devices will help deliver on the Windows 10 regional project.

Covid-19 Vaccination Programme

A regional Covid-19 Vaccination system was developed and introduced within the Trust during December 2020. ICT were involved in the specification, testing and implementation of the system within the Trust. ICT staff continue to provide technical support and system management to this system.

Community Information System (CIS)

The Community Information System (CIS), Paris, has now been successfully implemented in over 90 community services. There are now over 4,500 staff using Paris in the Western Trust.

The impact of Covid has meant that many service implementations had to be temporarily suspended, with project and service staff being redeployed to other duties. The remaining services are now due to be implemented by the end of January 2022. Another impact of Covid has been a focus on the delivery of virtual consultations, the Paris team are engaging with this project to facilitate this new way of working.

In spite of these challenges, the first phase of Family and Childcare services went live on Paris incorporating the regional UNOCINI and Signs of Safety approaches. This was

a significant implementation involving an electronic migration of data from the Soscare system.

Other implementations included the Physical and Sensory Disability services and several services had to be implemented quickly in response to Covid-19 pressures (including a Homeless service, a Hospital at Home service and a Social Work GP Federation service). The FIMFAM and NISAT assessments have also been made available on Paris.

A document management system for Paris has been procured and is currently being implemented.

Human Resources

Key issues and risks affecting achievement of the Trust's objectives

The Human Resources Directorate has worked with agility throughout 2020/21 to lead, support and respond to the wide ranging needs of the Trust and our workforce as a result of Covid-19. All HR Departments significantly adjusted their work plans in order to deliver the Trust's key objective of working safely through Covid-19. This is evident through the large increase in recruitment, corresponding contractual requirements and workforce information monitoring.

Occupational Health in particular supported significant programmes of work including face fit testing, flu vaccination, setting up Covid-19 vaccination centres, contact tracing and high volumes of risk assessment support in accordance with evolving guidance. HR also had a key role in supporting emergency response through bronze control rooms, silver control room and hospital and community planning groups.

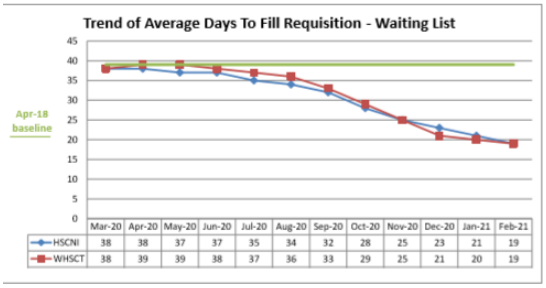
Despite the challenges presented through Covid-19 the HR Directorate progressed a substantial structural reform process. An additional Assistant Director of Organisation and Workforce Development post was added to the Directorate which led to a realignment of HR Departments accordingly under each of the three Assistant Directors. In recognition of the increasing demand and complexity of workforce issues over the last few years, existing budgets were reformed to allow a number of permanent posts to be recruited which has enabled career progression and improved workforce stability within the Directorate.

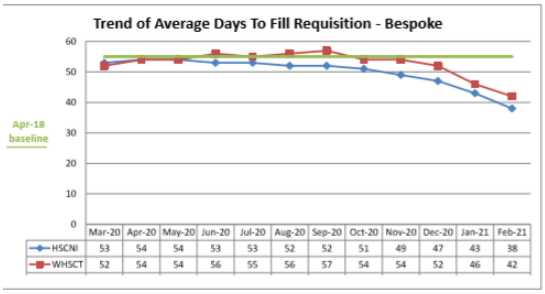
Recruitment and Resourcing

The Employee Resourcing Support Team actively supported 1,706 appointments across the full range of staffing groups via the Recruitment Shared Services Centre (RSSC). Covid-19 workforce demands became one of the top HR priorities in March 2020 and the Trust's Retained Recruitment Teams focused on increasing staffing, resulting in the team bringing in an additional 1,070 staff from the campaigns.

The HSC Workforce Appeal, launched on 27 March 2020, generated 1,700 applications. Many staff were interviewed, cleared and in post within two to three weeks of their application being received. During the first surge, 580 staff were appointed to support the Trust in its response to Covid activity. Campaign 1 was officially stood down on 24 June 2020. In light of the second surge, campaign 2 launched on 1 October 2020 and is still ongoing with 2,420 applications.

Workforce Appeal Applications								
Nursing	Medical	Pharmacy	Nursing Support	Social Care	Allied Health	Admin / Clerical	Support	**Total**
80	79	28	430	280	93	610	820	**2420**





The Employee Resourcing Support Team is progressing with the Delivering Value Service Improvement Plan to support Trust workforce needs and continues to reduce the time to fill positions as evidence in the charts shown above.

International Medical Recruitment

The Trust continues to work to attract international doctors. Since the beginning of the project, five years ago, 150 doctors have commenced in post. Recruitment has continued during the Covid pandemic and the project has still been able to recruit 16 doctors this year with a further 15 doctors progressing through the recruitment process into next year. The International Recruitment Project continues to make financial savings year on year and key positions are being filled, particularly difficult-to-fill posts.

Medical Locum Team

The Medical Locum Team has been established initially as a two year quality improvement project to improve the quality and accessibility of services for patients, stabilise the medical workforce and reduce the reliance and expenditure of agency locums. The Team is part of the integrated Medical HR function and is also responsible for Locums Nest across the whole Trust which to date has shown a reduction in medical locum costs and reliance on medical locum agencies. Locums Nest allows a much quicker, hassle-free process to find, book and receive payment for bank shifts and has reduced the amount of paperwork required. There are 266 staff bank members registered on Locums Nest, 40% of those are active users (have applied for a shift in

the last 6 months). For the year there has been an average of 33% fill rate of all shifts posted.

Medical HR

The Medical HR Team continues to support all aspects of the employment of medical staff, including the administration of all attributes of their contractual arrangements. The Team successfully implemented the 2020/21 Medical and Dental Pay Award and continues to support the e-job planning system for Consultant staff.

The Trust introduced and appointed for the first time Clinical Fellow positions to help fill our vacancies from NIMDTA. We appointed nine doctors to cover Emergency Medicine, Obstetrics and Gynaecology, Dermatology, and General Medicine. This has proven very successful and we are currently in the process of recruiting for August 2021 vacancies.

During 2020/21 the Medical HR Team recruited 21 Consultants to the Trust, 13 of whom have taken up post, with the remaining eight anticipated to take up post in early 2021/22. We also recruited 11 Speciality Doctors, eight of whom are currently in post with the remaining three Speciality Doctors taking up posts in the coming year.

During Covid-19, Medical HR also supported emergency planning by recruiting additional medical staff with 40 of these still engaged at year end, as well as many fourth year Medical Student Technicians, 78 of whom remain employed by the Trust. The Trust has also recruited via Queens University for first and second year Medical students to work at Band 2 and to date we have received 46 applications.

In 2020, we recruited three New Graduate Year (NGY) Physicians Associates as part of a regional HSC recruitment campaign. Working alongside and under the supervision of doctors these staff delivered medical care as part of a multidisciplinary team supporting the delivery of a stable service and optimising the use of clinical resources. We currently have 14 Physicians Associate students on placement across the Trust and we are providing training across 84 different placements.

From February 2021, two more specialities transferred across to Single Lead Employer (NIMDTA), Surgery and Emergency Medicine.

119 Total Trainees

11 Programme/Specialities are now with SLE

Ethnically Diverse Staff Network

The BAME Network has been established following a number of workshops with staff and the Chief Executive and Senior Team in June 2020. Two monthly meetings have been organised and approximately 40 members of staff (medical, nursing and support

services) have joined the network to date. The Terms of Reference have been developed for the network and a survey has been developed and disseminated to determine the baseline and requirements for actions going forward.

Staff Health and Wellbeing – COVID-19 Response Group

Working in partnership with Psychology, HIEI and QI to provide practical support for Staff Health and Wellbeing.		
The promotion of the TWIST West Wellbeing Hub which can be accessed by all staff inside and outside the workplace, includes access to a wide range of health and wellbeing resources, various programmes/sessions and information that has been developed to improve staff health and wellbeing	Psychological Support, which includes focused one to one staff support through helpline, team support and support for managers throughout the COVID-19 pandemic.	Long COVID support for staff that are experiencing symptoms of Long COVID.

Terms and Conditions Department

The Terms and Conditions Team worked closely with a range of partners including Payroll Service Centre (PSC), Recruitment Shared Service Centre (RSSC) and HSC Pensions Branch to deliver key pay and conditions services. Additionally the team works closely with Finance colleagues to review and improve the governance arrangements pertaining to pay-related processes, with a particular focus on reducing errors leading to overpayments and underpayments of salary. Last year the Team successfully implemented the 2019/20 Agenda for Change pay award, which required the detailed review and reworking of approximately 5,000 individual staff pay records.

The Team supported and processed 259 unpaid summer leave applications, 485 Maternity/ Adoption/ Parental Leave Applications and 42 new Career Break applications.

Throughout the year the Terms and Conditions Team routinely facilitated and processed a wide range of staff employment transactions, including:

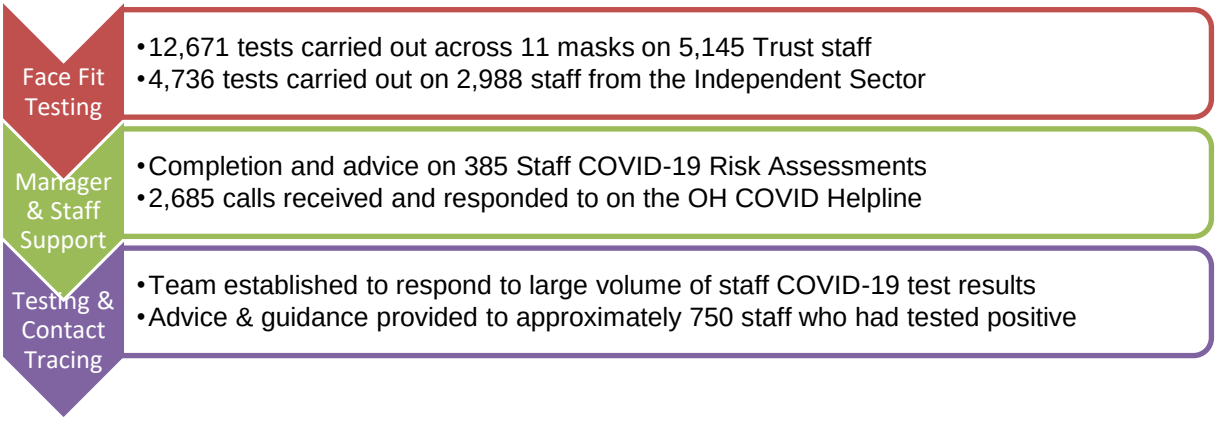
- Issue of in excess of 2,774 new or revised employment contracts which represents an approx. 20% increase on 2020 figure,
- Process and issue of over 800 bank contracts,
- Issue over 765 contract addendums,
- Process of approx. 10,000 contractual changes,
- Facilitation of 316 childcare voucher adjustments,
- Process of 200 retirement applications,

Long Service Award

As part of its Recognition and Reward strategy the Western Trust decided to recognise those staff who have reached 25 years' service on or after 31 March 2021 with a one-off award of an additional week's annual leave. This brings us into line with other Trusts that have provided this recognition. The Terms and Conditions Team along with the Workforce Information Team will support managers to administer this award.

Occupational Health

Occupational Health (OH) activity in 2020/21 was dominated by COVID-19 related activity across multiple areas.



In addition to the Covid-19 response activity, Occupational Health (OH) has delivered a very successful annual staff flu campaign, with significantly increased uptake across all staff groups.

Staff Group	2019/20 uptake	2020/21 uptake	Increase
Frontline Health Care Workers	28.2%	46.2%	18%
Frontline Social Care Workers	10.6%	38.8%	28.2%
Doctors	52.7%	60.1%	7.4%
Nurses/Midwives	23.7%	43.5%	19.8%
AHPs	29.1%	47%	17.9%
Pharmacists	50.5%	86.9%	36.4%
Support to Clinical Staff	24.5%	42.2%	17.7%
Social Workers	12.3%	38.2%	25.9%
Social Care Workers	9.4%	39.3%	29.9%

Covid-19 Vaccination Programme

Most recently the HR Directorate has led the roll out of the Covid-19 Vaccination Programme within the Western Trust, bringing together experts from all parts of the organisation to design, develop and implement a complex and multi-faceted

programme. What commenced as a staff vaccination exercise evolved into large scale population immunisation, which has been operating since 14 December 2020.

96,000 vaccines delivered in Western Trust Area

At 31 March 2021 96,000 vaccines (both Pfizer and AstraZeneca) have been delivered across a range of areas, including three Mass Vaccination Centres, all Care Homes in the Trust area, Supported Living Facilities, Day Centres and hospital inpatients. OH has also delivered regular allergy clinics in order to provide the vaccine for those individuals with a history of allergic reaction in a hospital controlled environment.

Organisation and Workforce Development

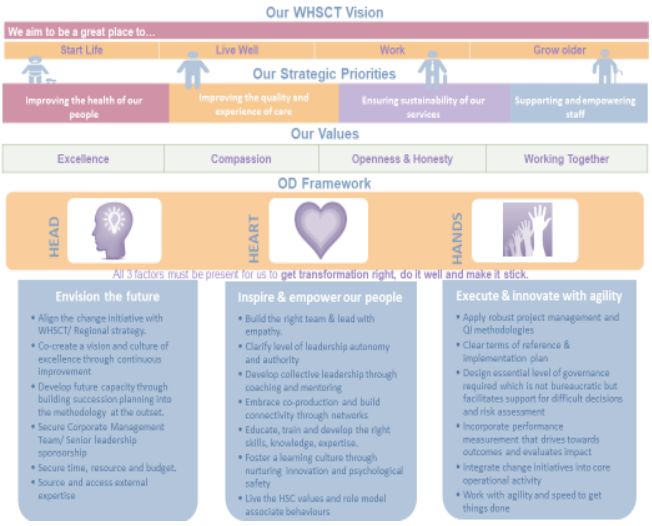
Organisation Development (OD) Framework

Throughout 2020/21 the Organisation and Workforce Development (OWD) Team held a series of workshops with identified 'Change Agents' to develop the Trust's first OD Framework.

Our OD Framework is founded on the belief that our people improve our systems.

It serves two purposes:

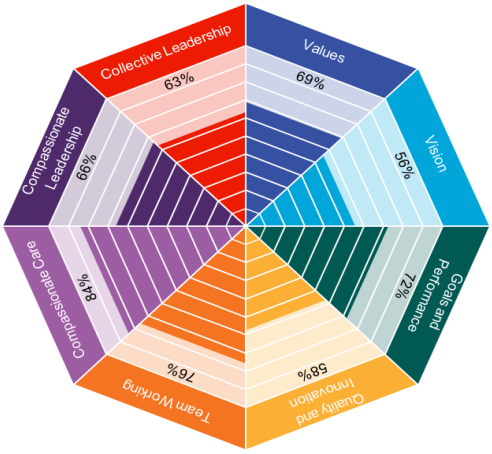
- Sets out our commitment to support continual organisational improvement.
- Provides a consistent framework which takes cognizance of best practice research, behavioural science and reliable methodologies to enable change and innovation to succeed.



Co-produced with Trust 'Change Agents' to identify the critical factors which led to success of change initiatives within our Trust. The critical success factors were combined with global best practice research from the Boston Consulting Group. The resulting framework for the first time unites together cross-directorate resources, best practice models, methodologies, skills development and contacts to provide an overarching OD instrument.

Cultural Assessment Survey

The Cultural Assessment Survey was run throughout November 2020. The aim of the survey was to give a clear understanding of the current culture of our Trust. It identifies the areas of our culture that are working well and provides a clear indication of the areas which require more attention and development in order to deliver a culture of high-quality, compassionate and continually improving care. A total of 1,651 people completed the questionnaire which represents 13.1% of our staff population.



Engagement and Involvement Strategy

The OWD Team has worked with staff from across the Trust to develop the Engagement and Involvement Strategy, which was endorsed by CMT in November 2020. Teams are being supported to develop local implementation plans to ensure effective communication and involvement of all staff in decisions and improvements in their own area of work.

Learning and Development

During the past year the OWD Team focused on the delivery of a supporting safety toolkit, which was designed with the challenges of the pandemic in mind and provided our staff with the skills and knowledge to support their teams during Covid-19.

Supporting Safety Toolkit	20 sessions covering 7 topics with 521 participants
Learning and Development Courses	25 Sessions covering 7 topics with 477 participants
New Online Induction	Approx. 800 new staff participated.

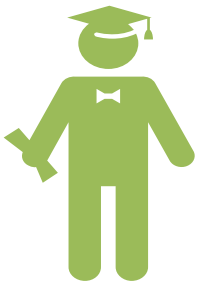
Working Safely Together ECHO Network

To support the Trust's commitment to working safely together through Covid-19 Safety Leads were identified in most Trust facilities. The role of a Safety Lead was critical in supporting and educating staff in each facility about working safely together through Covid-19. The Trust worked closely with HSCB and Hospice NI to develop a programme over 10 weeks from December 2020 to March 2021 to support our Safety Leads under Project ECHO NI. The programme has been co-developed by our Safety Leads to explore key topics for education and discussion. It provided our Safety Leads with a network to engage and learn from each other with the objective of increasing safety throughout our Trust.

The programme has been extremely successful as an engagement forum and has produced tangible outcomes such as,

- Formation of localised safety teams within large facilities
- Identification of unused clinic areas to allow staff to social distance
- Shared learning detailing ways in which teams throughout the Trust are increasing psychological safety and focusing on health and well-being
- Installation of screens in shared office environments
- Installation of increased signage in vaccination centres
- Bespoke well-being session created for specific departments

Post-Graduate Diploma in HSC Management



The Post-Graduate Diploma in Health and Social Care Management is an Ulster University validated programme facilitated by the Trust's Organisational Workforce Development team in collaboration with the HSC Leadership Centre. The ethos of the programme is to support staff in the development of their leadership roles to enable delivery of high quality, sustainable services and implementation of change in line with regional transformation in Health and Social Care.

In August 2020, 13 Trust managers successfully completed the two year programme, six students achieving Pass with *Distinction* and seven students achieving Pass with *Commendation, c*ongratulations to students who will graduate in June 2021.

In September 2020, due to unprecedented expression of interest, 20 managers commenced the programme which is being delivered using remote teaching methods.

Vocational Training

Personal Social Services Funding - Registrations for Qualifications

	OCN NI Level 3 Diploma in HSC	C&G's Level 4 Diploma in Adult Care	OCN NI Level 5 Diploma in Leadership and Management in H&SC (Adult Residential Management)	OCN NI Level 5 Diploma in Leadership and Management in H&SC (Adult Management)
AMH&LD	6	10	1	5
PCOP	18	3	3	1

Support Workers Fund – Registrations for Qualifications

	Level 3 Award in Healthcare and Social Care Support	Level 3 Certificate in Healthcare and Social Care Support	Level 3 Diploma in Healthcare and Social Care Support
ACUTE	4	4	8
PCOP	5	-	1

The support workers fund also annually funds three places on the Open University module K102 Introducing Health and Social Care (Level 4) offered in conjunction with UNISON.

The WHSCT Vocational Training Centre was approved to deliver OCNNI Heath and Social Care Qualifications and this commenced in January 2021 with the New Level 3 Diploma in H&SC and the Level 5 Diploma in Leadership and Management. It is intended that all our Qualifications will move to OCNNI, a local awarding organisation, in the next 12 to 18 months.
The Vocational Assessor Team continue to virtually deliver weekly classes with staff and learners from a variety of health and social care backgrounds within the WHSCT.

Employee Relations

Despite a number of staff within the Employee Relations Team supporting and assisting with the pandemic, the remaining Team continued to provide professional advice, guidance and support to managers during the pandemic.

Difficult Conversations

To support the Trust's Delivering Value agenda Employee Relations developed 'Difficult Conversations' Training. This training provides Band 5 line managers and above with practical skills in engaging in difficult conversations with employees and colleagues to achieve individual and service level improvement. This training will continue to be offered virtually on an ongoing basis into 2021/22.

72 managers trained in difficult conversation skills

Policy Development

The HR Policy Design Group has reviewed and updated a number of policies during 2020/21.

Directorate Support Teams

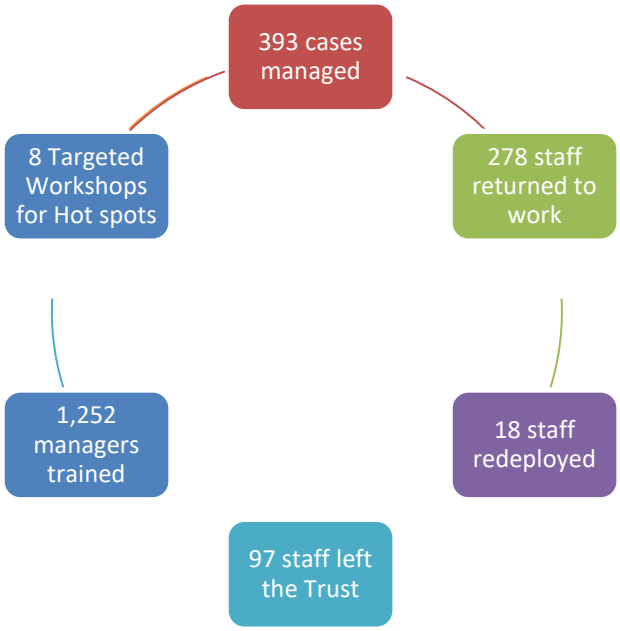
For much of 2020/21 the mainstream work associated with the HR Directorate Support Teams was replaced by urgent need for HR support in assisting with Covid-19. This included the redeployment of staff, supporting the recruitment of additional staff/volunteers both internally and for care homes, dealing with Covid-19 related queries, development of guidance documents and supporting the vaccine roll-out.

Organisational Change

The Directorate Support Teams in 2020/21 continued to provide support to their respective business partners in the delivery of significant service improvement initiatives. These projects have included structural reform (including the redeployment of staff resulting from the closure of Drumclay Transitional Facility), and the implementation of new working arrangements, including on-call and reform of rotas.

Attendance Management

Across both HR Directorate Support Teams (DST) approximately 393 cases have been managed to a conclusion in 2020/21, with a total of 199 cases ongoing. The teams worked to achieve a return to work for 278 employees, successfully redeployed 18 employees and terminated or supported ill health retirement for 97 employees.



Although Covid-19 impacted on the ability to carry out face-to-face training and hold bespoke targeted workshops for hot spot areas, these were recommenced virtually in December 2020.

Workforce Stability

An annual exercise is now in place with HR Directorate Support Teams working towards the reduction of staff on temporary or bank contracts. A comparison of the baseline figures (2017) and the current position confirms an overall decrease of temporary staff

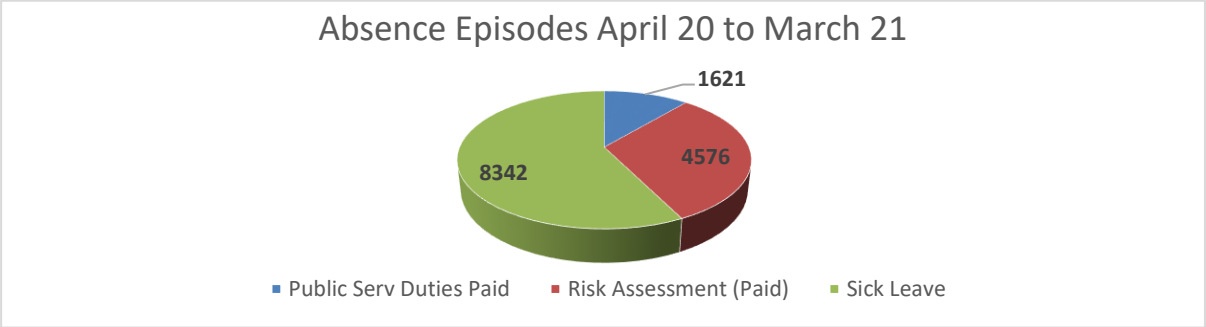
with four years plus service of 90.5%. The analysis completed in 2020 showed that 46 staff that fall into this category remain within the employment of the Trust, which is a significant reduction over the last 3 years. This activity has contributed increased workforce stability, improved engagement and turnover.

Workforce Planning, Analytics and Equality Monitoring

The Workforce Planning, Analytics and Equality Monitoring Team reported daily absence figures, produced weekly updates of information to the Department of Health and supported Trust Bronze and Silver groups with information and worked to develop vaccination reporting. We have also maintained a high level of support to managers with regular monthly reporting cycle and guidance in raising and approving requisitions, as well as managing the peripatetic staff transfer process

Absence Team

The Absence Team developed processes to record additional Covid-19 leave this year and supported managers to record absence as appropriate. There were 14,359 episodes of which 6,197 were Covid-19 related (44%).



The Absence Team worked with managers on an average of 300 cases per month to ensure staff were properly paid and as a result over payments due to late notification of absence fell this year again. The Absence Team has developed reports available to all managers on the HR Hub detailing absence details by Cost Centre and this year the reports will include a five year trend analysis by Directorate and Assistant Directorate.

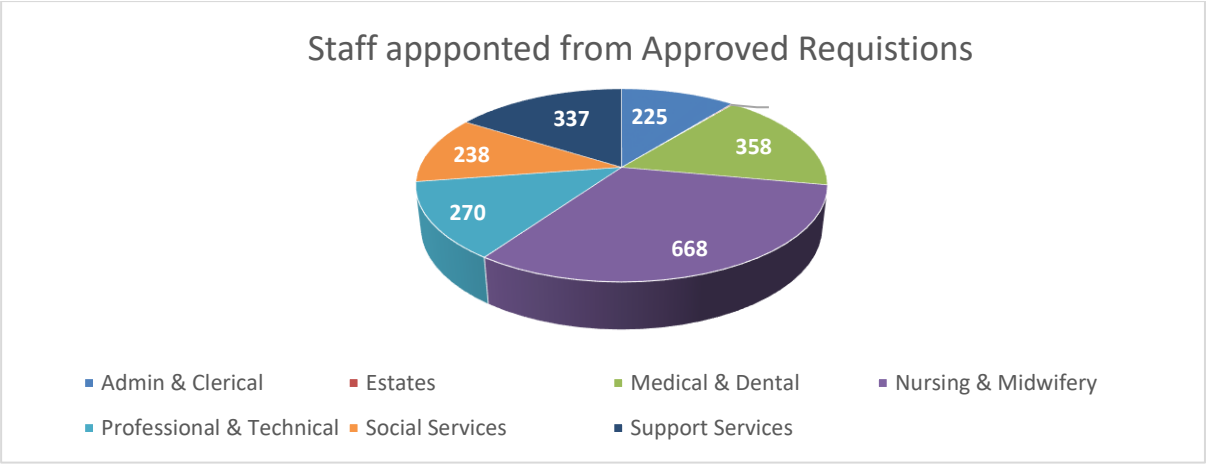
Equality Monitoring

In addition to the annual Fair Employment return, the Trust is working on the 3-yearly Article 55 review. This major piece of work identifies the numbers, trends and issues in the Trust over a three year period relating to the community background of staff in the Western Trust area compared to District Council areas and NI region. This review will be in the new regional format which the team has been instrumental in developing and will include for new District Council areas for the first time.

Requisitions

Due to Covid-19 there was an increase in staffing across the Trust and 2,099 new staff were appointed in 2020/2021; over 2,250 requisitions were submitted during the year

for approval. Nursing and Midwifery had the highest number of staff appointed 668 (32%) and 337 were in Support Services.



People Committee

The People Committee met on four occasions throughout 2020/21 to provide assurance to Trust Board on the effectiveness of the Trust's arrangements for leadership, engagement, training, development and education of staff. The Committee reviewed HR Metric information at each meeting i.e. Sickness absence, Mandatory Training compliance, uptake of Staff appraisal and Job Plans for Consultants. The Committee also heard from staff regarding their experiences of working for/in the Trust. This year the Committee heard from a staff member who received an MBE for her work with the Independent Sector throughout Covid-19 and a psychologist staff member who shared results of well-being research.

Trades Unions Engagement

During the pandemic period, the Trust put in place arrangements to ensure frequent and regular engagement with Trades Unions in relation to discussions and decision making in a rapidly changing environment. These have ensured that Trades Unions have been kept informed and updated throughout including in relation to the reset plans and any associated workforce implications.

Meetings	Consultation	Group Involvement
•Daily Silver Briefing •Regular Consultation Meetings which increased in frequency throughout Covid surge. •Ongoing informal and formal discussion meetings as required	•Covid guidance documents such as Home working Guidelines, Redeployment principles and risk assessment documents •Specific termporary & permanent service redesign initatives •Regional negotiation through HR Cell to develop FAQs	•Working Safely Together •PPE sub-group •Hospitals and Community Planning •Working Longer Group

HPMA HR Rising Star Award

Joanne Adair, HR Project Manager, was awarded the HR Rising Star Award by Healthcare People Management Association (HPMA). This is a UK-wide award which recognised Joanne as a leading light in the profession. Joanne has delivered organisational improvement on a range of work streams within the Transformation and *Working Together, Delivering Value* programmes.

CIPD NI Award for Best Change Management Initiative – Delivering Value Workforce Efficiency Programme

The HR Directorate was awarded the CIPD NI Award for Best Change Management Initiative. This recognises the value of the HR contribution to the first phase of the Trust's financial recovery programme, 'Working Together, Delivering Value'. HR is centrally involved with the Trust service areas in planning and delivery of their system change programmes, and have led on a range of focussed work streams to overcome workforce issues and find new ways of working.

Performance and Service Improvement (PSI)

Responding to Covid-19

The Performance and Service Improvement Directorate manages a range of corporate services which were essential in enabling the Trust to deploy a corporate approach to its response to the Pandemic. The Directorate stewards the planning and testing of the Trust's emergency response plans, and these were formally activated at the outset of the Pandemic, and processes mobilised to support the Trust's response overall.

At the outset, the Director established a "Corporate and Support Services" Planning Group, and as part of the Trust's Emergency Planning command and control arrangements, the Directorate was represented on each operational "Bronze control", and on the overarching "Trust Silver", providing professional advice, corporate leadership, and establishing or helping to establish new services needed by the Trust.

The professional and technical nature of some of the services within the Directorate meant that these were heavily relied on to enable the Trusts' services to operate safely and effectively, albeit at a reduced scale. Enhancing and then managing oxygen capability was critical at the outset of the first surge, environmental cleaning services were required to surge up to unprecedented levels, very rapidly, and the scaling up of PPE storage and supply/distribution required the PSI team to set up and manage a completely new infrastructure to support staff by making PPE reliably available even while supply remained volatile.

To minimise the risk of infection, and to support staff who were shielding or assessed as vulnerable to infection, flexible and home working was implemented across the Directorate, although many staff, due to the nature of their work, had to attend the

workplace to undertake their duties, and Covid related absence and support to staff were key issues to manage during the year.

Performance and Service Improvement (PSI)
The contribution of each of the services is set out in some detail below:

Emergency Planning and Business Continuity
As part of the response to Covid-19, the Trust invoked its business continuity plans. Command and control arrangements were stood up and meet daily, seven days per week. Three bronze controls were established, two hospital bronze controls and a single community bronze control. This approach to management sped up the decision-making process and broke down barriers across disciplines and organisational structures. Throughout the pandemic, all incident co-ordination/control teams considered early warning triggers which helped anticipate impeding difficulties and provided an opportunity to begin dialogue with the hierarchy of response structures in advance of any issues. The Trust was flexible in its approach, utilising virtual platforms which contributed to the overall effectiveness of the command and control meetings. Debriefing exercises have been utilised to capture and apply key learning throughout Covid-19.

Facilities Management
The management of the Trusts' facilities in a way which minimised risk to staff, patients and service users was an early and critical priority. The Facilities Management (FM) team, through its Estates and Site management, cleaning, portering and catering services were required to scale up in order to enable the Trust to deliver a robust Covid-19 surge response. The FM Team did not stand down any service; it continued to provide the normal range of services during the pandemic but in many areas at a significantly escalated level.

In May 2020 the FM Team led the establishment of the "Working Safely Together in Covid-19" Working Group, developing guidance for staff alongside risk assessment tools and providing a mechanism for support during the initial Covid-19 surge that enabled staff to reduce and prevent transmission of Covid-19. The Group was mobilised again during the second surge in autumn 2020 with a broader well-being and safety remit.

Estate Services
During 2020/21, Estates services delivered its full range of services and in addition provided key support to the Trust as part of the Covid-19 response plan. Estates risk assessments were critical to safe continuation of services, and Estates identified a range of solutions that embraced new and innovative ways of working focusing on reducing the risk associated with transmission of Covid-19 in areas where staff might normally have been together in larger numbers.

Flexible working arrangements were implemented, including remote home working, rotas across estates and transport sites and the implementation of a lanyard system to ensure the separation of teams to minimise the impact of any potential outbreaks on service delivery. All of the above has ensured that estates have been able to retain a resilient and sustainable workforce to continue to deliver services during the pandemic.

The Estates team managed the deployment of approximately £12m of capital projects across the Trust estate during 2020/21 to deliver a range of projects enabling key service developments and improvements across the Trust including: the expansion of Emergency Department at Altnagelvin hospital, to provide for segregated Covid pathways and enable an expanded footprint for additional cubicles and social distancing, the delivery of the Trust's three Covid-19 testing centres, the works required to establish two phlebotomy hubs in the community and backlog maintenance works.

There were a significant range of other Covid-19 related works completed to support Covid secure environments for staff including additional decontamination facilities across the acute hospital sites and segregation of wards to enable separate Covid pathways for patients. Estates supported a range of interim works to provide space for PPE provision on the Altnagelvin site and supported the development of the Trust's PPE Warehouse in Maydown.

In parallel with the Covid works, other planned projects continued to completion, including:

- the development of the Midwifery Hub in Shantallow Health Centre which co-located six separate community teams,
- the development of the Children's ASD hub in Lilac Villa, which brought together a range of teams across the Northern Sector of the Trust into one facility, and
- the expansion of the PCI Cath Lab on the Altnagelvin site to enable service enhancement for cardiology patients.

Transport Services have been instrumental in the timely distribution of PPE throughout the Trust with the establishment of a delivery schedule to enable approximately 160,000 items PPE to be delivered across all Trust facilities and independent sector care homes per day.

Transport Services were also essential in the Trust's vaccination programme, delivering Covid-19 vaccines to care homes during December 2020 and January 2021 and to our Mass Vaccination Centres as a key support to the Trust's Vaccination Programme.

Environment and Energy

In 2020 the WHSCT Environment team received a Silver award for Environmental Benchmarking. This is the fifth year running that the Trust has secured an award. This award along with the ISO14001 accreditation is evidence of the WHSCT commitment to environmental sustainability. The Trust's Waste Management Plan is being

implemented with a strong focus on the minimisation of waste overall, and in particular the minimisation of waste sent to landfill. In 2020/21, the Trust achieved its target of recycling/recovering over 85% of non–hazardous waste, at a time when additional waste management of PPE became a priority.

Support Services

Support Services continued to maintain delivery of front line services during a very challenging year. This service delivery included implementation of enhanced cleaning requirements in line with IPC and PHA advice to reduce and prevent Covid-19 transmission at a cost of circa £2.5m FYE and required the recruitment of approximately 140 additional staff through the workforce appeal and agency staffing. This recruitment was supported through fast track induction training delivered by the Training and Quality team who also developed a range of eLearning courses and materials for support services staff during 2020/21 as part of an improvement project to enhance training delivery for staff.

Support Services worked closely with Capital Development to develop and prepare for the opening of North Wing, which was accelerated to enable additional capacity in Altnagelvin hospital. Two new coffee shops opened in MDEC and North Wing, which have been an important and visible commitment from the Trust to the importance of developing facilities for staff, and have been set up to enable social distancing while enabling staff to take rest breaks.

New and innovative ways of working were adopted to enable staff to continue to deliver critical front line services with ICT deploying remote working for switchboard services to enable 100% of Trust calls to be received remotely, reducing the number of staff required for a physical presence across our three main hospital sites. The laundry teams moved to 12 hour shifts and dealt with an increased throughput of approximately 20,000 items of scrubs per month.

Support Services provided a range of additional services for Trust staff as part of the Covid-19 response including provision of food to staff working in segregated Covid pathways, and providing isolation and quarantine accommodation for key workers across the Trust geography.

Support Services have also moved to roll out interactive training for all staff across all sites including Community Facilities. This has been achievable through the purchase of IPads and interactive screens which minimises the need for staff to come together in classroom based settings to undertake training both mandatory and role specific therefore reducing the potential for transmission of Covid-19.

Health Improvement, Equality and Involvement (HIEI)

During surge one the Health Improvement, Equality and Involvement Department redirected their efforts to support three key areas:

- Support to the Vulnerable and Isolated Peoples (VIP) Project, which was led by the Department for Communities.
- Managing the receipt and disbursement of donations made by the public for patient and staff welfare.
- Supporting a range of interventions in aid of supporting Staff Wellbeing.

The process, whilst challenging, provided the department with experience of new ways of working including moving training to virtual, collaborative multi-agency working and flexible working to support those most in need. Through the VIP programme, the HIEI team supported over 1,600 shielded patients, through advice and referral to food, medicine and social support in communities. This required working within a multi-agency, cross sector and integrated programme that has resulted in valuable learning for consideration in our approach to future delivery.

The Trust received many kind offers of donations for staff and patients from individuals, community groups and the local business community in response to Covid-19. To manage this, the Department established three hubs in Drumcoo, Omagh and Derry to receive and distribute significant donations. The Team worked closely with other Directorates to ensure distribution of donated items for staff across both acute and community sites, including provision of “comfort packs” to 4,500 frontline staff and distribution of donated clothing and toiletries to patients who had difficulty accessing due to visiting restrictions.

Below is a small example of some of the services that were provided:

- TWIST West is the Trust’s dedicated online staff wellbeing hub. During the year 75% of the 12,500 staff that work within the Western Trust had engaged with the website.
- The Diabetes Prevention Programme allows GP’s to link people at risk of or living with Diabetes to a specific targeted programme. The service moved fully online and in 20/21 94% of all participants that took part in the Diabetes Prevention Programme improved their health.
- Working Together to Promote Mental Wellbeing. The Trust worked with other HSC bodies to deliver a five week social media-based campaign of key messages and signposting to services, helplines, training and sources of support for communities, schools, families and workplaces.

Working Together Delivering Value (WTDV)

Working Together, Delivering Value is the Trust’s strategic programme of recovery, spanning three years and focussed on reforming and improving services to deliver improved value and support financial recovery. The Trust established a Programme Management Office (PMO) to bring a range of project management, quality improvement, workforce and financial skills to the programme, and to support nine main Programmes of Work.

This team was redirected to key Covid-19 developments, supporting frontline services in a hands-on way. PMO provided a central leadership role in the Command and Control arrangements, PPE management, surge planning, escalation and de-escalation plans, vaccine programme planning, logistics, modelling and reporting. Relationships with frontline Service Directorates have been strengthened and a shared commitment to service, quality and safety has been evidenced. Covid-19 has also provided an opportunity to accelerate, enhance and embed business continuity planning arrangements with many learning and improvement opportunities realised.

Due to the pandemic, the Working Together, Delivering Value programme will be extended for a further year, and the PMO will continue to support the nine programmes of work moving into Year three of the programme, working towards the overall aim of financial stability by end 2022/23.

Supply chain arrangements for Personal Protective Equipment (PPE)

As part of its emergency planning responsibilities the Directorate took forward extensive arrangements to establish a comprehensive supply chain for fast moving PPE, and a new PPE warehouse was established in early July 2020 and transitioned to the management of BSO. It now services PPE deliveries across hospital and community settings, including direct delivery to nursing and residential homes and domiciliary care providers where required. Emergency PPE stores were also established in both Altnagelvin and South West Acute Hospital sites. These stores are monitored daily to ensure sufficient emergency PPE stock is available. A third store was also created in the urgent care and treatment centre in Omagh Hospital.

South West Acute Hospital PFI

The South West Acute Hospital (SWAH) is the only hospital PFI in Northern Ireland, under contract between the Trust, Northern Ireland Health Group (NIHG) and their Facilities Maintenance service provider Interserve FM (IFM). The facility has been operational for nine years since opening in June 2012.

The Trust acknowledges the complexities and challenges of managing such a significant PFI to achieve the performance levels required under the contract in a sustained way, and the parties continue to work through a range of issues to achieve “Steady State” operational standards relative to a PFI project of this maturity. During the year the main subcontractor to NIHG underwent a process of organisational change following the acquisition of Interserve FM by Mitie, and transition to the new owner commenced on 1 December 2020. The Trust has received assurances from both PFI Partner Northern Ireland Health Group and government advisers that this will not impact on service delivery.

During 2020/21, the Trust continued to implement a robust system of contract monitoring to ensure that PFI service provision is compliant with core statutory and contractual obligations essential to maintain the safety and quality standards necessary for an acute hospital, and this is reviewed formally twice per year through a PFI

Assurance Report. During 2020/21, statutory compliance was considered satisfactory, and the emphasis remains on safety and quality, risk management and financial assurance, with the regime of performance monitoring and audits continuing to identify necessary improvements to the PFI provider.

The Trust has sought commitment from NIHG and their shareholders to the targets identified in the Savings and Efficiency Programme. With savings projects deferred from 2019/20, and then impacted by the pandemic, efforts will be focused to bring the programme forward for work in 2021/22.

Transformation

During 2020/21 the WHSCT has received £9.3m for 48 Transformation projects funded through New Decade New Approach (NDNA) Transformation funds, and these projects are managed with the support of a small Transformation Programme Management Office (PMO) within the PSI Directorate. In the early part of the year some Transformation project management and project delivery staff were redeployed to support the Trust's Covid-19 response.

Strong delivery performance continued across projects during this period, however some projects were disrupted by the Trust's decision to ensure front line delivery in its hospital surges was a priority and some projects settled into a "Business as Usual" delivery process, and were a significant advantage in supporting people affected by Covid-19, particularly the Primary Care MDT project.

During the year, the PMO has worked closely with each project lead, service planning, finance and HR colleagues to ensure project delivery was to plan, that appropriate business cases for investments were completed, and Post Project Evaluations were submitted to Commissioners to evidence outcomes.

Given that all Transformation projects are currently non-recurrently funded, recommendations on which projects to be commissioned in 2021/22 have been submitted to the Department of Health (DoH) and the Trust is awaiting confirmation of projects which will be supported by the Department of Health and Commissioners in 2021/22.

Primary Care Multi-Disciplinary Teams

In July 2018, the Western Trust, in collaboration with the Derry GP Federation, was selected by Department of Health (DoH) as one of two areas to roll out Primary Care Multi-disciplinary Teams (MDTs). Since then the Trust has been working in partnership with Derry GP Federation to implement this new model in Primary Care across 28 GP Practices stretching from Limavady to Strabane. This exciting change has been transforming the delivery of and access to primary care services in the area by providing direct access, in a primary care setting, to physio, mental health and social work support to the population served by the Derry GP Federation. Additional health visiting and district nursing staff are also provided through the model. These professionals are

increasing capacity in General Practice by seeing patients who would otherwise be seen by a GP.

To date, a total of 102 MDT staff are employed by the Trust across the professional groups for social work, first contact physio, health visiting and district nursing including the professional leads. MDT mental health practitioners are employed by the Derry GP Federation.

Plans to further roll out MDT teams during 2020/21 were paused due to Covid-19 and during this time existing MDT staff continued to work with their GP practices to respond to the current needs, supporting and working with their GP practice staff to meet the rapidly changing needs of their patients. Due to Covid-19 the nature of contact with patients has changed with the introduction of virtual consultations via telephone and video platforms.

Pathfinder

During 2020/21 Pathfinder continued to work in partnership with many stakeholders, building a shared consensus of the population health plan for accessible and integrated care in the Fermanagh and West Tyrone area.

Over this challenging Covid-19 period, Pathfinder developed new relationships and strengthened existing partnerships with key stakeholders. The Pathfinder Implementation working groups moved to all online meetings over March 2020. The role and purpose of Pathfinder Implementation groups' temporality shifted as a result of Covid-19 moving to providing support, sharing of information, promotion of local accurate communications and to assist with the identification of need and service gaps and acting with partners to address these where possible.

Pathfinder reflects a commitment to co-production in all its processes to deliver on integrated care. Throughout the pandemic Pathfinder was able to gain a better shared understanding of community based provision and new and creative ways were supported to deal with challenges with upwards of 70 organisations engaged in regular meetings throughout the early months of the pandemic.

As part of the work during Covid-19, Pathfinder supported the development of a Virtual Social Work support model for GP practices in the South West GP Federation area. This test of change project provided virtual social work support direct to GPs in the Pathfinder geography. The project commenced in June 2020 and there have been 187 referrals to the Virtual Social Worker team from GP Practices within the Southern GP Federation area during the year.

The Red Cross Connected Communities Project was established during 2020 and is working to support more connected services within the Gortin and Belleek areas.

As part of the work with Pathfinder Implementation Groups, lessons learnt during Covid-19 were gathered with a view to building a more robust model to address need post Covid-19. Value was placed by partners on regular meetings through Pathfinder to be able to share knowledge, expertise outside formal Trust structures. The use of virtual technology to support people participation in meetings was well received by members as it promoted the inclusion of people and this was welcomed in particular by carers. However, concerns relating to the barriers to digital inclusion, including access to broadband, and costs associated with having good connectivity remain an issue for the area.

Addressing the barriers to accessing services has become the key focus of Pathfinder, through developing connected and integrated care models within a population health plan which is co-developed with partners. As part of its work in 2020/21, Pathfinder has refined the areas for priority and has focussed on multi-morbidities and mental health, and its work is increasingly aligned with the wider development of new models of planning, commissioning and delivering integrated care.

Communications

Throughout 2020/21 Corporate Communications had a significant role to play in ensuring information was shared in a timely and accurate manner with the local population, patients and service users, and Trust staff. All of the Trust's communication platforms were used to broadcast important messaging throughout the pandemic.

At the end of March 2021 the Trust's Facebook page had 46,345 followers (an increase of 9,567 since end of March 2020). In 2020/21, posts on the Trust's Facebook gained a total reach of 33.9 million with an average of 20,558 reach on each post. A total of 1,111 stories and videos were shared gaining a total of 2.1 million engagements (likes, comments and shares) with an average of 1,865 engagements on each post.

The Trust's Twitter account had a total of 12,400 followers (an increase of 2,800 since end of March 2020). Total tweet impressions were 6,881,000 in 2020/21.

The Trust's Instagram channel has grown since its launch in July 2019 to a following of 7,689 at the end of March 2021 (increase of 3,792 since March 2020).

The Trust continues to populate and update its website, ensuring clear and current information for patients and the general public. The site has approximately 743 visitors per day and 22,587 unique visitors each month. The site has been visited 271,049 times this year.

In light of the expanded level of digital media requirements within the team, a Digital Media Team was formed in April 2020 to help co-ordinate and streamline the large volume of videos and additional Communications and Public Relations elements across all Digital Media Channels.

The Trust continued to engage with MLAs and MPs via virtual briefing sessions, with 19 group sessions in total taking place, in addition to five specific briefing sessions. At MLA/MP request a Public Representatives online hub was launched for information and updates and issue of monthly e-Briefs providing updated information on Trust business.

Corporate Communications has supported over 1,309 media queries in 2020/21, issuing 218 press releases/good news stories to local, regional and cross border media (approximately 18 each month).

The Team has also focussed on Internal Communication and Staff Engagement during 2020/21. This was of paramount importance throughout the Covid-19 pandemic due to the number of changes and challenges presented.

A truly engaged workforce can have a positive impact on organisational performance and outcomes and experiences for our patients and clients. To that end, we facilitated 25 separate Senior Leaders Forum meetings and two Ethnically Diverse Staff Engagement events, produced 10 NOW staff magazines, six editions of the Covid-19 NOW magazine and one special edition of NOW 'A Year In Covid-19'. We shared 920 Trust Communications with staff. Staff West (Intranet site) was updated on a frequent basis and became an area for all our staff to obtain vital information about PPE, Covid-19 guidance and Covid-19 vaccination access. In 2020/21 Staff West generated 332,241 page views and attracted on average 9,960 unique users per month. 2021/22 will see the launch of a Staff Engagement Mobile App. This new internal communications channel will help us effectively engage with our staff, especially those who are deemed hard to reach.

Directorate of Strategic Capital Development

Altnagelvin Hospital Redevelopment

The new £70m North Wing facility at Altnagelvin was completed in November 2020 and became fully operational in December 2020. The facility provides six inpatient ward areas, allowing patients to be cared for in a modern, therapeutic, acute hospital environment. The wards have provided new accommodation for medical, trauma and orthopaedic services, which all transferred from the original Tower Block of the hospital. The building also incorporates a new main entrance to the hospital with linkages to all other parts of the main hospital area. This facility significantly improves accommodation for patients, visitors and staff providing essential inpatient services.

Following the opening of the North Wing facility, redevelopment works then focused on closure of old areas in preparation for future projects. The most significant of these is the creation of a new hospital restaurant facility, which is projected to be constructed and operational by the end of 2022/23. Other works completed in 2020/21 included refurbishment of vacated areas of the hospital into clinical office space.

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

Cityside Health and Care Centre

The Trust has received OBC1 approval to progress the site purchase and design of a major health and care centre hub at its preferred location at the Fort George site over the next 24 months. This development is part of Tranche 2 of the regional Primary Care Infrastructure Development programme and is in line with the Department of Health's vision document "Health and Wellbeing 2026: Delivering Together". This has the main objectives of:

- Improving the quality of the primary and community care estate.
- Supporting service developments.
- Increasing the accessibility to primary and community care services.
- Reconfiguring Trust services to ensure best use of existing estate.

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

Acute Mental Health Unit at Omagh
In advance of the business case receiving DoH approval and funding for this facility, the Trust has undertaken substantial interim improvement works on existing mental health facilities within the Tyrone and Fermanagh Hospital site to improve patient and staff experience.

Lisnaskea Health and Care Centre
The Trust has submitted an outline business case for Lisnaskea Health and Care Centre seeking approval to proceed with Lisnaskea Health and Care Centre and continues to work with Department of Heath to respond to advisor comments and queries.

The OBC supports the case for a new-build facility at a cost of £18.5 million to accommodate primary and community services that will serve the population of Lisnaskea and the surrounding East Fermanagh area. The project will improve accessibility of services, enable increased integrated working and support strategic direction for reform of health care.

Disposal of Tyrone County Hospital
Following decommissioning of the facility and an extensive marketing exercise, the sale of Tyrone County Hospital site was completed on October 2020 to the highest bidder and the purchasers have now taken possession of the site.

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

The Trust's Waste Management Plan continues to be implemented through the minimisation of waste and the amount sent to landfill. In 2020/21, the Trust achieved its target of recycling/recovering over 85% of non–hazardous waste. During Covid-19 there has been an exceptional demand on clinical waste collections and disposal. The service provided to the Health Trusts has been monitored regionally and nationally (Cabinet Office) and increased costs noted.

In 2020/21, the Trust invested approximately £400,000 in a range of energy efficiency improvement projects. Completion of these schemes will enable the Trust to work towards its objective of lowering net energy consumption by 30% by 2030 in accordance with the Management Strategy and Action Plan for Northern Ireland. For

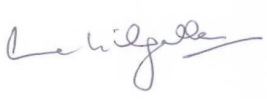
2020/21, the team is on target to deliver a Heat/Light/Power (HLP) KPI improvement of 1.0%, measuring 4KWh/M^2.

In addition to the investment above, the Energy Management Team are currently developing an investment bid for regional funding of further energy initiatives to include LED Lighting, steam efficiency improvement and natural gas conversion schemes.

Essential Business Relationships

The Trust has contractual arrangements in place with a number of organisations whose performance is essential to the smooth and effective running of the Trust. The principal relationships are with the following:

- Department of Health as the sponsor department and primary policy maker in the NI Health Sector.
- HSC Board and the Public Health Agency as the Trust's main commissioners and providers of the vast majority of its funding.
- NI Ambulance Trust which plays such a key role in ensuring the Trust's acute services are accessible to the population of the Western area.
- Other HSC Trusts and agencies for the provision of specialist services and staff to our residents.
- The Business Services Organisation for the provision of the following support services;
    - Internal Audit,
    - Procurement and Logistics Services,
    - Legal Services,
    - Pension Services, and
    - Shared Services Centres for income, payments, payroll and recruitment.
- Private sector bodies as well as community and voluntary sector bodies who deliver services on behalf of, or in support of, the Trust.
- Northern Ireland Audit Office and any sub-contracted external audit provider.



10 June 2021

Dr Anne Kilgallen — Date

Chief Executive and Accounting Officer

ACCOUNTABILITY REPORT

Governance Report

DIRECTORS REPORT

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

Name	Position on the Board
Mr Sam Pollock	Chairman
Dr Anne Kilgallen	Chief Executive
Mr Joe Campbell	Non-Executive Director and Chair of the Audit Committee
Dr Catherine O'Mullan	Non-Executive Director
Ms Ruth Laird	Non-Executive Director
Dr John McPeake	Non-Executive Director
Mr Sean Hegarty	Non-Executive Director
Prof Hugh McKenna	Non-Executive Director
Rev Judi McGaffin	Non-Executive
Ms Deirdre Mahon	Executive Director of Social Work and Director of Women and Children's Services
Dr Bob Brown	Executive Director of Nursing and Director of Primary Care and Older People's Services
Mrs Geraldine McKay	Director of Acute Services
Ms Karen O'Brien	Director of Adult Mental Health and Disability Services
Dr Catherine McDonnell	Medical Director
Mrs Teresa Molloy	Director of Performance and Service Improvement
Mrs Ann McConnell	Director of Human Resources (retired 12 March 2021)
Mrs Marie Ward	Interim Director of Human Resources (from 13 March 2021)
Mr Neil Guckian	Director of Finance and Contracting
Mr Alan Moore	Director of Strategic Capital Development

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

Mrs Karen Hargan has taken up post as Director of HR effective from 17 May 2021;

Dr Anne Kilgallen is retiring as Chief Executive on 30 June 2021; and

Mr Neil Guckian will be taking up post as Chief Executive commencing 1 July 2021.

The Trust maintains a Register of Interests covering directors and key management staff and operates procedures to avoid any conflict of interest. On the basis of a review of this Register, it has been confirmed that none of the Board members, members of the key management staff or other related parties had undertaken any material transactions with the Western Health and Social Care Trust during the year. The Register can be viewed by contacting the Chief Executive's Office. Further detail is provided in Note 21 to the Accounts at Section 3 of this document.

The Trust has reported four data security / information breaches to the Information Commissioners Office (ICO). Further detail has been included in the associated disclosure of this significant internal control issue arising for 2020/21 in the Governance Statement.

All directors have confirmed that there is no relevant audit information of which the Trust's auditors are unaware. They have confirmed that they have taken the steps as directors in order to make themselves aware of any relevant audit information and to ensure that auditors are aware of that information.

NON-EXECUTIVE DIRECTORS REPORT

During 2020/21 the Western Health and Social Care Trust has faced unprecedented challenges as a result of the Covid-19 pandemic with the need to continue to provide safe services during a pandemic while developing new ways of working, dealing with workforce and continuing financial pressures and delivering on strategic capital developments, such as the North Wing at Altnagelvin.

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

The Trust completed a Board Governance Self-Assurance Tool which was reported to Trust Board on 6 August 2020. This included measuring the impact of the Board using a case study approach. The Trust scored Satisfactory in all areas.

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

The Audit and Risk Assurance Committee, Governance Committee, Remuneration Committee, Finance and Performance Committee, Endowments and Gifts Committee,

Improvement through Involvement Committee, People Committee, and Adoption Committee have all met their Terms of Reference during 2020/21.

The Board had many areas to focus on during 2020/21 including:

- Planning and oversight of the response to the Covid-19 pandemic.
- Assurances on quality and safety of services and performance and finance.
- Serious Adverse Incident Management – particularly the creation of the rapid review group.
- Oversight of standards of care in a range of care homes in the Independent Sector.
- Risk Management and Governance Review oversight.
- Commitment to the Regional (and local) response to the Hyponatraemia Report.
- Assurances over the Delivering Value Programme.

During 2021/22 Trust Board will be focused on the continuing Covid-19 response and oversight of the rebuilding of services.

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

Corporate Plan 2019-2021

The Trust has developed a Corporate Plan for the period 2019-2021 which supersedes the last two years of the previous corporate plan 2017-2021. This was to reflect two new priorities, the Financial Recovery Programme (Delivering Value) and the Pathfinder Initiative for the population of Fermanagh and West Tyrone, both of which will be a key focus for the Trust Board going forward.

Financial Recovery Plan Programme

In common with the wider Health and Social Care System, the Trust continues to face significant financial challenges. During 2020/21, we were unable to achieve a breakeven position, although this has been recognised by the DoH, who have allocated a Control Total.

A Control Total is a means of supporting achievement of the fiscal framework through providing authorisation of spend which forms part of a multi-year financial recovery process where necessary in an Arm's Length Body. This arrangement will continue in 2021/22.

The Trust has been able to operate within its Control Total in 2020/21, thereby ensuring all expenditure is deemed regular (within Managing Pubic Money NI and the Trust's Management Statement and Financial Memorandum).

Financial Management and Control through the Recovery Plan period has been maintained through the Delivering Value Management Board, Chief Executive

Assurance Meetings and the newly formed Directorate Finance Focus Groups (which meet monthly) and regular interface between senior finance and Directorate staff.

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

The Recovery Plan Oversight Group is made up of senior departmental officials (Permanent Secretary and Deputy Secretary), with Chief Executive and Director attendance from the Trust and representation from HSCB. This structure is designed to provide assurance on progress toward the stabilisation of the Trust's finances.

Significant progress was achieved in 2019/20 when the Trust achieved its first key milestone – i.e. to deliver £20m of the £39m Recovery Plan total. This was achieved through a combination of cash savings, regional funding and management/prevention of pressures.

However early in 2020/21, it became clear that the Covid-19 pandemic would affect progress in many of the areas and much of the programme has been delayed during 2020/21, for obvious reasons. The DoH accepted this delay, with the Trust submitting a two year Financial Savings Implementation Plan, derived from the Financial Recovery Plan 2020/21 to the DoH to provide clarity on how WHSCT proposes to address the £19m residual deficit.

The oversight arrangements for the Recovery Plan will continue in 2021/22.

Pathfinder Initiative for the Population of Fermanagh and West Tyrone

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

During 2020/21, Pathfinder continued to work in partnership with many stakeholders, building a shared consensus of the population health plan for accessible and integrated care in the Fermanagh and West Tyrone area.

Pathfinder, with its shared understanding of community based provision, rose to the challenges of the Covid-19 pandemic by developing new relationships and strengthening existing partnerships with key stakeholders to successfully deliver new and creative ways of working. The role and purpose of Pathfinder Implementation groups' temporarily changed to providing support, sharing information, promoting local communications and assisting with the identification of need and service gaps while acting with partners to address these where possible.

STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed the Western Health and Social Care Trust to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Western Health and Social Care Trust and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual (FReM) and in particular to:

- observe the Accounts Direction issued by the Department of Health, including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards as set out in FReM have been followed and disclose and explain any material departures in the accounts;

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

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

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

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

GOVERNANCE STATEMENT

Scope of Responsibility

The Board of the Western Health and Social Care Trust (WHSCT) is accountable for internal control. As Accounting Officer and Chief Executive of the Trust, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health (DoH).

For services commissioned from the WHSCT by the HSC Board (HSCB) and other Health and Social Care organisations, accountability for delivery of services is via Service and Budget Agreements which detail the quantity, quality and cost of services. However, with regard to financial control, governance and overall organisational performance the Trust is directly accountable to the Department of Health and the Minister of Health.

Trust senior executives meet regularly throughout the year with colleagues in the DoH and the HSCB / Public Health Agency (PHA) and other Trusts. Their key focus during the current year has been in responding to the Covid-19 pandemic, however they have continued to participate in a wide range of other meetings, including accountability meetings with the DoH and performance management meetings with the HSCB. They also take part in regional meetings such as Adult Safeguarding Board, Reform Management Board and Directors' meetings, Hyponatraemia Project Board and other work streams, which enable collaboration and establishment of consistent approaches to strategic planning, service improvement, transformation, commissioning, contracting and e-health matters in accordance with regional policy direction.

The Trust also has effective partnership arrangements in place with organisations including local councils, Health Service Executive (HSE), a wide range of community and voluntary sector organisations and public representatives. The Trust is committed to involving and engaging with service users, carers and the wider public and there are also effective patient and client forums in place for a wide range of services to maximise the involvement of patients and clients in determining the manner of delivery of their own treatment and care through a range of local projects the transformation agenda and the pathfinder project.

Compliance with Corporate Governance Best Practice

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

The Trust Board assesses its performance using the Board Governance Self-Assessment Tool, which is based on the structure issued by the DoH. The assessment concluded that all areas are compliant with the exception of the Whole Board

Development Programme, with one action to be completed in relation to non-executive member's induction. Progress against this action is being monitored at the Trust Board. The Board also commissions Internal Audit to review its effectiveness.

Governance Framework

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

The Trust Board

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

This includes;

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

The Chief Executive is accountable to the Trust Board for the quality of care and services provided across the Trust. The Trust Board receives assurance on quality and safety of services, performance and finance from the assurance framework and reports from its supporting Committees. The Medical Director and Director of Social Care are the designated lead Directors accountable to the Trust Board for Clinical and Social Care Governance arrangements respectively. In addition, the Executive Director of Nursing provides professional advice and assurance to the Trust Board on all nursing matters.

The Trust Board met 11 times in the 2020/21 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes and the

detail is given in the table below. Standing items on Trust Board agenda include Quality and Safety, Infection Prevention and Control, Environmental Cleanliness, Corporate Risk Register and Board Assurance Framework, Performance Management and Financial Performance.

Name	Title	Meetings to attend	Meetings attended
Mr S Pollock	Chairman	11	11
Dr A Kilgallen	Chief Executive	11	11
Mr J Campbell	Non-Executive Director	11	10
Dr C O'Mullan	Non-Executive Director	11	10
Ms R Laird	Non-Executive Director	11	10
Dr J McPeake	Non-Executive Director	11	10
Mr S Hegarty	Non-Executive Director	11	11
Prof H McKenna	Non-Executive Director	11	10
Rev J McGaffin	Non-Executive Director	11	11
Mrs G McKay	Director of Acute Services	11	10
Ms D Mahon	Executive Director of Social Work and Director of Women and Children's Services	7	7
Mr T Cassidy	Acting Director of Women and Children's Services	4	4
Dr B Brown	Executive Director of Nursing and Director of Primary Care and Older People's Services	11	11
Ms K O'Brien	Director of Adult Mental Health and Disability Services	11	11
Dr C McDonnell	Medical Director	11	11
Mrs T Molloy	Director or Performance and Service Improvement	11	11
Mrs A McConnell	Director of Human Resources	11	11
Mr N Guckian	Director of Finance and Contracting	11	10
Mr A Moore	Director of Strategic Capital Development	11	10

Audit and Risk Assurance Committee

The Audit and Risk Assurance Committee, which has a central role in the Trust's Governance Framework, is a formal committee of the Board comprised of three Non-Executive Directors. The role of the committee is set out in formal terms of reference and includes:

- Oversight of the maintenance of effective governance and internal financial control arrangements.
- Ensuring an effective Internal Audit function is in place.
- Oversight of the arrangements for the completion and external audit of the Trust's Annual Report and Accounts.
- Oversight of the adequacy of the Trust's arrangements for securing value for money.

The Trust's internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Committee follows the best practice guidance set out in the Audit and Risk Assurance Committee Handbook (NI) (April 2018) and assesses its performance by reviewing its compliance with this guidance on an annual basis. The Committee has completed its self-assessment for 2020/21 and has adapted the updated National Audit Office template for this purpose. The outcome of the assessment for 2020/21 is that the Committee is performing effectively in all areas. The Chairman of the Committee briefs the Trust Board following each Committee meeting and the Trust Board receives an annual report on the performance of the Committee. The Committee met four times during 2020/21 and all meetings were quorate. Attendance was as follows:

Name	Title	Meetings to attend	Meetings attended
Mr J Campbell	Non-Executive Director (Chair)	4	4
Dr C O'Mullan	Non-Executive Director	4	3
Mrs R Laird	Non-Executive Director	4	4
Dr A Kilgallen	Chief Executive	2	1
Mr N Guckian	Director of Finance and Contracting	4	4

Governance Committee

The role of the Board is to oversee the management and governance of the Trust. Trust Board has primary responsibility for effective governance and the Chairman must ensure that the Board keeps this at the centre of its work. The Trust's governance organisational structure is kept under constant review.

The Governance Committee normally meets quarterly and an attendance register is kept. The Committee is currently chaired by a non-executive Director with two other non-executive director members and executive directors as outlined within the ~~revised~~ Terms of Reference.

In February 2020 the Trust engaged the services of the HSC Leadership Centre to undertake an independent review of the governance arrangements, at a Corporate and Directorate level to identify and recommend a way forward to address any gaps identified within the Trust's governance framework. The final Review Report was received in July 2020 and the Governance Committee Agenda has been revised to reflect the recommendations from the Review.

The Governance Committee met three times during 2020/21 (March 2021 meeting was rescheduled to 7 April 2021) and attendance by members was as follows:

Name	Title	Meetings to attend	Meetings attended
Dr A Kilgallen	Chief Executive	3	1
Dr J McPeake	Non-Executive Director (Chair)	3	3
Mr J Campbell	Non-Executive Director	3	2
Rev J McGaffin	Non-Executive Director	3	3
Mrs G McKay	Director Of Acute Services	3	3
Ms D Mahon	Director of Women and Children's Services	2	1
Mr T Cassidy	Acting Director of Women and Children's Services (From December 2020)	1	1
Dr B Brown	Director of Primary Care and Older People's Services	3	2
Ms K O'Brien	Director of Adult Mental Health and Disability Services	3	3
Dr C McDonnell	Medical Director	3	3
Mrs T Molloy	Director of Performance and Service Improvement	3	3
Mr A Moore	Director of Strategic Capital Development (Member of committee up to 30 September 2020)	2	2

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

Governance Committee Sub Committees

There are three formal sub-committees of Governance Committee.

1. The **Corporate Governance Sub-Committee** is chaired by the Director of Planning and Performance and provides assurance to the Governance Committee that assurance and risk management arrangements relating to corporate Governance are effective.
2. The **Clinical and Social Care Governance Sub-Committee** is jointly chaired by the Medical Director and the Director of Nursing. Its work is to provide strategic direction and oversight of risk management arrangements relating to Clinical and Social Care Governance in the Trust. There are a number of working groups that will feed into this Committee, including for example Morbidity and Mortality Outcomes and Healthcare Associated Infections Accountability.
3. The **Quality and Standards Sub-Committee** - is chaired by the Executive Director of Social Work and oversees the implementation of clinical and social care standards and guidelines throughout the Trust and provides assurance to the Governance Committee that appropriate systems are in place to monitor standards relating to quality of care.

These Sub-Committees normally meet quarterly and the Chairs provide a report to the Governance Committee.

During the Covid-19 emergency enhanced Governance arrangements were established. In March 2020 the Board approved the establishment of a Corporate Safety Group to provide assurance to Trust Board/Governance Committee and support the Corporate Management Team (CMT) in overseeing incident trends and other risks identified through the Risk Management Governance Arrangements. As part of re-set it was agreed from July 2020 the Clinical and Social Care Governance Sub-committee would meet on a monthly basis with core members in attendance quarterly.

Rapid Review Group

In October 2018 the Trust established a Rapid Review Group (RRG), as a sub-committee of CSCG. The purpose of the Group, which is Director led and meets weekly, is to monitor and assess the review of SAIs, Red Incidents, High Risk Complaints, Claims and Inquests to maximize the potential for identifying and sharing learning, as quickly as possible, across the organisation and where appropriate the region. The RRG provides a quarterly report to the Governance Committee.

Directorate Governance Groups

Individual directors have a responsibility for governance arrangements within their respective Directorates and they have established Directorate Governance Groups. These met regularly during 2020/21 to progress the governance agenda and provide Directorate assurance. Directors formally report to Governance Committee using an agreed reporting template.

Remuneration Committee

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

It is chaired by the Chairman of the Trust and includes a further three Non-Executive Directors. The committee met twice during 2020/21 on 2 July 2020 and 18 November 2020. Details of members' attendance are given in the table below. The Chair brings the recommendations of the Remuneration Committee to Trust Board following each meeting and its recommendations are discussed under Confidential Items. The committee therefore met the requirements of its Terms of Reference for 2020/21.

Name	Title	Meetings to attend	Meetings attended
Mr S Pollock	Chair	2	2
Dr J McPeake	Non-Executive Director	2	2
Mrs R Laird	Non-Executive Director	2	2
Prof H McKenna	Non-Executive Director	2	2
Dr A Kilgallen	Chief Executive (In attendance)	1	1
Mrs A McConnell	Director of Human Resources (In attendance)	1	1

Finance and Performance Committee

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

The committee had eleven scheduled meetings during the year however due to Covid-19 pressures, two committee meetings were cancelled. The Committee met nine times during the year. The committee fulfilled the requirements of its terms of reference during the year.

Name	Title	Meetings to attend	Meetings attended
Mr S Hegarty	Non-Executive Director (Chair)	9	9
Rev J McGaffin	Non-Executive Director	9	9
Mrs T Molloy	Director of Performance and Service Improvement	9	9
Mr N Guckian	Director of Finance and Contracting	9	8

Endowments and Gifts Committee

The purpose of this Endowments and Gifts Committee is to oversee and fulfil the responsibilities of the Board as Trustees of Endowments and Gifts Funds. The committee is made up of two non-executive directors and is supported by a number of Trust officers. The Committee met on four occasions during 2020/21 and was fully quorate. Details of members' attendance are set out in the table below.

The Chairman of the committee briefs the Trust Board following each meeting. The committee therefore met the requirements of its terms of reference for 2020/21. The Committee had agreed an action plan for the year and received an update against actions at every meeting. The Committee is satisfied with the performance against the action plan for 2020/21.

Name	Title	Meetings to attend	Meetings attended
Dr J McPeake	Non-Executive Director (Chair until 9 June 2020)	4	4
Rev J McGaffin	Non-Executive Director, Chair (Chair from 6 October 2020)	3	3
Mr S Hegarty	Non-Executive Director (Tenure completed 9 June 2020)	1	1
Mr S Pollock	Chairman (Tenure commenced 10 June 2020)	3	3
Ms K O'Brien	Director of Adult Mental Health and Disability Services	4	4
Mrs G McKay	Director Of Acute Services	4	2
Mrs A McConnell	Director of Human Resources	4	3
Mr N Guckian	Director of Finance and Contracting	4	4

Improvement through Involvement Committee

The Trust's Improvement through Involvement Committee held planning workshops during June to August 2020 to undertake a baseline of involvement projects within the Trust and agree the committee's work plan and to develop the Trust's Integrated Involvement Plan. A briefing was presented to Trust Board on 10 September 2020 to present the work to establish the Improvement through Involvement Committee with the first formal meeting held on 15 September 2020 and the second meeting held on 16 November 2020. At the second meeting the committee's Terms of Reference were amended and approved and these were presented to Trust Board on 3 December 2020 due to a small number of changes which had been made to those approved by Trust Board in March 2020. A briefing was also presented to the December 2020 Trust Board meeting proposing the committee's direction of travel as set out within the committee work plan and this was endorsed and approved by Trust Board. A third meeting of the committee was held on 31 March 2021.

Name	Title	Meetings to attend	Meetings attended
Mrs R Laird	Non-Executive Director (Committee Chair)	3	3
Prof H McKenna	Non-Executive Director	3	3
Dr B Brown	Executive Director of Nursing / Director of Primary Care and Older People's Services	3	3
Mrs T Molloy	Director of Performance and Service Improvement	3	3
Dr Ying Kuan	Associate Medical Director (Quality Improvement)	3	3
Mr S McLaughlin	Assistant Director of Social Work: Learning, Development, Governance, MDT Social Work and Adult Safeguarding	2 *(joined Committee after first meeting)*	1
Mrs D Keenan	Assistant Director of Nursing: Governance, Safe and Effective Care	3	1
Dr M O'Neill	Assistant Director of Performance and Service Improvement	3	3
Mrs B McMonagle	Involvement Manager	3	3
Mr S Ward	Head of Health Improvement	3	3

People Committee

The purpose of the People Committee is to provide assurance to Trust Board on the effectiveness of the Trust's arrangements for leadership, engagement, management, training, development and education. The committee is made up of two Non-Executive Directors (one of which is the Chair) and a number of Trust officers. The Chair of the Committee briefs Trust Board following each meeting. The Committee met on four occasions during 2020/21. Details of members' attendance are set out in the table below.

Name	Title	Meetings to attend	Meetings attended
Dr C O'Mullan	Non-Executive Director (Chair)	4	4
Mrs R Laird	Non-Executive Director	4	4
Mrs A McConnell	Director of Human Resources	4	4
Dr C McDonnell	Medical Director	4	3
Dr B Brown	Executive Director of Nursing	4	3
Ms D Mahon	Executive Director of Social Work	3	2
Mr T Cassidy	Acting Executive Director of Social Work (to cover Ms Mahon's absence from 19 November 2020)	1	1
Mrs M Ward	Assistant Director of HR (Designated Deputy for Director of HR)	4	3

Business Planning and Risk Management

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

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

In line with Department of Health requirements, the Trust also normally produces an annual Trust Delivery Plan (TDP) which details the key actions that will be taken forward by the Trust. For 2020/21, the DoH advised that the Commissioning Plan Direction (CPD) and Commissioning Plan (CP) were rolled forward and a similar approach was adopted in relation to Trust Delivery Plans which have been formally replaced by three monthly Rebuild Plans, in line with the approach set out in the Minister's Framework for

Rebuilding HSC Services. These include targets and performance metrics and provide an indication of current activities and priorities in line with Departmental requirements.

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

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

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

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

Direct Award Contracts
The Trust has a Direct Awards Contracts (DAC) Register which is maintained by the Director of Finance's office. A total of 144 DACs were completed by the Trust in 2020/21 with a combined value of approximately £15.6m. Four of the 144 DACs processed in 2020/21 required approval from the Permanent Secretary.

Publication returns have been completed throughout the year to BSO PaLS in respect of DACs with an individual value in excess of £30,000. The Trust's Audit and Risk Assurance Committee and Trust Procurement Board were routinely updated in relation to the Trust DAC Register during the year.

Risk Management
The Trust's Risk Management Policy is in line with the regional approach to Risk Management using the ISO3000 Risk Management Standard, and was formally approved by Trust Board in July 2019. The policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the Trust to manage and control risks relating to the achievement of Trust objectives, together with clear systems for identifying and controlling risks, so that all Trust employees understand their role in managing risk, which will lead to measurable improvements in patient/client and staff safety. The policy clarifies individual staff

responsibilities on reporting and managing risks. Training on the principles of risk management is seen as an integral part of the training of staff at all levels of the Organisation.

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

The Risk Management Policy makes it clear that consideration must also be given to risks which are managed from outside the Trust and are owned elsewhere. Managers must ensure that appropriate governance and contractual arrangements are in place to reduce and monitor risks which are outside of the Trust's direct control.

As part of the board-led system of risk management, the Corporate Risk Register is reviewed on a monthly basis by the CMT. Directorate Risk Registers are a standing item on the agenda of all Directorate Governance meetings. Current risks are reviewed and new risks for inclusion on the Register are considered at these meetings. Directors are required to report on a quarterly basis to the Governance Committee on significant risks within their areas of responsibility.

Any material changes to the Corporate Risk Register must be approved by the CMT and the Trust Board. The Corporate Risk Register is reviewed quarterly by the Governance Committee. It is also tabled at Audit and Risk Assurance Committee on a quarterly basis to provide assurance on the management of corporate risks. The Risk Register is published with Trust Board Papers and is posted on the Trust intranet for access by employees.

A Trust Board Risk workshop was held on 21 October 2020 which included a review of the Risk Appetite. A Risk Appetite model was agreed based on a model from University Hospital Birmingham. Risk Categories and Trust objectives were agreed and an action plan developed to complete the process of risk review which includes merging a number of current risks, allocation of each risk to a category, with sub categories to be developed and target scores agreed for each sub-category aligned to risk appetite. Future monitoring and assurance on Corporate risk performance and decisions on risk tolerance will be assisted by the identification and reporting on key performance indicators for each risk. To help facilitate this, the reporting template for all sub-groups within the assurance framework is being revised to include the requirement to report on these indicators where relevant. The action plan from the workshop is tabled monthly at CMT and Trust Board. The Risk Register was last presented to Trust Board on 4 March 2021.

The Trust actively encourages the reporting of incidents and risks and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organisation as a whole. Ensuring that learning from SAIs, incidents, complaints, litigation and inquests is effective is a continual challenge and the Trust has continued to work to develop systems to ensure that learning is highlighted and escalated.

The Trust has a range of tools for sharing such learning including a quarterly governance report which is shared with each Directorate Governance Group, the 'Share to Learn' newsletter which is published twice a year and a "lesson of the week", which is uploaded to the Trust intranet and is accessible on the front screen. Ward staff are encouraged to use the lesson as part of their safety brief. Where there is evidence that learning should be shared regionally, the Trust's Rapid Review Group will consider and approve the learning letter prior to submission to the HSCB.

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

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

The Quality and Safety team have also begun roll out of the Risk Register and Dashboards modules on the web based Risk Management IT system (Datixweb) to maximise potential for immediate access to reports on current risks and the registers they relate to. The Dashboards module has been designed with a focus on making data easier to access and interpret for managers and to capture the risk management information that is relevant to their specific areas of operations and have it delivered to their desktop as a dashboard on Datix. The dashboards will be automatically available and updated without the need to run reports every time.

The Risk Register module will make it possible for managers to link incidents against risks on the Datix system to help track progress on learning against those risks. In June 2020 the Trust appointed an assistant risk manager to further develop and support teams in the management of risk registers, incident theming and training programmes.

Information Governance Records Management
(Including General Data Protection Regulation)

A systematic and planned approach to the governance of information is in place that ensures the organisation can maintain information in a manner that effectively services its needs and those of its stakeholders in line with appropriate legislation.

The Trust has a corporate Information Governance Steering Group (IGSG), which reports to the Trust's Corporate Governance Sub-committee, to support its requirement for assurance in this area. This Group focussed on issues related to Covid-19 and specific information risks during the period. The Trust has adopted the new Information Management guidance and assurance checklist to maintain the best practice standards set out in the new guidance document in order to be able to both provide assurance to the Department and for BSO Internal Audit purposes.

Latest figures supplied by management development for completion of Mandatory Information Governance training show a three year compliance figure which equates to 61% of staff in the Trust. This is not compliant with the requirement to evidence a rolling compliance of 100% over a three year period. The Trust will be allocating a resource into the Information Governance Department to address and improve information governance training compliance.

Freedom of Information (FOI)

The Trust complies with the requirement to process FOI requests within the legislative timeframe. This is monitored on a calendar year basis and the 2020 position is set out below.

FOI performance				
Year	**Requests received**	**Compliance with 20 working day deadline**	**Missed deadline**	**Overall compliance**
2020	369	254	115	68.5%

In previous years the Trust has met the compliance standard set by the Information Commissioner's Office (ICO) with over 90% of FOI responses issued within the required timeframe. This year the Trust's FOI performance has, however, been impacted by the pandemic, with some responses delayed as staff prioritised their professional caring duties and provided support to front line health and social care services in responding to the Covid-19 emergency. During this time the ICO has recognised the unprecedented challenges facing public authorities and how redirecting resources and switching priorities would impact on their compliance with freedom of information legislation.

Data Protection Subject Access Requests / Access to Health Records

The right of access under data protection legislation, commonly referred to as "subject access request" (SAR), gives individuals the right to obtain a copy of their own personal data. Under data protection legislation (General Data Protection Regulation) the timeframe for responding to most SARs is one month, however this can be extended by a further two months if the request is "complex" or the Trust has received a number of requests from the individual. Similar processes are in place under the Access to Health Records (NI) Order which provides limited access to health records of the deceased.

Performance is monitored by the Trust on a calendar year basis and the 2020 position is set out below.

SAR/AHR performance (requests for patient/client records)					
Year	**Total Requests received**	**Total processed within 30 days**	**Total processed between 30 and 90 days**	**Total exceeding 90 days to process**	**Overall compliance (% within 90 days)**
2020	3,087	2,414	499	174	94%

During the 2020 calendar year (January to December), the Trust's Information Governance Department received a total of 3,087 requests for copies of patient/client records. This is a reduction from 4,134 requests received in the previous year. A high percentage of subject access requests are received from legal representatives such as solicitors and the marked reduction in the number in requests this year is likely due to the impact of the Covid-19 situation on legal cases, as the Courts were only dealing with urgent matters. It is anticipated that there will be an upturn in requests for records from solicitors and others as the N.I. Courts and Tribunal Service continues to move forward towards full business recovery following the Covid-19 pandemic.

Information Risk

The Trust has policies in place to ensure the secure handling of sensitive personal data and business sensitive information, as required by data protection legislation and records management requirements under Freedom of Information Act 2000. This applies to both manual and electronic information. As such, the Trust would not permit electronic information to be left at risk or unsecured and has a number of ICT controls and contractual arrangements (Contractual terms and conditions, Data Access Agreements, Data Sharing Agreements) which will mitigate against any threat or accidental loss or destruction of this information. The Trust has a GDPR risk on the Corporate Risk register and this is reviewed and monitored within the Trust's Governance framework. The Trust has also completed Information Asset Owner (IAO) training to ensure all IAOs are given the support and advice to maintain their roles, managing information in line with legislation and Trust policies.

In respect of the risk of a cyber-incident directly against the Trust, this is included in the Trust's Corporate Risk Register and is monitored as a live risk by way of controls and action plans. In addition, the Trust will be adding a new cyber risk to the Corporate Risk Register to capture the potential risk of a supplier being compromised by a cyber-attack. In addressing both risks, the Trust is currently reviewing its business continuity arrangements to ensure continuity of service to patients, clients and stakeholders.

Updates on initiatives and work to mitigate the potential impact of the GDPR and Cyber corporate risks are provided to the Information Governance Steering Group and Corporate Governance Sub-Committee within the Trust's Governance Framework. The Framework in turn, provides assurance to the Chief Executive and Trust Board.

Records Management

The management of information is a key priority for the Trust and there have been substantive measures taken to address the secure storage of records, with an upgrading of the secondary records facilities in Gransha and Omagh, and approval for developing a new records storage facility. In response to disposal embargos from public inquires, the Trust has a substantive number of records which are past retention and must be held as they are pertinent to the Inquiries. The Trust has secured these records off-site, to ensure their integrity and availability.

Analysis of information governance risks is tabled at Information Governance Steering Group meetings to identify trends and introduce service or Trust-wide measures to mitigate reoccurrence.

Serious Adverse Incidents (SAIs)

During the calendar year 2020, the Trust reported 86 Serious Adverse Incidents (SAIs) to the Health and Social Board which was the same number as in the calendar year 2019. 33% related to incidents involving suicide, 35% related to serious injury or unexpected/unexplained death, 20% related to unexpected serious risks and 9% related to serious self-harm or assault.

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

The Trust accepts that its patients and clients have a right to expect openness in the delivery of their health and social care. The Trust is committed to providing candour in relation to SAIs and is working with the DoH and partners to progress the Inquiry into Hyponatraemia Related Deaths (IHRD) recommendations to help achieve this.

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

The Trust has secured the funding for a Family Liaison Officer post for a 12 month pilot. The post is currently being recruited. The post will involve establishing, developing and promoting a proactive liaison service for service users, relatives and carers who have had contact with a serious adverse incident (where death or serious injury has resulted)

or submitted a complaint to the Trust regarding death of a service user. The post holder will be the key central point of contact between the affected service user, relatives and carers and will ensure they remain fully supported, including pastoral and tangible supports where required, throughout and following any Trust review processes.

Trust managers have a responsibility to ensure that learning from SAIs occurring within their areas of responsibility is communicated and applied. This is monitored through the action plan for each SAI. The Trust, with direction from RRG, has been working to reduce the number of outstanding SAI reports although it continues to be a challenge due to the clinical commitments of investigation team members. There is ongoing monitoring at RRG, Directorate Governance groups and at corporate level on progress of overdue reports. A report on outstanding SAIs is provided to Trust Governance Committee along with a briefing from RRG on progress and assurance each quarter.

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

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

Regional learning from SAIs, including Safety Quality Alerts issued from the HSCB and Public Health Agency, is disseminated and monitored by the Quality and Safety Team. These learning letters are recorded on a database and a lead officer is identified to co-ordinate implementation of any actions. The Trust provides assurance to the HSCB/PHA regarding implementation. The Trust continues to publish a quality and safety newsletter, ‘Share to Learn’, to highlight Trust wide learning. The Trust also publishes a ‘Lesson of the week’ which is identified and raised through RRG to ensure learning is shared in an immediate and accessible format on the Trust Intranet. The Trust also generates regional learning through SAI reviews and from other sources through the regional learning template, introduced in 2018 by the HSCB. In the period April 2020 to March 2021 the RRG raised seven learning templates for sharing regionally to HSCB/PHA.

At December 2019 there were 85 overdue SAI Reports. Since January 2020 there has been focussed work to improve this performance. Actions included the use of external chairs within Mental Health, additional training of Chairs in other disciplines, appointment of a Band 7 Assistant Risk Manager to support and track SAI progress, regular performance monitoring at RRG and Chief Executive Assurance, and additional focus within individual Directorates to move forward outstanding legacy SAIs.

The above is part of an action plan drawn up to take forward learning from a nine month pilot which ended in December 2020 with a learning workshop.

Significant progress has been made to complete and submit SAI reports especially in the latter part of this financial year. From November 2020 to January 2021 a total of 27 SAIs reports were completed. A further 27 reports were submitted to HSCB from February 2021 to March 2021.

At 31 March 2021 there were 56 overdue. Work is continuing to improve further with additional resources approved to support SAI Chairs, 2 Band 7 professional staff to undertake timelines and 2 Band 4 Administration staff to provide administrative support to Chairs and SAI panels. A recruitment process is underway.

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

The Trust Morbidity and Mortality (MandM) Outcome review Group, a sub-group of Clinical and Social Governance sub-committee and chaired by the Associate Medical Director on behalf of the Medical Director continues to work to ensure the systematic and continuous review of patient outcomes across the Trust, including MandM and monitors progress. Any relevant SAI reports are also considered at MandM meetings.

Fraud and Suspected Fraud

The Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place a Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. The designated Fraud Liaison Officer (FLO) of the Trust promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel in relation to fraud reporting arrangements. All staff are invited to participate in fraud awareness training in support of the Fraud Policy and Fraud Response Plan. Fraud update reports are provided to the Audit and Risk Assurance Committee.

Public Stakeholder Involvement

The Trust is committed to involvement and co-Production at all levels and across all programmes of work. How we involve our service users, carers, public and staff in the development of our services is key to how we will effectively meet the needs of our population in the coming years to help address health inequalities and make this a “Great Place to Live”.

The Trust has progressed three key areas of Public Stakeholder Involvement throughout the year.

1. An Improvement through Involvement Committee has been established as a Committee of Trust Board, and held its inaugural meeting in September 2020. The Committee provides assurance that the Trust maintains an organisational focus on co-production and learning from experience ensuring these

approaches are appropriately considered, implemented and deployed in areas of strategic and operational significance, in order to transform services and deliver improvement. The committee membership includes two Non-Executive Directors and two Directors from the Trust.

2. The first Integrated Involvement Plan has been produced. The plan was developed though a number of workshops facilitated by the Improvement through involvement Committee and endorsed though engagement with service users. In the plan, we describe how we want to build on our current work of Personal and Public Involvement with service users and carers, Patient/Client Experience, Learning and Improving Work and Staff Engagement and how we will develop these into a single organisational approach to Involvement.

3. Involvement in strategic projects. In August 2020 the Minister of Health approved the establishment of an interim 'No More Silos Network' to produce detailed proposals for the reform of Urgent and Emergency Care. In October 2020, the DoH published its Covid-19 Urgent and Emergency Care Action Plan 'No More Silos'. The Plan sets out 10 key actions to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff, both now and into the future.

   Effective service user and carer involvement is intended at all stages of consultation, service design, implementation and review. To support this objective the Trust's Involvement Team hosted an engagement event that took place, using ZOOM technology, on 10 February 2021 with 108 service users, carers and representative groups. The session involved a presentation of information about the No More Silos work, including each of the four work streams. The Involvement team have now recruited over 50 interested Service Users and Carers to engage with the 4 work streams in the development of services.

Assurance

The Board Assurance Framework which was developed in accordance with the DoH guidance 'An Assurance Framework: a Practical Guide for Boards of DoH Arm's Length Bodies', is updated on a quarterly basis and submitted to Governance Committee for approval.

The Trust completes an annual Board Governance Self-Assessment Tool as a means of assessing its own effectiveness. The Board Governance Self-Assessment Tool is intended to help Arm's Length Bodies (ALBs), improve the effectiveness of their Board and provide Board members with assurance that it is conducting its business in accordance with best practice. The 2019/20 assessment was approved by the Trust Board in August 2020 with the 2020/21 assessment currently being completed.

The Non-Executive Directors bring a broad range of experience and skills from their previous professional and business backgrounds. They have had significant exposure to the Trust's business and have a sound knowledge of the services the Trust provides. They draw on this experience and knowledge in assessing the reasonableness and integrity of the information that is shared with them as Board members. The Non-Executive members also rely on the results of independent reviews carried out such as those by Internal Audit and RQIA.

The Trust has a PFI contract relating to the South West Acute Hospital. A six monthly assurance report is produced which is presented routinely to the Corporate Governance Sub-Committee, with escalated issues reported at the next Governance Committee. This was last reported to the December 2020 Governance Committee.

A key source of assurance is the reports from Internal Audit and the audit plan is based on key risks and systems within the organisation. In accordance with the 2019/20 annual internal audit plan, BSO Internal Audit carried out an audit on Board Effectiveness in the Western HSC Trust (WHSCT), during February and March 2020 and reported satisfactory assurance.

In September/October 2020 Internal Audit undertook an audit of Governance arrangements during Covid-19. The audit reviewed how WHSCT governance arrangements were refined and developed to address the consequences of the global pandemic. Internal Audit reported that overall there is a satisfactory system of governance, risk management and control. BSO Internal Audit also carried out an audit of Risk Management during October and November 2020. The audit reported that overall there is a satisfactory system of governance, risk management and control.

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

In January 2020 the Trust requested support from an external consultant to undertake a review of corporate governance within the Trust, specifically corporate governance arrangements within the Medical directorate in supporting the revised Governance Framework and in the context of existing governance arrangements within all other directorates, benchmarking against best practice and recommending a way forward against any deficits identified. The final Review Report was received in July 2020. The report has a total of 37 recommendations requiring implementation to strengthen and enhance the effectiveness of governance arrangements within the Trust. To ensure timely implementation of the proposals and recommendations contained within the Governance Review an implementation Team led by a Senior Manager at Assistant Director level has been established with the intention of completing actions by 31 August 2021.

Self-assessment against Assurance Standards

The Trust continues to implement a self-assessment process against the assurance standards. Any significant control divergences, together with an outline of action plans in place to address these divergences have been identified. The outcome of the process for 2020/21 is summarised in the table below:

Area	Trust Level of Compliance
Buildings, land, plant and non-medical equipment	Substantive
Decontamination of medical devices	Substantive
Emergency Planning	Substantive
Environmental Cleanliness	Partial
Environmental Management	Substantive
Fire Safety	Substantive
Fleet and Transport Management	Substantive
Food Hygiene	Substantive
Human Resources	Substantive
Infection Control	Substantive
Information Communication Technology	Substantive
Management of Purchasing and Supply	Substantive
Medical Devices and Equipment Management	Substantive
Medicines Management	Substantive
Information Management	Substantive
Research Governance	Substantive
Security Management	Substantive
Waste Management	Substantive

In 2020/2021 the Western Trust did not achieve substantive compliance within the environmental cleanliness assurance standard with a score of 82% of scheduled audits completed. Despite this, the average overall score for those completed was 95%. The reason for this level of compliance was due to accessibility to Covid -19 wards which were restricted during the pandemic and areas that were closed and staff deployed to support in Covid and non-Covid areas. An action plan for 2021/22 has been developed to ensure audits not completed during 2020/21 are prioritised.

European Union (EU) Exit

On 29 March 2017, the United Kingdom (UK) Government submitted its notification to leave the European Union (EU) in accordance with article 50. On 31 January 2020, the

Withdrawal Agreement between the UK and the EU became legally binding which set out the platform of a transition period. The Trust, in collaboration with colleagues across the HSC region, led by the Department, undertook extensive preparations for a potential No Deal Scenario, even as negotiations between the UK and EU continued in 2020.

The transition period ended on 31 December 2020 as the UK and EU reached a Trade and Cooperation Agreement on the UK's future relationship with the EU. The Trust has continued to monitor the phase immediately following formal EU Exit and has addressed any emerging issues.

Review of Fit Testing of Masks

In early June 2020 the Trust received an alert from the PHA regarding a potential issue with some of the fit testing completed by an external contractor in a number of HSC Trusts, including the Western Trust, during the Covid-19 surge period. The fit testing contractor has subsequently advised the Trust that, in a number of cases, the fit testing equipment was calibrated to a setting not applied in Northern Ireland but which was in line with World Health Organisation and Republic of Ireland recommendations.

As a precautionary measure, to reassure staff that the masks are being fitted to the appropriate standards, the Trust has urgently taken forward a review of all fit testing completed during this period including making contact with all staff whose results are affected, to advise them of the issue and to arrange to reschedule them for retesting as soon as possible.

Trust managers have now contacted all staff involved and the Trust has implemented additional measures to review and monitor fit testing outcomes moving forward to ensure that this situation cannot recur.

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2021 in March 2021 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2020-21 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2021 also authorised a Vote on Account to authorise departments and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2021-22 financial year. This will be followed by the 2021-22 Main Estimates and the associated Budget (No. 2) Bill before the summer recess which will authorise the cash and resource balance to complete for the remainder of 2021-22 based on the Executive's 2021-22 Final Budget.

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources;

Internal Audit

The Trust utilises an internal control function which operates to defined standards and whose work is informed by an analysis of the risk to which the Trust is exposed. The

annual internal audit plan is based on this analysis. In 2020/21 Internal Audit reviewed the following systems:

Reports Issued 2020/21	**Assurance Provided**
Finance Audits	
ICT Procurement and Contract Management	Satisfactory
Payments to Staff	Limited
Non Pay Expenditure	Satisfactory
Budgetary Control	Satisfactory
Management of Contracts with Voluntary and Community Organisations during Covid-19	Satisfactory
CAWT	Draft report only - TBC
Corporate Risk Based Audits	
Domiciliary Care Follow Up Audit (Management of Independent Sector Contracts)	Satisfactory
Management of Non-Medical Agency Staff	Limited
Medication Incident Management – Follow up	Limited
Governance Audits	
Governance During Covid-19	Satisfactory
Retention of Board/committee minutes and papers	Satisfactory
Management of Standards and Guidelines	Satisfactory
Risk Management	Satisfactory
IT – Line of Business (LoB) Applications Audit	Satisfactory – 3 of the 4 sampled LOBs Limited – 1 of the 4 sampled LOBs

In the annual report, the Head of Internal Audit reported that the WHSCT's system of internal controls was Satisfactory.
Weaknesses in control were identified and gave rise to the limited assurance ratings identified in the above table, i.e.

- **Payments to Staff**
  Limited assurance was provided on the basis that the control environment for timesheet processing is not sufficiently robust and work is required to strengthen control over the robustness of the staff in post process within the Trust.
- **Management of Non-Medical Agency Staff**
  Limited assurance was provided on the basis that significant control weaknesses were identified in relation to the recruitment of these staff, such as failure to complete eligibility to work forms and the absence of a central record of mandatory training for agency staff. Control weaknesses were also identified in relation to the approval of agency staff invoices, such as failure to verify contracted rate resulting in overpayments and issues in relation to approval of timesheets which included electronic scanned signatures.
- **Medication Incident Management – Substantive Follow up**
  Of the 13 priority 1 and 2 outstanding audit recommendations, 3 (23%) have been implemented. The remaining 10 priority 2 recommendations (77%) are partially implemented. The 3 significant findings in the 2019/20 report which were the reasons for providing Limited assurance include control over incidents arising in the Independent Sector which are not robust, issues associated with reporting and investigation of a serious adverse incident and incidents remaining open for long periods of time.

BSO Shared Services Audits

A number of audits were conducted in BSO Shared Services during 2020/21, as part of the BSO Internal Audit Plan. The recommendations in these shared services audit reports are the responsibility of BSO management to take forward and the reports were presented to BSO Governance and Audit Committees. Given that WHSCT is a customer of BSO Shared Services, the final reports were shared with the WHSCT and a summary of the reports was provided to the Trust's Audit and Risk Assurance Committee. A summary of audits completed during the year is as follows:

Shared Service Audit	**Assurance**
Accounts Payable Shared Service	Satisfactory
Business Services Team	Satisfactory
Payroll Service Centre	Satisfactory – Elementary Payroll Process. Limited – End-to-End HSC Timesheet Processing, SAP/HMRC RTI Reconciliation, Overpayments and Holiday Pay.
Recruitment Shared Service Centre	Satisfactory

While acknowledging the improvement work already undertaken by the Payroll Service Centre, Internal Audit provided Limited Assurance in respect of End-to-End HSC

Timesheet Processing, SAP/HMRC RTI Reconciliation, Overpayments and Holiday Pay on the basis that previously reported issues with timesheets, reporting to HMRC and management of overpayments are not yet resolved with significant work required to address holiday pay.

External Audit
The Report to those Charged with Governance in relation to the audit of the 2019/20 accounts was issued to the Trust on 7 October 2020. There were seven recommendations of which one was classified as priority one, two were classified as priority two and four as priority three. The Audit and Risk Assurance Committee oversees the implementation of these recommendations.

Business Services Organisation (BSO)
The Chief Executive of the Business Services Organisation provides assurance regarding a range of services provided to the Trust. The Trust is currently waiting for the BSO report for 2020/21.

Regulation and Quality Improvement Authority (RQIA)
Arrangements for the implementation of accepted recommendations made by RQIA and other external review bodies are in place within the Trust. Progress on implementing recommendations from external reviews is monitored by Directorate Governance Committees and by the Quality and Standards Sub-Committee of the Governance Committee which is chaired by the Executive Director of Social Work.

An Improvement Notice was issued to the Western Health and Social Care Trust on 22 July 2019 and extended on 05 February 2020, in relation to the recognition and management of adverse incidents and near misses across the Mental Health and Disability Services Directorate. RQIA reported that compliance was achieved on 27th August 2020.

Six Failure to Comply Notices were issued to a statutory residential care home on 21 August 2020 in relation to the home's registration status, care, record keeping, medicines management, infection prevention/control, staffing and the fitness of the premises. RQIA reported that compliance was achieved on 23 October 2020.

Fire Enforcement
The Trust has not received any Fire Enforcement Notices during 2020/21.

Other Assurance Sources
The Trust also receives independent assurance from the following additional sources:

- **Regulation and Quality Improvement Authority** on the extent to which the services provided by the Trust, or those commissioned from third party providers, comply with applicable legislation or quality standards.
- **Health and Safety Executive for Northern Ireland** on the extent to which the Trust is compliant with health and safety standards and legislation.

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

Review of the Effectiveness of the System of Internal Governance

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

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

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

Covid-19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (Covid-19) a global pandemic on 11 March 2020. The Department of Health (DoH) and its Arm's Length Bodies (ALBs) immediately enacted emergency response plans across the N.I. Health sector. There is a UK wide coordinated approach, guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers, informed by the current and emergent evidence nationally and internationally. Evidence based UK wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice.

The pandemic has had an extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care services are not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety have remained at the forefront throughout health's emergency response. This required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity; including the need to ensure sufficient availability of appropriate Personal Protective Equipment. Financial measures were put in place by the N.I. Executive to enable N.I. to tackle the response to Covid-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against Covid-19.

Contingency arrangements have been in operation throughout 2020/21, including the establishment of an Emergency Operations Centre within the Department to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this had an effect on the ability to conduct routine health business with a need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic.

During 2020/21 there were substantial resourcing impacts across the DoH and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands, which included calling on volunteers, retired staff and students to rally together to strive to enable an optimum response to the pandemic.

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

throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence, the ability of the health service to cope, and the wider impacts on our health, society and the economy.

Across healthcare, leading on the testing of Covid-19 in N.I. was a key priority with testing centres being set up across the country, including mobile testing. The Department's Expert Advisory Group oversaw the strategic approach to testing in N.I. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so N.I. is fully engaged with the strategy for testing at a national level. N.I. testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme.

Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of Covid-19 on 18 May 2020. Volunteers were recruited and redeployed across the health sector and the team scaled up to strive to ensure that every conceivable effort was made to continue to limit transmission.

The DoH prepared a Covid-19 Test, Trace and Protect Strategy which set out the public health approach to minimising Covid-19 transmission in the community in N.I. The Chief Medical Officer established a Strategic Oversight Board for the N.I. Covid-19 strategy which brought all of the key elements together, namely testing, contact tracing, information and advice, and support, working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in N.I.

Alongside the challenging needs of response to Covid-19 there was an urgent need to rebuild wider healthcare services and confidence in the community. Officials carried out an urgent project to assess the impact of Covid-19 on HSC services delivery. On 9 June 2020 a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim was to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing Covid-19 conditions. A new Management Board for Rebuilding HSC Services was also created. This broadly consisted of senior Department of Health officials, Trust Chief Executives and other HSC leaders. Covid-19 has had a profound impact on the delivery of health and social care services and across the HSC plans were incrementally enacted to begin recovery. This planning will continue into 2021/22.

The DOH worked with Trusts, HSC, PHA and Primary Care to deliver the Covid-19 Vaccine roll-out programme through a multi-site delivery model, and subsequent onward oversight monitoring of Vaccine delivery across a range of areas, including Mass Vaccination Centres, Care Homes across N.I., Supported Living Facilities, Day Centres, Mobile Units (Homeless, Day centres, clinics), GP Practices and Community Pharmacies and hospital inpatients. Regular allergy clinics were also rolled out in order

to provide the vaccine for those individuals with a history of allergic reaction in a hospital controlled environment.
The DoH continues to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times.

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.

Significant Internal Control Issues – update on previously reported issues that are now closed – as at 31 March 2021.

1. Compliance with Department of Health Prompt Payment

The Trust previously reported on the failure to meet the requirements of payment of at least 95% of all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods/services, whichever is the later.

Update at 31 March 2021

The Trust is currently meeting the DoH Prompt Payment target to pay 95% of invoices within 30 days. The cumulative figures for 2020/21 are that 96.2% of value, 95.6% of volume if invoices were paid within 30 days. In addition 85.5% of value and 82.4% of volume was achieved against the 10 day target.

The Trust believes the control divergence has been addressed.

2. Domiciliary Care Services - Internal Audit Assurance

The Trust previously reported on the unacceptable Internal Audit assurance in relation to the management of Domiciliary Care Services.

Update at 31 March 2021

In accordance with the 2020/21 annual Internal Audit plan, BSO Internal Audit carried out a follow up audit of Domiciliary Care during March 2021. In 2017/18 Domiciliary Care was initially provided with unacceptable assurance on the basis of material gaps in control identified. 16 recommendations were made to enhance control at that time. In 2019/20, Internal Audit conducted a substantive follow up of the recommendations made in the 2017/18 report to confirm the status of implementation of these. Unacceptable assurance continued to be provided in 2019/20 on the basis that a number of recommendations made in 2017/18 had still not yet been implemented.

Following the recent follow up audit Internal Audit has now provided satisfactory assurance in relation to the Trust's management of Independent Sector Domiciliary Care Contracts. Satisfactory assurance is provided on the basis that significant improvements have been made in relation to the validation of activity of Domiciliary Care providers. Improvements have also been made in the Commcare system which is now routinely kept up to date for commissioned activity, providing a useful source to enable management to easily check that invoices agree to commissioned activity.

In addition, in March 2021, the DoH Oversight Scrutiny Committee (OSC) for Domiciliary Care issued its Domiciliary Care Closure Report which brings together the various strands of work taken forward in response to the BSO Counter Fraud and Probity Service report and sets out recommendations. The Trust has reviewed the recommendations outlined and will support regional arrangements in relation to their implementation.

The Trust believes this control divergence has now been addressed in full.

3. Social Care Procurement

The Trust previously reported on the challenges with Social Care Procurement, in particular the requirement to have procurements in place for all relevant social care contracts.

Update at 31 March 2021

By virtue of the introduction of the Public Contract Regulations 2015, social care procurement became subject to the same procurement regulations as other goods and services for the first time. The Trust, in conjunction with all other HSC bodies, is working to put arrangements in place to ensure compliance with the new regulations.

In order to minimise the risk of non-compliance, all HSC bodies have extended Centre of Procurement Expertise to provide cover for social and healthcare services using the light touch regime. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board.

During 2020, progress was made across a number of social care areas. An eight year Regional Procurement Plan has been signed off at the Regional Procurement Board which outlines how Trusts will achieve compliance with this legislation.

The Trust believes the control divergence has been addressed and can be managed at Directorate level.

4. Ebbay Ltd (Sanville Nursing Home)

The Trust previously reported on the difficulties in sustaining services within the Drumclay facility in Fermanagh.

Update at 31 March 2021

The Trust has been operating a 14 bedded Intermediate Care facility within Drumclay Care Home in Enniskillen since August 2019. This lease operated until August 2020.

The Drumclay facility has been included in the Directorate's Community Surge Planning during Covid-19, and a Business Case was presented to cover this commitment. The Trust extended its lease for Drumclay to 31 March 2021 and the facility was decommissioned by the Trust by this date.

The Trust now considers this issue closed.

5. Strabane and District Caring Services

The Trust previously reported on performance concerns relating to independent sector homecare provider Strabane and District Caring Services.

Update at 31 March 2021

The Trust assisted the provider to radically re-align their workforce and staffing arrangements to ensure a more stable service delivery arrangement. Through a process of ongoing engagement and monitoring the Trust has been given sufficient assurance by Strabane and District Caring that the improvement objectives have been achieved. As a result the QI Oversight Group has been stood-down with quality assurance activity routinely undertaken in accordance with contractual arrangements.

The Trust now considers this issue closed.

Significant Internal Control Issues – update on previously reported issues that are not yet closed – as at 31 March 2021.

1. Acute Services - Staffing Pressures/Shortages

(*previously reported separately as Medical Staffing, Emergency Department - South West Acute Hospital (SWAH), Emergency Department – Altnagelvin, Locum Expenditure - Off-Contract (Medical and Nursing Agency Staff), and Gaps in Theatre Nursing Rota*).

The Trust has previously reported the risks associated with workforce challenges within Acute Hospital Services in relation to the above areas. These shortages create significant risk to the sustainability of services, financial stability (due to reliance on agency and locum – including off contract agency), and quality and safety.

Update at 31 March 2021

The WHSCT has invested strategically by setting up a Medical Human Resources Team to address its growing demand for Agency Locums. The Medical HR Team aims to reduce the disproportionate agency costs paid by WHSCT, by ensuring that, where possible, locum doctors are directly employed.

Consultant staffing in SWAH remains stable and there is a plan in place to recruit the eighth Consultant on a Trust contract by the end of 2021. An IPT (Business Case) in relation to normative nursing has been prepared for consideration by CMT and a phased implementation plan has now been agreed to stabilise nursing workforce and reduce agency spend. The nursing workforce has been depleted throughout 2020/21 due to staff leaving to take up positions both in the independent sector and in other fields.

During 2020/21, the Trust completed works in the Altnagelvin ED to improve the clinical assessment capacity, triage capacity and to improve waiting room facilities. Work is currently being undertaken to review the nursing complement given the increased footfall and the outworking's of this will be shared with the local commissioner.

The Trust continues to experience vacancies across its Theatres. Given the continued difficulties in this area, the Trust is working with Professional Nursing Leads to adopt the Association for Perioperative Practice guidance (AfPP). This would allow the Trust to increase theatre capacity using an alternative workforce model and skill mix.

The Trust has also identified Band 5 nursing shortages across the Trust.

Throughout 2020/21, the Trust continued to progress a range of actions, which had been initiated in 2019/20 to address the risks arising from workforce gaps as follows:

- Maintenance of a Peripatetic Nursing Team to fill longer term absences.
- Maintenance of a Nurse Bank Service to address short term absences.
- International recruitment of medical and nursing staff.
- Continued focus on recruitment of staff to vacancies.
- Management of sickness absence.
- Locum project under "Delivering Value", to reduce reliance on temporary agency staff.
- Review of structures to make posts more attractive and
- Use of Physician Associate roles – modernisation of the workforce.
- The monthly monitoring of Band 5 Nurse vacancies, bank and agency usage, and recruitment through a rolling advert on HSC Recruit with interviews held approximately monthly to recruit staff who have applied.

Additionally, in 2020, because of the Covid-19 pandemic, there was a reduction in the number of NIMDTA vacancies for the Junior Doctors intake. The Trust has introduced Clinical Fellows (ST1 level) positions to fill the gaps. The Trust has placed Clinical Fellows in the ED Department, Acute Medicine, Paediatrics, Dermatology, and Obstetrics and Gynaecology.

2. Restriction of Neurology Service

The Trust previously reported on the challenges of restriction of the Neurology Service, particularly the impact of withdrawal of an external consultant.

Update at 31 March 2021

A number of internal initiatives have been undertaken to quantify the demand for a first consultant outpatient appointment which include an administrative validation.

The Trust is currently preparing a paper for submission to HSCB in respect of the recruitment of a second speciality doctor in Neurology to support the inpatient pressures and assist in the management of MS patients. The service is currently being managed

by BHSCT as a consequence of a resignation. Current staffing issues within the neurology service are also impacting negatively on the paediatric service by delaying transition of young people to the adult service

The Trust is at an advanced stage in the recruitment of a Neurology Nurse Specialist which will, by design, support the inpatient and outpatient demands.

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

The Trust previously reported on the significant pressures with regard to recruiting and maintaining a suitable and stable workforce to meet the needs of the Learning Disability population.

Update at 31 March 2021

Workforce pressures continue to be experienced particularly in relation to availability of suitably qualified nursing registrants, and difficulties in accessing Agency staff for shift cover, for Lakeview inpatient facility. There are indications that this is a consistent feature across similar regional facilities.

Important improvements have been noted in both the recruitment and retention of community staff with pressures presenting mainly in psychology, psychiatry and the more specialist AHP positions.

4. Women and Children's services - Staffing Pressures/Shortages (*Previously reported separately as Health Visiting Northern Sector, Child and Adolescent and Mental Health Services Fermanagh Social Services*).

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

Update at 31 March 2021

We have initiated a pilot in the Enniskillen area as a different way of working to help with the recruitment and retention of staff. This pilot will be evaluated at the end of a 9 month period and the outcome will be used to inform the way forward.

Fermanagh 16 plus Pathway Team has also this year faced recent challenges in staffing, with recruitment to this geographical area being particularly difficult. In addition the Childcare Residential Facilities in Omagh and Fermanagh has also experienced significant challenges recruiting staff at all band levels from band 3 to Band 5 or 6.

There are also staffing difficulties in all service areas across Women and Children's Healthcare. This is due to:

- A high number of retirements in neonatal and midwifery services, leading to less experienced staff filling senior roles.
- Difficulties in filling temporary and permanent vacancies.
- Challenges in filling senior posts, e.g. SWAH neonatal unit.

- Ongoing difficulties in recruiting and retaining medical staff in Obstetrics and Gynaecology and paediatrics. Work has been ongoing to address this through international and local recruitment but reliance on agency locum staff and the associated risk remains.

5. Child Care Services

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

Update at 31 March 2021

The demands within Corporate Parenting, and in particular the high level of Looked after Children (LAC) continues to be a pressure.

The Trust has continued with service development (and redesign) despite the challenges faced in the last year due to Covid-19. Signs of Safety as an approach to practice remains a focus for all Family and Childcare Social Work staff. Additionally, as part of the Delivering Value approach further work has been undertaken to understand the increasing numbers of Looked after Children, resulting in specific projects. The focus of these is on pathway progress with enhanced support for those children who can return home safely.

Other projects are considering alternative appropriate legal orders as well as repatriation of expensive out of Trust care and improved management of service pressures. All these steps should, in turn, positively impact on the reduction of the Looked after population.

6. Shortage of Radiologists

The Trust previously reported on the challenges with the shortage of Radiologists.

Update at 31 March 2021

The Trust has managed to recruit internationally and has developed the role of Advanced Practitioner Radiographers to assist in addressing this risk.

The Radiology situation in the Trust has changed considerably since 2019. The international recruitment process has been very successful over the last few years, with a total of nine Consultant Radiologists joining the Altnagelvin team. Two out of the nine radiologists have applied for permanent posts and have been successful. One of the permanent post holders is a breast radiologist and this has significantly reinforced the Trust Breast team. The Breast team now comprises two Permanent Consultants, one NHS part-time Consultant and a Consultant Radiographer.

Staffing pressures remain within Radiology in South West Acute Hospital, with three vacant posts out of eight. A recent resignation has added to the staffing issues. Two permanent posts have been advertised in March 2021, and one international recruit has been offered a post. The team is currently supported by two agency Radiologists.

7. Cellular Pathology

The Trust previously reported on the challenges regarding Cellular Pathology.

Update at 31 March 2021

There is still a significant shortage of Consultant Pathologists which is both a regional and national issue. International and local recruitment is being pursued by the Trust. Previously routine histopathology reporting had been outsourced to Source Bioscience as there was insufficient capacity to meet the demand. However, two Locum Pathologist staff have been appointed and the need for outsourcing has not been required, although this has been in the Covid-19 period where work had downturned.

The WHSCT Cellular Pathology service has delivered a leading Digital Pathology solution in the histopathology laboratory using the current NIPACS system. This has been rolled out in the Western Trust first with regional rollout across the other three participating Health and Social Care Trusts to follow. This service improvement allows the collation, management, sharing and interpretation of pathological data digitally.

Digital reporting workstations for consultant homes are also operational and facilitate the provision of additional sessional work from existing consultants and allow home working during lockdown periods.

The Cervical Screening Service provided by the Cellular Pathology department continues to meet the ever increasing demand for cervical screening tests both within the Trust but also regionally. The region has not yet made a policy decision on Primary HPV testing which is at variance with England, Scotland, Wales and the Republic of Ireland. The screening service is under significant pressure within the region and requires cross Trust cooperation to maintain delivery with the WHSCT assisting the SHSCT presently.

During the Covid-19 pandemic the N.I. Cancer Registry data shows there was a 26.2% reduction in tissue (biopsy) confirmed cancer cases in 2020 relative to previous years. The Cellular Pathology department in conjunction with the Trust and regional organisations are involved in planning a way forward to meet the additional pressure this will put on this this service and others moving forward.

The Cellular Pathology department in conjunction with the wider pathology team and the University of Ulster rolled out high throughput PCR Covid-19 testing for the WHSCT. This collaborative approach was very successful and all staff involved must be commended.

The Mortuary services in WHSCT also came under significant pressure during the pandemic. Shortages in staffing for this service was highlighted again and placed on the corporate risk register. Additional staff were appointed through Covid-19 funding.

8. Clinical Microbiology

The Trust previously reported on the challenges within Clinical Microbiology.

Update at 31 March 2021

Approval for an additional 2.0 wte consultant microbiologists was achieved in July 2020, allowing the department to recruit following speciality approval of the job description. Two rounds of recruitment have not been successful. At the same time, international recruitment has been ongoing, but to date has not been successful.

Since the beginning of Covid-19, Microbiology has employed a locum consultant microbiologist. This has been required due to the increased workload associated with the pandemic, with one Microbiologist working full time on Covid.

The on-call rota continues to be supported by an additional two consultant microbiologists, along with support by the locum.

Following on from the current recruitment exercise, Microbiology may need to re-assess the current recruitment strategy to decide on how to enhance the clinical service it offers. Options that can be explored are non-consultant grade staff or clinical scientists. International recruitment will still be pursued.

9. Unregulated Placements for Young People

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

Update at 31 March 2021

During 2020/21 there was a reduction in unregulated placements for young people living in the community, which could be partly due to the restrictions due to Covid-19. The Trust's Housing Support Model that will focus on homelessness has been progressing with recruitment almost complete. This will provide intensive support and will be reviewed within the Trust's Delivering Value Project. Given the risks in this area, however, the Trust will continue to closely monitor placements.

10. Elective Care Performance and Increased Waiting Times

We previously reported on the significant gap between demand and capacity for Elective Care Services, resulting in lengthening waiting times.

Update at 31 March 2021

During 2020/21 the Trust continued to maintain Emergency Surgery provision, however the impact of the pandemic on planned (or elective) care was significant, and resulted in waiting times growing across all hospital services.

The regional Critical Care Intensive Care Unit (ICU) surge plan required the Trust to maximize its ICU bed capacity which severely impacted the Trust's theatre staff and physical infrastructure. Outpatient services were also impacted by the requirement to stand up GP Covid-19 centres in April 2020, by the redeployment of nursing staff and by the need to reduce the numbers of "face to face" clinics. As a result, the Trust has been unable to meet its Service and Budget Agreement across most service areas.

Inpatients, Daycases
At the end of March 2021 the total inpatient and daycase waiting list has grown to 22,848 patients, reflecting a 15% increase in a period of one year. Significantly 60% of these patients are now waiting longer than 52 weeks compared to 34% at the end of March 2020.

Outpatients
During 2020/21 there has been a 27% (31,643) reduction in consultant-led new outpatient referrals but despite this, the waiting list has grown to 49,296, reflecting a 17% increase in year. Significantly 54% of these patients are now waiting longer than 52 weeks compared to 35% at the end of March 2020.

11. Trust Breakeven Position

The Trust previously reported on the recurrent deficit and the need for a Recovery Plan.

Update at 31 March 2021

In 2019 the WHSCT agreed to a three year Recovery Plan for £39 million, with key stakeholders the HSCB and DoH and commenced a three year programme of work which aimed to return the Trust to a financially sustainable position and ensure that we are delivering high quality, safe and affordable services to our service users, with the resources available.

Significant progress was achieved in 2019/20, with £20m of the original £39m being addressed. In 2020/21, the Trust had an additional savings requirement of £10.7m, which created a recurrent deficit of £40m, this is summarised below:

	£m
Opening recurrent deficit – February 2019	39
Plus 2019/20 Income reduction (savings)	11
Opening deficit 2019/20	**50**
Savings Achieved 2019/20	(20)
Closing deficit 2019/20	**30**
Income Reduction 2020/21	10
Opening recurrent deficit 2020/21	**40**

The ability to meet this financial target has been severely impacted by Covid-19 and early in 2020/21, it became clear that the Covid-19 pandemic would affect progress in many of the areas. Discussions with DoH senior officials during 2020/21, confirmed acceptance of this delay, with The Trust producing a Financial Recovery 3 Year Plan update for the DoH in March 2021 to provide clarity on how the WHSCT proposes to address the deficit after taking account of the impact of Covid-19.

The WHSCT will continue to make every effort to achieve Financial Stability/Recovery in the shortest timescale possible and will continue to seek efficiencies in service delivery, where possible.

12. Leases PEL (11)01

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

Update at 31 March 2021

The Trust continues to work on leases that are "holding over" and processes are in place to ensure approved SOCs are in place prior to any new leases being taken. With regard to leases granted, the Trust along with other ALB's are working with the DoH and Directorate of Legal Services to develop and implement new procedures. The Trust reports on PEL compliance in its annual Property Asset Management Plan, which is submitted to Trust Board and DoH for approval.

13. Report on Inquiry into Hyponatremia related deaths

The Trust previously reported on the challenges faced with the report on the inquiry into Hyponatremia-related deaths (January 2018).

Update at 31 March 2021

The 120 individual actions arising from the 96 recommendations have been delegated to nine work streams that report to the Implementation Programme Management Group at the Department. There are Trust representatives on most of these work streams including Non-Executive Directors.

A Trust workshop, to benchmark existing arrangements and consider implications for local practice and the extent of change required took place in October 2020 and there were several work streams identified, including further work on age appropriate care pathways and the establishment of a fluid safety group.

The Trust continues to work on the implementation of the report's recommendations and continues to be represented on the various regional work streams.

14. Cyber Security

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

Update at 31 March 2021

The focus on Cyber Security significantly heightened in 2020/21 due to several high profile incidents as well as the disruption associated with Covid-19 with both causing some impact on the wider HSC.

As part of the Regional and Trust Cyber programme, the Western Trust continues to develop and hone its Cyber technical solutions, including skills, as well as taking forward Cyber awareness training at a Regional (E-learning) and Local level (Metacompliance).

ICT has completed a review of the ICT risk register and, due to Cyber and Covid-19, is updating the ICT Business Continuity Plan following a recent desk top exercise. A further Cyber desk top Business Continuity exercise is planned for later in 2021.

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. As the HSC has multiple contractual interactions with QUB, some concerning personal information, the HSC technology teams, with the backing of the HSC SIRO's, took a number of actions to reduce potential disruption to HSC services, and continue to liaise with QUB on the impact of the cyber incident. The impact on the HSC is being fully investigated, and there may be a financial risk in relation to possible future liability, for potential claims for loss of personal data. As the breach occurred in a third party's systems the potential for liability is unclear and any financial impact is unquantifiable at present.

15. Staffing and Service Pressures - North West Cancer Centre (NWCC)

The Trust had previously reported on the challenges of staffing issues in the North West Cancer Centre.

Update at 31 March 2021

The Trust continues to discuss the position with HSCB and regional colleagues to ensure that the oncology pressures are viewed on a regional basis. All tumour sites are currently being covered by the existing team and as the team expands, there will be an opportunity to re-profile resources across the sites to provide the service model. Recruitment processes are underway including international recruitment. The service has recently issued an Early Alert with regards to service pressures and is exploring potential mitigations with a view to agreeing a stabilisation plan.

Ward 50 is a 27 bed inpatient ward providing care for oncology and haematology patients. To enable staff to provide safe and effective care, four beds remain closed (March 2021 position) leaving 23 inpatient beds available. It is anticipated that further beds will open over the next 12 months pending available experienced workforce. The lead nurse will continue to monitor the development of the newly appointed nursing staff as well as available workforce to replace staff who have been seconded to other positions, long-term sick and maternity leave before opening the remaining closed beds.

16. Adult Mental Health and Disability Service

The Trust previously reported the work it has carried out in responding to a RQIA improvement notice (IN000002) on 22 July 2019 in relation to recognition and management of adverse incidents and near misses and the RQIA requirement for the Trust to fully address and embed all improvements required under the notice, which has been extended until 22 June 2020 (IN00002E).

Update at 31 March 2021

A further RQIA inspection occurred from 29 June a 9 July 2020. Following this inspection, including the feedback discussion on 9 July and further evidence submitted on the 6 August 2020, RQIA determined that all of the improvements necessary to achieve compliance with the actions outlined in the notice had been achieved.

The Trust has committed to undertake a review of its psychiatric intensive care operating model employing independent external expertise. Despite disruption from Covid service challenges this work is ongoing. A final report will be submitted in April 2021.

A further inspection of mental health inpatient services occurred in the final week of March 2021, to specifically monitor any issues related to over occupancy and challenges to patient care and staff safety. The verbal feedback from this has been good and a written report is awaited.

17. Mental Capacity Act

The Trust previously reported challenges in meeting its statutory obligations under the Mental Capacity Act (NI) 2016 which came into effect on 02/12/2019.

Update at 31 March 2021

Meeting the statutory obligations under the new legislation continues to present many challenges. Suitably trained personnel to take forward the various roles and in particular those associated with the required medical assessments remains difficult. Factors such as the lack of GP engagement with the process negatively impacts the resource pool available for this work. Our medical colleagues in the acute sector have additionally advised that they too, often do not have the capacity to complete additional MCA work. And that has been a particular pressure whilst managing the additional Covid related demands.

The Trust remain much challenged in the area of completion of assessments and authorisations on Legacy Cases by the Department of Health mandated deadline. Challenges related to medical availability impacted by the range of alternative working opportunities arising from Covid, particularly for retired personnel, have hampered the progression of this work. Efforts to recruit dedicated Trust medical staff to support these responsibilities have yielded little capacity. Given the number of medical assessments required both in relation to Legacy and routine MCA work, this is a significant deficit which has been highlighted consistently to our colleagues in Department of Health. Alongside these challenges sits examples of engaged staff who are growing in confidence in this important practice area. Efforts remain ongoing to ensure the availability of key personnel who are competent and suitably supported to deliver on this work.

18. Challenges in recruiting Psychiatrists

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

Update at 31 March 2021

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

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

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

19. Colposcopy

The Trust had previously reported on the challenges faced by the cytology laboratory service re HPV co-testing of cervical smears.

Update at 31 March 2021

HPV testing is due to be introduced in N.I. and will lead to a very significant increase in demand. A task and finish group identified the capacity gaps and this will be shared with commissioners at a meeting to discuss colposcopy, endometriosis and mesh.

Significant Internal Control Issues arising during 2020/21 – as at 31 March 2021.

1. Ophthalmology Services

The Trust's only Paediatric Ophthalmologist resigned to take up a new position elsewhere which has left a significant gap in this service. The main areas are Retinopathy in prematurity Screening, Outpatients and Paediatric Surgery.

The Trust has worked with HR to recruit nationally, locally, international and through locum agencies with little success. The issue has been escalated to the HSCB and options are currently being explored to support this service from the region.

2. Cancer and Diagnostics

An Early Alert was submitted regarding NWCC medical staffing in March 2019. This was reissued in March 2021. The Trust's cancer senior management team are working with the HSCB and Belfast Health and Social Care Trust to explore and implement mitigation actions to manage the patient pathways.

3. Surgery at South West Acute

Over the past year there have been significant pressures in terms of maintaining an acute surgical rota at South West Acute. The Consultant workforce has been affected by the retirement of 2 Consultants from 5. A further Consultant has resigned in autumn 2020 to take up a post in Scotland. In late summer 2020 the Medical Director engaged with colleagues throughout the region to offer support to the site from November through to initially end January and now end June in this regard. Support has also been offered from within the Trust with Consultants visiting to cover gaps in the Surgeon of

the Week rota from Altnagelvin Hospital. This has worked well and has enhanced working relationships between colleagues within the Trust.

The South West have also offered capacity created (due to the retirement of site Consultants) to the Region as part of a Test of Change approved by the Regional Management Board (RMB). This has created the opportunity for colleagues from Belfast and South Eastern Trust to come to Enniskillen to complete time-critical surgeries that would otherwise not have been possible due to no capacity within their own Trust areas. This work is continuing and has the support of the Region and Consultants are now asking for additional slots at the South West Acute site.

A new Consultant has commenced at South West in February 2021 with a second due to start in May 2021 and a third to join following a Fellowship in August 2021. The surgical issue is a complex one but one which brings opportunities.

4. Valley Nursing Home - RQIA Enforcement

A Notice of Proposal to cancel the registration of the responsible individual for Healthcare Ireland Belfast Limited in respect of Valley Nursing Home was issued on 2 November 2020 by RQIA, and a Notice of Decision was issued on 09 December 2020.

As of 15 December 2020, all 21 residents were transferred from the Valley Nursing Home to suitable placements sourced by their respective key workers. Only one resident was moved from their initial placement and is now settled. All other residents settled into their new placements with no concerns being raised. All residents received a four weekly review until the end of their settling in period after which normal review periods apply.

5. Greenhaw Lodge Care Centre - RQIA Enforcement

Four Failure to Comply Notices were issued by RQIA to Greenhaw Lodge Care Centre on 21 September 2020 in relation to governance, health and welfare of patients, and the fitness of the premises.

A Notice of Proposal to place two conditions on the registration of Greenhaw Lodge Care Centre was issued on 21 September 2020 and Notice of Decision was issued on 22 October 2020 to cease admissions on a temporary basis and in relation to monthly monitoring reports.

Following a successful application on 22 September 2020 for an urgent procedure under Article 21 of The HPSS (Quality, Improvement and Regulation) (NI) Order 2003, RQIA placed conditions on the registration of Greenhaw Lodge Care Centre:

1. That appropriate arrangements were to be made for all current patients, to be re-accommodated to suitable accommodation forthwith and to remain in such accommodation until such times that remedial works required in respect of the water supply, pipework internal repairs and refurbishment were completed.

2. That no patient should be permitted to return to the home or admitted into the home until all the Works were completed in full and without prior inspection by RQIA.

In response to this, the Directorate set up a strategy working group to manage the transfer of all residents, which for some included an interim placement in Ward 5 Waterside Hospital.

From 19 October to 2 December 2020, 39 residents of Greenhaw Nursing were transferred to suitable placements sourced by their respective Keyworkers. 14 of the 39 residents were relocated twice due to Covid-19 outbreaks within the receiving Homes and/or relocation back to the Trust Area as a commitment was made by the Trust that the residents could relocate if a placement became available locally. Professional staff members are ensuring direct contact monitoring visits to the receiving homes are being carried out and recorded. The Trust is working closely with the owners of Greenhaw on the redesign of the care facility, with a proposed reopening date in June 2021.

6. Infection Control

The Trust has maintained a risk assessed approach to Infection Prevention and Control (IPC) standards monitoring throughout the last year, across the Trust as well as independent sector services, despite the unprecedented demands of Covid-19.

A request has been made to the PHA to fund an enhancement to the IPC team to better meet the responsibilities and a workshop with the service directorates is planned for April 2021 to consider how best to ensure there is effective directorate support to IPC provision, in keeping with the revised terms of reference of the IPC Committee

7. Information Breaches

For the period 1 April 2020 to 31 March 2021, the Trust reported four data security incidents /information breaches to the Information Commissioner's Office (ICO). In all four of the incidents, staff had completed Information Governance training and the Trust had taken remedial action which the ICO regarded as satisfactory. As a consequence, no further regulatory action was taken.

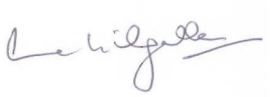
The Trust has only recorded a single SAI in connection to an IG incident. The Incident was designated as a SAI for the potential learning/procedure changes, which resulted in a new validation process for acute records as part of a subject access request.

Conclusion

The Western Health and Social Care Trust has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI).

Further to considering the accountability framework within the Trust, as detailed above, and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Western Health and Social Care Trust has operated a sound system of internal governance during the period 1 April 2020 to 31 March 2021.

Signed



10 June 2021

_____ _____

Dr Anne Kilgallen **Date**
Chief Executive and Accounting Officer

REMUNERATION AND STAFF REPORT

Remuneration Report

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

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

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

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

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

The contracts for Senior Executives are permanent and provide for three months' notice. There is no provision for termination payments other than the normal statutory entitlements and terms and conditions requirements.

The Remuneration Committee meets to assess the performance of Senior Executives. Its recommendations on performance are made to a meeting of Trust Board for approval. Senior Executives absent themselves for this item on the Trust Board agenda.

Senior Management Remuneration (This section has been subject to audit)

Non-Executive Directors		Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Total	Salary	Bonus/ Performance Pay	Benefits in Kind (rounded to nearest £100)	Total
		2020/21 £'000s	2020/21 £'000s	2020/21 £	2020/21 £'000s	2019/20 £'000s	2019/20 £'000s	2019/20 £	2019/20 £'000s
Mr N Birthistle (Chairman)	Left 30/04/19	0	0	0	0	0-5	0	0	0-5
Mr S Pollock (Chairman)	Started 01/05/19	30-35	0	0	30 -35	25-30	0	0	25-30
Dr J McPeake		5-10	0	0	5-10	5-10	0	0	5-10
Mr S Hegarty		5-10	0	0	5-10	5-10	0	0	5-10
Ms R Laird		5-10	0	0	5-10	5-10	0	0	5-10
Ms M Woods	Left 31/10/20	0	0	0	0	5-10	0	0	5-10
Mr J Campbell		5-10	0	0	5-10	5-10	0	0	5-10
Dr G McIlroy	Left 31/01/20	0	0	0	0	5-10	0	0	5-10
Dr C O'Mullan		5-10	0	0	5-10	5-10	0	0	5-10
Rev J McGaffin	Started 13/03/20	5-10	0	0	5-10	0	0	0	0
Mr H McKenna	Started 13/03/20	5-10	0	0	5-10	0	0	0	0

Non-Executive Directors are not members of the HSC superannuation scheme.

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Trust were as follows: (This section has been subject to audit)

		Salary	Bonus / Performance Pay	Benefits in kind ****(rounded to nearest £100)	Pension Benefits	TOTAL	Salary	Bonus / Performance Pay	Benefits in kind****(rounded to nearest £100)	Pension Benefits	TOTAL	Real Increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31st March 2019	CETV at 31st March 2020	Real increase in CETV
		2020/21 £'000s	2020/21 £'000s	2020/201 £	2020/21 £'000s	2020/2021 £'000s	2019/20 £'000s	2019/20 £'000s	2019/20 £	2019/20 £'000s	2019/20 £'000s	2020/21 £'000s	2020/21 £'000s	2019/20 £'000s	2020/21 £'000s	2020/21 £'000s
Executive Directors																
Dr A Kilgallen	Chief Executive	125-130	0	0	12	140-145	125-130	0	0	1	130-135	0-2.5 plus lump sum of 2.5-5	30-35 plus lump sum of 100-105	807	855	48
Mrs L Mitchell ** (left 30/06/19)	Director of Finance and Contracting	0	0	0	0	0	20-25	0	0	0	20-25	N/A	N/A	N/A	N/A	N/A
Mrs K Bryson ** (01/07/19 to 11/08/19)	Director of Finance and Contracting	0	0	0	0	0	5-10	0	0	0	5-10	N/A	N/A	N/A	N/A	N/A
Mr N Guckian (From 12/08/19)	Director of Finance and Contracting	90-95	0	0	20	110-115	55-60	0	0	25	80-85 (see note 1)	0-2.5	35-40 plus lump sum of 80-85	744	776	22
Mr K Downey ** (left 30/06/19)	Director of Women & Children	0	0	0	0	0	15-20	0	0	0	15-20	N/A	N/A	N/A	N/A	N/A
Dr B Brown	Director of Primary Care & Older People Services	95-100	0	0	20	115-120	95-100	0	0	12	105-110	0-2.5	35-40 plus lump sum of 75-80	700	742	22
Dr D Hughes ** (left 30/06/19)	Medical Director	0	0	0	0	0	30-35	0	0	0	30-35	N/A	N/A	N/A	N/A	N/A
Dr C McDonnell (From 01/09/19)	Medical Director	170-175	0	0	30	200-205	125-130	0	0	13	140-145 (see note 2)	0-2.5 plus lump sum of 5-7.5	60-65 plus lump sum of 180-185	1,351	1,458	50
Mrs D Mahon	Director of Women & Children	75-80	0	0	10	85-90	75-80	0	2,000	3	80-85	0-2.5 plus lump sum of 2.5-5	30-35 plus lump sum of 95-100	756	809	22
Mr T Cassidy (from 16/11/20)	Director of Women & Children	25-30 (see note 3)	0	0	39	65-70	0	0	0	0	0	0-2.5 plus lump sum of 5-7.5	35-40 plus lump sum of 110-115	826	872	46
Other Board Members																
Mrs G McKay *	Director of Acute Services	70-75	0	1,800	0	70-75	70-75	0	2,700	0	70-75	N/A	N/A	N/A	N/A	N/A
Mr A Moore	Director of Strategic Capital Development	70-75	0	0	(3)	70-75	70-75	0	0	(15)	55-60	0-2.5 plus lump sum of 0-2.5	35-40 plus lump sum of 110-115	815	816	1
Mrs T Molloy	Director of Performance & Service Improvement	90-95	0	0	20	110-115	90-95	0	0	12	100-105	0-2.5	25-30 plus lump sum of 55-60	532	570	23
Mrs A McConnell (left 9/4/21)	Director of Human Resources	70-75	0	0	15	90-95	70-75	0	0	10	80-85	0-2.5	35-40 plus lump sum of 85-90	705	741	17
Mrs M Ward (from 15/3/2021)	Director of Human Resources	0-5 (see note 3)	0	0	25	25-30	0	0	0	10	0	0-2.5 plus lump sum of 0-2.5	15-20 plus lump sum of 30-35	317	253	9
Mrs K O'Brien	Director of Adult Mental Health and Disability Services	75-80	0	0	17	95-100	75-80	0	0	10	85-90	0-2.5	20-25 plus lump sum of 45-50	428	458	18

Note 1 Full year effect 115-120
Note 2 Full year effect 205-210
Note 3 Full year effect 70-75

* No longer in pension scheme
** Not Trust employee as at 31/3/21
General note: the figures in the tables are exclusive of the pay circular uplift as this has not been paid as at 31/3/21.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement, when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

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

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

Fair Pay Disclosures (This section has been subject to audit)
Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce, excluding agency staff and excluding the highest paid director. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The agency staff have not been taken into account in the median remuneration calculation. In 2019/20 and 2020/21 the highest paid Director was the Medical Director.

	2020/2021	**2019/2020**
Highest paid Director Total Remuneration (£'000)	170-175	190-195
Median Total Remuneration (£)*	26,970	26,220
Ratio of Highest paid Director to Median Remuneration	6.3	7.4

*NB. The 2019/20 Median salary figure has been restated for 2020/21 comparability.

The highest paid director's salary figure for 2019/20 includes a payment of arrears.

Remuneration ranged from £18,003 to £170,900 (2019/2020 £17,652 to £341,015).
The lowest salary relates to non-executive director salary.

Staff Report

Details of the Senior Trust staff as at 31 March 2021 are as follows. For the purposes of this note, senior staff is interpreted as including staff at Tier 3 and Band 8c in the Trust.

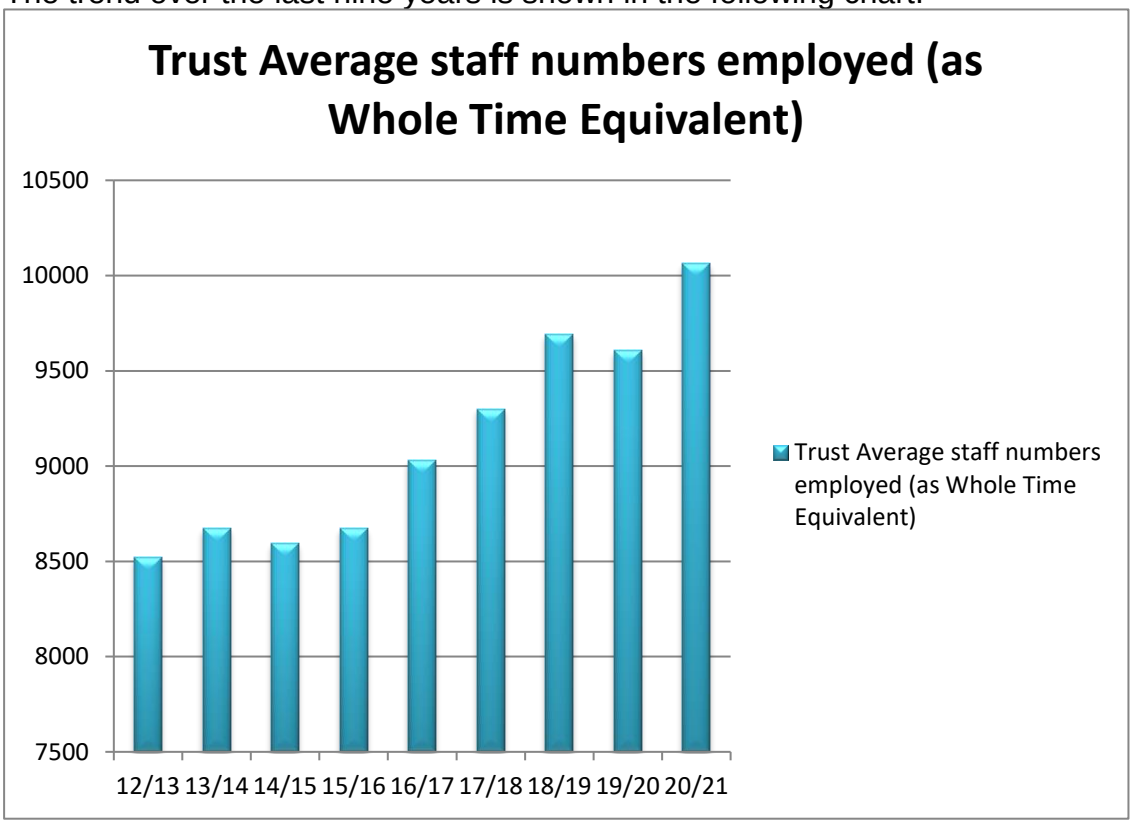
Level	Post	Grade	No.
Tier 1	Chief Executive	Senior Executive Pay scale	1
Tier 2	Director	Senior Executive Pay scale	10
Tier 2	Director	Consultant Contract	1
Tier 3	Senior Manager	Agenda for Change – Band 9	2
Tier 3	Senior Manager	Agenda for Change – Band 8c	39
Tier 3	Associate Director	Consultant Contract	2
Total			**55**

The gender split of Senior Trust staff was 35 females and 20 males.

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

	2021 Permanently Employed Staff No.	2021 Others No.	2021 Total No.	2020 Total No.
Medical and dental	550	97	647	585
Nursing and midwifery	3,757	193	3,950	3,546
Ancillaries	910	84	994	866
Administrative and clerical	1,651	39	1,690	1,564
Works	148	0	148	141
Other professional and technical	1,390	23	1,413	1,326
Social Services	1,685	49	1,734	1,613
Other	0	0	0	0
Total average number of persons employed	**10,091**	**485**	**10,576**	**9,641**
Less average staff number relating to capitalised staff costs	(25)	0	(25)	(26)
Less average staff number in respect of outward secondments	(3)	0	(3)	(7)
Total net average number of persons employed	**10,063**	**485**	**10,548**	**9,607**

Staff numbers relate to Western Health and Social Care Trust only. There are no staff employed by the Western Trust Charitable Trust Funds: however, there is 1.0 wte staff in the Trust funded from Western Trust Charitable Trust Funds.
The trend over the last nine years is shown in the following chart.



Staff costs incurred by the Trust during 2020/21 comprise the following:
(The section below has been subject to audit)

	2021			2020
	Permanently Employed Staff £000s	Others £000s	Total £000s	Total £000s
Wage and salaries	401,240	44,320	445,560	392,062
Social security costs	36,133	0	36,133	33,723
Other pension costs	70,029	0	70,029	64,207
Sub Total	507,402	44,320	551,722	489,992
Capitalised staff costs	(1,088)		(1,088)	(1,043)
Total staff costs reported in Statement of Comprehensive Net Expenditure	506,314	44,320	550,634	488,949
Less recoveries in respect of outward secondments			(249)	(519)
Total net costs			**550,385**	**488,430**

Total Net costs of which:	2021 £000s	2020 £000s
Western HSC Trust	550,634	488,949
Total	**550,634**	**488,949**

Staff costs exclude £1,088k charged to capital projects during the year (2020: £1,043k).

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme, both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the Department of Health. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. A valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) is used in 2020/21 accounts.

The 2016 Scheme Valuation requires adjustment as a result of the 'McCloud remedy'. The Department of Finance have also commissioned a consultation in relation to the Cost Cap Valuation which will close on 25 June 2021. By taking into account the increased value of public service pensions, as a result of the 'McCloud remedy', scheme cost control valuation outcomes will show greater costs than otherwise would have been expected. On completion of the consultation the 2016 Valuation will be completed and the final cost cap results will be determined.

The Trust made no off payroll payments to staff during 2020/21.

The Trust incurred no expenditure during the year on consultancy costs.

The gender split of the Trust's workforce is currently 80% female, 20% male.

The cumulative rate of absence for all Trust staff during 2020/2021 was 6.93%.

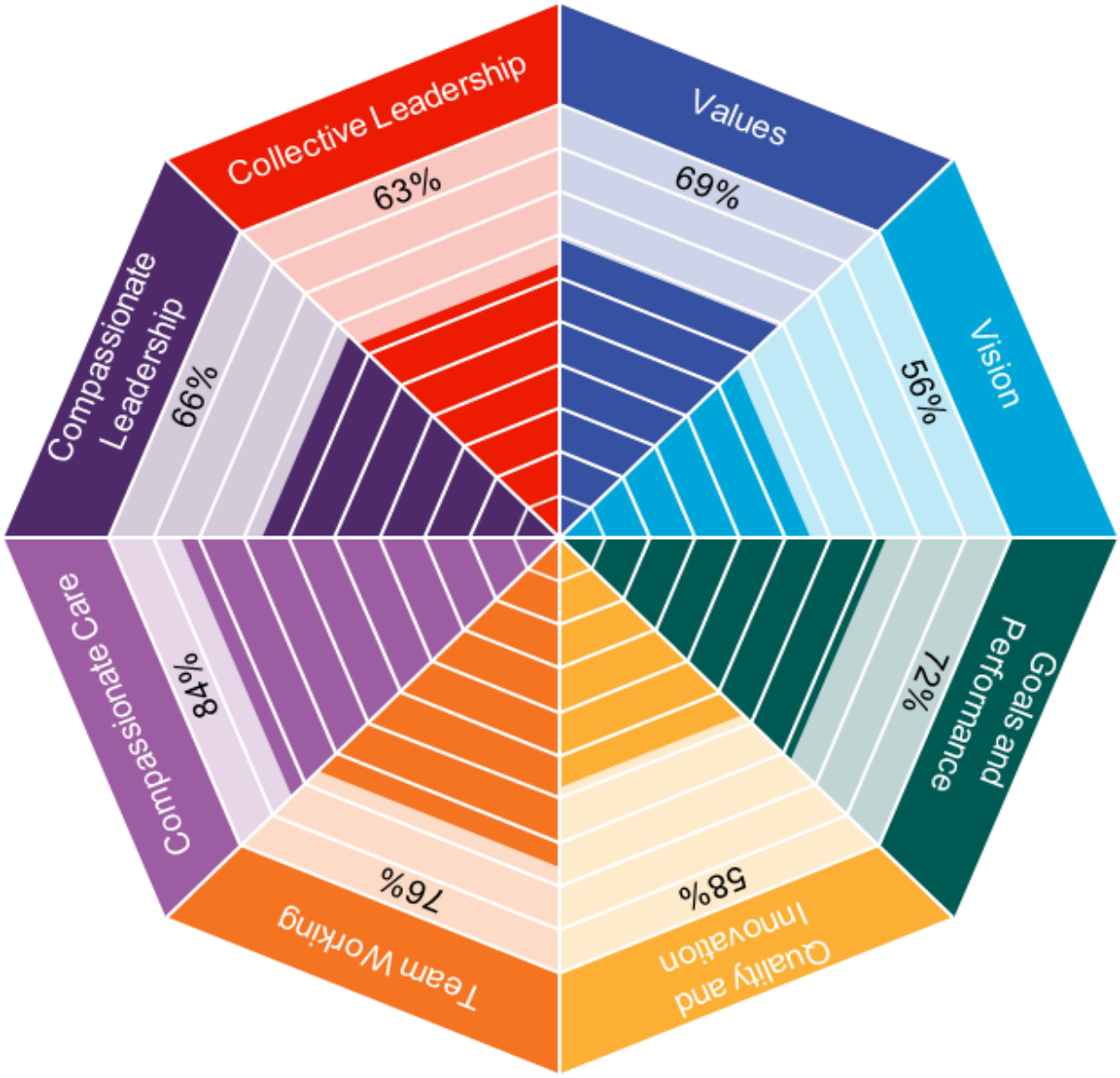
The Trust does not have any staff benefit schemes.

Staff Engagement

Staff of the Western Health and Social Care Trust were asked to take part in a Culture Assessment Tool and the results of this were made available in November 2020.

12,596 people within the organisation were invited to take part in the survey.
Reminders were sent to enable the best possible response rate.
1,651 people completed the questionnaire. This represented 13.1**%** of those invited to participate.

The following chart shows the mean scores across the organisation for each of the dimensions of culture measured by the Culture Assessment Tool, as a percentage, where a mean score of 5 is equivalent to 100%.



The following table shows the mean scores across the organisation for all of the dimensions of culture measured by the Culture Assessment Tool.

	1	2	3	4	5	Mean score
Values						3.76
Vision						3.23
Goals and Performance						3.89
Quality and Innovation						3.30
Team Working						4.03
Compassionate Care						4.37
Compassionate Leadership						3.64
Collective Leadership						3.53

Staff Turnover

For a given period, the turnover figure is calculated as the number of leavers within that period divided by the average of staff in post over the period.

The Staff Turnover figure for the Western Health and Social Care Trust was:

2019/20 – 9.54%
2020/21 – 11.63%

Trust Management Costs	**2021 £000s**	**2020 £000s**
Trust Management Costs	26,556	23,596
Income:		
Revenue Resource Limit	910,038	799,685
Income per Note 4	40,058	40,357
Non cash RRL for movement in clinical negligence provision	(49,900)	(9,577)
Less interest receivable	0	0
Total Income	**900,196**	**830,465**
% of total income	**3.0%**	**2.8%**

The above information is based on the Audit Commission's definition of "M2" Trust management costs, as detailed in circular HSS (THR) 2/99**.**

Reporting of early retirement and other compensation scheme – exit packages audited

The Trust had no exit packages in either 2020/21 or 2019/20.

Redundancy and other departure costs, in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972, were not paid in either 2020/21 or 2019/20. Exit costs, when required, are accounted for in full in the year in which the exit package is approved and agreed and would be included as operating expenses at note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC Pension Scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Retirements Due To Ill-Health

During 2020/2021, there were 28 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £42k. These costs are borne by the HSC Pension Scheme.

ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Regularity of Expenditure

As part of her responsibilities as the Trust's Accounting Officer, the Chief Executive is accountable for the regularity of the public finances for which she is answerable. The Chief Executive discharges this accountability by having in place a robust financial governance framework that is tested regularly and on which annual independent assurances are obtained.

The key elements of this financial governance framework are as follows:

- Standing orders that set out the governance structures in the Trust and rules on their operation;
- Standing financial instructions that set out the financial rules that all managers, staff, agents and representatives must follow in the conduct of their work for the Trust;
- A scheme of delegation that specifies the levels of financial authority that have been delegated to the Trust by the DoH;
- A schedule of delegated authority that clarifies how the Chief Executive's authority is delegated to managers within the Trust, and the levels of that delegation;
- A range of other financial governance policy documents covering areas such as fraud, bribery, procurement, gifts and hospitality;
- A suite of financial procedures that provide detailed guidance on the application of standing financial instructions;
- A professionally qualified and suitably experienced finance function to provide support and challenge to the Trust;
- The existence of an audit committee as a formal sub-committee of the Board with defined terms of reference; and
- An internal audit function that carries out an ongoing assessment of the effectiveness of the financial and corporate governance framework and provides an annual independent assurance on this to the Chief Executive.

Liquidity and Cash Flow

WHSCT, in common with other HSC Trusts, draws down cash directly from the Department of Health (DoH) to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and none of the public fund bank accounts earn interest. Any interest that would be earned is repaid to the DoH. The Trust's cash position during the year is summarised in the Statement of Cash Flows in the Accounts at Section 3 of this document.

Long term expenditure plans

Private Financing Initiatives (PFI)

The Trust has two existing PFI contracts in place. One was entered into to provide the financing for a new Laboratory and Pharmacy building at Altnagelvin Hospital and the second was for the construction of the South West Acute Hospital in Enniskillen. The

charges to the Trust under both contracts depend on movements in the Retail Prices Index for interest rate changes.

The overall PFI liability excluding interest and service costs, for the two contracts as at 31 March 2021 was £114m. Further details of the PFI for arrangements can be found in Note 18 to the Accounts in Section 3 of this document. The current net book value of the two relevant assets was £250m as at 31 March 2021.

Provisions greater than 1 year

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. At 31 March 2021, the Trust had £67m of non-current provisions.

Losses and Special Payments

	2020-21	2019-20
Total number of losses	288	218
Total value of losses (£000)	543	615

Individual losses over £250,000	2020-21 £000	2019-20 £000
Cash losses		
Claims abandoned		
Administrative write-offs		
Fruitless payments		
Stores losses		

Special payments

	2020-21	2019-20
Total number of special payments	70	98
Total value of special payments (£000)	1,579	2,546

Special Payments over £250,000	2020-21 £000	2019-20 £000
Compensation payments		
- Clinical Negligence	800	1,217
- Public Liability		
- Employers Liability		
- Other		315
Ex-gratia payments		
Extra contractual		
Special severance payments		
Total special payments	800	1,532

Note

One clinical negligence settlement for £800,000 in relation to laparoscopic treatment for endometriosis

Fees and charges (Audited)

The Western Health and Social Care Trust does not have material income generated from fees and charges.

Remote Contingent Liabilities

(The section below has been subject to audit)

All contingent liabilities which the Trust is aware of are stated in Note 19 to the Accounts at Section 3 of this document.

Notation of gifts

No notation of gifts over the limits prescribed in Managing Public Money Northern Ireland were made.

Going Concern

The consolidated financial statements of the Trust as at 31st March 2021 have been prepared on a going concern basis. Please also see details of the Financial Recovery Programme outlined in the Directors' report on page 84.

Complaints

The Trust welcomes and actively encourages compliments and complaints about our services. On occasion individuals, or families, may feel dissatisfied with some aspect of their dealings with the Trust and, when this happens, it is important that the issue is dealt with as quickly as possible. We recognise that everyone has a right to make a complaint and we can learn valuable lessons from them – a complaint may well improve things for others.

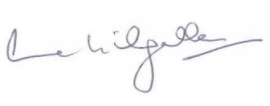
Complaints provide us with lessons to help us learn how to improve our services. Whilst we aim to give the best service to all our patients and service users, we wish to know when things do not go well so that we can take the appropriate remedial action to prevent it happening again.

During the 2020/21 year a total of 417 (includes 7 Children Order Complaints) formal complaints were received by the Trust. This compares with 497 complaints during the previous financial year.

The Trust's Complaints Department also collates information relating to compliments received by Trust staff. During the 2020/21 year a total of 2,768 compliments were received.

The Trust is currently in the process of updating the Complaints Policy and it is anticipated it will go to Trust Board in June 2021 for formal endorsement. One of the changes included in the revised policy includes a template to capture learning from complaints. This must be completed by the Investigating Officer in conjunction with the relevant manager for all complaints where learning has been identified.

Complaints staff are currently in the process of developing an on line complaints awareness training package for staff which will be rolled out following the formal endorsement of the revised Complaints Policy.



10 June 2021

Dr Anne Kilgallen
Chief Executive & Accounting Officer

Date

WESTERN HEALTH AND SOCIAL CARE TRUST – PUBLIC FUNDS

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Western Health and Social Care Trust for the year ended 31 March 2021 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them.

The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards as adopted by the European Union and interpreted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of Western Health and Social Care Trust's affairs as at 31 March 2021 and of the group's and the Western Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Emphasis of Matter

I draw attention to Note 5.1 of the financial statements, which describes the material valuation uncertainties for Land and Buildings due to the consequences of the COVID-19 pandemic. My opinion is not modified in respect of the matter.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of Western Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2019, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Western Health and Social Care Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Western Health and Social Care Trust is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Trust and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate and report. The Trust and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and

- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Western Health and Social Care Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Trust and the Accounting Officer are responsible for the preparation of the financial statements and for

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free form material misstatement, whether due to fraud of error;
- assessing the Western Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Western Health and Social Care Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in

the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

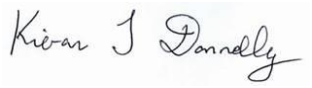
- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on the Western Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report

A report on the valuation of land and buildings is not considered necessary as the circumstances are beyond the control of management.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
Belfast
BT8 6RB

2 July 2021

ANNUAL ACCOUNTS

Western Health and Social Care Trust
Annual Accounts for the Year Ended 31 March 2021

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 151 to 205) which I am required to prepare on behalf of the Western HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Western HSC Trust and with the accounting standards and policies for HSC bodies approved by the Department of Health.

Director of Finance

10 June 2021

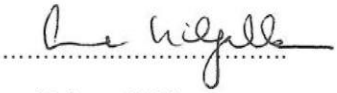
Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 151 to 205) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

Chairman

10 June 2021

Date



Chief Executive

10 June 2021

Date

WESTERN HEALTH AND SOCIAL CARE TRUST
CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2021

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

		2021 £000s				2020 £000s			
	Note	Trust	CTF	Consolidated Adjustments	Consolidated	Trust	CTF	Consolidated Adjustments	Consolidated
Income									
Revenue from contracts with customers	4.1	31,039	0	0	31,039	31,277	0	0	31,277
Other operating income	4.2	9,019	3,613	(40)	12,592	9,080	572	(39)	9,613
Deferred income	4.3	0	0	0	0	0	0	0	0
Total operating Income		40,058	3,613	(40)	43,631	40,357	572	(39)	40,890
Expenditure									
Staff costs	3	(550,634)	0	0	(550,634)	(488,949)	0	0	(488,949)
Purchase of goods and services	3	(197,006)	0	0	(197,006)	(187,083)	0	0	(187,083)
Depreciation, amortisation and impairment charges	3	(41,425)	0	0	(41,425)	(85,626)	0	0	(85,626)
Provision expense	3	(50,858)	0	0	(50,858)	(11,973)	0	0	(11,973)
Other expenditures	3	(104,767)	(581)	40	(105,308)	(70,509)	(781)	39	(71,251)
Total operating expenditure		(944,690)	(581)	40	**(945,231)**	(844,140)	(781)	39	**(844,882)**
Net operating Expenditure		**(904,632)**	**3,032**	**0**	**(901,600)**	**(803,783)**	**(209)**	**0**	**(803,992)**
Finance income	4.2	0	88	0	88	0	96	0	96
Finance expense	3	(17,711)	0	0	(17,711)	(17,549)	0	0	(17,549)
Net expenditure for the year		**(922,343)**	**3,120**	**0**	**(919,223)**	**(821,332)**	**(113)**	**0**	**(821,445)**
Revenue Resource Limit (RRL)	23.1	910,038			910,038	799,685			799,685
Add back charitable trust fund net expenditure			(3,120)		(3,120)		113		113
Surplus / (Deficit) against RRL		**(12,305)**	**0**	**0**	**(12,305)**	**(21,647)**	**0**	**0**	**(21,647)**

		2021 £000s				2020 £000s			
	Note	Trust	CTF	Consolidated adjustments	Consolidated	Trust	CTF	Consolidated adjustments	Consolidated
Items that will not be reclassified to net operating costs:									
Net gain/(loss) on revaluation of property, plant and equipment	5.1/8/5.2/8	652			652	73,532			73,532
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	0			0	0			0
Net gain/(loss) on revaluation of charitable assets			447		447		(140)		(140)
Items that may be reclassified to net operating costs:					0		0		0
Net gain/(loss) on revaluation of investments					0				0
Total comprehensive expenditure for the year ended 31 March 2021		**(921,691)**	**3,567**	**0**	**(918,124)**	**(747,800)**	**(253)**	**0**	**(748,053)**

The notes on pages 157 to 205 form part of these accounts. All donated funds have been used by Western Health and Social Care Trust as intended by the benefactor. It is for the Endowments and Gifts Committee within Trusts to manage the internal disbursements. The Committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, departmental guidance and legislation. All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

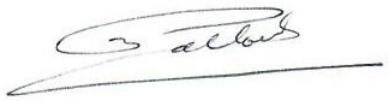
WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2021

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

	Note	2021 Trust £000s	2021 Consolidated £000s	2020 Trust £000s	2020 Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	756,982	756,982	761,010	761,010
Intangible assets	6.1/6.2	9,393	9,393	2,065	2,065
Financial Assets	7	0	2,825	0	2,378
Total Non Current Assets		766,375	769,200	763,075	765,453
Current Assets					
Assets classified as held for sale	10	0	0	1,499	1,499
Inventories	11	8,017	8,017	6,528	6,528
Trade and other receivables	13	23,918	26,931	17,944	17,960
Other current assets	13	176	176	3,316	3,316
Cash and cash equivalents	12	3,485	3,998	2,322	2,750
Total Current Assets		35,596	39,122	31,609	32,053
Total Assets		801,971	808,322	794,684	797,506
Current Liabilities					
Trade and other payables	14	(156,136)	(156,144)	(109,116)	(109,162)
Other liabilities	14	(4,264)	(4,264)	(3,900)	(3,900)
Provisions	15	(12,960)	(12,960)	(18,462)	(18,462)
Total Current Liabilities		(173,360)	(173,368)	(131,478)	(131,524)
Total Assets less Current Liabilities		628,611	634,954	663,206	665,982
Non Current Liabilities					
Provisions	15	(66,842)	(66,842)	(19,046)	(19,046)
Other payables > 1 year	14	(109,934)	(109,934)	(114,198)	(114,198)
Total Non Current Liabilities		(176,776)	(176,776)	(133,244)	(133,244)
Total assets less total liabilities		**451,835**	**458,178**	**529,962**	**532,738**
Taxpayers' equity and other reserves					
Revaluation Reserve		191,419	191,419	191,338	191,338
SoCNE Reserve		260,416	260,416	338,624	338,624
Other Reserves - Charitable Funds		0	6,343	0	2,776
Total equity		**451,835**	**458,178**	**529,962**	**532,738**

The notes on pages 157 to 205 form part of these accounts. The financial statements on pages 151 to 205 were approved by the Board on and were signed on its behalf by:



Signed (Chairman): Date: 10 June 2021

Signed (Chief Executive): Date: 10 June 2021

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2021

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Trust during the reporting period. The statement shows how the Trust generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the Trust. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Trust's future public service delivery.

	Note	2021 £000s	2020 £000s
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(919,223)	(821,445)
Adjustments for non cash costs		92,125	97,350
(Increase)/decrease in trade and other receivables		(5,831)	(147)
(Increase)/decrease in inventories		(1,491)	(413)
Increase/(decrease) in trade payables		46,981	20,094
Less movements in payables relating to items not passing through the NEA:			
Movements in payables relating to the purchase of property, plant and equipment		(9,229)	476
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other services concession arrangement contracts		(436)	(401)
Use of provisions	15	(8,564)	(4,622)
Net cash inflow / (outflow) from operating activities		(805,668)	(709,108)
Cash flows from investing activities			
(Purchase of property, plant and equipment)	5	(26,724)	(32,075)
(Purchase of intangible assets)	6	(8,021)	(131)
Proceeds on disposal of property, plant and equipment		2,060	94
Net cash outflow from investing activities		(32,685)	(32,112)
Cash flows from financing activities			
Grant in aid		843,500	745,000
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(3,899)	(3,662)
Net financing		839,601	741,338
Net increase / (decrease) in cash and cash equivalents in the period		**1,248**	**118**
Cash and cash equivalents at the beginning of the period	12	2,750	2,632
Cash and cash equivalents at the end of the period	12	3,998	2,750

The notes on pages 157 to 205 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

FOR THE YEAR ENDED 31 MARCH 2021

This statement shows the movement in the year on the different reserves held by Western Health and Social Care Trust, analysed into the SoCNE Reserve (i.e. that reserve that reflects a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of the Western Health and Social Care Trust, to the extent that the total is not represented by other reserves and financing items.

For the year ended 31 March 2021

	Note	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2019		**414,701**	**117,999**	**3,029**	**535,729**
Changes in Taxpayers' Equity 2019-20					
Grant from DoH		745,000	0	0	745,000
Other reserves movements including transfers		15	0	0	15
(Comprehensive expenditure for the year)		(821,332)	73,532	(253)	(748,053)
Transfer of asset ownership		193	(193)	0	0
Non cash charges - auditors remuneration	3	47	0	0	47
Balance at 31 March 2020		**338,624**	**191,338**	**2,776**	**532,738**
Changes in Taxpayers' Equity 2020-21					
Grant from DoH		843,500	0	0	843,500
Other reserves movements including transfers		0	0	0	0
(Comprehensive expenditure for the year)		(922,343)	652	3,567	(918,124)
Transfer of asset ownership		571	(571)	0	0
Non cash charges - auditors' remuneration	3	64	0	0	64
Balance at 31 March 2021		**260,416**	**191,419**	**6,343**	**458,178**

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These financial statements have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling and rounded in thousands.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under Construction.

Recognition

Property, plant and equipment *must* be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; *and*
- the item has a cost of at least £5,000; *or*
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings
Land and buildings are carried at the last professional valuation, in accordance with the Royal Institution of Chartered Surveyors Global Standards & UK National Supplement in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2020 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS**.**

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; *and*
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

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

Assets Under Construction (AUC)
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

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

Where estimated life of fixtures and equipment exceeds five years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve
An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation
No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of "non-current assets held for sale" are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any

residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits, the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Trust's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets include any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Internally generated assets are recognised if, and only if, all of the following have been demonstrated:

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

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.
Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists, depreciated replacement cost has been used as fair value.

1.8 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

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

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

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of

Comprehensive Net Expenditure and is recognised when the right to receive payment is established. Income is stated net of VAT.

Grant in aid
Funding received from other entities, including the Department of Health and the Health and Social Care Board, are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments
The Western HSC Trust does not have any investments. The Western HSC Charitable Trust Funds Investments are stated at market value as at the balance sheet date and have been consolidated. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

1.12 Research and Development expenditure and the impact of implementation of ESA 2010
Research and development expenditure is expensed in the year it is incurred in accordance with IAS 38.

Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, additional disclosures are included in the notes to the accounts.

1.13 Other expenses
Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

<u>The Trust as lessee</u>
Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Private Finance Initiative (PFI) transactions

The Department of Finance has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;
b) Payment for the PFI asset, including replacement of components; *and*
c) Payment for finance (interest costs).

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI Asset

The PFI asset is recognised as property, plant and equipment, when it comes into use. The asset is measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the asset is measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI asset and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement
Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator
Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.17 Financial instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.
The Trust has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

- Financial assets

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

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the Trust's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial risk management

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

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

1.18 Provisions

In accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows, as at 31 March 2021, using DoF-issued discount rates of:

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	(0.02)%
	Medium term (5 – 10 years)	0.18%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	1.2%
	Year 2	1.6%
	Into perpetuity	2.0%

Note that PES issued a combined nominal and inflation rate table to incorporate the two elements – please refer to this table as necessary, as included within issuing email of circular HSC(F) 40-2020. The Department of Justice issues the discount rate to be used when calculating any future loss elements included within personal injury claims. This rate is 2.5% as at 31 March 2021 but is set to change as outlined in note 20.

The discount rate to be applied for employee early departure obligations is -0.95% for 2020/2021.

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the effect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37, are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.20 Employee benefits

Short-term employee benefits
Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave as at the year end. This cost has been calculated using average staff numbers and costs applied to the average untaken leave balance. This has been determined using data from the Trust e-roster system and the results of a survey for administrative and clerical staff. In addition figures for staff on long term absence have been calculated on the basis of their length of absence at 31 March 2021. As a result of the Covid-19 pandemic, significant numbers of staff were unable to avail of all their annual leave.

Retirement benefit costs
Past and present employees are covered by the provisions of the HSC Pension Scheme.
The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2020-21 accounts are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2020-21 accounts. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020-21 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve
Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve
The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

1.22 Value Added Tax
Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.23 Third party assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

1.24 Government Grants
The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.25 Losses and Special Payments
Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

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

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

All funds have been used by Health and Social Care Trust as intended by the benefactor. It is for the Gifts and Endowments/Charitable Trust Fund Committee within Trusts to manage the internal disbursements. The committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

1.27 Accounting standards that have been issued but have not yet been adopted
Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

The International Accounting Standards Board have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

IFRS10 *Consolidated Financial Statements,* IFRS 11 *Joint Arrangements*, IFRS 12 *Disclosure of interests in Other Entities:*

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury.

A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

IFRS 16 *Leases:*

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2022.

IFRS 17 *Insurance Contracts:*

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

1.28 Going Concern

The consolidated financial statements of the Trust as at 31st March 2021 have been prepared on a going concern basis. Please also see details of the Financial Recovery Programme outlined in the Directors' report on page 85.

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non-Executive Directors, Chairman and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts.

Directorate	2021 Staff Costs £000s	2021 Other Expenditure £000s	2021 Total Expenditure £000s	2020 Staff Costs £000s	2020 Other Expenditure £000s	2020 Total Expenditure £000s
Women & Children's Services	91,831	28,383	120,214	84,133	31,445	115,578
Acute Services	223,950	80,827	304,777	193,480	52,431	245,911
Primary Care & Older People's Services	105,079	104,788	209,867	97,638	92,299	189,937
Adult Mental Health and Disability Services	64,143	52,205	116,348	57,907	48,814	106,721
Performance & Service Improvement	45,517	22,183	67,700	38,395	19,648	58,043
Other Trust Directorates	20,114	31,051	51,165	17,396	30,509	47,905
Expenditure for Reportable Segments net of Non Cash Expenditure	**550,634**	**319,437**	**870,071**	**488,949**	**275,146**	**764,095**
Non Cash Expenditure			**92,330**			**97,594**
Total Expenditure per Net Expenditure Account			**962,401**			**861,689**
Income (Note 5)			**(40,058)**			**(40,357)**
Net Expenditure			**922,343**			**821,332**
Revenue Resource Limit			**910,038**			**799,685**
Surplus / (Deficit) against RRL			**(12,305)**			**(21,647)**

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non-Executive Directors, Chair and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts.

Information that the Chief Operating Decision Maker uses for decision making includes monthly Management Information that would be reported using the Directorate structure referred to above.

Acute Directorate
- Cancer and Diagnostics (includes Laboratory & Radiology Services)
- Surgery and Elective Care
- Medicines and Unscheduled Care
- Pharmacy

These services are delivered at the Acute Hospital Sites at Altnagelvin Area Hospital, South West Acute Hospital and Omagh Hospital & Primary Care Complex.

Directorate of Adult Mental Health & Disability Services
- Provides a range of hospital and community services for Adult Mental Health, Learning Disability & Physical Disability clients including social services, community nursing, home treatment, crisis response, and specialist teams.

Directorate of Primary Care and Older People's Services
- Domiciliary care, residential and nursing care and dementia support
- District nursing, social services and allied health professionals supporting the elderly population
- Specialist services such as, continence and GP out of hours and minor injuries units and all aspects of supporting people in the community
- Partnership working with Voluntary and community organisations

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

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

Directorate of Performance and Service Improvement

- Estate Services
- Support Services
- Emergency Planning
- Health Improvement, Equality and Involvement
- SWAH PFI contract monitoring
- Transformation
- Corporate Communications

Other Trust Directorates

- Office of the Chief Executive
- Finance, Contracting & ICT Directorate
- Human Resource Directorate, (including Occupational Health)
- Medical Directorate (Governance Patient/Client Safety, Research & Development, Medical & Dental Education and Infection Prevention & Control)

WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL ACCOUNTS 31 MARCH 2021
NOTE 3 OPERATING EXPENSES

	Trust £000s	2021 CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	2020 CTF £000s	Consolidation adjustments £000s	Consolidated £000s
3.1 Operating Expenses are as follows:-								
Staff costs:								
Wages and salaries ^	444,472			444,472	391,019			391,019
Social security costs	36,133			36,133	33,723			33,723
Other pension costs	70,029			70,029	64,207			64,207
Purchase of care from non-HPSS bodies *	146,914			146,914	115,779			115,779
Revenue grants to voluntary organisations	1,041			1,041	1,254			1,254
Personal social services *	16,874			16,874	29,900			29,900
Recharges from other HSC organisations	2,352			2,352	2,399			2,399
Supplies and services – Clinical	56,489			56,489	55,902			55,902
Supplies and services – General	29,411			29,411	7,033			7,033
Establishment	6,469			6,469	8,391			8,391
Transport	2,166			2,166	2,181			2,181
Premises	25,330			25,330	22,997			22,997
Bad debts	762			762	965			965
Interest charges	12,949			12,949	12,922			12,922
PFI and other service concession arrangements service charges	4,762			4,762	4,627			4,627
BSO services	6,780			6,780	5,970			5,970
Training	2,039			2,039	1,583			1,583
Patients travelling expenses	204			204	736			736
Other Charitable Expenditure	0	581	(40)	541	0	781	(39)	742
Miscellaneous expenditure	4,895			4,895	2,507			2,507
Non-cash items								
Depreciation	27,615			27,615	26,208			26,208
Depreciation - On Balance sheet PFI (funded by notional non cash RRL)	5,603			5,603	4,780			4,780
Amortisation	699			699	1,101			1,101
Impairments	7,508			7,508	53,537			53,537
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(34)			(34)	(53)			(53)
Loss on disposal of property, plant & equipment (including land)	15			15	1			1
Increase/Decrease in provisions (provision provided for in year less any release)	49,702			49,702	12,403			12,403
Cost of borrowing of provisions (unwinding of discount on provisions)	1,156			1,156	(430)			(430)
Auditor's remuneration	66	7		73	47	5		52
Add back of notional charitable expenditure	0	(7)		(7)	0	(5)		(5)
Total	**962,401**	**581**	**(40)**	**962,942**	**861,689**	**781**	**(39)**	**862,431**

^Further detailed analysis of staff costs is located in the Remuneration and Staff Report on pages 132-141 within the Accountability Report.
* Includes reclassification of domiciliary care expenditure in 2020/21 and 2019/20.

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 4 INCOME

4.1 Revenue from Contracts with Customers

	2021				2020			
	Trust £000s	CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidation adjustments £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	4,574			4,574	3,944			3,944
HSC Trusts	407			407	390			390
Non-HSC-Private Patients	291			291	572			572
Road Traffic Accident income	1,289			1,289	1,477			1,477
Clients contributions	20,899			20,899	20,381			20,381
Seconded staff	249			249	525			525
Other income from non-patient services	3,330			3,330	3,988			3,988
Total	**31,039**	0	**0**	**31,039**	**31,277**	**0**	**0**	**31,277**

4.2 Other Operating Income

	Trust £000s	CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidation adjustments £000s	Consolidated £000s
Other income from non-patient services	5,484		(40)	5,444	7,510		(39)	7,471
Supporting people	1,425			1,425	1,326			1,326
Charitable and other contributions to expenditure by core trust	1,905			1,905	0			0
Donation / Government grant / Lottery funding for non-current assets	205			205	244			244
Charitable Income received by Charitable Trust Fund	0	3,613		3,613	0	572		572
Investment Income	0	88		88	0	96		96
Research and development	0			0	0			0
Profit on disposal of land	0			0	0			0
Interest receivable	0			0	0			0
Total	**9,019**	**3,701**	**(40)**	**12,680**	**9,080**	**668**	**(39)**	**9,709**
Total Income	**40,058**	**3,701**	**(40)**	**43,719**	**40,357**	**668**	**(39)**	**40,986**

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NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2021

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2020	47,512	633,727	18,735	19,020	100,786	9,472	52,997	14,833	897,082
Indexation	0			0	286		0	506	792
Additions		10,224	1,030	5,501	10,196	712	7,569	1,136	36,368
Donations / Government grant / Lottery funding					175		2	22	199
Reclassifications	0	0	0	0	0				0
Transfers	0	22,230	0	(22,230)	0				0
Revaluation	0	0	0	0	0				0
Impairment charged to the SoCNE	0	(7,680)	0	0	0				(7,680)
Impairment charged to the revaluation reserve	0	0	0	0	0				0
Reversal of impairments (indexation)	0	0	0	0	0				0
Disposals	(1)	0	0	0	(1,960)	(818)	(28)		(2,807)
At 31 March 2021	**47,511**	**658,501**	**19,765**	**2,291**	**109,483**	**9,366**	**60,540**	**16,497**	**923,954**
Depreciation									
At 1 April 2020	0	3,345	114	0	81,456	6,179	39,216	5,762	136,072
Indexation				0	243			225	468
Reclassifications									0
Transfers									0
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Reversal of impairments (indexation)									0
Disposals	0	0	0	0	(1,960)	(798)	(28)		(2,786)
Provided during the year		19,551	740		6,967	773	3,977	1,210	33,218
At 31 March 2021	**0**	**22,896**	**854**	**0**	**86,706**	**6,154**	**43,165**	**7,197**	**166,972**
Carrying Amount									
At 31 March 2021	**47,511**	**635,605**	**18,911**	**2,291**	**22,777**	**3,212**	**17,375**	**9,300**	**756,982**
At 31 March 2020	**47,512**	**630,382**	**18,621**	**19,020**	**19,330**	**3,293**	**13,781**	**9,071**	**761,010**
Asset financing									
Owned	47,511	384,938	18,911	2,291	22,777	3,212	17,375	9,300	506,315
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (So FP) PFI and other service concession arrangements contracts	0	250,667	0	0	0	0	0	0	250,667
Carrying Amount									
At 31 March 2021	**47,511**	**635,605**	**18,911**	**2,291**	**22,777**	**3,212**	**17,375**	**9,300**	**756,982**

Of which:	£000,000
Trust	757
Charitable Trust Fund	0

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under PFI agreements is £5,603k (2020: £4,780k).

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

	2021 £000	2020 £000
Donations	199	181
Government grant	0	63
Lottery funding	0	0
Total	**199**	**244**

RICS, IFRS, IVS & HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS. The last asset revaluation was carried out on 31 January 2020. LPS have confirmed that, provided the relevant Indexation Categories supplied for the Effective Period 1 April 2020 to 31 March 2021 have been appropriately applied to the corresponding relevant asset classifications, as at 31 March 2021, then the restated 31 January 2020 land and building valuation figures remain appropriate at 31 March 2021.

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of subjectivity in terms of informing opinions of value. For the avoidance of doubt, this does not mean that figures cannot be relied upon, rather, the declaration of material uncertainty ensures transparency and provides further insight as to the market context under which valuation opinion has been prepared. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore, the need for further future valuations will remain under consideration, subject to resources.

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NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2020

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2019	47,145	669,308	19,359	36,136	101,633	9,269	49,805	12,852	945,507
Indexation	0	0		0	1,625	115	0	24	1,764
Additions	0	9,645	1,022	10,974	4,195	898	3,351	1,978	32,063
Donations / Government grant / Lottery funding	0	0			154	0	4	23	181
Reclassifications	200	27,895		(28,095)		0			0
Transfers	(561)	(3,506)	(91)	5	(108)	0	(67)	(44)	(4,372)
Revaluation	9,405	3,540	(2,212)			0			10,733
Impairment charged to the SoCNE	(8,560)	(51,356)	(281)			0			(60,197)
Impairment charged to the revaluation reserve	(1,753)	(25,394)	(511)			0			(27,658)
Reversal of impairments (indexation)	1,667	3,595	1,449			0			6,711
Disposals	(31)	0)			(6,713)	(810)	(96)		(7,650)
At 31 March 2020	**47,512**	**633,727**	**18,735**	**19,020**	**100,786**	**9,472**	**52,997**	**14,833**	**897,082**
Depreciation									
At 1 April 2019	0	76,691	2,910	0	80,139	6,110	35,355	4,694	205,899
Indexation					1,351	80		10	1,441
Transfers		(4,172)	(20)		(110)		(68)	(46)	(4,416)
Revaluation		(86,715)	(3,518)						(90,233)
Disposals		0	0		(6,712)	(799)	(96)		(7,607)
Provided during the year		17,541	742		6,536	788	4,025	1,104	30,988
At 31 March 2020	**0**	**3,345**	**114**	**0**	**81,456**	**6,179**	**39,216**	**5,762**	**136,072**
Carrying Amount									
At 31 March 2020	**47,512**	**630,382**	**18,621**	**19,020**	**19,330**	**3,293**	**13,781**	**9,071**	**761,010**
At 1 April 2019	**47,145**	**592,617**	**16,449**	**36,136**	**21,494**	**3,159**	**14,450**	**8,158**	**739,608**
Asset financing									
Owned	47,512	390,931	18,621	19,020	19,330	3,293	13,781	9,071	521,559
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	239,451	0	0	0	0	0	0	239,451
Carrying Amount									
At 31 March 2020	**47,512**	**630,382**	**18,621**	**19,020**	**19,330**	**3,293**	**13,781**	**9,071**	**761,010**
Asset financing									
Owned	47,145	354,144	16,449	36,136	21,494	3,159	14,450	8,158	501,135
Finance leased									0
On B/S (SoFP) PFI and other service concession arrangements contracts		238,473							238,473
Carrying Amount									
At 1 April 2019	**47,145**	**592,617**	**16,449**	**36,136**	**21,494**	**3,159**	**14,450**	**8,158**	**739,608**
Carrying amount comprises									
Western HSC Trust at 31 March 2020	47,512	630,382	18,621	19,020	19,330	3,293	13,781	9,071	761,010
Western HSC Trust charitable trust fund at 31 March 2020									
Total carrying amount 31 March 2020	**47,512**	**630,382**	**18,621**	**19,020**	**19,330**	**3,293**	**13,781**	**9,071**	**761,010**
Western HSC Trust at 31 March 2019	47,145	592,617	16,449	36,136	21,494	3,159	14,450	8,158	739,608
Western HSC Trust charitable trust fund at 31 March 2019									0
Total carrying amount 31 March 2019	**47,145**	**592,617**	**16,449**	**36,136**	**21,494**	**3,159**	**14,450**	**8,158**	**739.608**
Western HSC Trust at 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
Western HSC Trust charitable trust fund at 31 March 2018									0
Total carrying amount 31 March 2018	**46,150**	**583,801**	**16,547**	**27,588**	**22,110**	**2,386**	**14,577**	**6,011**	**719,140**

WESTERN HEALTH AND SOCIAL CARE TRUST
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NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2021

	Software Licences £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Licences, Trademarks & Artistic Originals £000s	Patents £000s	Goodwill £000s	Payments on Account & Assets under construction £000s	Total £000s
Cost or Valuation									
At 1 April 2020	6,918	1	0	150	0	0	0	0	7,069
Additions	8,021								8,021
Donations / Government grant / Lottery funding	6								6
Transfers									
Disposals									
At 31 March 2021	**14,945**	**1**	**0**	**150**	**0**	**0**	**0**	**0**	**15,096**
Amortisation									
As at 1 April 2020	4,853	1	0	150	0	0	0	0	5,004
Transfers									
Disposals									
Provided during the year	699			0	0	0	0	0	699
At 31 March 2021	**5,552**	**1**	**0**	**150**	**0**	**0**	**0**	**0**	**5,703**
Carrying Amount									
At 31 March 2021	**9,393**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**9,393**
At 31 March 2020	**2,065**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,065**
Asset financing									
Owned	9,393	0	0	0	0	0	0	0	9,393
Finance leased									0
On B/S (SoFP) PFI and other service concession arrangements contracts									0
Carrying Amount at 31 March 2021	**9,393**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**9,393**

Any fall in value through negative indexation or revaluation is shown as an impairment. The fair value of assets funded from the following sources during the year was:

	2021 £000	2020 £000
Donations	6	63
Government grant	0	0
Total	**6**	**63**

WESTERN HEALTH AND SOCIAL CARE TRUST
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NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2020

	Software Licence £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Licences, Trademarks & Artistic Originals £000s	Patents £000s	Goodwill £000s	Payments on Account & Assets under Construction £000s	Total £000s
Cost or Valuation									
At 1 April 2019	6,846	1	0	150	0	0	0	0	6,997
Indexation	0								0
Additions	68								68
Donations / Government grant / Lottery funding	63								63
Transfers	(33)								(33)
Disposals	(26)								(26)
At 31 March 2020	**6,918**	**1**	**0**	**150**	**0**	**0**	**0**	**0**	**7,069**
Amortisation									
At 1 April 2019	3,850	0	0	100	0	0	0	0	3,951
Transfers	(22)								(22)
Disposals	(26)								(26)
Provided during the year	1,051	1		50					1,101
At 31 March 2020	**4,853**	**1**	**0**	**150**	**0**	**0**	**0**	**0**	**5,004**
Carrying Amount									
At 31 March 2020	**2,065**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,065**
At 1 April 2019	**2,996**	**0**	**0**	**50**	**0**	**0**	**0**	**0**	**3,046**
Asset financing									
Owned	2,065	0	0	0	0	0	0	0	2,065
Carrying Amount									
At 31 March 2020	**2,065**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,065**
Asset financing									
Owned	2,996	0	0	50	0	0	0	0	3,046
Carrying Amount									
At 31 March 2019	**2,996**	**0**	**0**	**50**	**0**	**0**	**0**	**0**	**3,046**

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of Western Health and Social Care Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

	2021 Non-current assets £000s	2021 Assets £000s	2021 Liabilities £000s	2020 Non-current assets £000s	2020 Assets £000s	2020 Liabilities £000s
Balance at 1 April 2020	2,378	0	0	2,518	0	0
Revaluations	447	0	0	(140)	0	0
Balance at 31 March 2021	2,825	0	0	2,378	0	0
Trust Charitable Trust Fund	2,825	0	0	2,378	0	0
Total	**2,825**	**0**	**0**	**2,378**	**0**	**0**

Note 7.1
The market value of the investments as at 31 March 2021 is:

	Held in UK £000s	Held Outside UK £000s	2021 Total £000s	2020 Total £000s
Investment in a Common Deposit Fund or Investment Fund	2,825	0	2,825	2,378
Total market value of fixed asset investments	**2,825**	**0**	**2,825**	**2,378**

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 8 INVESTMENTS

Market value of investments as at 31 March 2021

	2021			2020
	Held in UK £000s	Held outside UK £000s	Total £000s	Total £000s
Investment properties				
Investments listed on Stock Exchange				
Investments in CIF				
Investment in a Common Deposit Fund or Investment Fund	2,825		2,825	2,378
Unlisted securities				
Cash held as part of the investment portfolio				
Investments in connected bodies				
Other investments				
Total market value of fixed asset investments	**2,825**	**0**	**2,825**	**2,378**

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 9 IMPAIRMENTS

2021	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	7,508	0	7,508
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	0	0	0
Total value of impairments for the period	**7,508**	**0**	**7,508**

2020	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	53,537	0	53,537
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	27,757	0	27,757
Total value of impairments for the period	**81,294**	**0**	**81,294**

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

	Land		Buildings		Other		Total	
	2021 £000s	2020 £000s	2021 £000s	2020 £000s	2021 £000s	2020 £000s	2021 £000s	2020 £000s
Opening balance at 1 April 2020	1,185	1,304	314	362	0	0	1,499	1,666
Revaluation	328	0	0	0	0	0	328	0
Transfers out	0	0	0	(17)	0	0	0	(17)
(Disposals)	(1,580)	0	(419)	0	0	0	(1,999)	0
Impairment reversal	67	(20)	105	(31)	0	0	172	(51)
Impairment to revaluation reserve	0	(99)	0	0	0	0	0	(99)
Closing Balance 31 March 2021	**0**	**1,185**	**0**	**314**	**0**	**0**	**0**	**1,499**

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 11 INVENTORIES

	2021		2020	
Classification	**Trust £000s**	**Consolidated £000s**	**Trust £000s**	**Consolidated £000s**
Pharmacy Supplies	4,187	4,187	4,654	4,654
Theatre Equipment	409	409	302	302
Building and Engineering Supplies	260	260	240	240
Fuel	230	230	218	218
Community Care Appliances	409	409	275	275
Laboratory Materials	552	552	409	409
X-Ray	71	71	91	91
Stock held for resale	8	8	8	8
Other*	1,891	1,891	331	331
Total	**8,017**	**8,017**	**6,528**	**6,528**

*This figure is inclusive of Covid related PPE stocks amounting to £1.62m for 2020/21.

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 12 CASH AND CASH EQUIVALENTS

	2021			2020		
	Core Trust £000s	CTF £000s	Consolidated £000s	Core Trust £000s	CTF £000s	Consolidated £000s
Balance at 1st April 2020/2019	2,322	428	2,750	2,053	579	2,632
Net change in cash and cash equivalents	1,163	85	1,248	269	(151)	118
Balance at 31st March 2021/2020	**3,485**	**513**	**3,998**	**2,322**	**428**	**2,750**
The following balances were held at 31st March were held at						
Commercial banks and cash in hand	3,485	513	3,998	2,322	428	2,750
Balance at 31st March 2021/2020	**3,485**	**513**	**3,998**	**2,322**	**428**	**2,750**

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER CURRENT ASSETS

	2021				2020			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
Amounts falling due within one year								
Trade receivables	7,144	0	0	7,144	7,234	0	0	7,234
VAT receivable	7,296	0	0	7,296	5,353	0	0	5,353
Other receivables - not relating to fixed assets	9,478	3,042	(29)	12,491	5,357	16	0	5,373
Trade and other receivables	**23,918**	**3,042**	**(29)**	**26,931**	**17,944**	**16**	**0**	**17,960**
Prepayments	176	0	0	176	3,316	0	0	3,316
Other current assets	**176**	**0**	**0**	**176**	**3,316**	**0**	**0**	**3,316**
Total trade and other receivables	23,918	3,042	(29)	26,931	17,944	16	0	17,960
Total other current assets	176	0	0	176	3,316	0	0	3,316
Total Intangible current assets	0	0	0	0	0	0	0	0
Total receivables and other current assets	**24,094**	**3,042**	**(29)**	**27,107**	**21,260**	**16**	**0**	**21,276**

The balances are net of a provision for bad debts of £4,219k (2020 £3,529k).

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER CURRENT LIABILITIES

Note 14.1 Trade payables and other current liabilities

	2021				2020			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
Amounts falling due within one year:								
Other taxation and social security	18,255			18,255	23,071			23,071
Trade capital payables – property, plant and equipment	16,636			16,636	7,065			7,065
Trade revenue payables	40,061	37	(29)	40,069	35,112	46		35,158
Payroll payables	62,984			62,984	32,570			32,570
Clinical negligence payables	7,165			7,165	874			874
Accruals	3,237			3,237	2,284			2,284
Accruals - relating to property, plant and equipment	7,798			7,798	8,140			8,140
Trade and other payables	**156,136**	**37**	**(29)**	**156,144**	**109,116**	**46**		**109,162**
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	4,264	0	0	4,264	3,900	0	0	3,900
Other current liabilities	**4,264**	**0**	**0**	**4,264**	**3,900**	**0**	**0**	**3,900**
Total payables falling due within one year	**160,400**	**37**	**(29)**	**160,408**	**113,016**	**46**	**0**	**113,062**
Amounts falling due after more than one year								
Imputed finance lease element of PFI contracts and other service concession arrangements	109,934	0		109,934	114,198	0		114,198
Total non current payables	**109,934**	**0**	**0**	**109,934**	**114,198**	**0**	**0**	**114,198**
Total trade payables and other current liabilities	**270,334**	**37**	**(29)**	**270,342**	**227,214**	**46**	**0**	**227,260**

14.2 Loans

The Trust did not have any loans payable at either 31 March 2021 or 31 March 2020.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2021

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2021

	Clinical negligence £000s	Other £000s	2021 £000s
Balance at 1 April 2020	24,338	13,170	37,508
Provided in year	49,304	1,177	50,481
(Provisions not required written back)	(572)	(207)	(779)
(Provisions utilised in the year)	(7,875)	(689)	(8,564)
Cost of borrowing (unwinding of discount)	1,168	(12)	1,156
At 31 March 2021	**66,363**	**13,439**	**79,802**

Provisions have been made for 6 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Early Retirement, Injury Benefit, Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated as appropriate level of provision based on professional legal advice. Clinical negligence figures include periodic payment orders where payments may be made on a yearly basis throughout the life of the claimant. In these circumstances professional advisors are engaged to estimate the life expectancy and provision required on an individual case by case basis.

Comprehensive Net Expenditure Account charges

	2021 £000s	2020 £000s
Arising during the year	50,481	13,140
Reversed unused	(779)	(737)
Cost of borrowing (unwinding of discount)	1,156	(430)
Total charge within operating costs	**50,858**	**11,973**

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2021 £000s
Not later than one year	11,598	1,362	12,960
Later than one year and not later than five years	50,427	1,584	52,011
Later than five years	4,338	10,493	14,831
At 31 March 2021	**66,363**	**13,439**	**79,802**

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2021

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2020

	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2019	18,534	11,623	30,157
Provided in year	10,620	2,520	13,140
(Provisions not required written back)	(630)	(107)	(737)
(Provisions utilised in the year)	(3,773)	(849)	(4,622)
Cost of borrowing (unwinding of discount)	(413)	(17)	(430)
At 31 March 2020	**24,338**	**13,170**	**37,508**

Provisions have been made for six types of potential liability: Clinical Negligence; Employer's and Occupier's Liability; Early Retirement; Injury Benefit; and Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims, and Employment Law, the Trust has estimated an appropriate level of provision based on professional legal advice.

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2020 £000s
Not later than one year	13,290	1,493	14,783
Later than one year and not later than five years	6,445	1,697	8,142
Later than five years	4,603	9,980	14,583
At 31 March 2020	**24,338**	**13,170**	**37,508**

NOTE 16 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements are:

	2021 £000s	2020 £000s
Property, plant & equipment	2,705	8,356
Total	**2,705**	**8,356**

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Finance Leases

The Western Health and Social Care Trust had no finance leases at 31 March 2021 or 31 March 2020.

17.2 Operating Leases

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

Obligations under operating leases comprise

Buildings	2021 £000s	2020 £000s
Not later than 1 year	508	1,069
Later than 1 year and not later than 5 years	84	503
Later than 5 years	0	45
Total	**592**	**1,617**

Other	2021 £000s	2020 £000s
Not later than 1 year	116	62
Later than 1 year and not later than 5 years	4	13
Later than 5 years	0	0
Total	**120**	**75**

17.3 Operating Leases

The Western Health and Social Care Trust does not act as lessor and as such does not anticipate any future income for operating leases.

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 Off-balance sheet PFI contracts and other service concession arrangements

The Trust had no off balance sheet PFI contracts as at 31 March 2021 or 31 March 2020.

18.2 On Statement of Financial Position (SOFP) PFI Schemes

There are two PFI buildings operated by the Trust; South West Acute Hospital, Enniskillen and the Laboratories and Pharmacy Building at Altnagelvin Hospital. In relation to these PFI assets, the Trust is committed to make the following payments during the next year:

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of on-balance sheet (SoFP) PFI or other service concession transactions was £4,762k (2019-20:£4,627k). Total future obligations under on-balance sheet PFI and other service concession arrangements are given in the table below for each of the following periods:

	2021 £000s	2020 £000s
Minimum lease payments:		
Due within one year	14,569	14,566
Due later than one year and not later than five years	53,066	57,618
Due later than 5 years	177,813	187,924
Total	**245,448**	**260,108**
Less interest element	131,249	142,010
Present value	**114,199**	**118,098**
Service elements due in future periods:		
Due within one year	4,895	4,761
Due later than one year and not later than five years	20,232	20,462
Due later than five years	104,485	109,180
Total service elements due in future periods	**129,612**	**134,403**
Total Commitments	**243,811**	**252,501**

NOTE 19 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2021 or 31 March 2020.

NOTE 20 CONTINGENT LIABILITIES

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2021 £000s	2020 £000s
Clinical negligence	2,068	2,199
Public liability	117	121
Employer's liability	68	73
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
Total	**2,253**	**2,393**

Additional points to note:

20.1 Change in discount rate

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. Currently the rate in Northern Ireland has to be set in accordance with principles set out by the House of Lords in Wells v Wells. The Department of Justice made a statutory rule on 29 April 2021 changing the rate, under the Wells v Wells framework, (from 2.5%) to -1.75%, with effect from 31 May 2021. The Department has also brought forward a Bill to change how the rate is set. The Damages (Return on Investment) Bill was introduced to the Assembly on 1 March 2021 and is currently at Committee Stage. Subject to the legislative process, it is anticipated that the Bill will be enacted early next year and the rate would then be reviewed under the new framework.

There were 2 cases settled under a periodic payment order where the estimated impact of the change in discount rate has been included in the clinical negligence provisions figure. However, for cases not yet settled, it was not possible to quantify the additional financial liability at this stage as this is a significant task given the number of claims involved. As such, a review will be undertaken in 2021/22 to establish the increase in liability that has arisen from the decrease in discount factor as personal injury compensation will be inflated for existing future loss.

20.2 Backdated Holiday Pay

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. However, the PSNI has appealed the CoA judgment to the Supreme Court. The Supreme Court hearing was scheduled for the 23rd and 24th June 2021 but this has subsequently been adjourned. Based on the position in the NHS in England, Scotland and Wales, an accrual at 31 March 2021 has been calculated by HSC management for the liability and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation has not been agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

20.3 Junior doctors pay

The Trust utilises a system called Allocate to monitor Junior Doctors hours to ensure it reflects appropriate working patterns for trainee doctors and supports the Trust in adhering to the European working time directive and the new deal for doctors in training. The Hallett v Derby Hospitals NHS Foundation Trust in June 2019 brought a software algorithm issue to light in respect of these monitoring outcomes, in that the methodology by which NHS Trusts applied monitoring rules were incorrect. The algorithm has been corrected and released through a software update in April 2020. However, there is an implication that rotas previously determined to be compliant may no longer be compliant, thus giving rise to a potential financial liability. Until a review can be undertaken it is not possible to confirm if there have been any cases of non-compliance, therefore, there is uncertainty around the number of instances of non-compliance (if any). As such, this cannot be quantified at this time. However, a further monitoring exercise is scheduled to take place during 2021-22 which will seek to bring to light any incidences of non-compliance. This information will then be reviewed by the Trust to determine further actions, including remuneration, where appropriate.

20.4 Cyber security incident at Queen's University

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. As the HSC has multiple contractual interactions with QUB, some concerning personal information, the HSC technology teams, with the backing of the HSC SIRO's, took a number of actions to reduce potential disruption to HSC services, and continue to liaise with QUB on the impact of the cyber incident. The impact on the HSC is being fully investigated, and there may be a financial risk in relation to possible future liability, for potential claims for loss of personal data. As the breach occurred in a third party's systems the potential for liability is unclear and any financial impact is unquantifiable at present.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 21 RELATED PARTY TRANSACTIONS

The Trust is an arm's length body of the Dept. of Health and as such, the Dept. of Health is a related party from which the Trust has received income during the year of £906m.

The Trust is required to disclose details of material transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 Related Party Disclosures. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

Non-Executive Directors

Some of the Trust's non-executive directors have disclosed interests with organisations from which the Trust purchased services during 2020/21. Set out below are details of the amounts paid to these organisations. In none of the cases listed did the non-executive directors have any involvement in the decisions to procure the services from the organisations concerned.

Name and Organisation	Role	Amount paid by Trust during 2020/21 £s	Amount paid by Trust during 2019/20 £s
Dr John Mc Peake, NIFHA Belfast	NED/Chair	Nil	£150
Dr Catherine O'Mullan, North West Regional College	NED	£3,766	£76,497
Mr Joe Campbell, Ascot Signs Ltd	NED	£228,575	Nil
Rev Judi McGaffin, Extern	NED	£1,208,488	N/A

Dr Anne Kilgallen, Chief Executive

Dr Kilgallen is a Board member of Children's Health Ireland.
During 2020/21, the Western Health and Social Care Trust received income from Children's Health Ireland of £1.5k and was owed £306 at 31st March 2021.
During 2019/20, the Western Health and Social Care Trust received income from Children's Health Ireland of £4k and was owed £789 at 31st March 2020.

Dr Robert Brown, Director of Nursing and PCOP

Dr Brown is a Trustee of Queen's University Belfast, Nursing Institute.
During 2020/21, the Western Health and Social Care Trust made payments of approximately £15k to Queen's University Belfast and received income of £52k. The Western Trust was owed approximately £8k from Queen's University Belfast at 31st March 2021.
During 2019/20, the Western Health and Social Care Trust made payments of approximately £42k to Queen's University Belfast and received income of £4k. The Western Trust was owed approximately £114k from Queen's University Belfast at 31st March 2020.

Other Senior Managers

Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2020/21. The details are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned.

Mrs Vivien Coates, Assistant Director

Mrs Coates is a Professor Clinical Nursing Practice with Florence Nightingale Foundation with the University of Ulster.
During 2020/21, the Western Health and Social Care Trust received income of approximately £178k from University of Ulster.
During 2019/20, the Western Health and Social Care Trust made payments of approximately £297k to University of Ulster. The Western Trust was owed approximately £7k from the University of Ulster at 31st March 2020.

Mr Charles Mullan, Divisional Clinical Director Diagnostics

Mr Mullan is a Co-ordinator for Radiology teaching with Queen's University, Belfast.
During 2020/21, the Western Health and Social Care Trust made payments of approximately £15k to Queen's University Belfast and received income of £52k. The Western Trust was owed approximately £8k from Queen's University Belfast at 31st March 2021.
During 2019/20, the Western Health and Social Care Trust made payments of approximately £42k to Queen's University Belfast and received income of £4k. The Western Trust was owed approximately £114k from Queen's University Belfast at 31st March 2020.

Mr Ciaran Mullan, Associate Medical Director

Mr Mullan is a GP Partner of Riverside Practice Strabane.
During 2020/21, the Western Health and Social Care Trust made payments to the Riverside Practice of £54 and received income of approximately £75k from the Practice.
During 2019/20, the Western Health and Social Care Trust made payments to the Riverside Practice of £313 and received income of approximately £68k from the Practice.

Ms Sandra Mc Neill, Consultant

Ms Mc Neill is a DHOS/TPD for O&G Training for NIMDTA.
During 2020/21, the Western Health and Social Care Trust made payments to NIMDTA of approximately £5.261M and received income of approximately £7M from NIMDTA. The Trust owed £1.2M to NIMDTA at 31st March 2021.
During 2019/20, the Western Health and Social Care Trust made payments to NIMDTA of approximately £505K and received income of approximately £7k from NIMDTA.

Ms McNeil is also sub Head of School for Queen's University Belfast.
During 2020/21, the Western Health and Social Care Trust made payments of approximately £15k to Queen's University Belfast and received income of £52k. The Western Trust was owed approximately £8k from Queen's University Belfast at 31st March 2021.
During 2019/20, the Western Health and Social Care Trust made payments of approximately £42k to Queen's University Belfast and received income of £4k. The Western Trust was owed approximately £114k from Queen's University Belfast at 31st March 2020.

Ms Cathy Magowan, Carers Coordinator

Ms Magowan is a Director of the Fermanagh Community Transport.
During 2020/21, the Western Health and Social Care Trust made payments to Fermanagh Community Transport of approximately £560.

During 2019/20, the Western Health and Social Care Trust made payments to Fermanagh Community Transport of approximately £2k.

Mrs Carol Scoltock, Head of Hospital Social Work/Discharge Services

Mrs Scoltock is a General Visitor of the Office of Care & Protection.

During 2019/20, the Western Health and Social Care Trust made a payment to the Office of Care & Protection of £98.00.

Mr Brendan Moore, Clinical Pharmacy, Development Lead

Mr Moore is owner and director of Omapharm Ltd.

During 2020/21, the Western Health and Social Care Trust received income from Omapharm Ltd of £9k and was owed £2,696.30 from Omapharm Ltd as at 31st March 2021.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 22 THIRD PARTY ASSETS

The assets held at the reporting period date to which it was practical to ascribe monetary values comprised £3,134k. These third party assets relate to Patient and Resident monies held by the Trust and are set out in the table below.

	2021 £000s	2020 £000s
Monetary assets such as bank balances and monies on deposit	3,134	2,784
Total	**3,134**	**2,784**

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2021

NOTE 23 FINANCIAL PERFORMANCE TARGETS

23.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend. However, the Trust has received approval by DoH in 2020/21 for a control total of £15m which allows for the reported deficit.

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

	2021 Total £000s	2020 Total £000s
Health and Social Care Board	804,315	687,506
Public Health Authority	7,981	8,201
Supplement for undergraduate Medical and Dental Education & NI Medical and Dental Training Agency	7,274	6,918
Non cash RRL (from DoH)	86,727	92,814
Total Agreed RRL	**906,297**	**795,439**
Adjustment for income received re donations / government grant / lottery funding for non-current assets	(205)	(244)
Adjustment for PFI and other service concession arrangements / IFRIC 12	5,603	4,780
Adjustment for Research and Development under ESA10	(37)	(290)
Adjustment for Covid-19 PPE	(1,620)	0
Total Revenue Resource limit to statement comprehensive net expenditure	**910,038**	**799,685**

23.2 Capital Resource Limit

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

	2021 Total £000s	2020 Total* £000s
Gross Capital Expenditure	44,389	32,131
Less IFRIC 12/PFI and other service concession arrangements spend	(48)	(401)
(Receipts from sales of fixed assets)	(2,040)	(43)
Net capital expenditure	42,301	31,687
Capital Resource Limit	42,264	33,918
PHA R&D Income	37	290
Overspend / (Underspend) against CRL	**0**	**(2,521)**

*In 2019/20 the year-end CRL underspend of £2.521m includes unused ring-fenced funds of £50k relating to R&D Capital Grant, which was not retracted by PHA.

NOTE 23 FINANCIAL PERFORMANCE TARGETS

23.3 Financial Performance Targets

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2021 Total £000s	2020 Total £000s
Net expenditure	(922,343)	(821,332)
RRL	910,038	799,685
Surplus / (Deficit) against RRL	**(12,305)**	**(21,647)**
Break-even cumulative position (opening)	**(54,312)**	**(32,665)**
Break-even cumulative position (closing)	**(66,617)**	**(54,312)**

Materiality Test:

	2020/21 Total %	2019/20 Total %
Break even in year position as % of RRL	-1.35%	-2.71%
Break even cumulative position as % of RRL	-7.32%	-6.79%

The Trust breakeven position has been described in more detail in the Governance Statement, included in this document on page 124.

The Trust had an approved control total of £12m in 2020/21.

NOTE 24 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having a material effect on the accounts.

NOTE 25 DATES AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 02 July 2021.

WESTERN HEALTH AND SOCIAL CARE TRUST

PATIENTS'/RESIDENTS' MONIES ACCOUNTS

YEAR ENDED 31 MARCH 2021

STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Trust is required to prepare and submit accounts in such form as the Department of Health may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

WESTERN HEALTH AND SOCIAL CARE TRUST – PATIENTS' AND RESIDENTS' MONIES

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on account

I certify that I have audited Western Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2021 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of Western Health and Social Care Trust for the year ended 31 March 2021 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the account statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the account section of this certificate. My staff and I are independent of Western Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2019, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Western Health and Social Care Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Western Health and Social Care Trust is adopted in consideration of the requirements set out in the Government Reporting Manual, which require

entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue in the future.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities of the Trust for the account

As explained more fully in the Statement of Trust's Responsibilities in relation to patients'/residents' monies, the Trust is responsible for:

- the preparation of the account in accordance with the applicable financial reporting framework and for being satisfied that they properly present the receipts and payments of the monies held on behalf of the patients and residents;
- such internal controls as the Trust determines is necessary to enable the preparation of financial statements that are free form material misstatement, whether due to fraud or error;
- assessing the Western Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust anticipates that the services provided by Western Health and Social Care Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the account

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Western Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included Health and Personal Social Services (Northern Ireland) Order 1972, as amended;

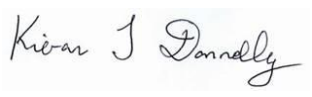
- making enquires of management and those charged with governance on Western Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Western Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

Report

I have no observations to make on this account.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
BELFAST,
BT8 6RB
2 July 2021

WESTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2021

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

Previous Year £	Receipts	£	£
	Balance at 1 April 2020		
2,227,793	1. Investment (at cost)	2,612,521	
260,356	2. Cash at Bank	160,646	
9,500	3. Cash in Hand	10,400	2,783,567
2,110,772	Amounts received in the year		1,882,404
7,728	Interest Received		398
4,616,149	**Total**		**4,666,369**
	Payments		
1,832,582	Amounts paid to or on behalf of patients / Residents		1,532,480
	Balance at 31 March 2021		
2,612,521	1. Investments (at cost)	2,812,919	
160,646	2. Cash in Bank	309,470	
10,400	3. Cash in Hand	11,500	3,133,889
4,616,149	**Total**		**4,666,369**

Cost Price £	Schedule of investments held at 31 March 2021 Investment	Nominal Value £	Cost Price £
2,612,521	Bank of Ireland	2,812,919	2,812,919

I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.

Director of Finance:

Date: 10 June 2021

I certify that the above account has been submitted to and duly approved by the Board.

Chief Executive:

Date: 10 June 2021

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