



South Eastern Health  
and Social Care Trust

A close-up photograph of a healthcare worker wearing a blue surgical cap and a light blue face mask. The worker is wearing blue nitrile gloves and is holding a clear plastic syringe. The syringe has a white plunger and a black label with the numbers '53' and '021' visible. The background is blurred, showing other people in a clinical setting.

# Annual Report & Accounts 2020 / 2021





South Eastern Health  
and Social Care Trust

**South Eastern Health and Social Care Trust**  
**Annual Report and Accounts**  
**For the year ended 31 March 2021**

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**South Eastern 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 Department of Health, Social Services and Public Safety).

On

7 July 2021

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# Chairman's Report

I am delighted to present to you the 14<sup>th</sup> Annual Report of the South Eastern HSC Trust, having undertaken the role of acting Chairman for the past 12 months.

It will be understandable that my first commentary is on what I referred to in last year's Annual Report as it approached us as, 'the defining global health crisis of our lifetime'. Whilst I thought I understood the enormity of what was approaching, I never foresaw what our staff and patients would have to endure. We lost precious members of our staff to the virus, others are still suffering the physical and mental ravages and too many patients never returned to their family and loved ones.

As a Trust we offer our condolences and sympathies to every family on their loss.

The short space I have in this Report could never express our thanks, appreciation and pride in our workforce and how they cared for patients, clients, service users and their own colleagues. They were the epitome of kindness, compassion and selflessness. We are incredibly proud of you all. Much of the life of our Trust was turned upside down with important events cancelled, visits to meet staff removed from our diaries and limited contact with work colleagues as many of us adjusted to remote working. Numerous plans had to be put on hold, but we will return to them in the months ahead and resume the work to improve, to learn and to grow as we serve those who need help, care and treatment.

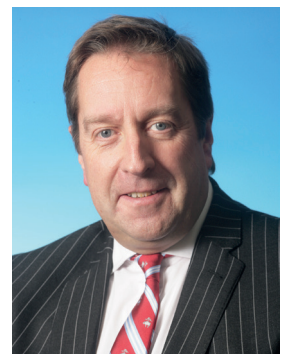
Volunteers have always been an integral part of the Trust family and their contribution enables us to enhance care and improve the service user experience. In 2020/21 we had to suspend most of the on-site roles we relied on them for. But many supported our work with driving duties and when our Vaccination Centre opened in December 2020, our volunteers were back to meet, greet and direct those attending for vaccination. We value you all so highly and pay tribute to the dedication you have in serving in so many ways.

South Eastern HSC Trust staff have always been exceedingly generous and willing to help others less fortunate especially in the work of my Chairman's charity, Kiwoko Hospital. I witnessed that generosity personally this year as I undertook to raise funds on behalf of the Hospital. Trust staff, both in their donations and comments displayed those same traits as I described earlier, but now directing them towards the care for Ugandans needing hospital treatment. It was humbling to see their response raising in excess of £10,000.

In closing, I would like to take this opportunity to record my appreciation and thanks to my colleagues on Trust Board for their support and steadfast commitment to the work and life of the South Eastern HSC Trust.



Jonathan Patton  
Acting Chairman



# Chief Executive's Report

When I wrote my annual report last year, I started by saying 'It has been an extraordinary 12 months'. That was a reflection of an enormously challenging year which had included industrial action, transformation work and planning for the imminent COVID-19 pandemic. Little did I know then that this past 12 months would be even more extraordinary – most probably, and hopefully, a once-in-a-lifetime experience.

April 2020 saw the beginning of the first surge of the pandemic. We had made our plans in March 2020 to prepare our hospitals, protect our most vulnerable in the community and concentrate our services across the Trust to deliver the most urgent care and support to the people we serve.

Our staff took on new roles, joined together with new teams and displayed all of the wonderful traits that I and my executive colleagues recognise every day in this Trust – commitment, flexibility, compassion, a 'can-do' attitude and sheer brilliance. We faced the challenges of PPE, testing, oxygen supply and ever changing guidance – we faced them together and we got through the initial surge.

We rebuilt services, faced more surges and continued to ask our staff to go the extra mile – of course that is what they did, as they always do. We reflected on our experiences and learned as we went along, quickly adapting and always focussed on what was best for our patients and clients. Sadly, some of the people we cared for passed away but our staff made sure that no-one died alone. We also lost some of our colleagues to this horrible virus – they will be sorely missed and we are eternally grateful for the contribution that they made to our services.

December 2020 came and saw the commencement of the vaccination programme, and at last we could see light at the end of the tunnel, even as we headed into the most challenging Surge 3 period. Our most vulnerable care home residents received their 1<sup>st</sup> vaccine dose before Christmas and we also started vaccinating our staff, and indeed all Health & Care Workers. We quickly made incredible progress which has seen us also vaccinating the public. As I write, we are operating Vaccination Centres at the Ulster Hospital and SSE Arena – testimony again to the excellence and 'can-do' attitude of our staff.

I never cease to be amazed by our incredible staff who have worked tirelessly and compassionately throughout the past 12 months to not only meet the challenge of COVID-19 head on, but also keep delivering all of the essential care and support to the people we serve. I am completely in awe and I am eternally grateful to our staff.



Seamus McGoran  
Interim Chief Executive



# Performance Overview

## Hospital Services

### Introduction

This has been a particularly challenging year as the pandemic tested our staff and services as never before. It is a reflection of the dedication of our staff that we have been able to meet these challenges and provide a range of safe, high quality services across the Ulster, Lagan Valley (LVH) and Downe Hospitals during successive surges of COVID-19 and subsequent rebuilding.

### Elective and Surgical Services

Hospital Services took responsibility of the COVID-19 Testing / Phlebotomy Services on 29 June 2020. The aim was to provide testing to all patients 72 hours prior to undergoing elective surgery or procedures and offering testing to symptomatic staff and their household contacts. The phlebotomy service reduced waiting times at outpatient appointments and allowed results to be available for teams to assess patients virtually.

From August 2020:

- 22,000 COVID-19 tests were performed and checked on electronic platforms
- 5,000 patients have attended phlebotomy services
- During the 2nd surge of the pandemic, testing was required to screen our staff working in particularly challenging wards and departments. 5,600 tests were undertaken from October 2020
- The team helped to support the SIREN Research Project with 250 staff participants.

Across our Surgical Services, the teams created 'green' and 'red' pathways for COVID-19 and non-COVID-19 patients respectively, ensuring that patients requiring emergency and elective surgery had their surgery or procedures undertaken safely.

Theatre sessions were allocated at a weekly theatre planning meeting led by clinicians. Patients from the Trust area, as well as across NI, were prioritised to ensure that patients underwent surgery as soon as possible. Our theatre utilisation improved as we maximised use of our limited capacity.

In August 2020, the Minister for Health announced that the Day Procedure Unit (DPU) at LVH was to be the first Regional Day Procedure Centre (DPC). The DPC will become a centre for elective day surgery/procedures and will, in the first instance, focus on regional General Surgery, ENT, Gynaecology, Urology and some Endoscopy procedures. The Team have welcomed patients from across NI throughout successive surges of COVID-19, as well as visiting surgeons, anaesthetists and nurses.

Our Intensive Care Unit (ICU) was expanded from 8 to 16 beds to facilitate increased numbers of patients requiring critical care. Patients were admitted from the Trust as well as across NI. During our most challenging period, nursing staff from the Trust kindly volunteered to work in the Nightingale Belfast City Hospital.

# Performance Overview

## Hospital Services

### Our Staff

- Many of our staff were redeployed to respond to COVID-19 across wards and ICU. We are very grateful and proud of our staff that willingly helped
- A Redeployment Hub for Hospital Services was established with a dedicated team to assist with staffing requirements
- A FIT testing team was established, to ensure everyone was assessed for respirator masks and Personal Protective Equipment (PPE)
- Specialist support services were made available for staff, including Psychology, Occupational Health and Chaplaincy.

### Staff Achievements

- Theatre Nurses are participating in a 'Nightingale' Challenge Leadership Journey - Julie McGrattan and Rebekah Nelson
- Two Nurse Endoscopists completed their training – Alex Willis and Nicola McCullough. In Radiology, Chris Smyth, rebranded our paediatric information book. "Look Inside" is an educational booklet about X-Rays presented in a fun way to help engage children and allay any fears. A Quick Response code is displayed in our waiting areas and on our public facing webpage for direct access to the booklet.
- Computerised Tomography (CT) Radiographers, Carla Sands, Krzysztof Fiszka and Emma McCracken successfully completed a Postgraduate Certificate in CT at Ulster University
- Magnetic Resonance Imaging (MRI) Radiographers Aóife McCaffrey and Judith Frew graduated from the University of Cumbria with a Postgraduate Certificate in MRI Mammography.

### New Appointments

- Julie Alexander, Interim AHP Lead for Hospital Services.
- Sheila Hammill, Pre-Assessment Manager
- Jackie Engelen, Day Procedure Centre Manager for LVH
- Donal McAuley, Consultant for Oral and Maxillofacial Surgery
- Rachel Hutton, Locum Consultant Urologist.

### Medical Specialties and Cancer Services

Staff across Medical Specialties and Cancer Services 'stepped up' to the challenges of providing safe, quality and compassionate care during the pandemic. Our challenge now, heading into a new year, will be continued rebuilding of our services in the Ulster, Lagan Valley and Downe Hospitals.

The following are some examples of the work undertaken in 2020/21:

- The Rapid Assessment Centre in the Downe Hospital worked closely with the development of the Urgent Care Centre to provide direct rapid access for the local population following the temporary suspension of the Emergency Department (ED) due to the impact of COVID-19
- Ambulatory Services have continued to develop. In LVH, the Cardiac Rapid Assessment Centre and a General Rapid Assessment Centre opened, focussing on Respiratory and Frailty and offering direct referral access to the ED and Primary Care

# Performance Overview

## Hospital Services

- The Frailty Services in LVH were further developed with the appointment of a range of staff, enabling the provision of specialist in reach/ outreach services
- Nursing staff in LVH Coronary Care were honoured with the prestigious Cavell Star Award for the exceptional care and compassion shown to patients and colleagues during the pandemic
- During the pandemic, medical staff rotas were reorganised to provide additional senior doctors both in and out of hours
- Dr Padraig Headley developed the COVID-19 micro guide, providing up to date guidance and training for the management and treatment of COVID-19
- The severity of patients managed by the Ulster Hospital respiratory and Medical Assessment Unit teams supported the management of patients, outside of ICU, providing improved patient outcomes and reducing pressure on limited ICU beds
- Daily senior medical teams calls, across the 3 acute sites, improved communication and management of patients. These have continued, on a weekly basis, to provide timely updates on the changing picture of COVID-19 and of cross site working
- The Renal Team have helped 'shielding patients' to avail of vaccines whilst attending the unit for dialysis
- The Rheumatology Team have developed a pilot project with primary care colleagues for patients requiring joint injections.

### Cardiac Investigations

- **Drive through Ambulatory Monitoring.** Cardiac and respiratory physiologist teams developed an innovative approach to the provision of high quality essential heart and respiratory physiological investigations by establishing a 'drive-through' service. This reduced waiting times for patients and supported by the volunteer service, is a change that will continue
- **Remote Pacing Home Monitors.** The Cardiac Investigation Unit has adopted wireless remote monitoring for many of our most vulnerable patients, and to date, 25% of our patients who have received pacemakers are now benefiting from this service
- **Remote CPAP Home Monitoring.** Our Pulmonary Function team are now providing remote home monitoring of Sleep Respiratory CPAP treatments. Regular review clinic visits have been replaced by alert-driven follow-up, reducing the number of hospital appointments required and improving patient care.

### Outpatient Services / Clinical Nurse Specialists and Non-ward based Nurses

- Many nurses kindly redeployed to wards and departments where demand was greatest during each successive surge of the pandemic. They undertook additional training prior to redeployment and adopted new ways of working, providing services at virtual clinics and supporting vulnerable patients
- Outpatient teams delivered safe pathways for patients requiring urgent 'face to face' assessment.

# Performance Overview

## Hospital Services

### Administration Services

The iFit electronic case note tracking system, with 'Go Live' scheduled for May 2021 across the Trust, aims to improve timeliness of retrieval of patient charts whilst maximising efficiencies in record management and storage.

### Cancer Services

Examples of innovations include:

- Telephone red flag appointments supplemented with photo triage for dermatology and plastics
- qFIT diagnostic laboratory tests to risk stratify patients with lower gastro-intestinal symptoms and prioritise endoscopy and surgery
- Introduction of 'urgent bookable theatre lists' for cancer surgery
- Chemotherapy services were maintained with the development of community bloods, telephone pre-assessment and use of Trust transport to deliver oral chemotherapy drugs
- Telephone cancer review appointments with cancer tumour marker bloods were carried out in the community
- Collaborative working with the Promoting Well-being Team to develop a 'Shielding Service' for over 2,000 cancer patients, helping with food delivery, emotional support via telephone and pharmacy deliveries
- A prehabilitation pilot was developed based on new research evidence & Greater Manchester prototype, through a close partnership of Trust colleagues, local councils and Macmillan and is an exemplar of community planning in action
- Work has continued on the new Macmillan Chemotherapy Unit in the Ulster Hospital, due to open in July 2021. Patients and carers have helped to design the artwork within the new unit.

### Nursing - Learning and Development

The Directorate continues to welcome our international colleagues, supporting ward based teams. Since April 2020, 119 international nurses have successfully completed their training programme. Learning and development is actively encouraged to support our staff in the development of clinical knowledge and skills through short courses and specialist practice.

Two senior nurses completed their Advanced Nursing Practice in Older People training, with 5 more progressing this year onto Year 2 of the programme. The Directorate very much welcomes this career pathway for nurses to enhance patient centred care and support staff at ward level.

### Unscheduled Care

It's been a challenging year for all those involved in the delivery of unplanned care services in the Trust. Plans for service development and moving into the new Acute Services Block were put on hold as we sought to manage the pandemic.

# Performance Overview

## Hospital Services

It was necessary to change some of our services, including:

- Temporary use of space in the Ulster and Lagan Valley Hospital EDs for COVID-19 and non-COVID-19 patients
- Temporary closure of Downe ED
- Relocation of the Acute Medical team from wards 14/15 into 4A at the Ulster Hospital to safely manage patients with acute respiratory illness.

The teams have safely managed increasing numbers of patients on respiratory support; with patient flow teams supporting new ways of working. The Transition and Discharge Lounge teams also enabled early patient flow and minimised overcrowding.

As part of our rebuild plan in the Downe Hospital a Minor Injury Service commenced on 10 August 2020. This was followed by a 'phone first', consultant-led urgent care centre from 19 October 2020. This service allowed us to manage the footfall within the department and ensure that patients attend the most appropriate service 'first time'. A similar 'phone first' model for ambulances has been implemented in Lagan Valley Hospital ED.

Going forward, the 'No More Silos' project will help by focusing on preventing unnecessary admission into hospital and reducing overcrowding in ED. The development of our specialist 'Hubs' are key; such as Gastroenterology, Respiratory, Cardiology, Neurovascular, Diabetes, Palliative Care and Acute Medicine. These provide rapid access for patients via ED or GPs and support earlier discharge of patients. In late 2021, the ED at the Ulster Hospital will move into the newly built Acute Services Block.

### Women and Acute Child Health

The Women and Acute Child Health (WACH) Team provided a range of services during the pandemic, including Maternity, Gynaecology, Paediatrics and Neonatology, ENT, Pharmacy and Laboratory services.

We are very grateful and proud of our staff who have provided services in the most challenging of circumstances, such as the care of pregnant women and acutely unwell babies and children. The teams also supported the successful rollout of the vaccination programme and analysis of COVID-19 swabs and other tests. We wish to highlight the following achievements:

- On 18 March 2021, our 'Home from Home' ward reached its 5000th water birth since opening in 2007
- The Short Stay Paediatric Assessment Unit provided access to GPs and the Emergency Department (ED) for the specialist assessment and treatment of children
- Keli Ann Cooper and Leah Mohan were nominated for a Cavell Star Award by bereaved parents in recognition of the exceptional care and compassion they received.
- 'Pressure Sore Education & Prevention' Quality Initiative (QI) project Oct 2020 - ongoing
- 'Reduction in IOL's with implementation for sweeps'; Regional QI February to November 2020 'Protect my Perineum' project; September 2020, winners of the SEHSCT World Quality Day Safety and Quality winners

# Performance Overview

## Hospital Services

- Learning from Excellence Initiative - started by Sarah Curran, Karen Gray and Leanne Hawthorne. This is a system for reporting episodes of good practice or when things work well, with a shift to recognise a simple way to promote excellence in care, compassion and practice
- The Paediatrics team were shortlisted with their QI initiative “Bronchiolitis: When less is more” as one of 3 finalists in the 2020 National Institute of Clinical Excellence (NICE) Shared Learning Awards. Their work has also been featured in the NICE Shared Learning Collection which demonstrates how to put NICE guidance and standards into practice.



# Performance Overview

## Nursing, Primary Care & Older People

### Response to COVID-19

#### Support for Care Homes

Across the Trust's 425 square mile catchment area, there are 111 registered care homes with approximately 3,330 beds. The Directorate established a tailored, effective and efficient response to the impact of COVID-19 in partnership with the existing Permanent Placement Team, the Enhanced Care at Home service and District Nursing to support homes through the pandemic.

There was a large number of COVID-19 outbreaks in Care Homes across NI throughout the pandemic. This placed considerable pressure on the Care Homes and their staff in providing safe and quality care to each resident. The Trust Care Home Response Hub provided support from co-ordinating Nursing and Health Care support staff, Patient Experience cleaning services, Infection Prevention Control and Manual Handling support & training, to co-ordinating a range of other specialist services to support with outbreak testing.

District Nurses responded to an initial urgent call for help in one nursing home with many ill residents and then built upon this by bringing together a team of nursing staff which voluntarily redeployed to maintain care home residents in their place of care. The Enhanced Care at Home Service (ECAH) supported COVID-19 testing at the beginning of the pandemic and also supported Care Homes to maintain COVID-19 positive residents in their own homes throughout this time. ECAH, in collaboration with medical colleagues, provided acute clinical in-reach to Care Homes. The team triaged and prioritised residents for escalation through clinical reviews and assessments, both face to face and via the telephone.

Feedback from Care Homes has been very positive and the learning has shaped the Trust's thinking for moving forward with the regional initiative to develop an Enhancing Clinical Care Framework for NI Care Home Residents.

#### Vaccination programme

Mobile teams of registered nursing staff led on the vaccination programme to ensure all eligible care home residents and staff were offered the vaccine. The teams were supported by administration staff, medical staff and other multidisciplinary teams and liaised closely with pharmacy teams to ensure safe delivery and administration of the vaccine. Phase 1 of the programme commenced on 13 December 2020. There were on average 8 teams deployed to care homes and between 500-700 doses administered daily. Phase 1 completed on 23 December 2020 with approximately 6,000 first doses safely administered. Phase 2, to administer second doses, concluded in January 2021.

The District Nursing Service was key to delivering the vaccination programme to people living in residential and nursing care homes and other community settings. As skilled vaccinators, many have contributed to programmes to administer both the Pfizer and the Astra Zeneca vaccines, rising to the challenge and welcoming the opportunity to be part of history.

# Performance Overview

## Nursing, Primary Care & Older People

### Specialist Primary Care Nursing

In response to the pandemic “GP Assessment Centres” or “Hubs” were set up across the Trust as General Practitioners required support to enable patients presenting with COVID-19 symptoms to be safely assessed in a controlled setting, treated if possible to return home or redirected to the Emergency Department. Suitable locations for these Hubs were identified in Ards, Downe and Lagan Valley Hospitals. They were then stocked with PPE, medicines, supplies and equipment within one week across all three sites. Specialist Nursing staff were redeployed to support GPs in these centres along with administration staff, paramedics and for the initial surge, physiotherapy staff from the Respiratory Team also supported, while working alongside pharmacy, unscheduled care and GP Out of Hours. Everyone played their part and stepped up to the challenge. The centres operated seven days per week from 8.00am - 10.00pm from 1 April 2020.

### Community Dental

COVID-19 has had a significant impact on the practice of dentistry. Many dental procedures create aerosols which require increased infection control measures to be put in place. These aerosol generating procedures result in the need for enhanced PPE, FFP3 masks and a fallow time between patients. These increased safeguards resulted in treatment within General Dental Services being greatly restricted. To address this, the region established Urgent Dental Care (UDC) centres which would serve members of the public suffering from dental emergencies. This facility had to be set up within a very tight timeframe and be responsive to the needs of patients and the profession as a whole. The UDC in the Trust was housed in Lisburn Health Centre running seven days a week, staffed by general dental practitioners, community dental staff and specialist oral surgeons.

During this time, community dental staff were also staffing the remaining dental clinics, providing telephone triage and emergency dental treatment for community dental patients – many of whom are vulnerable. Some staff were also re-deployed to help out in care homes, acute hospital wards and other sectors of Primary Care. A number of community dentists are also undertaking vaccination roles in the Ulster hospital.

### Domiciliary Care Services

The Domiciliary Care Service has continued to provide support for service users of all ages throughout the Trust area, during the COVID-19 pandemic.

The team worked with service users and families to ensure continuity of care and to sustain social distancing within their homes. Rotas were managed to ensure services could be maintained and where possible to minimise footfall. New COVID-19 specific care teams were introduced across the service to support service users experiencing symptoms as well as those with a positive diagnosis. A new mobile Personal Protective Equipment (PPE) distribution service was established with collection points agreed across the Trust to ensure staff had access to adequate supplies of PPE.

### Allied Health Professions (AHPs)

AHPs have had to adapt to cope with the many challenges that have been presented, due to the pandemic. At the start of COVID-19, in the space of six weeks, 700 staff across all professions received respiratory training from the Acute Physiotherapy Respiratory team. AHP staff supported

# Performance Overview

## Nursing, Primary Care & Older People

care homes with both professional and support staff redeployed to carry out caring duties, enhance existing teams and provide therapy for residents over the last year.

In addition, Speech and Language therapists were redeployed to carry out swabbing and testing for staff and residents and many AHPs were latterly part of the very successful vaccination programme.

Technology has enabled AHP staff to maintain services in many areas over the last year and to adopt new ways of working. Speech and Language Therapy (children's service), carried out virtual appointments with children in their own homes, ensuring therapy continued during lockdown. Physiotherapy Muscoskeletal (MSK) staff ran classes for shoulder and knee rehabilitation via zoom. Consultant AHP Hand Therapists provided virtual appointments to hand therapy patients to ensure treatment programmes continued and many services developed telephone triage, to ensure urgent referrals were assessed appropriately.

A lot of these practices will remain and be developed further with service users, as feedback has been so positive.

Podiatrists, Dietitians, Speech and Language Therapists, Occupational Therapists and Physiotherapists completed their vaccine competencies to be amongst the first cohort of AHPs to be redeployed to support the Ulster Hospital Vaccination Centre.

The long awaited refurbishment of the Ulster Hospital Physiotherapy Department went ahead in 2020. Walls came down and went up to create a high quality treatment and rehabilitation space. Comments from service users and staff have been very positive.

## Mental Health Services for Older People

### Digital Technology within Dementia care

Digital health is transforming health and care services to be more efficient and patient centred. Health Apps can make a practical difference to people living with dementia and their carers.

Apps4Dementia were added to the Trust Apps Catalogue in 2020. The Apps are currently promoted by the Trust Dementia Navigators and Companions and can be found at: <https://apps4dementia.orchs.co.uk>

### Dementia Companion Service

The overall purpose of the dementia companion role is to enhance the safety and experience of patients living with dementia who are admitted to an acute care ward. COVID-19 has been especially challenging for elderly patients admitted to hospital with acute confusion, delirium or dementia. In 2020 the Trust purchased iPad devices for all dementia companions to assist with meaningful activity, reduce isolation and facilitate virtual visiting.

During the pandemic staff have been wearing protective equipment which can be frightening for the person living with dementia. A range of images were created to support effective communication and reduce anxiety for our hospital dementia patients.

# Performance Overview

## Nursing, Primary Care & Older People

### Central Nursing & Midwifery Team

#### Safe and Effective Care Team

The Team supported the development of the Trusts COVID-19 Testing Centre providing a telephone hotline and nurse triage, alongside a seven day testing facility. Some of the team also had the opportunity to lead and develop the Care Home Response Hub, overseeing the allocation of staff to areas of need. A number of nursing staff from within the team also provided support to the clinical areas and the Vaccination Programme.

The Nightingale Challenge programmes continue to develop with ongoing engagement and support provided to the participants on a virtual platform, and with speakers to inform and inspire them. The International Year of the Nurse and Midwife has been extended to June 2021 providing the opportunity to continue alongside the training provided by the Health & Social Care (HSC) Leadership Centre to develop and grow our Nursing & Midwifery leaders of the future.

Many new ways of working have been developed as a result of the COVID-19 pandemic and staff have responded in a number of ways to help mitigate the impact of restricted visiting and limited family presence at the time of death. Bereavement calls were put in place. The purpose of these calls was to share condolences, provide COVID-19 relevant bereavement packs and signpost to other community supports if required.

The team have also:

- Completed the development of the COVID-19 Learning Framework
- Redeveloped all Quality Improvement (QI) Training for a virtual platform
- Supported the ongoing development of Care Opinion – the online user feedback system
- Developed a Virtual Visiting Service for patients.

#### Supporting Nursing & Midwifery Students

The Trust currently has capacity to accommodate around 410 pre-registration students at any one time across 148 approved practice areas. Within this number are over 100 of the Trust's own staff from across a wide range of roles who are undertaking the Open University 'Pre Registration' BSc (Hons) programme with a further 56 applicants this year for the September 2021 Open University cohort.

The Practice Education Team continues to prepare registrants who support and supervise student nurses/midwives in practice in line with the Nursing & Midwifery Council Standards for Student Supervision and Assessment, which commenced in April 2020 using a blended approach of e-Learning and zoom sessions. There have been 1,722 nurses and midwives prepared for the roles of practice supervisor and practice assessor, as of February 2021. Another major focus for the team has been to increase student capacity by identifying new learning environments and increasing the number of students facilitated within existing practice placements. This has been challenging in the light of COVID-19, however clinical environments have shown great support and have endeavoured to support students during this time.

# Performance Overview

## Nursing, Primary Care & Older People

### **Supporting Nursing Assistants**

The Regulated Quality Framework team has provided support for nursing assistants throughout the Trust. In particular, they have been actively involved in implementing the Department of Health (DoH) Standards and Induction and Development Pathway which was published in 2018. Nursing assistants are supported to participate in the development programme, undertaking a ProQual Level 2/ 3 Certificate in Health and Social Care Support. In the last year, the team has expanded to extend the support they can provide.

### **Nurse Recruitment & Retention**

In 2020, the Nursing workforce team and service used new ways of working on staff recruitment activities to promote the Trust as an employer of choice. These included innovative use of social media through zoom recruitment events and virtual attendance at UK University Nursing recruitment fairs, which have had excellent feedback and large numbers attending. The team hosted a virtual careers event for Nursing and Midwifery which was attended by 52 Northern Ireland schools and 260 individuals and received a very positive evaluation.

The Trust also commenced a bespoke International Nurse Recruitment project to run in parallel with the regional Department of Health initiative. This involves a condensed, local training programme to support International Nurses to achieve Nursing & Midwifery Council registration alongside dedicated pastoral support. The combination of these initiatives, along with a focus on retention, has resulted in reduced nursing vacancy levels.

# Performance Overview

## Adult Services & Healthcare in Prisons

### Adult Mental Health Services

The past twelve months has brought many challenges to Adult Mental Health Services. As a service we have had to take some difficult decisions, but with each change, we aimed to enhance the safety of our services and to have the least adverse impact for the shortest time possible. Throughout this time our Mental Health Teams pulled together to ensure that service users and their carers have been at the heart of all decisions that have been made.

Whilst there have been challenges there have also been opportunities for the service to evolve and innovate. For example our Recovery College and Wellness Recovery Network was able to maintain a full suite of courses, training opportunities and informal sessions by moving to online classes. Feedback told us that for many this enabled people who would never have thought of walking into a classroom to try out the College or Network from the comfort of their own home.

The Trust has been reviewing how the Allied Social Work (ASW) Service operates and is maintained. A single rota was put in place in April 2020 in an effort to streamline the service. The Trust also established a co-ordinator position as a pilot, at the point of referral. This helped streamline the service for the entire Trust, rather than each sector having its own referral point as was historically the case.

The co-ordinator role also helped with improved inter-agency contact and co-working, in relation to the ambulance service and police involvement. The pilot was reviewed and has been extended due to its success in streamlining the service and providing greater support to staff who are involved in lone working situations.

In response to the increase in the number of people who have become economically inactive in 2020 due to the impact of COVID-19 and to support people who are in employment, the Conditions Management Programme (CMP) was made available virtually to service users.

CMP is now available to people that are in work but struggling to remain so due to their health condition or who are off sick for up to 12 weeks. The key aim of CMP is to help clients manage their own condition and enable them to understand their potential to work, remain in work or return to work.

Within Mental Health we have been working on an initiative called Towards Zero Suicide (TZS). We have been able to sustain this work throughout the pandemic. Some examples of new quality improvement initiatives from TZS has been the introduction of safety plans, online training for all staff in suicide prevention and an increased focus on creating suicide safer environments. Teams across the Trust marked World Mental Health Day and World Suicide Prevention Day by participating in conversations and training in suicide prevention.

Adult Mental Health Services and Adult Disability Services worked in collaboration to provide vaccination clinics to ensure that our most vulnerable service users received both doses of the COVID-19 vaccination. These clinics were provided by our staff in local facilities to ensure that the service users felt comfortable and we are pleased to report an excellent uptake. This has increased the confidence of families to enable their relative to go back into the day centres. We would like to take this opportunity to thank those staff that helped ensure these clinics were a success.



# Performance Overview

## Adult Services & Healthcare in Prisons

### Adult Disability Services

During the COVID-19 pandemic, Adult Disability Services had to take the unprecedented decision to close day services to protect our service users. This situation challenged us to deliver services to vulnerable people in a very different but creative and innovative way. Across Learning Disability, Physical Disability and Sensory Support services, staff created opportunities to stay connected to all of our service users through specialist home support, virtual communications, and delivery of activity packs, telephone calls and some emergency provision of respite care. The new ways of working have been welcomed by families and service users who told us what worked well for them during this period and how we could have worked differently. This very valuable feedback will help us in how to deliver services in the future.

Hillhall Short Breaks Unit and Ravara Training Resource Centre were winners and runners up respectively in the Regional Dragon's Den event and have used the investment to deliver on the proposed improvements. Plans to create a sensory space within Hillhall are underway and Ravara's co-produced cookery book is ready to be printed. The success of the projects has given a real boost to service users and staff with one service user stating that "it has helped us find joy". At a time of significant challenge, this has been a great success for the service overall.

### Clinical Psychology and Psychological Therapies

Clinical Psychology and Psychological Therapy Services have experienced a busy and challenging year. In response to COVID-19 restrictions all services moved to delivering both individual and group-based therapies through remote technology. This led to the establishment of new ways of working and protocols, which were positively received by service users. The service also developed a range of psychological supports for staff across the Trust. This included the establishment of a Staff Psychological Helpline; drop-in centres at the Ulster Hospital; team based support programmes; and the establishment of an individual Psychological Therapy Service for staff (developed in partnership with Occupational Health).

### Healthcare in Prison

Healthcare in Prison undertook substantial inter-agency working with the Public Health Agency & Northern Ireland Prison Service to devise an Operational Guidance document for a COVID-19 outbreak in prisons. Collaboration with the 5 nations (UK and Ireland) prison group ensured best practice was explored and learning captured. To date, the partnership approach has been extremely effective with only a very small number of people testing positive for COVID-19 whilst living in custody.

The AMEND programme, developed by the University of California, has requested that HMP Hydebank Wood College be part of its international placement programme to improve the culture of correctional facilities in the USA with interest in the collaborative approach between health and justice, the introduction of a diverse range of healthcare professionals and the use of innovative engagement (eg. storytelling, choir, animals). The addition of a NI prison to this programme is an outstanding achievement.

# Performance Overview

## Adult Services & Healthcare in Prisons

A very successful recruitment drive for Agenda for Change Band 5 and 6 nurses was undertaken in 2020 with a significant reduction in recruitment agency spend as a result. Additionally, successful recruitment of an Allied Health Professional (AHP) Lead, GPs, psychiatrists and AHPs occurred. Healthcare in Prison successfully passed the audit for student placements in 2020 and placements are now successfully facilitated. A face-to-face mental health triage service is now offered to all new committals to prison and a revised committal process has been developed to encompass the requirements of National Institute of Clinical Excellence guidelines. The Towards Zero Suicide programme has been implemented.

The co-produced comic book 'Biz in the Pris' won the Service User Engagement Award at the UK Health Service Journal Patient Safety Awards 2020 and was a finalist in the category 'Best innovation in your specialty' in the Royal College of Nursing (RCN) UK awards in the International Year of the Nurse 2020.

# Performance Overview

## Children's Services & Social Work

### Safeguarding Children

The Trust is now into its third year of implementing Signs of Safety (SofS). This trauma informed restorative approach is implemented in the gateway service for child and family teams with all initial child protection cases being managed by SofS. Training has continued throughout the year with over 670 staff trained in children's services. The dashboard has been rolled out across teams providing the Trust with a position in terms of the breadth and depth of implementation. Collaborative case reviews are in their infancy and this will provide an indication on outcomes for the families we serve.

Department of Health funding was received to address the unallocated cases in children's services. This funding enabled the service to fully examine how referrals are managed. A greater emphasis is now placed on early help; ensuring families receive an intervention in a timely fashion. We are doing this in partnership with the voluntary and community sectors. An example of early help is the provision of financial and practical support to families in need via the hardship fund.

Effective care planning remains a priority for the Trust and through the care planning work stream we have adopted a collective approach across the teams to enhance safe and effective care planning to support our staff to achieve this. The team developed a series of sessions to assist staff in care planning whereby we aim to achieve a plan of permanence for the child or young person at the earliest possible stage in their life. Comprehensive training is undertaken and resources are being made available to support staff in this complex area of work.

### Children and Young Peoples Care Services

The Trust has delivered improvements in children's residential care in line with the Quality Improvement methodology. In Marmion children's home staff and young people developed a 'Life Skills Hub' for young people, affording young people opportunities to learn new skills and build self-esteem. This project was awarded funding from the Dragons Den event, to build on the improvements made to date. In Flaxfield improvements have been made in making the home more 'homely', with an interior designer working with the young people to improve their bedrooms and shared spaces in the home. Residential and leaving care services in the Trust have responded to the increased need for care required for separated and unaccompanied children, often leading the region in the delivery of best practice.

Lakewood has experienced significant staff turnover over the last year with changes in leadership at all levels. Throughout they have strived to deliver a safe and effective service to our most vulnerable children amidst a pandemic and intense regulatory oversight. Despite this their commitment to delivering the best possible care has motivated their approach and has been underpinned by a quality improvement informed management system.

One example of this was the introduction of therapeutic care plans in June 2020 for each child admitted to the centre which has complimented and embedded the regional commitment to the Framework for Integrated Therapeutic Care.

# Performance Overview

## Children's Services & Social Work

In October a staffing / skills mix paper was prepared to inform the future model for Lakewood based on the needs of young people and capture lessons learned from the review of incidents that occurred between September 2019 and September 2020. It is acknowledged that the centre needed to strengthen its nursing/mental health support as well as Allied Health Professionals (AHPs) to improve the health care provided to our children and young people. The recommendations of this paper are actively being progressed and the outcomes will be evidenced in next year's Annual Report.

The centre is committed to strengthening the governance processes and embedding principles of improvement across the centre. Through the provision of collective leadership opportunities it is hoped that a quality management infrastructure will be embedded to support long term sustainable change that will provide the best possible support and care to our children and young people.

### Child Health

All of the services across Child Health continue to make a significant contribution to giving every child the best start in life. Throughout the COVID-19 pandemic, services and individuals continued to deliver, above and beyond.

Our Health Visiting service achieved the prestigious UNICEF Baby Friendly Initiative GOLD Award, in December 2020. Full roll out of Health Visiting within Down GP Federation Area occurred, providing greater support to children and families. School Nurses achieved the best ever School Flu Vaccination uptake in 2020 and were top Trust within Northern Ireland.

The Attention Deficit Hyperactivity Disorder (ADHD) service has developed a vision of future service delivery incorporating learning from the COVID-19 pandemic.

RISE NI teams began working regionally in partnership with the Education Authority to co-design and co-deliver training for teachers and parents in the areas of early years, emotional wellbeing and speech language and communication needs.

Our Community Paediatricians adapted quickly to the pandemic maintaining and enhancing service delivery through telephone and virtual consultations. The team welcomed the appointment of Dr Elaine McKinney, Speciality Doctor in Children's Health.

The Special Education Needs Service provides an interface between Health and the Education Authority for statutory operations. This project has been extremely successful, and succeeded in raising Trust compliance rates, consistently above 80%, which is one of the highest in the region. Our Admin teams across all of the services have worked tirelessly to support practitioners to adapt to modified and virtual consultations, to safely share accommodation throughout the restrictions and rebuild. Additionally they have provided compassion and assistance to parents, who are anxious about potential delays to appointment times for their child.

Community Nursing services have once again stepped up and gone above and beyond during the pandemic, providing continuity of care to very ill children and those with complex healthcare needs. The approaches were a blend of visual and virtual. Care staff demonstrated, their commitment to their roles and responsibilities, to the children and the Trust, with low absence rates and strict

# Performance Overview

## Children's Services & Social Work

adherence to infection control guidelines, Disability Nurses supported vulnerable families who were challenged further due to the closure of schools and respite facilities, where children suffered increased anxiety as a result of lost routines resulting in increased challenging behaviours.

### Prevention and Population Health

The team introduced a range of new services over the last year, including the Trust Shielding Service that provided support to over 2000 patients during the first lockdown. The team has also worked closely with partners to develop a range of supports for vulnerable children during the pandemic, included arranging over 70 new pandemic related child care and education placements, which included setting up a 'pop-up school' for our most vulnerable children and providing one to one support to care leavers.

The team also worked with a range of internal and external partners to create the Early Treatment Centre (ETC), which supported the development of a range of innovative services for patients in both primary and secondary care. This included a new Cancer Prehabilitation service, a Diabetes Remission pilot and the Cardiovascular Disease Prevention Programme now being extended to hypertensive patients in primary care. New ETC programmes are also being developed in partnership with Child Health, Paediatrics and Emergency Departments.

### Social Work Learning and Improvement

In response to COVID-19 the Learning and Improvement Team switched to digital technology to deliver courses and training. Staff quickly became skilled in the use of zoom and collaborated with the IT and Organisation Workforce Development departments to build confidence and competence in delivering training remotely. The team developed a workforce and wellbeing hub to co-ordinate staffing needs across the Children's Directorate.

The work of the workforce and wellbeing hub meant that safe staffing levels could be achieved within children's residential facilities amid COVID-19 related absence and that a short break and outreach scheme for families who had children with disabilities and complex needs could be re-established. Collaborative working with Human Resources and operational colleagues resulted in the HSC Workforce Appeal bringing in additional staff to maintain safe and effective delivery of services. Hub staff and operational colleagues designed and delivered a virtual induction along with hands on shadowing of existing staff to support the new employees.

Administrative staff within the Learning and Improvement Team led on a project to express thanks and appreciation for the professionalism, dedication and drive demonstrated by social workers and social care staff across the Trust. With resource made available by NHS Charities Together comfort packs were assembled and distributed to approximately 2,400 staff at Easter. Social workers and social care staff were delighted to receive their packs.

# Performance Overview

## Medical

### Clinical Risk Standards in Litigation

Mr Sean McGovern was appointed Associate Medical Director (AMD) for Clinical Risk Standards in Litigation in 2020. The role will involve identification, analysis and evaluation of clinical risk arising from incidents, complaints and litigation cases. There will be a responsibility to identify lessons to be learnt from these and also to identify training or development needs. He will also participate in preliminary advisory group meetings in relation to clinical and professional negligence claims. In this role also there is delegated responsibility on behalf of the Medical Director for the 'Encompass' and 'Chief Clinical Informatics Officer' Programmes.

The role also includes liaising with Primary Care to implement service reform with particular reference to Emergency and Urgent Care Reform. To this end Mr McGovern has been heavily involved as Co-Director of the Local implementation Group for the 'No More Silos' Project and the 10 key actions arising from the same. The role of AMD is also involved with supporting the implementation of the Mental Capacity Act (2016) across all Trust services.

COVID-19 has made implementation of Encompass and the Mental Capacity Act more challenging over the last year however these remain key areas of service development.

### Medical Education

Dr Craig Renfrew was appointed Associate Medical Director for Medical Education in 2020.

The Department of Medical Education has, like the rest of the Trust, been faced with the challenges of the global pandemic. This initially disrupted formal teaching programmes but with innovation and embracing new technology, training was maintained to a level which allowed most trainees to achieve the Annual Review of Competence Progression requirements.

We would like to thank the Consultant and Specialty Doctors who adapted their working and teaching practices to support our trainees, especially to those who were shielding.

The trainee body approached this period with great professionalism, learning to manage patients safely whilst wearing Personal Protective Equipment, planning and agreeing new rotas to meet the needs of their departments and supervising and supporting the interim Foundation Year 1 and Medical Student Technicians who joined us to help manage the ever changing situation.

Undergraduate Medical Student teaching was initially suspended but gradually returned to a blended approach supported by Simulation Based Education. The feedback from the students was that they received a very high standard of teaching and appreciated the efforts that their supervisors went to provide this. We have introduced Clinical Teaching Fellows this year - these are specialty doctors who have dedicated time in their job plans to provide weekly undergraduate teaching and this has proven to support and reinforce the teaching provided by the Consultants.

As we adapt and learn how to provide undergraduate and postgraduate education in this challenging era we will also begin again to have regular quality assurance reviews by Queens University Belfast and NI Medical and Dental Training Agency. We would like to thank all trainers who help to prepare for and take part in those.



# Performance Overview

## Medical

Finally the continued professionalism demonstrated by the administration staff of the department and Directorate teams must be acknowledged as they have ensured that students and trainees have been supported throughout this period.

### **Corporate Governance, Safety and Quality Improvement**

In 2020 Dr Bob Darling was appointed as Associate Medical Director for Corporate Governance, Safety and Quality Improvement. Dr Darling has clinical oversight responsibility for mortality systems and processes within the organisation. He also chairs the Standards, Policies & Guidelines; and Medicines Management Committees.

The Trust continues to review all deaths using the Regional Mortality & Morbidity Review system. During the pandemic Mortality & Morbidity (M&M) meetings have adapted and not been stood down, and an audit of multi-disciplinary team attendance at M&M meetings was completed. Going forward it is planned to further develop triangulation of data between M&M meetings and the Risk Management Department. Another key area of development will be the introduction of assurance mechanisms to ensure that learning / actions identified at M&M meetings are implemented, and Structured Judgement Review methodology training has been organised with the Royal College of Physicians for all M&M leads in April 2021.

There will also be the need to implement the relevant recommendations from the Inquiry into Hyponatraemia Related Deaths. This will include changes to the Serious Adverse Incident review process, an introduction of Duty of Candour as well as many other changes across Health & Social Care.

The Standards, Policies and Guidelines committee continued to meet during the pandemic. Going forward there will be high level directorate governance meetings quarterly to discuss any outstanding issues relating to compliance with guidelines and out of date policies. Work to validate the policy database and ensure all policies are up to date was delayed due to redeployment of staff during the first pandemic surge. This work will be completed for September 2021.

### **Medical Appraisal and Revalidation**

The maintenance of professional standards for doctors remains a cornerstone of good clinical practice and this is facilitated by a regular, robust appraisal process. However, in order to respond to the pandemic, the General Medical Council afforded greater flexibility by deferring those with revalidation dates between 16 March 2020 and 16 March 2021 for 1 year. This provided doctors with more time to complete appraisals and alleviated the pressure on Responsible Officers in regards to making revalidation recommendations during this time. This impacted 91 doctors in the Trust who had their revalidation date moved forward by 12 months. Notwithstanding this, the Trust did revalidate 32 doctors during the early part of 2020.

The Trust internally extended the date for completion of the 2019 and 2020 appraisals to 31 March 2021 and 30 June 2021 respectively.

During the past 12 months a number of training sessions for new appraisers were delivered and the Trust now has 65 trained appraisers enabling a ratio of 1 appraiser for every doctor.

# Performance Overview

## Medical

### Research and Development (R&D)

The Research Office continues to support the delivery of research activity in numerous specialities and disciplines across the Trust. Following the move to a process of confirming capability and capacity (C&C) for research, the team continues its regional engagement to support a delivery framework that makes Northern Ireland an attractive place to do research. By ensuring robust governance review alongside efficient study set-up, the Research Office enables access to innovative treatments and novel interventions for the community of the South Eastern HSC Trust.

This has never been more vital than in the last year when, in line with National prioritisation, the R&D Department's focus has been on clinical trials with urgent public health badging for COVID-19. The successful delivery of the Oxford 'RECOVERY' (Randomised Evaluation of COVID-19 Therapy) trial across multiple hospital sites at South Eastern HSC Trust was a key achievement. With the support of various Trust Departments including pharmacy, laboratory and hospital services/respiratory wards, the research team screened over 1750 inpatients, recruiting 127 to trial treatment. Thirteen patients received dexamethasone which subsequently became standard care as a direct result of the findings from the RECOVERY trial.

In our staff population, Public Health England's "SIREN" (Sarscov2 Immunity & Reinfection Evaluation) project explores the impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 and the impact of vaccination. With inter-departmental support from the COVID-19 testing team, phlebotomy, ICT and laboratories, South Eastern HSC Trust R&D exceeded its SIREN recruitment target and enrolled 271 health and social care staff volunteers to this important National study that has already reported on reinfection rates following natural COVID-19 exposure and on the effectiveness of the Pfizer-BioNTech vaccine from first dose.

# Performance Overview

## Human Resources & Corporate Affairs

### Human Resources

The Human Resources Directorate provide a range of services to just over 12,200 staff including Bank Staff. These include Employee Resourcing, Organisation & Workforce Development and Employee Relations.

#### Workforce 2020/21

Gender	Male	Female	Total
Headcount	2908	11,377	12,285
Change since 2019/20			- 7.8%

No of Job Applicants in 2020/21- **14,083**

No of Posts filled in 2020/21- **2874**

### Occupational Health

**Flu Vaccine Programme:** The Trust was well on track to meet the Public Health Agency target (increased to **75%** from 40% last year) and vaccinated **60.91%** of its workforce compared to **43.6%** last year. The Flu Vaccination Programme was then put on hold in December 2020.

**COVID-19 Staff Contact Tracing:** **903** COVID-19 positive staff were traced and **876** staff were required to self isolate. An additional **909** staff were identified as community contacts.

**FFP3 Fit Testing:** **4,486** staff were fit tested against a suitable FFP3 respirator mask. **1,720** passed against the DenPro Model which will be the main mask used by the Trust moving forward.

**Trust Corporate Bank:** **153,154** Bank and Agency shifts were filled equating to over **1.26 million** hours (1,269,548), a **5.2%** increase on filled shifts for last year. Ratio: **77%** bank, **23%** agency. There was a **76.6%** increase in bookings via a mobile application.

**Culture Assessment Survey:** During September 2020, the Trust ran its first Culture Assessment Survey. The survey assessed the elements of culture and collective leadership that are directly related to the delivery of high-quality, continually improving, compassionate care and support. Whilst this was undertaken during the COVID-19 pandemic, 19.6% of our staff took part and the results from the survey will provide a meaningful benchmark for Collective Leadership within the Trust.

**Health & Wellbeing:** During the initial surge of the COVID-19 pandemic a Health & Wellbeing task and finish group was established to co-ordinate support for staff. Some of the outcomes from this group were the creation of wobble rooms, co-ordination of donations and development of an online communication method to detail all support available to staff. Additionally a Leaders survey was conducted to establish what staff felt would be beneficial. This resulted in the availability of coaching, access to webinars in relation to self-care and Wellbeing helplines.

**First Steps Nurseries and Child Care Facilities:** The Trust Childcare facilities remained open this year, in the midst of the pandemic, and continued to provide quality childcare across the Trust's Day Nurseries, Summer Schemes and After Schools Clubs. In line with COVID-19 guidelines we

# Performance Overview

## Human Resources & Corporate Affairs

amended our risk assessments to ensure the safety of the children and the staff. We also focused on prioritising childcare for key workers and to support this we registered our nurseries to increase capacity within socially distanced pods and opened a temporary additional facility in Downpatrick.

### Patient Experience Department

The Patient Experience Department provide a comprehensive range of customer focused services to Patients, Visitors, Clients and Staff, which support the Trust's Service Delivery Plan.

**Environmental Cleanliness:** Despite significant additional activity to support the independent sector and unprecedented pressures during the pandemic and to support the vaccine centre the regional cleanliness target consistently exceeded the Very High Risk and High Risk standard of 90% set by the Department of Health.

**Personal Protective Equipment (PPE) Supplies & Logistics:** Patient Experience took over the management and supply of high demand products. On 23 March 2020, the DoH advised that BSO PaLS would no longer be processing orders for products included on the High Demand Management list. As we move to rebuild services there remains a requirement for the supply and distribution of PPE / demand managed items across Trust facilities as well as to the Independent Sector within the South Eastern HSC Trust geographical location.

**Catering:** All food production areas inspected during the year by the Environmental Health Officer received a food hygiene rating of 5 out of a possible top score of 5.

**Transport:** The Transport department lost a dear colleague to COVID-19 during the year. The Transport department provided significant logistical support to deliver the Flu and later COVID-19 vaccines to staff and then residential care homes. They also provided extensive shuttle bus services to redeployed staff. The department secured Van Excellence Award accreditation for the 4<sup>th</sup> consecutive year providing external assurance for all aspects of freight management.

**Central Sterile Supplies Department (CSSD):** CSSD retained ISO13485:2016 and MDD/93/42/EEC accreditation. CSSD have an established focus on improving the quality of the service; the number of reported incidents has decreased significantly and remained very low during the year. A similar quality improvement approach is now being applied to reduce non-conformances causing rework. Work is also underway to improve the flow of stock through the department.

### Risk Management & Governance

The Risk Management & Governance Directorate provides a corporate support function for the Trust and comprises five key service areas which include Complaints & Patient Liaison, Information Governance, Litigation Services, Risk Management Advisory Services and Office of the Chief Executive.

# Performance Overview

## Human Resources & Corporate Affairs

Some interesting facts for 2020/21:

- 527 complaints were received from services users (a decrease of 242 from 2019/20)
- 2,500 compliments received from service users (a decrease of 2,017 from 2019/20)
- 4,085 requests for information (a decrease of 1,990 from 2019/20). This may be attributed to the pandemic; overall compliance rates with legislative timeframes was 77%
- 15,168 incidents (a reduction of 389 from 2019/20) potentially due to the pressures of the pandemic
- 73 incidents were recorded as Major and 68 as Catastrophic
- 52 Reporting of Injuries, Diseases and Dangerous Occurrences Reporting (RIDDOR) incidents were created for non-COVID-19 related events
- 813 RIDDOR reports were created for COVID-19 employee incidents
- 1 potential major incident alert – gas leak at Lagan Valley Hospital – stood down and no activation of the Trust’s Major Incident Plan was required
- 0 declared major incidents –1 business continuity incident (Incident Control Room stood up for COVID-19 response from 9 March 2020 to 18 March 2021).

The online Complaints User Survey has been ongoing throughout the year to enable the Trust to receive feedback from complainants in relation to their experience of using the complaints process. Feedback has been used to inform service improvements and to train staff. Likewise, the lessons learned from our litigation and coroners cases are disseminated widely across the organisation.

The Litigation Department introduced two PageTiger staff guides in December 2020. One for Claims – covering Professional Negligence; Employer’s & Occupier’s Liability, Ex-Gratia and General Litigation. A guide for Coroner’s Inquests was also developed, which aims to support staff in a difficult situation. Both guides explain the processes and set out the expectations of staff involved. They include links to valid documents, support options and Frequently Asked Questions. A further PageTiger staff guide will be developed for Serious Adverse Incidents during 2021/22.

The Trust activated its Corporate Business Continuity Plan and stood up an Incident Control Room (ICR) on 9 March 2020 to coordinate the Trust’s response to the COVID-19 pandemic. The ICR was operational until 18 March 2021. A new incident reporting process has been developed, working closely with Occupational Health colleagues, to ensure the effective identification and reporting of workplace sourced COVID-19 positive employee cases to the Health and Safety Executive NI, ensuring compliance with RIDDOR regulations.

### PR & Corporate Communications

During the past year of the pandemic, the need for clear communication to staff and public has never been greater. Constantly changing government instructions and guidelines were relayed via numerous channels, including signage, videos, press / media releases and staff updates. The Communications Team was also successfully restructured, with increased emphasis on digital output and the new Trust website was launched.

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## Planning, Performance & Informatics

### Personal and Public Involvement (PPI)

The Trust's Personal and Public Involvement strategy, developed and designed with service users, carers, volunteers and staff, continues to be implemented across the Trust.

The COVID-19 pandemic has had a significant impact on all services, including Personal and Public Involvement. Despite some planned actions having to be paused, there have been a number of successes in Personal and Public Involvement. These include:

- An information session and induction booklet was developed regionally to support service users and carers who become involved with Health and Social Care Trusts
- PPI sub-committee and other service user group meetings moved to a virtual format and support was provided to service users and carers to ensure the ability to attend and participate
- Training / learning resources involving service users and carers during the pandemic were developed regionally across Trusts with the South Eastern HSC Trust as a lead partner
- PPI was acknowledged as key in the overall COVID-19 learning framework, led by the Trust's Quality Improvement team. A number of case studies continue to be used as examples of key learning and new ways of working
- Involvement through virtual methods continues to be explored and developed further
- Work is ongoing with the Department of Health and the Patient Client Council to progress involvement activity in regional strategic projects and rebuilding our services.

### Encompass Programme

Similar to other Health and Social Care services, the Encompass Programme was also impacted by the onset of the pandemic. As such the programme adjusted key milestones and activities that were due to deliver this key digital solution across NI to ensure frontline focus on the pandemic response.

The Trust Encompass team continued to support regional colleagues with the pre-requisite procurements and ground work required to meet the new 'go-live' timescale of Spring 2023 with the significant 'Build and Configuration' stage set to commence in September 2021, while also beginning recruitment of local resources to support the programme.

### No More Silos

There is clear evidence that urgent and emergency care services are under increasing pressure. Growing numbers of people are experiencing long waits to be seen in overcrowded Emergency Departments (ED). The impact of COVID-19, and the focus on infection prevention and social distancing, has driven home the urgent need for change. In response, the Health Minister Robin Swann published an Urgent and Emergency Care Action plan - 'No More Silos' in October 2020 to maintain and improve urgent and emergency care services throughout the pandemic and beyond. The action plan established a 'No More Silos' network, bringing together service users, health care professionals from Primary and Secondary Care, Commissioners and Policy makers to oversee delivery of key actions outlined in the plan.



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## Planning, Performance & Informatics

These actions include:

- Developing a 'Phone First' Service
- Establishing Urgent Care Centres
- Developing a range of new rapid access and treatment services
- Developing a range of services to better support older people and key groups.

The overall aim is to ensure that patients and clients requiring urgent or emergency care can access the right care, in the right place and at the right time.

To support the work, the No More Silos - South Eastern Local Implementation Group has been formed to consider plans for the Trust area, which is contingent on financial support.

### Contracts, Social Care Procurement and Commissioning

During the 2020/21 COVID-19 pandemic the Contracts and Commissioning team became the Trust central point of contact providing co-ordinated communication and support to the independent sector. The Department co-ordinated the supply of Personal Protective Equipment (PPE) and set up a centralised ordering and delivery process, providing over 700,000 items of equipment per week across a range of independent sector services and for thousands of direct payment recipients and their carers.

### Performance & Improvement

Since March 2020 COVID-19 has had a significant impact on Health and Social Care (HSC) services across the Trust. Many services had to suspend or reduce their normal services. In July 2020 the Trust commenced rebuilding of services in line with rebuild plans agreed with the Health and Social Care Board (HSCB). The Performance and Improvement Department has provided corporate support Trustwide, developing both COVID-19 surge plans and subsequent rebuild plans to ensure coordination of the recovery of Non-COVID-19 Health and Social Care Services. The Trust's Rebuild plans focus on delivering for our population based on the agreed regional approach: to ensure equity of access for the treatment of patients across NI, to minimise transmission of COVID-19; and to protect access to the most urgent services for our population.

#### **Notable achievements in 2020/21 include:**

- Securing investment of £27m for a range of services including £16.3m for the New Decade New Approach programme, Trustwide. Examples of projects which were successful in securing funding in year include Primary Care Multi-Disciplinary Team's (MDT's), Unscheduled Care, Intermediate Care, Enhanced Care at Home, Children's Post-Permanence Support and Towards Zero Suicide
- Building on the success of the introduction of regional day case elective care centre for treatment of Varicose Veins and Cataracts. The Day Procedure Centre at LVH is becoming a dedicated regional day procedures and surgery centre for patients requiring specific procedures from all Trusts across NI
- Supporting the COVID-19 management oversight, developing systems to enable daily performance reporting on the impact of COVID-19 within key services affected

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## Planning, Performance & Informatics

- Co-ordination of Trustwide performance monitoring and data analysis against targets, standards, key performance indicators including progress against our rebuild projections as well as indicators of populations outcomes
- Supporting the Quality Improvement and Innovation agenda including leading the internationally recognised ISO 9001 as the Trust's Quality Management System across the Trust, with almost 70 teams now accredited within this programme.

### Technology and Telecommunications

The Information and Communication Technology (ICT) Department has been delighted to support, enable and help Trust colleagues and associated services to continue to deliver care to our community throughout the course of this year. We are proud to have had an opportunity to inform, design and deliver 'digital' ways of working that enabled staff to continue to be productive. One of the key learning points from COVID-19 was this pandemic has provided the opportunity for services to reimagine 'digital' ways of working that continue to put the service user at the heart of services whilst considering how technology can contribute to safe, efficient and effective care. 2020/21 has been a truly exceptional year for the ICT Department and we are incredibly proud and thankful for our staff. Their dedication, effort, time, 'can do attitude' and commitment has been unbelievable.

#### **Notable COVID-19 'Digital' achievements delivered include:**

- Exponential uplift in staff ability to work from home (circa 4500 staff enabled)
- Provision of ICT equipment and enhancement of infrastructure to support care
- Exponential expansion of Video Conferencing services to enable virtual consultations, patient visitation and staff communications
- Adaptation of Clinical Information Systems to support COVID-19 impacts
- Development of Management Dashboards to monitor performance and support decision making
- Uplift in Telecommunications / Switchboard capability to support staff / public communications
- Commissioning of ICT infrastructure & hardware for the Trust's Nightingale Hospital
- Contribution to HSC Regional Rebuild and No More Silo's initiatives
- Commissioning and support of Trust and Regional Vaccination Centres.

Notwithstanding COVID-19 mitigation, the Trust ICT Department continued to invest and support service transformations in 2020/21. Technology continues to be a key enabler for delivery of safer, faster, better Health and Social Care. The demand for timely access to Patient and Client data by Health Care Professionals makes it more important than ever to have a robust technological infrastructure and an environment that promotes and supports its use.

#### **Notable achievements in 2020/21 include:**

- Successful investment of £9.5m in Digital solutions and infrastructure including entitlement to licenced and up-to-date Microsoft software which will provide staff access to Office 365 (including Microsoft Teams, Exchange Online and One Drive). Moreover staff will have greater access to ICT equipment to enable them to carry out their role

# Performance Overview

## Planning, Performance & Informatics

- Continued commissioning of ICT infrastructure, equipment and systems related to the ongoing Trust Strategic Capital schemes (eg. Ulster Hospital Acute Service Block & Lisburn Primary Care Community Centre)
- Continued rollout and development of the Kainos Evolve Electronic Medical Records System and Northern Ireland Electronic Care Record throughout the Trust, to minimise use of paper and provide instant access to medical records in any setting to directly support patient / client care.
- Further development of community based systems to directly support professionals providing care to our community
- Support of Trust staff using ICT devices to deliver care, for example ICT Department maintain 16,400 devices (18% increase from last year), 52% (3% increase) of which enable mobile working, 300 Acute, Mental Health and Business Systems and circa 11,750 staff accounts (6% increase).

# Performance Analysis

## Performance Informatics

The Trust measures and reports its performance against a broad range of targets and standards. Many of these focus on hospital-based care, but there are also many targets and standards that focus on how we care for people in their own homes and communities, how we safeguard children, and the services we provide to those who have disabilities or mental health problems. The Trust's performance compares favourably with the other Trusts in Northern Ireland. The following gives a flavour and brief overview of some of the targets that are set for the Trust, and indicates the performance for March 2021, with a comparative position at March 2020.

<b>Hospital Services</b>			
<b>Target 2019/20</b>	<b>Commentary</b>	<b>March 2020</b>	<b>March 2021</b>
<b>Inpatient &amp; Daycase Waits:</b> Minimum of 55% of inpatients and day cases to be treated within 13 weeks and no patient to wait longer than 52 weeks	Since March 2020 COVID-19 has had a detrimental impact on Health and Social Care (HSC) services across the Trust with many services required to suspend or reduce capacity to enable the Trust to respond to the pandemic. This was particularly evident in elective inpatient and daycase activity, with services suspended or capped and staff redeployed.	44% (13 wk)	26% (13 wk)
		77% (52 wk)	56% (52 wk)
<b>Outpatient Waits:</b> Minimum of 50% of patients should wait no longer than 9 weeks for a first outpatient appointment and no-one to wait longer than 52 weeks	Face to face outpatient services had to be suspended for many service areas during the second and third surge of the pandemic which impacted on outpatient wait performance. This was mitigated, where possible, via the use of virtual services for appropriate specialities.	16.2% (9 wk)	13.5% (9 wk)
		51.8% (52 wk)	70.4% (52 wk)
<b>Diagnostic Test Waits:</b> 75% of patients should wait no longer than 9 weeks for the following diagnostic tests	<b>Imaging</b> – ie. X-Rays. Performance improved this year due to the reduction in demand as result of the downturn in Outpatient and elective services	51.8%	70.4%
	<b>Physiological Measurement</b> Performance improved this year due to the reduction in demand as result of the downturn in Outpatient and elective services	46%	52.2%
<b>Diagnostic Reporting (Urgent):</b> all urgent diagnostic tests should be reported within 2 days of the test being undertaken.	Timeliness of diagnostic reporting was impacted through reduced staff availability as a result of the Covid-19 pandemic	76%	68.5%
<b>Hip Fractures</b> 95% of patients to have inpatient treatment for hip fractures within 48 hours	The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak unscheduled fracture demand and due to the urgency of other complex fracture trauma cases.	92%	77%
<b>Other Fractures</b> From April 2014, 95% of patients, where clinically appropriate, wait no longer than 7 days for inpatient fracture treatment	The Trust is meeting this target	96.6%	100%

# Performance Analysis

## Performance Informatics

<b>Cancer Services</b>			
Target	Commentary	March 2020	March 2021
All urgent breast cancer referrals should be seen within 14 days.	The Breast service has been impacted by staff availability; however, performance exceeded 95% for 10 of the 12 months, with exceptions being in November 2020 and March 2021.	98.3%	17.4%
98% of cancer patients should commence treatment within 31 days of decision to treat.	Compliance against the 31 day target remains challenging, however the Trust continues to maximise use of Independent Sector and Waiting List Initiatives.	96%	93%
95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	Compliance against the 62 day target remains challenging and will continue to be impacted by both the after effects of the COVID-19 pandemic and increasing demand.	45%	58%

<b>Community Services and Services for Older People</b>			
Target	Commentary	March 2020	March 2021
<b>Allied Health Professional Outpatient Waits:</b> no patient should wait longer than 13 weeks from referral to commencement of treatment.	Allied Health Profession services had a significant number of staff redeployed from outpatient services, during the pandemic, and the availability of staff has impacted on performance. Each profession has however, utilised technology and continued face to face treatments where possible over the last year. This ensured urgent referrals were triaged and advice given to patients so that treatment continued during this period.	93.4 %	71.4%
<b>Assess &amp; treat older people</b> - older people should have the main components of their care needs met within 8 weeks of the completion of assessment.	Each person's assessment of need is risk assessed and the care package required is offered out twice daily to all care providers.  Other options for care and support through Self Directed Support and direct payments are discussed with every service user.	97%	99%

<b>Children's Services</b>			
Target	Commentary	March 2020	March 2021
All children admitted to <b>residential care</b> should, prior to admission, have had their placement matched through the Children's Resource Panel Process.	The Trust is meeting this target.	100%	100%
<b>Care leavers in education, training or employed</b> Ensure that at least 75% of all care leavers aged 19 are in education, training or employment.	The Trust is meeting this target.	67%	83%
<b>Autism.</b> No child to wait more than 13 weeks for assessment following referral.	The Trust is meeting this target.	100%	100%
<b>Autism.</b> No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	The Trust is meeting this target.	100%	100%

# Performance Analysis

## Performance Informatics

<b>Adult Services</b>			
<b>Target</b>	<b>Commentary</b>	<b>March 2020</b>	<b>March 2021</b>
<b>Discharges:</b> 99% of patients admitted to Mental Health services for assessment and treatment to be discharged within 7 days of the decision to discharge.	The Trust is meeting this target.	87.0%	100%
No patient to wait longer than 13 weeks from referral to assessment and commencement of psychological therapies.	Deterioration in performance is due to increased demand; increase in complexity and staff recruitment challenges.	29.6%	25.3%

In July 2020, after the first surge of the COVID-19 pandemic, plans to rebuild services were agreed with Health and Social Care Board (HSCB). Performance against rebuild projections has become the main performance management focus of HSCB over the last year; with rebuild continuing over the second surge between September and December 2020. Post-Christmas 2020, the most significant and challenging surge of Covid-19 was experienced resulting in significant service disruption. At March 2021, out of 49 agreed rebuild indicators, the Trust either achieved or over delivered against 42 indicators.



# Performance Analysis

## Strategic & Capital Development

The Strategic & Capital Development Department has successfully progressed a number of large scale capital projects during 2020/21.

Notable achievements include:

- Ulster Hospital Redevelopment - Acute Services Block and New Laundry
- Emergency Department Car Park
- Lisburn Primary and Community Care Centre (PCCC)
- Colin Town Centre – extension to Stewartstown Road Health Centre.

The team continue to progress plans to develop new models of care across a range of services in partnership with operational services. This includes plans for a new purpose built Acute Mental Health Inpatient Unit at the Ulster Hospital. An updated Capital Plan has been developed, setting out the Trust's capital priorities over the period 2019 - 2029 and the Trust awaits the outcome of the Regional Capital Plan (2019 - 2029) which is currently awaiting Ministerial approval.

# Performance Analysis

## The Impact of COVID-19 and EU Exit in 2020/21

### Impact of COVID-19 on the Trust Services in 2020/21

Since March 2020 COVID-19 has had a detrimental impact on Health and Social Care (HSC) services across the Trust. Many services had to suspend / reduce normal service. The greatest impact was on acute services which experienced increased unscheduled care demand, which had consequences for other services such as elective surgery, day surgery, outpatient work which had to reduce or in some instances temporarily cease in order to provide direct support.

In rebuilding our services initial priority was given to those who urgently required services and planned cancer surgery. The Trust's Rebuild plans were assessed against a Department of Health (DoH) checklist to assure our service users, patients and staff that a number of key issues had been considered.

These included, but were not limited to:

- Social distancing guidelines and the impact this had on physical space,
- Availability of Personal Protective Equipment
- Workforce availability
- Supply of blood products
- Medicine supplies; and
- Adherence to infection and prevention control guidelines.

Our absolute priority has been to keep our patients, service users and staff safe.

In July 2020 the Trust commenced rebuilding services in line with plans agreed with the Health and Social Care Board (HSCB). The Trust was able to maintain progress of rebuilding services during the second surge of COVID-19 which began in September 2020, by creating separate pathways for COVID-19 and non COVID-19 patients for elective surgery and providing innovative alternatives to ensure our service users continued to be supported throughout this period.

However, in the 3rd surge, which began in late December 2020, the numbers of COVID-19 patients requiring admission grew significantly (43 at the peak date in Surge 1 to 112 at the peak date in surge 3). The Trust had to take action to ensure patient and staff safety could be maintained. The actions taken were based on the Trust's resilience plan and included:

- Scaling up Critical Care Capacity to 16 beds
- Prioritising beds for those considered to be in most clinical need, regardless of place of residence
- Providing support to the regional Vaccination Programme which placed additional demands on the workforce.

The Trust is committed to re-introducing services when it is safe to do so. We have also learned from experience and engagement over the last year and developed innovative ways to deliver services. South Eastern HSC Trust is fully cognisant of the long term health and social impact that the decisions we had to make will have upon those we serve.

# Performance Analysis

## The Impact of COVID-19 and EU Exit in 2020/21

The published plan and associated activity targets for the Trust in the period April to June 2021 can be obtained from the links below:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-rebuilding-sehsct-plan-phase-5.pdf>

<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-rebuilding-hsc-services-phase-5-data-annexes.pdf>

### Impact of EU Exit on the Trust in 2020/21

The DoH asked the Trust to scope out the impacts if the UK were to leave the EU without a deal. An internal EU Exit Group was established to oversee the Trust's response, chaired by the Director of Human Resources & Corporate Affairs. This group has continued to meet on a regular basis and deals with all communications and actions required in respect of EU Exit.

The key impacts identified related to:

- Supply of goods from GB resulting from the NI Protocol
- Reciprocal healthcare arrangements where the UK and the EU will continue to provide health services to residents who are abroad
- Data transfer. An arrangement exists to provide up to 6 months extension to facilitate data adequacy
- The supply of medicines. No concerns were raised for the Trust and this will not be an immediate issue due to a 12 month lead in period before customs regulations come into effect
- Workforce Mutual Recognition of Professional Qualifications (MRPQ). Where Trusts in NI provide services into the Republic of Ireland (RoI), medical and nursing staff are required to be dual registered with their respective bodies in both NI and RoI. Initial information indicated that this would not have an impact for the Trust. It is more of an issue for social workers however.

The Trust Incident Control Room, which was in operation for the COVID-19 response allowed individual Trust Directorates, via the situation reporting process, to advise of any impacts associated with EU Exit for escalation to Silver Command as appropriate. None were reported.

Within the public sector in NI which includes all HSC bodies a Common VAT registration exists. As such all HSC bodies have the same Economic Operator Registration identification (EORI) number. Suppliers do not require this EORI number in order to deliver goods to NI if they operate under the Public Sector Standard Conditions of Contract.

The Trust wrote to 138 GB suppliers whom we procure directly from advising them of their responsibilities to deliver goods under the trading term of 'Delivered Duty Paid'. This puts the onus on the supplier to ensure all necessary customs declarations and safety paperwork is completed by them before shipping the goods to NI.

No major impacts as a result of EU Exit have been reported within the Trust. Trusts were advised to build a 3 month buffer stocks of medical devices and clinical consumables not procured via the HSC Procurement and Logistics Service. As there has not been any impact of EU Exit as of 31 March 2021 these stocks are now being released for use. The situation continues to be monitored via the Trust Procurement Board.

# Performance Analysis

## Finance Report

### Budgeting Framework

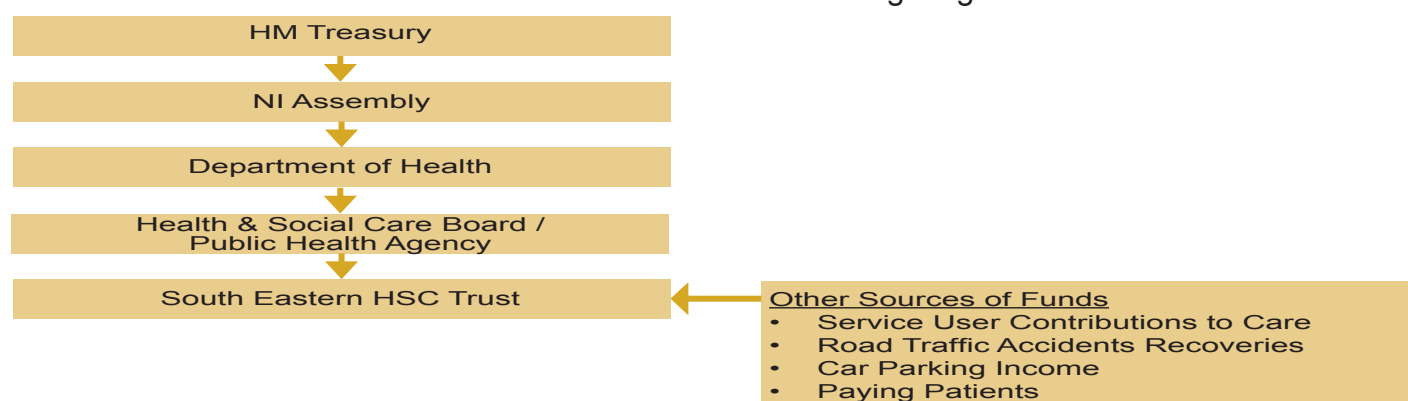
The Assembly passed the Budget Act (Northern Ireland) 2021 in March 2021 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2020-21 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2021 also authorised 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.

The South Eastern HSC Trust had an operating expenditure budget of £948.3 million (m) which was an 18% increase over 2019/20 and a capital expenditure budget of £47.6m in 2020/21.

The Trust's Revenue Resource Limit (RRL) represents the funding provided to it primarily by the Department of Health via the Health & Social Care Board or the Public Health Agency. For the 2020/21 financial year, this was made up of £860.0m of cash RRL and £44.3m of non-cash RRL.

In addition other sources of income that were converted into budget included service user contributions to the cost of their care and car parking income. These totalled £44.0m.

The flow of funds into the Trust is demonstrated in the following diagram:



Funding is used to provide a wide range of health and social care services to the population of North Down, Down, Ards and Lisburn local government districts – a population of approximately 355,000 people. In addition, the Trust also provides services to a wider population of 440,000, mainly via the Ulster Hospital, Dundonald, due to its proximity to Belfast.

### Financial Environment

Health & Social Care, as well as the wider public sector, is facing an increasingly challenging financial climate and this continued to be felt by the Trust during 2020/21. The Trust was set a financial savings target of £8.6m in 2020/21, all of which was achieved through non-recurrent efficiency measures. These included vacancy controls, in-year slippage on developments and savings due to natural delays in the recruitment process. The Trust also delivered its annual breakeven duty, reporting an overall surplus of £45,000.

Meeting the challenges of COVID-19, Rebuilding the Trust's services and the 'No More Silos' programme resulted in a significant cost increase in 2020/21 which totalled £110.5m of additional revenue and £6.2m of capital expenditure.

# Performance Analysis

## Finance Report

The split of the additional revenue & capital expenditure, by area, is reflected in the table below:

	Revenue Cost £m	Capital Costs £m
COVID-19	104.2	2.5
Rebuild	5.8	3.7
No More Silos	0.7	0.0
<b>Total</b>	<b>110.7</b>	<b>6.2</b>

Further detail is provided in the 'COVID-19 Expenditure Analysis 2020/21' section below.

Some services had to be stood down for various reasons including clinical, patient and staff safety. The Trust commenced its 'rebuilding' programme in June 2020. This will see some services delivered differently for the foreseeable future.

In tandem with COVID-19, the Trust took forward the 'No More Silos' (NMS) strategy in partnership with the South Eastern Local Implementation Group. The NMS initiative is a response to the increasing pressure on urgent and emergency care with a focus on strengthening and improving coordination between primary and secondary care. The Trust is keen to progress all 10 key actions within the NMS action plan and in 2020/21, we have taken forward a range of measures to assist medically fit patients with their timely discharge from hospital. A number of rapid access assessment & treatment services have been developed and our first urgent care centre was piloted at the Downe Hospital.

### Overall Financial Performance

The Trust's performance against its key financial targets is summarised in the following table:

	Target £000	Actual £000
1. Financial Breakeven - Surplus / (Deficit)	-	-
2. Capital Resource Limit (CRL)	47.6	47.6

In the year, the Trust's surplus on its revenue funding was £45,000, meeting its breakeven requirement. Of this, £54,000 was an overspend relating to the New Decade New Approach projects. This was offset by underspends of £13,000 on COVID-19 and £86,000 on the normal day to day business of the Trust.

Despite the financial challenges and turbulence caused by COVID-19, the Trust achieved financial balance, whilst continuing to drive its Safety, Quality and Patient Experience (SQE) agenda. This has been as a result of a combination of sound financial management and the continued efforts of our staff to deliver the highest levels of care to our patients, service users and their families. The Trust continued to deliver on a significant capital expenditure programme of £47.6m comprising £18.5m associated with the building of the Acute Services Block at the Ulster Hospital, £19.4m specific capital projects and £9.7m for various minor capital projects funded from the Trust's general capital allocation. In addition to the £47.6m CRL, there was additional capital spend of £2.1m funded from Charitable Funds bringing the total capital spend to £49.7m.

# Performance Analysis

## Finance Report

The Trust has also continued to focus on improving its prompt payment performance. This is the measure of the speed by which we pay our invoices. The Trust's cumulative Prompt Payment Performance for the year is summarised in the table below:

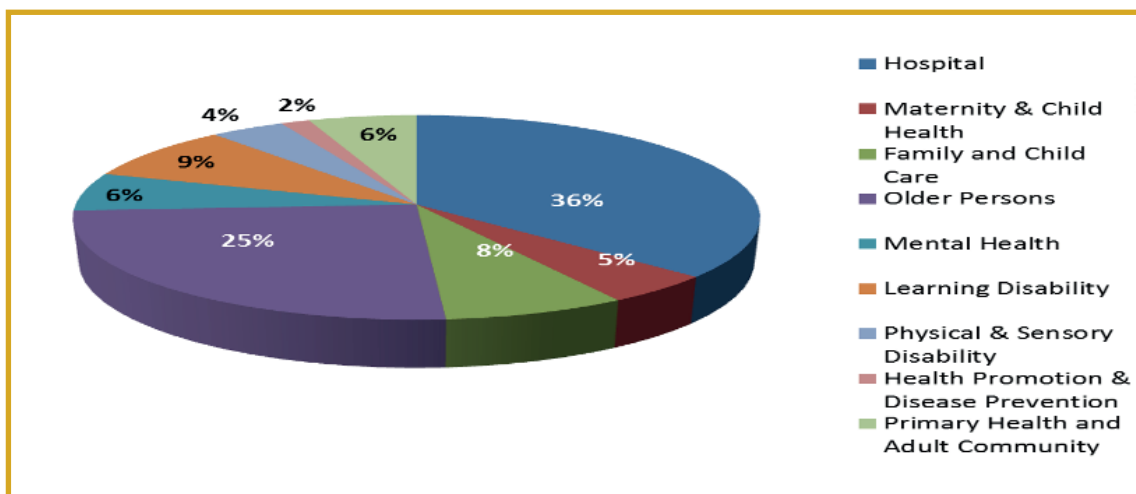
Measure	Target	2020/21	2019/20
Payment in 30 days	95%	<b>95.98%</b>	95.29%
Payment in 10 days	70%	<b>75.17%</b>	79.57%

The Trust exceeded the 95% target for payment of invoices within 30 days, at 95.98% cumulatively for the financial year, further improving its performance in comparison to the previous financial year (95.29% in 2019/20). The Trust is performing well above the 70% target for the payment of invoices within 10 days, at 75.17%, albeit at a reduced performance compared to 2019/20.

### Expenditure Analysis 2020/21

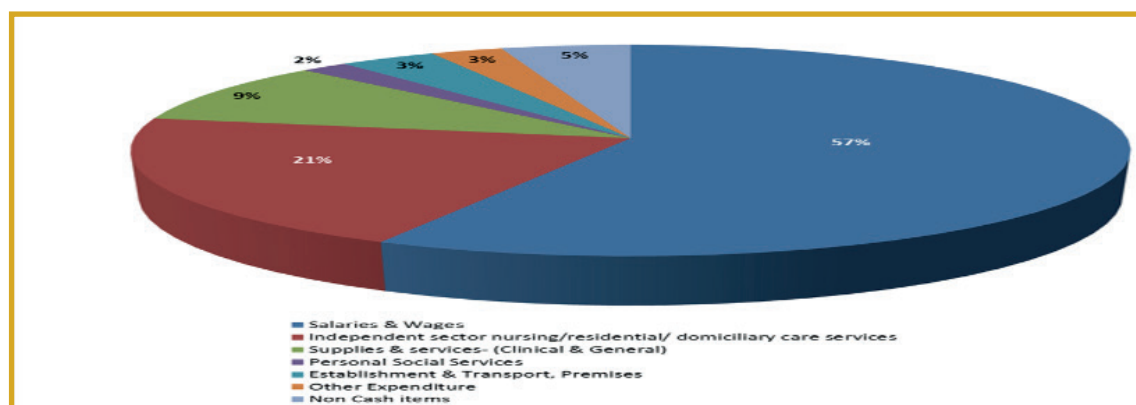
Health and Social Care services are classified into different programmes of care and an analysis of the Trust's revenue expenditure across them is illustrated in the following chart.

Percentage Expenditure by Programme of Care:



The largest area of revenue expenditure is within Hospital services, which consumed 36% of the Trust's total revenue expenditure.

The following chart illustrates how the Trust spent its revenue funding in 2020/21.





# Performance Analysis

## Finance Report

The Trust is dependent on its skilled and dedicated workforce to deliver high quality services to patients and clients and therefore the largest area of expenditure is in respect of pay costs, £544.7m. Within this total, the Trust spent £99.8m on doctors and dentists, £173.1m on nurses & midwives and £83.6m on social work / social care and domiciliary homecare staff.

Goods & Services costs of £359.2m include £196.0m for residential, nursing and domiciliary care delivered primarily by other organisations on the Trust's behalf. This accounted for 21% of the Trusts total expenditure which was the same percentage of total 2020/21 costs as 2019/20.

The Trust also spent £88.7m on clinical and general supplies such as Personal Protective Equipment, drugs and minor medical equipment. This represented 9% of the 2020/21 total costs and is a 2% increase in expenditure on clinical and general supplies since 2019/20.

Non-cash expenditure of £44.3m included items such as depreciation, amortisation and impairment on non-current assets. This also relates to non-cash costs associated with provisions, such as clinical negligence and employer liability litigation cases. This expenditure is met by separate (RRL) funding from the Department of Health.

### COVID-19 Expenditure Analysis 2020/21

The following table demonstrates how £110.7m of COVID-19 expenditure was incurred along with a summary of the outcome the expenditure helped to achieve. All costs were necessary to deliver the Trusts key strategic objective of providing the highest level of care to our patients, service users and their families.

Area of COVID-19 Spend	Outcome Achieved	Spend from COVID-19 Funding £m	Spend from SEHSCT Funds £m	Total Spend £m
Workforce	Continuity of critical frontline services	25.8	-	25.8
Service Delivery	Financial stability of nursing homes and domiciliary care services	20.5	-	20.5
Infrastructure	Keeping staff safe through social distancing measures	3.4	-	3.4
Equipment & Supplies	Keeping staff safe through provision of Personal Protective Equipment & hiring of equipment eg. showering facilities	24.1	-	24.1
IT & Communications	Keeping staff safe via remote working	0.1	-	0.1
Corporate Costs & Loss of Income	Increased staff morale from free car parking but reduced income from client contributions following deaths in care homes	2.8	-	2.8
Other Costs including Restart	Increased goodwill of staff by paying for unused annual leave	27.5	-	27.5
Rebuilding Services	Resumption of services stood down in wave 1 of COVID-19	5.8	-	5.8
No More Silos Programme	New ways of delivering unplanned hospital care	0.7	-	0.7
<b>Total Expenditure</b>		<b>110.7</b>	<b>-</b>	<b>110.7</b>
<b>Total Funding Received</b>		<b>110.7</b>	<b>-</b>	<b>110.7</b>
<b>Surplus / (Deficit)</b>		<b>-</b>	<b>-</b>	<b>-</b>

# Performance Analysis

## Finance Report

Every year the Trust includes estimated costs in its accounts if a payment is due for the financial year being reported upon but which has not been physically paid by 31 March 2021. Estimated costs are included in the table above for the following items:

- £0.5m to compensate employees for unused annual leave which they have elected to have paid. The basis of estimation was the total number of days they wish to be paid for multiplied by £199 per day. The value of £199 per day is based on the average cost per full time member of staff across all staff grades and staff types
- £9.7m for a COVID-19 recognition payment to be paid to all Trust employees & Agency workers at the direction of the Minister of Health. Accurate figures will not be available until all compliance checks are undertaken to avoid the risk of duplicate payments being made. The basis of the calculation is the estimated number of full time employees (fte) multiplied by £840 per fte (to cover any income tax and National Insurance costs due from both employees and employers)
- £1.1m for outstanding grants and claims to the Community & Voluntary sector. Accurate figures will not be available until it is known which providers wish to avail of the 4 schemes available. It is likely that a regional pro-rating exercise will be required to ensure costs remain within the region as funding envelope of £5.2m. In the meantime all Trusts have adjusted their accounts based on the initial proposed funding allocation issued from the DoH.

### EU Exit Expenditure Analysis 2020/21

No additional expenditure was incurred in preparing for the UK leaving the European Union.

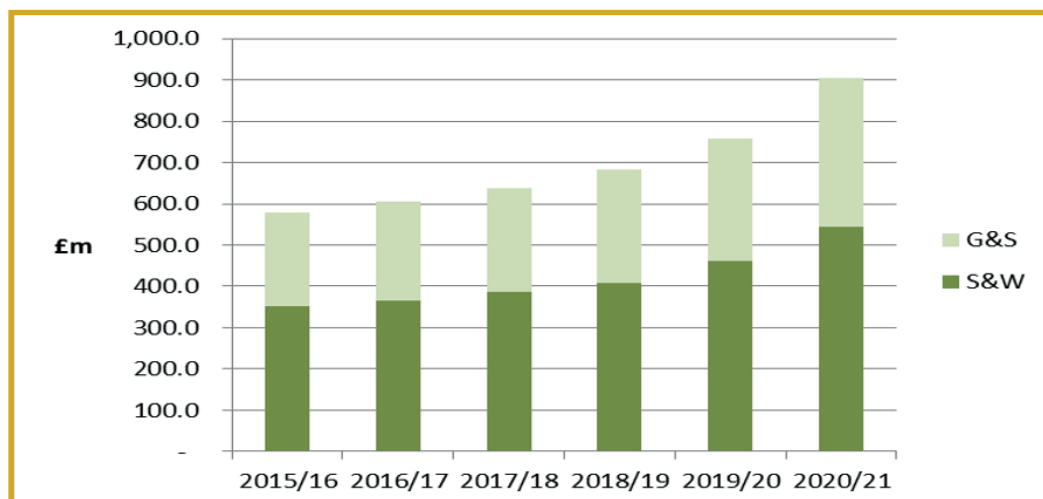
### New Decade New Approach (formerly known as the Transformation Programme)

Finally, the Trust continued to support 57 transformation projects most of which commenced in 2018/19, under the new banner of New Decade New Approach. Revenue expenditure of £16.3m and capital spend of £0.8m was incurred in 2020/21.

### Long Term Expenditure Trends

The chart below shows actual revenue expenditure, broken down by salaries and wages (S&W) and goods and services (G&S), incurred by the Trust from 2015/16 to 2020/21.

### Revenue Expenditure (£m) from 2015/16 to 2020/21



# Performance Analysis

## Finance Report

Pay expenditure was just over 60% of the total of these two categories in 2020/21, which excludes other elements of non-cash revenue expenditure, such as depreciation on assets.

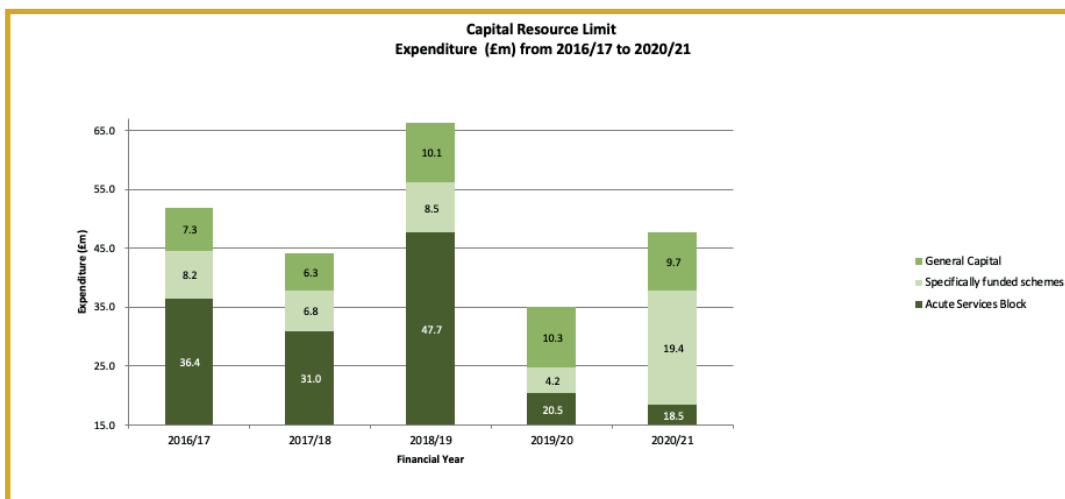
### Capital Investment

In addition to the annual spend on paying staff and other expenses; the Trust is involved in a continuous process of improving its facilities and equipment. During the year, £49.7m was spent on capital investments. This was made up of £47.6m CRL and £2.1m of charitable funds. Charitable fund investment was mainly in respect of the Macmillan Unit. The main elements of capital expenditure are presented as follows in the annual accounts.

Capital investment 2020/21	£m
Ulster Hospital Redevelopment Acute Services Block and Laundry excluding investment ICT, plant & equipment	11.6
Buildings, estates and maintaining essential services	11.1
Plant & Equipment	15.3
ICT	11.5
Vehicles	0.2
<b>Total (including charitable funds)</b>	<b>49.7</b>

The Trust's funding and spending each year on specific capital investments will fluctuate, based on the number, scale and stage that approved schemes have reached.

The following chart illustrates the Trust's capital expenditure over the period from 2016/17 to 2020/21. The figures exclude expenditure funded from Charitable Funds and only the breakdown of spend based from our Capital Resource Limit.



### Looking Forward into 2021/22

Whilst 2021/22 will continue to be challenging financially for the Trust, the Health & Social Care Board and the Department of Health (DoH) will work together to finalise savings requirements for the Trust and to develop a financial strategy to address pressures and which emphasises the need for continued efficiency. The Trust is currently planning to identify Directorate savings to deliver these on a recurrent basis. These may include high impact proposals.

# Performance Analysis

## Finance Report

The Directors believe that the Trust will continue to operate on a “going concern” basis.

### Income & Expenditure from Charitable Donations

In addition to the funding allocations that the Trust receives from the Department of Health, the Trust also receives charitable donations from members of the public. During the financial year 2020/21, the Trust received just under £3.4m in donations or COVID-19 related grants.

There were two significant donations/grants received during the year. NHS Charities Together grants, including fundraising by Sir Captain Tom Moore of just over £0.15m and a donation on the last day of the financial year from the DoH of £3.0m. Whilst it is highly unusual for public money to be donated to Trust Charitable Funds, this is being done under a Ministerial direction. Therefore the Trust has authority to accept and administer these funds.

The Trust would like to take the opportunity to thank all those who have donated to the Charitable Trust Funds throughout the year.

South Eastern Trust would also like to recognise the generosity of the public and organisations who also donated non-monetary gifts to all areas of the Trust. One company donated travel award points to 38 staff that were notified following a randomised draw of all staff. Additionally items such as homemade scrubs, hand sanitiser, soft beverages, hand cream and confectionary were received and distributed to staff in comfort packs. The kindness of the local community that we serve was heartfelt and contributed greatly to maintain staff morale.

The Trust has a Charitable Funds Committee which is responsible for ensuring that charitable donations received are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and within the Trust’s Standing Financial Instructions, DoH guidance and legislation.

The underlying principle of the management of the Trust’s charitable donations is that they can only be used for the purpose for which they were donated. Expenditure in respect of the Trust’s charitable funds was just under £0.4m in 2020/21. This expenditure is categorised in the table below:

Charitable Trust Fund expenditure 2020/21	£'000
Purchase of new equipment	106
Patient Education and welfare	79
Administration *	67
Staff education and welfare	109
Other	13
<b>Total</b>	<b>374</b>

\* Excluding notional Audit Fee of £6k

Charitable donations are not used to fund core services. They are used to purchase services that provide added benefits to patients, service users or staff. Examples of expenditure the Trust made during 2020/21 as a result of donations include:

- Free bedside TV for patients admitted to the Ulster Hospital Old Ward Block
- Wellbeing website licence fee to support staff
- Rocking Chairs for the Special Care Baby Unit
- A variety of staff comforts to alleviate the impact of COVID-19

# Performance Analysis

## Finance Report

A separately audited set of Charitable Funds Accounts are published on the Trust's website and are available on request from the Trust's finance department.

If you would like to make a donation to the Trust to help us to continue to enhance the experiences of patients and clients in our care, staff within a ward or facility would be happy to advise any member of the public. Alternatively you can contact:

**Chief Executives Office  
Trust Headquarters  
Ulster Hospital  
Upper Newtownards Road  
Dundonald  
Belfast  
BT16 1RH**

**Tel: (028) 9055 3100**

# Performance Analysis

## Sustainability Report

Clinical Waste	2018/19	2019/20	2020/21	3yr % Change
Tonnage	753.023	797.65	1017.43	
% change yr-yr	1.98%	6%	27.55%	35.11%
Disposal Cost	£348,298.60	£373,615.67	£461,991.98	
%change yr-yr	5.38%	7.2%	23.65%	32.64%
Community Collection Cost	£47,873.00	£47,954.00	£59,246	
% change yr-yr	-9.70%	0.17%	23.55%	23.76%

Total Cost Clinical	£396,171.60	£421,569.72	£521,237.98	
%change yr-yr	3.30%	6.4%	26.64%	31.57%

Non-Clinical Waste	2018/19	2019/20	2020/21	3yr % Change
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### Domestic Waste

Tonnage	1486.28	1650.09	1557.91	
% change yr-yr	4.92%	11%	-5.59%	6%
Disposal Cost	£214,729.23	£230,095.20	£214,061.42	
%change yr-yr	14.18%	7.16%	-6.97%	-0.31%

### Food Waste

Tonnage	140.037	218.88	249.14	
% change yr-yr	82.24%	56.3%	13.82%	77.91%
Disposal Cost	£24,604.00	£26,520	£24,102	
%change yr-yr	103.36%	7.8%	-9.12%	-2.04%

### Bulky Skip Waste

Tonnage	223.5	246.58	301.14	
% change yr-yr	-6.63%	10.3%	22.13%	34.74%
Total weight Landfilled	133.86	144.71	193.88	
% change yr-yr	-1.06%	8.1%	33.98%	44.84%
Total Weight Recycled	89.64	101.88	107.26	
% change yr-yr	-13.87%	13.6%	5.28%	19.66%
Disposal Cost	£21,297.67	£22,676.74	£28,363.18	
% change yr-yr	-4.90%	6.47%	25.08%	33.18%

### Confidential Waste

Disposal Cost	£21,054.00	£23,932.47	£20,810.20	
% change yr-yr	18.92%	13.7%	-13.05%	-1.16%

### Other Non-Clinical Waste

Disposal Cost	£5,548.00	£5,077	£6021.50	
%change yr-yr	135.36%	-8.5%	18%	8.53%

Total Cost NonClinical	£287,233	£308,301.68	£293,358.30	
%change yr-yr	18.39%	7.34%	-4.85%	2.13%

<b>Grand Total Tonnage</b>	<b>2602.840</b>	<b>2913.2</b>	<b>3125.62</b>	
<b>%change yr-yr</b>	<b>5.33%</b>	<b>11.9%</b>	<b>7.29%</b>	<b>20.08%</b>
<b>Grand Total Cost</b>	<b>£683,404.50</b>	<b>£729,871.40</b>	<b>£814,596.28</b>	
<b>%change yr-yr</b>	<b>9.15%</b>	<b>6.8%</b>	<b>11.61%</b>	<b>19.2%</b>



# Performance Analysis Sustainability Report

## South Eastern HSC Trust performance year on year was:

Utility		2019/20	2020/21	Variation	Comment
Gas	Expenditure	£2,612,866.57	£2,452,286.67	(-) 6.15%	Lower global gas prices
MWh	Consumption	70055746	70042749	(-) 0.02%	
Elec	Expenditure	£3,673,565.47	£3,764,412.12	(+) 2.47%	Additional buildings e.g. ASB. Expenditure held due to lower electricity prices
MWh	Consumption	30332984	32487851	(+) 7.10%	
Oil	Expenditure	£751,430.80	£634,693.83	(-) 15.54%	Lower consumption. Oil to gas conversions.
mWh	Consumption	16281.203	9726.783	(-) 40.26%	
Biomass	Expenditure	£32,113.42	£0.00	(-) 100%	No biomass boilers used in 2020/21
mWh	Consumption	808.35	0	(-) 100%	
Water	Expenditure	£922,467.89	£873,878.01	(-) 5.27%	Leak detection and rebate. Less activity
	Consumption	326943	312017	(-) 4.57%	
Budget Expenditure		£7,992,444.15	£7,725,270.63	(-) 3.34%	Low oil and gas prices. Reduced building activity due to covid-19
Estate mWh Consumption		117478	112257	(-) 4.44%	Lower building activity.
Trust Carbon Emissions		16455	14438	(-) 12.26%	Lower gas and oil use. Green electricity contract
CRC Cost		£361,797.00	£0.00	(-) 100%	Not applicable in 2020/21 onwards

## Clinical Waste

Clinical Waste tonnage showed a significant increase in 2020/21 of approximately 35%. This can be largely attributed to COVID-19. National modelling indicates that pre-COVID-19, the average amount of clinical waste generated per bed was approximately 1.5kg; during the pandemic this rose to 4.5kg/bed for a non-COVID-19 patient and 10.5kg/bed for a COVID-19 patient.

The increased tonnages have resulted in a corresponding increase in disposal costs, accelerating the year on year increase which has been experienced due to general activity increases

Community clinical waste collection costs have also shown a marked increase. The widespread use of Personal Protective Equipment (PPE) in the community and the opening of testing and vaccination centres has meant that additional collections have had to be arranged for locations which didn't previously require this service.

## Non-Clinical Waste

**Domestic Waste** covers all recyclable and non-recyclable 'household type' waste.

A decrease in tonnage was shown in 2020/21. This could be due to some waste which previously would have gone in this stream having to be treated as clinical waste and also due to a number of facilities closing temporarily. A corresponding reduction in costs was also noted.

**Food Waste** is separately collected food waste from food production areas.

There was a further significant increase in tonnage which was unexpected as many community facilities temporarily closed or suspended provision of meals. Historically there has been some doubt over the accuracy of the contractor's weights, however a new contractor took over the service in June 2020 and tonnages still remain high.

# Performance Analysis Sustainability Report

In spite of the increase in tonnage, costs reduced; this is because the service is charged on collection per bin so the temporary suspension of services to some community facilities meant fewer numbers of bins were collected.

**Bulky Skip** waste is primarily discarded furniture and equipment.

There was again a significant increase in 2020/21 both in tonnage and corresponding disposal costs. In the second half of 2020 there was a very high demand for skips as facilities cleared out unused rooms and excess furniture etc. to facilitate re-opening with social distancing. The amount of this material landfilled also increased significantly as the contractor temporarily suspended sorting the material for recycling - this has subsequently re-commenced.

**Confidential Waste** is primarily paper which requires security shredding prior to recycling. Confidential waste collections were deemed to be a non-essential contact service so were suspended to all facilities except the hospitals for a few months resulting in the 13% cost reduction observed. Full services have now recommenced.

**Other Waste** includes WEEE, Chemicals and compostable waste. Very small amounts and arise sporadically.

## Summary

There has been an overall increase of 7% in tonnage and 11.6% in costs of waste from 2019/20, primarily as a result of clinical waste production during the pandemic. It is expected that this will gradually fall back over the course of 2021/22 but will remain higher than before due to the continued operation of the testing and vaccination centres and the opening of the Acute Services Block on the Ulster Hospital site.

Due to both capacity issues within the industry, national carbon reduction commitments and costs, it is important that the practice of 'over-classifying' waste as clinical is addressed and this presents a challenge for the year ahead.



Seamus McGoran  
Accounting Officer

22 June 2021

# Accountability Report

## Non Executive Directors Report

Extraordinary times require extraordinary measures. In normal times the primary role of the Trust and Non-Executive Directors (NEDs) is to provide support, challenge and an independent voice, at corporate level, across all the work of the Trust. There are six NEDs who provide a wide range of expertise on public sector and commercial matters. During 2020-21 like everyone else in society we had to make major adjustments in how we carried out our role because of the pandemic. Adopting new ways of working allowed us to continue to carry out our functions and support our Executive Management Team (EMT). The year saw unparalleled activity, development, change and challenge for the Trust Board.

With a sense of deep pride and admiration, we would wish to record our deepest appreciation for the work of all our colleagues, returnees and volunteers without whom the Trust could not have delivered what it did. We know that you all did your best to comfort individuals through their last hours and provide solace to grieving relatives. The comments from family members about the kindness and dignity shown by our staff to their loved ones will remain a lasting testament to your service for years. As NEDs, we recognise that this was done willingly and at potentially great emotional cost to yourselves and your families. We particularly want to extend our heartfelt sympathies to the families of those who suffered an untimely death because of this virus including, with great regret, a number of colleagues.

As we report on this year's work, our extensive vaccination programme offers a beacon of hope to us all. Our superb vaccination team initially rolled out a staff programme at pace in December 2020. This was then expanded to assist with community vaccinations. They are now leading the vaccinations for the Greater Belfast area at the SSE Arena. We fully support our Chief Executive when he stated that this would be "a game-changer" to helping NI move past this phase of the pandemic. Everyone in society owes a great debt of gratitude to you all. Our handling of this task excelled against any measure of quality and efficiency.

The year has seen transition within EMT with the appointment of David Robinson as Director of Hospital Services, Margaret O'Kane as Director of Adult Services and Healthcare in Prisons, Wendy Thompson as Director of Finance and Estates and Barbara Campbell as Director of Children's Services and Executive Director of Social Work. A recruitment process for a permanent Chief Executive has concluded with the appointment of Roisin Coulter to this post. We wish to record our sincere thanks for the outstanding leadership shown by Mr Seamus McGoran during his term as Interim Chief Executive. His personal commitment to our service users and staff, particularly in the last year, underlines what an excellent leader and person he is. We also record our thanks to all Executive colleagues for their continued hard work and dedication. We know that as a Trust Board we share a common goal to promote the health and wellbeing of the local population by supporting the continued efforts of our wonderful staff.

Trust Board has adapted to the new Covid reality by utilising video conferencing to continue our work of promoting and maintaining corporate governance. This has facilitated members of the press and public to view our meetings upon request. A number of important workshops were held. Throughout the year our Charitable Funds Committee was able to support a wide range of projects and committed a significant sum to the redesign of the Chemotherapy Unit. The Committee has been delighted to receive donations specifically in relation to COVID-19 and have been able to distribute the same for staff comforts in these difficult times.

# Accountability Report

## Non Executive Directors Report

Each Board meeting ordinarily starts with a Patient/Service User story but this year was temporarily amended to a Service Presentation. This provided an opportunity to hear first-hand from colleagues on how particular services benefit people and how we might improve. We heard powerful presentations from:

- The H.O.P.E team working with young people leaving care;
- The Trust Bereavement team on how they adapted to provide support
- The Care Opinion team on how modern technology has been harnessed to garner feedback from service users; and
- The Cancer team on how they enhanced provision for those under their care.

Throughout the year, NEDs have had discussions at Board meetings and workshops on many topics including:

- Finances and Performance, recognising the unprecedented financial pressures associated with Covid-19 and the continued need to “break even” in financial terms;
- Covid-19 Governance including, rebuilding HSC Services and Resilience Planning for Winter Pressures and Covid-19;
- Staff Wellbeing and Corporate Parenting
- The Review of Leadership and Governance at Muckamore Abbey Hospital
- HSC Framework Changes;
- The Seasonal Flu Vaccination Programme – Dr Briscoe appointed to represent NEDs on the Flu Steering Group for the first time;
- Development of the Ulster Hospital Site – the wonderful opportunities in treatment and care that such investment brings to patients and staff - but also its challenges; and
- The need for change and ongoing action arising from catastrophic events, such as those arising from the Inquiry into Hyponatraemia – Related Deaths.

Trust Board also particularly welcomed the opportunity to engage directly with Minister Swann via video conference in September 2020 following his decision to designate Lagan Valley Hospital as the location for the first Regional Day Procedure Centre.

As NEDs, we pay particular attention to corporate governance mindful of the impact of Covid-19 on traditional ways of providing assurance. All NEDs actively participate in the Trust’s extensive governance infrastructure through membership of the Audit, Governance Assurance, Finance and Performance, Corporate Control, Safety and Quality, Remuneration and Charitable Funds Committees.

The Audit, Governance Assurance and Charitable Funds Committees are chaired by NEDs reporting directly to the Board. We recognise the importance of high quality documentation for decision making and the management of corporate risks. All NEDs played an important role in numerous ad-hoc internal panels and Committees in the past year giving us greater insight into the day to day operation of the Trust. It is with great pleasure that we would like to mention one of our own, Dr Maura Briscoe, who went one step further and returned to the front line to assist with vaccinations.

Finally, Trust Board welcomed the re-appointment of our NED colleagues, Mr Patton, Mrs Minford and Mrs O’Hagan to another four year term commencing 1 January 2021 by Minister Swann. We look forward to them continuing to make a significant contribution to the Trust’s work as we move into 2021/22.

Thanks again for all that you do.

# Accountability Report

## Corporate Governance Statement

### Introduction / Scope of Responsibility

The Board of the South Eastern Health and Social Care Trust (the Trust) is accountable for internal control. As interim 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).

The Trust has a number of processes in place to ensure effective working with key stakeholders. These include:

- Service and Budget Agreements with the main Commissioning body, the Health and Social Care Board (HSCB), which establish clear specifications for the delivery of health and social care. Performance against these is monitored through a regular schedule of meetings and reporting;
- Ensuring compliance with statutory and other requirements set by the DoH and the Minister, to whom the Trust is ultimately accountable;
- Patient and Service User Forums for a wide range of our services to maximise involvement of patients and service users in shaping the future of how treatment and care will be delivered;
- Public board meetings and public consultations on all major service changes, to ensure active engagement with the community we serve;
- Twice annual Accountability meetings with DoH, and monthly meetings with HSCB

The table below outlines various forums where SEHSCT are represented by its Executive Directors.

Forum	Purpose of Forum	SEHSCT Representative
Rebuilding Management Board (RMB)	To provide strategic oversight and direction on the implementation of the Minister's priorities as set out in the DoH's 'Strategic Framework for Rebuilding Services'	Chief Executive
Transformation Implementation Group (TIG)	To provide strategic leadership to oversee & make decisions on the design, development & implementation of the Health and Wellbeing 2026: Delivering Together Transformation Programme;	Chief Executive
Children's Services Improvement Board (CSIB)	To provide strategic leadership, agreeing priorities for transforming children's services and standardising services & practices	Executive Director of Children's Services and Social Work
Regional Cancer, Unscheduled Care, Major Trauma, Diabetes and Critical Care networks	To provide strategic leadership, agreeing priorities for the transformation of services, standardising services & practice regionally	Director of Hospital Services

# Accountability Report

## Corporate Governance Statement

Mental Health and Learning Disability Improvement Board	To provide strategic leadership, agreeing priorities for the transformation of Mental Health and Learning Disability services and standardising services and practice regionally.	Director of Adult Services Healthcare in Prisons
Central Nursing and Midwifery Advisory Committee (CNMAC)	To provide relevant, timely and resolved advice to the DOH	Executive Director of Nursing, Older People and Primary Care
Senior Finance Forum	To collaborate and deliver the strategic finance agenda for the 5 HSC Trusts in NI along with resolved advice to the DoH	Director of Finance and Estates
Directors of Planning and Performance Forum	To collaborate and adopt a consistent approach to strategic planning, service improvement, transformation, commissioning, contracting and eHealth matters in accordance with regional policy direction	Director of Planning and Performance
Directors of Human Resources Forum	To agree and deliver the strategic workforce agenda for Health and Social Care bodies in NI.	Director of Human Resources and Corporate Affairs

### Compliance with Corporate Governance Best Practice

The Trust 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 best practice. The Board Governance Self Assurance Tool (BGSAT) would normally be completed on an annual basis in October of each year.

The Department of Health (DoH) requirement for the BGSAT was paused in 2020/21 due to the Covid-19 pandemic. The Trust is reviewing its arrangements to undertake an internal self-assessment for 2020/21. This was completed in May 2021 and an action plan will be developed to address any areas of non-compliance. The assessment will cover the following 4 areas:-

1. Board composition and commitment;
2. Board evaluation, development and learning;
3. Board insight and foresight; and
4. Board engagement and involvement

The Trust Board devoted a workshop to focus on Board Governance Arrangements during 2020/21.

### Governance Framework

The Board exercises strategic control over the operations of SEHSCT through a system of corporate governance which includes:-

- A schedule of matters reserved for Board decisions;



# Accountability Report

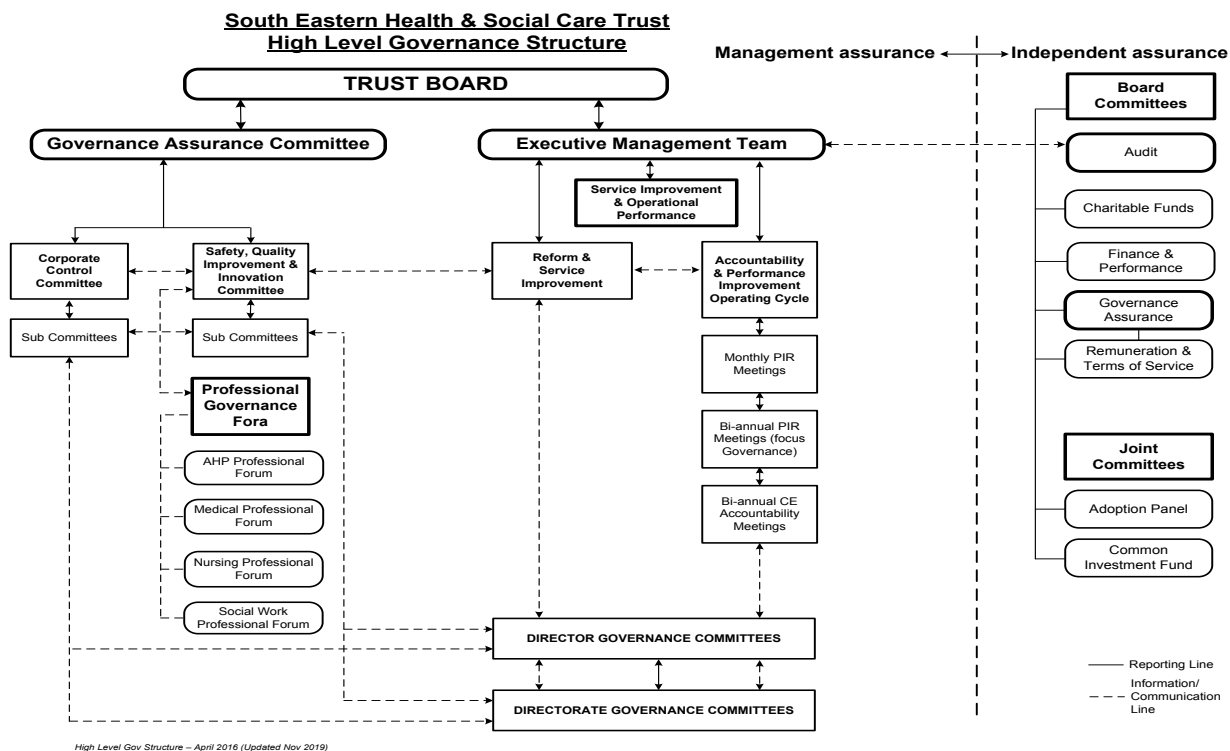
## Corporate Governance Statement

- A scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing Orders and Standing Financial Instructions;
- Register of Interests;
- Code of Conduct and Accountability for Board members and staff;
- Standards of Business and Gifts and Hospitality policies.

In addition, the Trust has an integrated governance framework in place which links corporate governance (including risk management and organisational controls), safe and effective care (clinical and social care governance) and financial governance. This framework is closely aligned to the DoH Assurance Framework (April 2009). It operates on the four domains contained in this document namely, Corporate Control, Safety and Quality, Finance and Operational Performance/Service Improvement.

The framework for 2020/21 is further supported by the Trust's own Assurance Framework, Risk Management and Governance Strategies. The Governance infrastructure was last reviewed by the Corporate Control Committee at its meeting on 17 October 2018. The next scheduled review will take place in 2021/22. The diagram below depicts the Trust's high level governance infrastructure.

### High Level Governance Infrastructure



The role of the **Trust Board** is to establish the organisation's strategic direction and aims in conjunction with the Executive Management Team (EMT); ensure accountability to the public for the organisation's performance and ensure that the Trust is managed with probity and integrity. It has five sub committees:-

- Audit;
- Charitable Funds;

# Accountability Report

## Corporate Governance Statement

- Finance and Performance;
- Remuneration and Terms of Service; and
- Governance Assurance.

Attendance at Trust Board and all sub committees is recorded for Non-Executive Directors (NEDs). These are detailed in the table below. Each sub-committee has an approved Terms of Reference and an agreed Programme of Work which is reviewed on an annual basis to ensure that the committee is discharging its role and performance responsibilities.

### Attendance records for Trust Board and Sub Committee meetings in 2020/21

Board/Committee	Minimum No of Meetings Required	Actual Number of Meetings Held	% Attendance by NEDs
Trust Board	8	8	98%
Audit Committee	4	4	100%
Charitable Trust Funds Committee	3	3	100%
Finance and Performance Committee	5	5	100%
Remuneration and Terms of Service Committee	1	2	100%
Governance Assurance Committee	4	4	77%

The reason why attendance of the Governance Assurance Committee fell below 90% in 2020/21 was due to 3 members being unable to attend the meeting of 16 September 2020.

**The Audit Committee**, under the chairmanship of a Non-Executive Director, meets at least 4 times a year. Its main focus is the Trust's system of internal control. It oversees the assurance in relation to financial governance, internal and external audit activities, reporting of fraud and anti-bribery, procurement risk, value for money activities and scrutiny of the Trust's Annual Report and Accounts.

It approves the internal audit programme of work which is risk based. It also receives the Head of Internal Audit's opinion and considers whether to recommend approving the Annual Report and Accounts to the Trust Board. In addition, it reviews progress on implementing internal and external audit recommendations. Following each meeting, the minutes of the Committee are submitted to the Trust Board for information with the Chairman highlighting any specific governance issues.

Annually, the Audit Committee undertakes a review of its effectiveness based on its Terms of Reference. This includes a section on attendance at committee meetings by members. The outcome of this work is reported to the Trust Board. The Committee also provides an Annual Report to the Trust Board at year-end which gives the Committee's opinion on the reliability and integrity of the assurances received during the year and of their comprehensiveness in meeting the needs of the Trust Board and the Accounting Officer.

In addition, the Audit Committee annually reviews its application of good practice through the Audit Committee Self-Assessment checklist, issued by the NI Audit Office. The last assessment was completed and presented to the Audit Committee on 22 May 2020 pertaining to 2019/20 and all areas were compliant with the checklist.

# Accountability Report

## Corporate Governance Statement

**The Charitable Funds Committee**, chaired by a Non-Executive Director, meets not less than 3 times per year in line with its Terms of Reference and Programme of Work. Its main role is to oversee the administration, including banking arrangements, of Charitable Funds, their investment and disbursement. Following each meeting, the minutes of the Committee are submitted to the Trust Board, for information with the Chairman of the Committee highlighting any specific issues for the attention of the Trust Board. The Committee, on an annual basis, undertakes a review of its effectiveness based on its Terms of Reference. This includes a section on attendance at committee meetings by members. The outcome of this work is submitted to the Trust Board.

**The Finance and Performance Committee**, chaired by a Non-Executive Director, meets at least five times a year in line with its Terms of Reference and Programme of Work. The committee is the delegated committee of the Trust Board with overall responsibility to ensure that the Trust delivers its statutory responsibility to breakeven financially each year. In relation to the Trust's performance the Committee is responsible for reviewing the activity and other monitoring information relevant to the performance of the Trust. Additionally the Committee receives regular performance reports on specific service areas of the Trust and conducts a review of same. Following each meeting, the minutes of the Committee are submitted to the Trust Board, for information with the Chairman of the Committee highlighting any specific issues for the attention of the Trust Board.

**The Remuneration and Terms of Service Committee**, is chaired by the Chairman of the Board. It meets as required, but at least once per year. Its main function is to advise the Board on performance, development, succession planning and appropriate remuneration and terms of service for the Chief Executive and all Senior Executives, guided by DoH policy. The Committee reports, on an annual basis, to the Trust Board (in a confidential meeting) the basis for its decisions and recommendations and seeks the necessary approval to its recommendations (circa June). Two meetings of the committee were held during 2020/21.

**The Governance Assurance Committee** is the lead Board committee for governance and is supported in this work by two sub committees – the Corporate Control Committee and the Safety, Quality Improvement and Innovation Committee (both meet on a quarterly basis). These committees are further supported by a range of sub-committees aligned to both areas. Each sub-committee has agreed terms of reference and annual work plans approved by its parent committee.

The Governance Assurance Committee, under the chairmanship of a Non-Executive Director, meets on a quarterly basis to ensure the continued development of this important and essential agenda. The focus of this Committee is to be the overarching strategic forum responsible to the Trust Board on all matters pertaining to governance. Following each meeting, the minutes are submitted to the Trust Board for information with the Chairman highlighting any specific issues.

**The Corporate Control Committee (CCC)** supports the work of the Governance Assurance Committee. Its role is to be the overarching strategic committee responsible to the Governance Assurance Committee on all matters pertaining to integrated Corporate Governance issues i.e. Financial, Risk Management and other organisational controls. The Chief Executive chairs this committee, which meets on a quarterly basis, and oversees the work of all specialist risk management groups (which may include both clinical and non-clinical groups), the chairpersons of which report directly to the CCC. A standing agenda item for this body is the management of Risk Registers both Corporate and Directorate. The minutes of the meeting of the Corporate Control Committee are submitted to the Governance Assurance Committee.

# Accountability Report

## Corporate Governance Statement

**The Safety, Quality Improvement and Innovation Committee** support the work of the Governance Assurance Committee (GAC) under the chairmanship of the Chief Executive. Its role is to be the main sub-committee of the Governance Assurance Committee responsible for leading the safe and effective care agenda across the Trust.

The GAC, on an annual basis, undertakes a review of its effectiveness based on its Terms of Reference and Programme of Work. This includes a section on attendance at committee meetings by members. The outcome of this work is reported to the Trust Board. The Committee also provides an Annual Report to the Trust Board at year-end which gives the Committee's opinion on the reliability and integrity of the assurances received during the year and of their comprehensiveness in meeting the needs of the Trust Board and the Accounting Officer.

The Corporate Control and the Safety, Quality Improvement and Innovation Committees both undertake an annual review of their effectiveness in line with their terms of reference which are presented to the Governance Assurance Committee. A formal presentation on the work of both committees is presented to the GAC at year-end about performance during the year and work plans for the incoming year.

**The Hyponatraemia Recommendations Implementation Group**, chaired by the Medical Director, oversees the implementation of recommendations arising from the Inquiry into Hyponatraemia Related Deaths. It did not meet during 2020/21 as the regional Implementation of Hyponatraemia Related Deaths Programme was paused in March 2020 during the HSC response to the pandemic. Although some regional work recommenced in autumn 2020, the scheduled Trust oversight group will not resume until the Programme's activity increases. The Trust's Medical Director has kept this decision under review.

### **Governance during the COVID-19 Pandemic**

The Trust refined and developed its governance arrangements to address the consequences of the global pandemic and to ensure it continued to operate with adequate and effective governance. Additional structures were established in March 2020 primarily through the Trust Coronavirus Strategic Liaison Group (TCLG) and the Trust's Incident Control Room (ICR).

These complimented the existing governance structures within the Trust which comprise the Trust Board, Governance Assurance Committee, Audit Committee and the Executive Management Team (EMT) which continued to meet throughout 2020/21. The Terms of Reference for these Committees were amended accordingly. The Executive Management team operated as 'Bronze Command', interacting internally with the Trust Coronavirus Liaison Group (TCLG), the ICR and externally through to the HSCB/PHA Silver Command.

### HSCB/PHA Silver Command

The role of the HSCB/PHA Silver Command was to provide a coordinated approach to ensure there was an appropriate and proportionate level of preparedness across the health and social care (HSC) sector to enable an effective public health and HSC response to COVID-19. It oversaw and worked with a range of key stakeholders, including: the other UK countries; the Republic of Ireland; Independent Health and Social Care providers and those with responsibility for port health. HSC Silver Command reported and escalated issues through the Chair to the Department of Health NI Gold Command.

# Accountability Report

## Corporate Governance Statement

### Trust Coronavirus Liaison Group (TCLG)

The Trust Coronavirus Strategic Liaison Group (TCLG), chaired jointly by the Medical Director and the Executive Director for Nursing, Older People and Primary Care and the Chair or deputy for each of the 10 work streams established, was formed on 5 February 2020 to oversee the Trust's response to the Covid-19 pandemic. It met weekly and provided regular reports and updates to the ICR, Bronze Command, the Governance Assurance Committee and Trust Board. Examples of work undertaken by this group to develop and implement the Trust's Coronavirus Operational plan include:

- Ensuring that robust reporting systems were in place to provide the Strategic Co-ordinating Group (SCG) with the information they needed to implement decisions when activated;
- Agreeing and co-ordinating decisions on the location of known suspect cases, closure of wards and deferral of services as required and ensuring that staff were relocated to areas of the Trust under pressure in consultation with SCG;
- Reviewing progress and monitoring effectiveness of control measures; and
- Ensuring the Trust was represented on any regional groups established and providing information and feedback.

### Incident Control Room (ICR)

An incident control room was established in March 2020 that operated 7 days a week. The ICR members included the Director of HR and Corporate Services or the relevant Director on call at weekends, Assistant Director of Governance and Risk, Assistant Director of HR, ICR Manager and an Action Manager. All communication coming into the ICR was logged and actions documented. The ICR worked in conjunction with the TCLG managing and responding to incidents.

### COVID-19 Financial Governance

The Department of Health (DoH) issued preliminary guidance in April 2020 titled 'COVID19 – Funding and Approval Process', requiring Trusts and other Arms-Length Bodies to complete a business case template for all anticipated COVID-19 expenditure where there was no existing business as usual (BAU) business case. This guidance was updated on 25 July 2020 with the release of HSC (F) 25-2020 – 'COVID-19 Funding and Approval Process', which replaced the preliminary guidance.

The Trust established dedicated cost centres for the coding of all COVID-19 expenditure. Associated spend was captured and reported through the normal, business as usual reporting arrangements both internally to the Trust Board but also to the HSCB through the submission of monthly expenditure monitoring returns. Capital business cases were also finalised in relation to the completion of the regional oxygenation plant.

Procurement related Direct Award Contracts (DACs) were also utilised during 2020/21 at a higher volume than would normally be expected in order to expedite the purchase of COVID-19 related essential goods and services at short notice.



# Accountability Report

## Corporate Governance Statement

### Sharing the Learning

The Trust undertook an extensive lessons learned exercise after the 1st wave of COVID-19, capturing and understanding key learning across the organisation through the development of a COVID-19 Learning Framework. A report was produced identifying key lessons learned and recommendations to inform how the Trust should continue to rebuild and provide services throughout subsequent rebuilding phases. This was made available to staff via the Trust Intranet.

### **Business Planning and Risk Management**

Business planning and risk management is at the heart of governance arrangements in order to ensure that statutory obligations and Ministerial targets are prioritised at all levels across the Trust.

In previous years the Trust's business planning process was carried out in accordance with Department of Health (DoH) guidance and would result in the production of an annual Trust Delivery Plan (TDP) in response to the priorities set out in the Joint Commissioning Plan. Each Trust Director is accountable for delivering against the elements of the TDP that fall within his/her sphere of responsibility.

The current Corporate Plan (2017-2021) was approved in May 2017. This is delivered on an annual basis by Directorates through their Directorate Management Plans. All plans are closely aligned to the objectives and outcomes set out in the four year Corporate Management Plan.

Monitoring of compliance with the Trust Delivery Plan is via the Planning and Performance Operating Cycle. This is facilitated through integrated performance accountability arrangements which include monthly Performance meetings for all Operational Directorates, regular reports presented to the Finance and Performance Sub-Committee, Trust Board Scorecard reports and Dashboard presentation. Additionally, twice yearly Accountability Review meetings take place between the Chief Executive and all Directorates. This also includes compliance with the governance, risk management and safety, quality and experience agendas.

On 23 March 2020 the Minister of Health wrote to the Chief Executive advising that in light of the rapidly developing Covid-19 situation, work by DoH on the development of the Commissioning Plan Direction (CPD) for 2020/21 was suspended. The Trust was advised to plan and deliver services in line with the CPD for 2019/20 and to prioritise patient safety and clinical risk.

Follow up correspondence from DoH received in October 2020 advised that Trusts were not required to submit their TDP in the 2020/21 year in the face of the continued pandemic. Performance reporting including to Trust Board continued against the targets outlined in 2019/20 TDP with a focus on patient safety and clinical risk and additional monitoring reports against the Rebuilding plans during 2020/21 were also utilised to ensure any risks arising were being highlighted and plans developed to ensure mitigating actions taken where possible.

On the 23 March 2021 a further direction was received from DoH advising that the year-end ground clearing and accountability meetings between the Trust and DoH would not proceed.



# Accountability Report

## Corporate Governance Statement

Moving into 2021/22 the Trust will conduct a light touch review and roll forward current Business and Corporate Plans for 2017-2021. The Covid-19 pandemic has presented unprecedented challenges for the planning and delivery of health and social care (HSC) services in Northern Ireland.

The Strategic Framework provides an analysis of the adverse impact of Covid-19 on HSC services as well as setting out the approach to restoring services as quickly as possible. This will take into account innovative approaches developed in response to the pandemic. As a result the Trust has published a Rebuild plan for phase 5 (April to June 2021) detailing how capacity can be increased in the context of COVID-19. An accompanying activity projection has also been published and robust weekly performance monitoring is in place to assess progress against the plan.

### **South Eastern Health and Social Care Trust's Capacity to Handle Risk and its Risk Control Framework**

During 2020/21, the Trust continued to implement its Integrated Governance framework which links corporate governance, risk management (including organisational controls), safe and effective care (clinical and social care governance), and financial governance.

The Board Assurance Framework, Risk Management Strategy and Integrated Governance Strategy continued to be embedded ensuring a cohesive and integrated approach to the key building blocks of governance and risk management. The Board Assurance Framework, Risk Management Strategy and Integrated Governance Strategy will be reviewed during 2021-22. Part of the review of the Trusts Risk Management Strategy will be to assess the Trusts appetite towards risk. This is the amount of risk the Trust is willing to accept. Risk appetite will vary depending on each individual risk. Risks broadly cover financial, clinical, patient or service user experience, infrastructure or our workforce. No system can be risk free and the Trust's strategy is to focus on the effective management of known risks to support efficient service delivery. We will not accept risks that could result in poor quality care or unacceptable clinical or service user risk, non-compliance with standards or poor clinical or professional practice.

The Trust's Risk Management Strategy is based on the principles of ISO 31000: 2018 (Risk Management Guidelines). It is reviewed on an annual basis by the Corporate Control Committee (taking account of problems and/or significant external developments that arise during the course of the year). It is updated on an annual basis (circa December each year).

This document is available for all staff via the intranet and details the clear chain of accountability for managing risk from the Accounting Officer downwards. It clearly defines the responsibilities of the Executive Management Team, Trust Board, Audit Committee, Governance Assurance Committee and other relevant sub committees.

The document includes the identification of the Trust's Risk Management objectives and the leadership, accountability and working arrangements for risk management through the formation of appropriate organisational structures. It also details the application of the Trust's risk matrix and a definition of acceptable risk. All risks, whether resulting from accidents, incidents, adverse events, hazard reports or any form of risk assessment must be graded in accordance with the risk matrix and entered on the appropriate risk register/s.

There is a clear method of risk identification using the risk assessment and risk register methodology and upward identification and reporting of risks. Risk tolerance levels are included

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## Corporate Governance Statement

within the risk strategy and risk matrix which clearly demonstrates how to escalate risks from Department to Directorate and, if necessary, to Corporate levels. All significant risks are assessed and rated with action plans developed to mitigate them. A risk owner is assigned to each risk and has the authority to allocate actions to specific staff.

The strategy is delivered and embedded in the Trust through the work of the Corporate Control Committee and its supporting sub committees. In addition, Directorates in their individual Directorate Management Plans include a range of governance and risk management initiatives based on the Trust's high-level governance priorities outlined in the Corporate Management Plan. There is regular risk management reporting at various levels within the organisation and these are managed primarily through the Planning, Performance and Accountability Framework. Governance and risk management is a key standing agenda item monitored as part of this performance management process.

Reports on Directorate Risk Registers are submitted and discussed on a quarterly basis by the Corporate Control Committee. A similar process is in place for the Corporate Risk Register (CRR) with the Governance Assurance Committee. Regular reports on the Board Assurance Framework and CRR were submitted to the Trust Board during the year. On 13 April 2021, the Executive Management Team reviewed the 2020/21 CRR and determined those items that would be closed off and those which would be carried forward onto the 2021/22 CRR. On 21 April 2021, the CRR 2020/21 was presented to the Corporate Control Committee for further discussion where it was agreed that:

7 corporate risks could be removed from the CRR to the Directorate Risk Registers:

- Prison Healthcare
- Emergency Care provision in the Downe and Lagan Valley Hospitals
- 7 day services across hospital inpatients
- Transformation portfolio
- Healthcare-associated infections
- Domiciliary Care
- GP Out of Hours Service

Twelve existing Corporate Risk Register items will be carried forward onto the 2021/22 CRR. All forms were reviewed for accuracy and updated for scoring, control measures and new action plans inserted. It was also agreed at the Corporate Control Committee that a new risk, Infusion pumps, will be added to the CRR. A total of 13 corporate risks will therefore be taken forward into 2021/2022.

Employees are made aware of their own responsibilities for managing risk via a range of methods – corporate induction, departmental induction as well as risk management awareness courses specific to their job roles. Risk management structures and reporting procedures are in place for verifying that key risk areas are regularly reviewed and reported on and that risk management has been fully embedded into the corporate planning and decision making processes. The Trust has a wide range of communication and consultation mechanisms in existence with relevant stakeholders, both internal and external.

Staff are trained to manage risk in a way appropriate to their authority and duties. Managers are accountable for ensuring that appropriate guidance, support and training is available to all their staff. On-going training is provided by both the Risk Management Department and other specialist advisers to embed risk management concepts and tools into everyday business.

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During the year risk management training continued to be provided, however due to Covid-19 this was delivered virtually or via on-line learning.

The Trust promotes an honest and participative culture in which errors or service failures can be admitted, reported and discussed openly. Incident reporting, including near misses, is the cornerstone of the risk management system. Trust staff are encouraged to undertake individual reporting of near misses, errors or mistakes and to look critically at their own actions and those of their teams to ensure we can provide good quality services for our patients, service users, staff and visitors. Incident reporting is a key mechanism for quality improvement and is at the heart of the governance programme.

All Root Cause Analysis Reports and other relevant incidents are disseminated widely within the Trust (and outside as appropriate) to ensure that all areas learn from others mistakes. During the year the work of the Lessons Learned Sub Committee, chaired by the Chief Executive, was further embedded in the organisation and provides assurance that lessons arising from incidents, complaints, litigation and other reports or reviews are truly embedded within all levels of the organisation.

The Trust's Incident Policies and Procedures are reviewed and updated on a regular basis. There is regular consultation with key stakeholders and partners on risk e.g. the Department of Health, Health and Social Care Board, Regulation Quality and Improvement Authority and the Northern Ireland Prison Service.

In 2020/21 internal audit reviewed the Trust's risk management system and satisfactory assurance was confirmed.

### **Information Risk**

In terms of risks to information, the Trust has a well-established Information Governance Sub Committee (IGSC) which reports to the Corporate Control Committee. The continued role of the IGSC is to lead, co-ordinate and direct the strategic agenda with regard to Information Governance issues within the Trust. It also supports the Trust's corporate and Directorate objectives and ensures that risks in this area are regularly identified and addressed. Information risks are identified at all levels in the organisation and, where appropriate, are included on the Directorate and/or the Corporate Risk Register.

The Trust is a public sector information holder and is subject to the terms of the Freedom of Information Act, 2000. The Trust's Senior Information Risk Owner (SIRO) has provided formal assurance to the Department of Health (DoH), through completion of the annual DoH Information Management assurance programme (formerly the Controls Assurance programme).

The Director of Human Resources and Corporate Affairs and the Personal Data Guardians (i.e. the Medical Director and Director of Children's Services and Executive Director of Social Work) are the Trust leads for ensuring compliance with the Data Protection Act 2018, the General Data Protection Regulation (UK GDPR) and the Code of Practice on Protecting the Confidentiality of Service User Information.

The Director of Human Resources and Corporate Affairs is the nominated SIRO and the Director of Planning, Performance and Informatics is the appointed deputy SIRO. A Chief Clinical Information Officer (CCIO) has also been appointed. All Assistant Directors have

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been nominated to the roles of Information Asset Owner (IAO). The appointment of the SIRO and IAO were made under the direction of the Department of Health as a result of its Data Protection Reviews 2007/08. Information Assets Assistants (IAAs) have also been identified as 4<sup>th</sup> line managers.

As a result of the Coronavirus Pandemic the IGSC's ability to continue to roll-out the 2020/21 programme of work proved challenging. As a result the IGSC Action Plan was reprioritised to focus primarily around the implementation of recommendations arising out of the Business Services Organisation (BSO) Internal Audit of Information Governance and GDPR in November 2018. Despite the challenges experienced throughout the pandemic significant progress has been made in taking forward these recommendations.

Each Directorate holds an extant information asset register (which will be reviewed in line with the audit finding) and in accordance with the IGSC's programme of work, each Directorate ensures that information risks are considered in conjunction with the Trust's Risk Management Strategy.

The Head of Information Governance continues to participate in the DoH Information Governance Advisory Group (IGAG) to ensure that the Information Governance agenda is focused to meet the needs of the DoH strategic agenda.

Staff are trained and encouraged to report all incidents including Information Governance incidents to ensure the Trust can investigate the reasons for an incident happening. The IGSC receives 3 reports per year on all information governance incidents. In addition, all reported incidents of data loss or confidentiality breach in 2020/21 have been assessed. While there were several small scale incidents, the impact was limited and procedures were put in place to address future risk in these areas. The Trust reported 2 incidents to the Information Commissioner's Office (ICO) during this period. The ICO has concluded on all of their investigations and has taken no further action based on the prompt remedial works undertaken by the Trust.

In accordance with the ICO training audit (August 2019) the Trust, via its IGSC, reviews and monitors staff training compliance. Any issues specifically identified by the IGSC are managed via the Risk Management and Governance Risk Register or are escalated to the Corporate Risk Register, as appropriate. No issues were escalated during 2020/21.

In 2020/21 internal audit reviewed the SEHSCT's processes for retaining Trust Board and Board Sub-Committee papers; including documentation of where and how these records were retained securely to maintain their integrity. This also included the storage of the 2 legacy Trust's records within the required retention period of 20 years.

Limited assurance was provided in respect of papers retained relating to the legacy Ulster Community and Hospital Trust and the Down and Lisburn Trust. The key failing being a lack of an audit trail for those records now in storage by a 3rd party provider for safe-keeping.

However satisfactory assurance was provided for Trust Board and Sub-Committee papers post 2007.

### **Risk of Cyber Security Attacks**

The Trust is committed to ensuring the security of information held in electronic form in accordance with its ICT security policy. The Trust is aware of the international risk of Cyber

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Security. The Corporate Risk Register includes a high level Cyber Security risk which was added to the register in 2017/18.

Regionally 3 cyber incidents occurred in the last quarter of 2020/21 as a result of ransomware attacks. A Cyber Incident Working Group is in place to act swiftly to any alerts. This includes stopping all inbound and outbound e-mails between the HSC bodies and the organisation concerned. One education provider had to set up a new e-mail domain name to which a limited number of their employees have been granted access. One voluntary body contacted the Information Commissioners Office regarding a data protection breach. Finally the attack on an independent hospital provider resulted in HSC bodies disconnecting the provider's access to several Trust patient or laboratory systems.

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 Senior Information Risk Owner, 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.

A proposal is currently being drawn up in relation to securing the resource required to manage future cyber incidents regionally.

### **Fraud, Anti-Bribery and Raising Concerns (Whistleblowing)**

The Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud 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. Our Fraud Liaison Officer promotes fraud awareness, coordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. Staff are provided with fraud awareness resources in support of the Anti-Fraud Policy and Fraud Response Plan, which are kept under review and updated as appropriate.

The Trust also has in place an Anti-Bribery Policy (refreshed in 2020/21) and an Anti-Bribery Response Plan which reinforces the Trust's zero tolerance approach to bribery and corruption and outlines the Trust's commitment to conduct all of its business in an honest and ethical manner through bribery and corruption prevention and the mitigation of specific bribery and corruption risks.

The Trust's Raising Concerns (Whistleblowing) Policy is the Trust's statement on 'Your Right to Raise a Concern', as agreed through the regional Task and Finish Whistleblowing Group. This Policy promotes a culture of openness and transparency, underpinned by an ethos of confidentiality and safety for those who speak up and provides specific, practical information as to how to raise a concern. The Raising Concerns Policy was launched in the Trust in June 2018. Information is available to staff on the Trust intranet system which includes the Policy, Toolkit and a Raising Concerns Hotline. Posters have been distributed across the organisation and training on the application of the policy has been carried out, including training of staff who



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will act as Advocates. The Trust strives to handle all concerns fairly, impartially and properly and to comply with the Public Interest Disclosure (NI) Order 1998.

During 2020/21, 3 cases of concerns were reported via the Employee Relations route for staff within the Trust. All cases have been investigated and are now closed.

In keeping with the How to Raise a Concern (Whistleblowing) Policy, the Trust aims to promote a culture of openness and honesty and to ensure issues are dealt with and taken seriously by listening to our staff, learning lessons and striving to improve patient care.

One whistleblowing case was identified for the year 2020/21 and reported to the Safety Quality Improvement and Innovation Committee (SQIIC). This compares to 3 cases raised in 2019/20.

The section on Independent Assurance on page 65 provides an update on fraud during 2020/21.

### Public Stakeholder Involvement

The Trust aims to ensure that those who use our services and their representatives have an opportunity to influence and shape policy and service delivery decisions. Our Personal and Public Involvement Strategy outlines our commitment to involving key stakeholders and their representatives in the development of our services. Service user engagement and involvement is mainstreamed into key policy development process.

The Trust regularly interfaces with public stakeholders, where appropriate, with regard to risks which impact on them, for example:

- Via the Directorate Risk Registers – these registers identify risks to the achievement of the overall objectives, including the provision of services, and the range of persons affected by specific issues. Summary information about both registers is presented on a bi-annual basis to the public meeting of the Trust Board.
- There are a number of sub committees aligned to the Trust's governance structures whereby both patients and service users attend and actively input to discussions about Trust specific issues e.g. the Personal and Public Involvement Sub Committee. The purpose of this committee is to ensure the Trust meets its statutory obligations regarding Personal and Public Involvement which would include any associated risk issues.

The Trust also operates a User Experience Leadership Sub Committee, the key function of which is to lead the strategic development of User Experience across the Trust and to ensure that User Experience principles, programmes and initiatives are embedded at a service level. In addition, there is a Trust-wide User Forum and specific Service User Fora in operation across the Trust which also provides active platforms through which service users engage in decision making, feedback and associated risk issues.

Owing to Coronavirus restrictions Patient/Service User experience stories were not able to be shared in person at public sessions of the Trust Board in 2020/21. It is hoped they will recommence in 2021/22.

This Annual Report outlines other elements of stakeholder involvement and the above narrative should be read in conjunction with this.



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### **Assurance**

The Trust has an Assurance Framework (Sept 2018-2021) updated on an annual basis which is based on the Department of Health' Assurance Framework (April 2009). This Framework provides a strong basis for effective challenge and better informed decision-making at Trust Board level. The Framework helps the Trust to improve its systems of internal control. It does this by showing how the evidence for adequate control can be marshalled, tested and strengthened within the Assurance Framework. It forms part of a series of strategies and systems for improving and strengthening practices and governance arrangements so that safe and high quality Health and Social Care (HSC) services are provided to all that need them.

The Framework work sits alongside the Corporate Risk Register system and the Organisational Controls Assurance process which underpins all aspects of the business of HSC – clinical and social care, financial and organisational – and which supports the Trust's governance arrangements.

The commissioning and provision of HSC services by the Trust requires quality assurance and risk management. They also require organisational governance, such as management of personnel, financial efficiency and systems efficiency, as much as clinical and social care governance. All the various elements of governance need to be managed and this is done via the Assurance Framework, Risk Management and Governance Strategies. These strategies are subject to annual review.

Key sources of assurance are the reports from Internal Audit. The annual audit plan is based on key risks and systems within the organisation. The last internal audit on Risk Management took place in 2020/21. A satisfactory assurance rating was achieved.

Both the Audit Committee and Governance Assurance Committee provide an Annual Report to the Trust Board at the year-end both of which provide assurances detailing that they are satisfied in respect of the reliability and integrity of the assurances and of their comprehensiveness in meeting the needs of the Board and the Accounting Officer. Furthermore, this information is used to demonstrate that a sound system of internal control is in place. In addition, other self-assessments such as the Board Governance Self-Assessment Tool, the NI Audit Office Self-Assessment Tool for Audit Committees and Review of Effectiveness reports completed by all Trust Board sub committees and other sub committees are used to assure the Trust Board as to the quality of work provided by respective sub committees.

The Organisational Controls Assurance Group is chaired by the Director of Human Resources and Corporate Affairs, supported by the Assistant Director of Risk Management and Governance as the Project Manager. With effect from April 2018, Arms-Length Bodies of the Department of Health (DoH) are required to provide proportionate assurance to relevant policy leads in the DoH. Where applicable, assurance is provided in mid-year assurance/governance statements.

### **Sources of Independent Assurance**

The Trust obtains independent assurance from the following sources:

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### Internal Audit

SEHSCT utilises the internal audit function of the HSC Business Services Organisation. Internal Audit operates to defined standards. Their work is informed by an analysis of risk to which SEHSCT is exposed and annual audit plans are based on this analysis.

In 2020/21 Internal Audit reviewed the following systems:

Audit Assignment	Level of Assurance**
<b>Finance Audits</b>	
Payments to Staff (specifically focusing on the Planning, Performance and IT and the Finance and Estates Directorates)	Limited
Non Pay Expenditure (specifically focusing on the Hospital Services Directorate)	Satisfactory
IT Procurement and Contract Management	Satisfactory
Management of Community and Voluntary Contracts During COVID-19	Satisfactory
<b>Advisory Work</b>	
Governance and Management of Revenue Business Cases	Not Applicable
Review of Funding to Independent Sector Care Homes	Not Applicable
Review of Funding to Independent Sector Domiciliary Care Providers	Not Applicable
Trust Fraud Risk Assessment Development	Not Applicable
<b>Governance Audits</b>	
Retention of Board/Committee Minutes and Papers	Satisfactory – post 2007 Limited – pre 2007
Governance During COVID-19	Satisfactory
Risk Management	Satisfactory

\*\* Internal Audit's definition of levels of assurance:

**Satisfactory:** Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.

**Limited:** There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.

**Unacceptable:** The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

Internal Audit provided limited assurance within the following areas:

- Payments to Staff

Limited assurance has been provided on the basis of increased risk of error and fraud from off-system processing of timesheets, of inaccuracies identified in sampled payments and inadequacies in the Staff in Post process. Work is currently on-going within the Trust to address the areas highlighted in the report.

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- Retention of Board / Committee Papers pre 2007

Whilst Internal Audit provided a satisfactory assurance in relation to Board / Committee papers post 2007, the retention of these papers pre 2007 received a limited assurance rating. This is because records have not been maintained of the agendas, minutes and papers for the legacy Ulster Community and Hospital Trust or Down Lisburn Trust which were transferred to a 3rd party provider for safe-keeping.

### Consultancy / Non-Assurance Assignments

Four advisory assignments were undertaken during 2020/21 as listed in the table above. Whilst no assurance rating is provided for these reports, a number of recommendations were provided and these have either already been or will be implemented.

### Follow-up on Previous Recommendations

A review of the implementation of previous priority one and priority two Internal Audit recommendations was carried out at mid-year and again at year-end. At year end, 99% of recommendations had either been fully or partially implemented (fully implemented 76% and partially implemented 23%). Only 1% of recommendations had not been implemented at the time of review.

### Shared Services Audits

A number of audits (summarised below) were conducted in 2020/21 in BSO Shared Services, as part of the BSO Internal Audit Plan. The recommendations in these audit reports are the responsibility of BSO Management to take forward and the reports have been presented to BSO Governance and Audit Committee.

Shared Services Audit	Level of Assurance
Payroll Shared Service	Satisfactory: Elementary Payroll Processes Limited: Timesheet Processing, Reconciliation of HMRC Real Time Information, Management of Overpayments and Holiday Pay
Recruitment Shared Service	Satisfactory
Accounts Payable	Satisfactory
Business Services Team	Satisfactory

### Overall Opinion

In her annual report, the Head of Internal Audit provided the following opinion on the Trust's system of internal control:

*Overall for the year ended 31 March 2021, I can provide **satisfactory assurance** on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.*

*COVID-19 has shaped and in some ways restricted the 2020/21 audit programme in the Trust. However I am content there has been sufficient audit work conducted across the*

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*organisation's framework of governance, risk, and control during COVID-19 to provide an annual assurance opinion in 2020/21.*

### **Counter Fraud and Probity Services**

During 2020/21, 3 new cases of suspected fraudulent activity were reported within the Trust. One case was successfully brought to a conclusion during the year, and the remainder are under investigation.

Of the 12 cases of fraud that were carried forward from 2019/20, one related to stolen car parking income and resulted in an employee admitting blame at a Magistrates Court in relation to £400. The employee resigned from the Trust prior to a disciplinary hearing.

In keeping with the position set out in the Trust's Fraud Policy Statement, SEHSCT will not accept any level of fraud within the organisation. As such, where fraudulent activity has been proven, the Trust will rigorously pursue the recovery of public funds lost through such activity and will seek to take action against the perpetrators where possible.

All identified suspected and actual frauds within the Trust are reported to the Audit Committee, BSO Counter Fraud and Probity Services and relevant Public Bodies.

### **Other Sources of Independent Assurance**

The Trust also receives independent assurance from the following bodies:

- External Audit Opinion on annual accounts – External Audit provides an independent opinion on the accounts to the Northern Ireland Assembly. Any control weaknesses or added value issues that are identified, in the course of conducting the external audit, are communicated to the Audit Committee in a Report to Those Charged with Governance;
- 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 quality standards;
- Annual BSO Assurance Letter in respect of the services provided by BSO;
- Social Services Inspectorate for older people and children's services;
- Medicines and Healthcare Products Regulatory Agency (MHRA) through regular inspections and reports;
- General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training Agency (NIMDTA), Nursing and Midwifery Council (NMC) and various Royal Colleges;
- Various self-assessments regarding Board business, for example, Board Governance Self-Assessment Tool, NIAO Self-Assessment Checklist regarding the Audit Committee and Procurement Fraud Risk Guide. Also the National Audit Office Guide for audit and risk committees on financial reporting and management during COVID-19.

The Trust Board assures itself on the quality of the information which comes to it through the following methods:

- Feedback from Directors on whether information meets their needs;
- Open debate, via workshops and meetings, on the level of detail, format, coverage and prioritisation of papers;
- Use of Patient Stories to confirm/assure it on the standard of services;
- Internal Audit assurance on Finance (and other) information;

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- External Audit opinion on the Annual Accounts.

### **Review of Effectiveness of Internal Governance**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal governance. I am informed by the work of the internal auditors and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework. Comments provided by the external auditors in their management letter are also taken into consideration. I have been advised on the system of internal controls effectiveness by the Audit Committee and the Governance Assurance Committee. The latter is supported by the Corporate Control Committee and the Safety, Quality Improvement and Innovation Committee. A plan to address any weaknesses and ensure continuous improvement to the system is in place.

The Trust has a robust system of internal control that supports the achievement of its policies, aims and objectives. It is built on a comprehensive set of committees covering all aspects of governance including clinical and social care governance, risk management (including organisational controls) and financial controls.

The Trust Board regularly considers reports contained in the Assurance Framework/Corporate Risk Register. These reports contain information on levels of assurance, gaps in assurance or controls and actions plans to mitigate any shortfalls.

The Audit Committee is responsible for overseeing the establishment and maintenance of effective systems of internal control and oversees the outputs of Internal Audit. It reports directly to the Trust Board. The Audit Committee met on 4 occasions during 2020/21. It approves the Internal Audit programme of work which is risk based. Regular progress and follow up reports are provided to this Committee. The Committee provides an Annual Report on its Effectiveness to the Trust Board. It also receives the Head of Internal Audit opinion at the end of each financial year and considers whether to recommend approval of this Governance Statement to the Trust Board. In addition, it reviews progress on implementing internal and external audit recommendations.

The Governance Assurance Committee also met on 4 occasions during 2020/21 and considered the effectiveness of the Trust's governance arrangements. The meeting scheduled for December 2020 was cancelled at the request of the Chair due to the 3<sup>rd</sup> surge of Covid-19. The Chairman of this Committee is a member of the Audit Committee. Likewise, the Audit Committee Chairman sits on the Governance Assurance Committee. This committee reports to the Trust Board on a quarterly basis and provides assurance on all aspects of governance except financial controls. The Governance Assurance Committee also provides an Annual Report on its Effectiveness to the Trust Board.

The Corporate Control and Safety and Quality Committees along with their associated committees form the main strands within the assurance framework for the delivery of governance and risk agendas. They report to the Governance Assurance Committee.

Non-Executive Directors sit on all Trust Board sub-committees (Audit, Charitable Funds, Finance and Performance, Governance Assurance and Remuneration) in addition to the Corporate Control and Safety, Quality Improvement and Innovation Committees. The minutes of all Trust Board sub-committee's are shared with the Trust Board and the respective parent Committee.

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The Department of Health requirement for the completion of the Board Governance Self-Assessment Tool was paused for 2020/21 due to the pandemic. The Trust is reviewing arrangements to undertake an internal self-assessment. An action plan will be developed to address any areas of non-compliance.

The Trust has in place a process for reviewing receipt of external reports from inquiries to ensure that lessons are learned and actions implemented.

An Internal Audit programme was agreed at the outset of the year which was informed by an analysis of risk to which the Trust was exposed. The Audit Committee agreed the internal audit plan for the financial year 2020/21 at its meeting on 8 October 2020.

The Board Secretary maintains a Register of Declaration of Interests which is reviewed on an annual basis or earlier if changes are notified by Board members. It is available upon request. In addition, Board members provide an annual statement confirming their compliance with the Code of Conduct and Accountability.

In conclusion, as Accountable Officer, I am satisfied by the assurances provided by the Annual Reports of the Audit and Governance Assurance Committees in respect of the reliability and integrity provided by both Committees and of their comprehensiveness in meeting the needs of the Board and myself as Accounting Officer. Furthermore, I am of the opinion that the assurances available are sufficient to support the Trust Board and myself in the decisions taken, in the accountability obligations and that a sound system of internal control is in place.

### Internal Control Divergences

**Update on prior year control issues which have now been resolved and are no longer considered to be control issues:**

- **RQIA Acute Hospital Inspection of the Ulster Hospital**

The Trust previously reported on the RQIA Inspection Programme carried out in the Ulster Hospital, Emergency Department (ED), Ward 11 and Ward 13 in February 2016.

**Update at 31 March 2021:** Ward 11 is no longer an acute medical ward. ED had an unannounced RQIA inspection in September 2019, which continued to highlight the challenges of maintaining acceptable levels of cleanliness within an overcrowded Emergency Department. A Quality Improvement Plan (QIP) was implemented following this. On re-inspection in December 2019, feedback from RQIA was this was a very good inspection. The QIP has been implemented by ED, in conjunction with other teams working in the department. All RQIA recommendations in relation to ward 13 have been actioned.

- **Potential Industrial Action**

The Trust received notice from the Royal College of Nursing (RCN) and Unison of their intention to ballot their members for potential Industrial action. It was not known at the time what form or extent the potential Industrial Action would take. The Trust continued to develop and refine its Contingency Plans in order to reduce/mitigate the impact to services and service users.



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**Update at 31 March 2021:** This matter is now closed as agreement was reached between all the parties involved in February 2020. Staff received the agreed pay award in March 2020. There is currently no industrial action.

- **Prison Healthcare**

The Trust previously reported on the challenges of providing healthcare within the Prison Service. These related to staffing challenges, tensions between Security and Healthcare and Pharmacy regimes. Much work has been done in this service. One of the biggest challenges was the ability to recruit and retain permanent staff.

**Update at 31 March 2021:** The Trust has reduced its spend on agency nursing staff. A series of actions were taken to achieve this. A recruitment campaign for nurses was successful and many vacant roles were filled. A further recruitment drive is underway and interest in the service is at an all-time high. A new model for Medicines Management was developed and 6 Medicines Management Technicians are operational in HMP Hydebank Wood and HMP Maghaberry. Their introduction has delivered efficiencies around the administration of medication which in turn has led to the nursing staff engaging in public health initiatives. This greatly helped during the pandemic.

Prison Healthcare staff remain subject to threats (in common with other staff working in prisons). The Trust submitted a business case to the DoH to introduce a Recruitment and Retention allowance for Prison Healthcare staff. The NI Civil Service Department of Finance approved the payment of this.

- **Domiciliary Care**

The demand for domiciliary care services across the Trust was increasing, particularly in some rural areas. The Trust was experiencing a lack of capacity, specifically within the independent sector for new and increased packages of care and this had the potential to adversely affect Trust performance with regards to patient flow.

**Update at 31 March 2021:** The Trust continues to monitor independent sector providers, completing an annual review to examine hours paid to staff versus hours paid to the agency. The Trust also implemented a pilot in relation to invoicing that ensures providers are paid for hours delivered.

The Trust is, in line with HSCB requirements, rebuilding the provision of domiciliary care services following the initial stages of the pandemic. The demand for domiciliary care continues to grow but the Trust has recruited to its in-house team and has developed a range of block contracting arrangements to address this.

The Trust continues to work with 4 independent sector providers to refine a new model of care and support at home and has been able to secure some additional block contracted hours for both core services and night time services. Some providers reported during the period impacted by Covid-19, that recruitment increased and they gained additional staff.

- **Lagan Valley and Downe Hospitals Emergency Departments**

The Trust previously reported on the significant challenges associated with medical staff availability in the aforementioned hospitals. In January 2014, as a result of difficulties recruiting middle grade doctors, the Trust had to temporarily close Lagan Valley (LVH) and

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Downe Hospital ED during weekends. The Trust worked closely with neighbouring Trusts, the HSCB and DoH to mitigate the impact of this change for local communities.

**Update at 31 March 2021:** A consultant led Urgent Care Centre was set up in Downe hospital and is operational during week days, with a minor injury service over the weekend. One of the outcomes of this is a significant reduction in the reliance of locum middle grade doctors, from 75% of the rota pre-pandemic to less than 10%. We also introduced a 'phone first' model for NIAS to LVH, which has reduced attendances by 78% since its introduction in December 2020 compared to the 2019/20 financial year. The 'phone first' approach in the Downe has resulted in secondary transfers from Downe ED (pre pandemic) reducing from 80 to 5 patients per month for those attending by ambulance. This approach enables us to direct people to the most appropriate place to receive their care.

We have been successful in recruiting a new consultant within Emergency Medicine, who rotates through the Downe as part of his job plan. We have consultant presence in Downe and Lagan Valley sites, Monday to Friday, though challenges remain in the middle grade tier.

The 'phone first' approach at the Downe, has allowed the unit to manage patient flow, ensure the number of patients does not exceed the capacity of the team to manage them, thus preventing overcrowding and the risk of nosocomial infection, as well as reducing the need for locums.

### • **Non-Compliance with Lease Policy**

The Trust has strengthened its approaches to the management of Trust property. Particular focus is placed on ensuring compliance with PEL 11(01) which covers leases and PEL 98(01) in respect of the management of retained assets, property leases, accommodation, property disposals, rates and rebates and meeting planned disposal targets as set out in SET's management programme.

**Update at 31 March 2021:** Within the Estates Team surveyors are in position to address the growing demands of managing the Trust's Estate. The Trust continues to manage challenges with regard to accommodation requirements on an ongoing basis.

### • **Pension / Income Tax issues (impacting Medical Staff)**

The Trust is working closely with regional colleagues to seek solutions to reduce the service impact of HMRC regulations in relation to pensions. The impact has been clinical staff seeking to reduce their additional employment contract commitments due to tax consequences relating to HSC Pensions (Annual Allowance).

**Update at 31 March 2021:** The government is currently reviewing arrangements which may include changes in tax measures. The Trust held a number of workshops and engagement sessions to provide updates, guidance and information for medical and other staff affected by the annual allowance. This is now being reviewed subject to demand and/or further legislative changes.

At 31 March 2020 the government changed the threshold income from £110,000 to £200,000 (this is the trigger point for calculating tapered annual allowance). This has reduced a number of tax liabilities for high earners.

The impact on service provision by medics is much less of a concern than it was previously.

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### Update on prior year control issues which continue to be considered control issues:

- **Meeting and Resourcing the Increased Demand for Services and Ulster Hospital Emergency Department Services**

The Trust previously reported on the need to address capacity to safely provide services in the Ulster Hospital. Significant progress has been made in reduction of delayed discharges for South Eastern Trust residents, however demand continues to increase, capacity issues remain and some patients continue to wait longer than 12 hours in the Emergency Department. A bed modelling exercise identified capacity gaps.

**Update at 31 March 2021:** On 18 May 2020, the Acute Services Block (ASB) was successfully handed over from the contractor, to the Trust and levels 0-5 and 7 are now in Trust ownership. In response to the Covid-19 pandemic and in line with regional instructions, the Trust commissioned the ASB as a temporary regional facility, should it be required in response to the evolving Covid-19 pandemic.

In late 2020, following approval of a Covid-19 vaccine, the Emergency Department of the ASB was designated a temporary Covid-19 vaccination centre. It is anticipated that the ASB Emergency Department (ED) will continue to be used as a temporary Covid-19 vaccination centre until May 2021. Following this, the ED will be commissioned as originally planned.

Work to level 6 of the ASB to provide an additional 53 inpatient beds is progressing well. Following completion and final commissioning of the building, it is anticipated that the ASB will be ready to open to patients in winter 2021.

The Trust is engaging with the HSCB in relation to commissioning the relevant staff required for the ASB. The Trust continues to invest in the multi-disciplinary team required to ensure safe, effective, holistic care for those who require it.

The Trust has and continues to ensure we cover the medical rota within the ED to provide timely assessment of those who require care. This has been in the form of additional substantive consultant ED physicians as well as increasing the number of locum Specialty Doctors and Senior House Officers. This does have a cost burden on the organisation, but allows us to provide the timely care to assess those who are sick and in need of care. It also assists with patient flow in ED, reduces overcrowding and helps prevent unnecessary admissions.

- **Ageing Condition of the Estate**

The Trust previously reported the range of increased risks associated with the age of the Estate (particularly the Ulster Hospital). These ranged from the risk of infections such as Pseudomonas/Legionella and other water borne infections, to concrete cancer, fire, electrical and sewage risks. The age, condition and layout of the older estate also hinder a fully robust approach to the eradication of Healthcare Acquired Infections.

The above risks will remain until the completion of the full Ulster Hospital Phase B Redevelopment. The first phase, the new Inpatient Ward Block, was completed in March 2017 and the 2<sup>nd</sup> phase, the Acute Services Block (ASB), as eluded to above was handed over to the Trust in 2020. This facility will provide a new Emergency Department (ED) and

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specialist inpatient wards and will remove inpatient facilities from the existing main ward block.

The retention of clinical support staff and other clinical services in the existing ward block mean that the risks and challenges outlined above will remain and general capital funding (not provided under the addendum) will be prioritised to mitigate them until such time as Phase C of the redevelopment of the Ulster Hospital is complete. Phase C has been profiled as a priority in the Trust's Capital Plan (2019-2029) which was submitted to the DoH in November 2018. There is no approval to proceed with this element at this time.

The Trust also continues to prioritise capital funding to address the condition of the retained estate at the main entrance and paediatric, outpatient and radiology departments of the Ulster Hospital. These buildings, designed in the 1960's and constructed in the 1970's, must continue in use for the short to medium term until the long term Phase C Development is funded and completed.

In respect of mental health inpatient accommodation, during 2015/16 the Trust escalated its concerns regarding the accommodation at the Ulster, Downshire and Lagan Valley Hospital sites. The rationalisation of acute mental health inpatient accommodation was subsequently included as the first priority in the Trust's 10 Year Capital Priorities Review 2019-2029. The Trust's vision is to move from 3 mental health inpatient units to 1. Due to lack of funding, this new facility has not yet been advanced. The Trust has attempted to identify and mitigate risks in the interim including alterations to the current environment, reduce risks associated with ligature points and workforce measures. There has been increased pressure on mental health beds, which increases the need for the new build.

**Update at 31 March 2021:** In relation to the progression of a new acute mental health unit at the Ulster Hospital, the Trust has been given permission to progress to Stage 1 design subject to business case approval and commissioner support being in place.

In relation to the risk and challenges of continuing to accommodate clinical support staff and other clinical services in the existing ward block, a design team have been engaged to review the ageing estate. This is to aid prioritisation of capital funding according to both risk and use of property. Mitigating the risks will require major investment over the next 5 years.

The Trust will continue to prioritise various community properties in terms of risk and allocate funding for them. This will see capital funding allocated to mental health, children's homes and residential homes to address their ageing condition and high environmental risks.

### • **Business Services Transformation Project**

The Trust previously reported on challenges to the proposed implementation of the Finance and Human Resources Systems and Shared Services. New finance systems along with Income and Payment services provided by the BSO have stabilised and are delivering project benefits. The target to have 95% of invoices paid within 30 days was not being met. Payroll Shared Services were also encountering challenges with the payroll system. The Trust was concerned that the introduction of Shared Services would not generate the required savings for South Eastern Trust.

**Update at 31 March 2021:** The Trust has exceeded, the target to have 95% of invoices paid within 30 days in 2020/21 and will continue to maintain the successful achievement of this target going forward.

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The Trust has continued to work with Payroll Shared Services Centre (PSC) on a range of issues. A number of Payroll Quality Improvement Projects are being initiated.

Whilst BSO continued to receive limited assurance in respect of the PSC in 2020/21, it should be noted that Internal Audit have provided satisfactory assurance in respect of elementary PSC processes and limited assurance in respect of a number of specific areas including the processing of timesheets for Trusts.

The Trust will continue to participate in a number of regional fora to engage with, support and monitor progress on improvements within PSC in order to support their achievement of a satisfactory assurance level. The Trust continues to engage directly with PSC and regional colleagues on any new or on-going payroll related matters.

### • **Increased Demand for Cancer Services**

The Trust previously reported an increased demand for cancer services. Significant work has been done on this and additional non-recurrent resources have been continually required to attempt to keep pace with demand. The target to have 95% of patients begin their treatment within 62 days of referral continues to be a real challenge due to the significant increase in red flag referrals and delays in the diagnostic pathway due to COVID restrictions. From 2015, the Trust has seen a 43% increase in red flag cancer referrals.

The ability to meet ever increasing demand will require recurrent investment and expansion of a number of clinical teams. The Trust will continue to work with HSCB and DoH colleagues to identify the additional resources/capacity to address this issue.

**Update at 31 March 2021:** The 31 and 62 day targets remain a challenge for the Trust and limited additional funding has been identified to address the resource issue. This compounded with reduced capacity due to COVID has impacted on the ability to see the same volume of patients as was possible pre-COVID across the diagnostic and treatment pathways. The performance position is unlikely to improve, and may further worsen, unless significant financial investment is progressed regionally. Funding to refer patients to private hospitals is crucial to assist in meeting the demand for red flag referrals and diagnostics.

### • **Childcare Pressures**

The Trust previously reported a range of childcare pressures. The Trust directed additional resources to co-operate fully with the Historical Institutional Abuse Inquiry whilst it was sitting, particularly around searches for records both on individual children and corporate governance. Whilst the inquiry has reported, the Trust has decided to continue to suspend destruction of records as these may be needed when the Redress Board is established in line with the advice received from the HSCB.

The Trust has continued to allocate all child protection referrals received and child protection visits have been completed adhering to PHA guidelines. The waiting list for unallocated family support cases has continued to cause concern with referrals being paused during Covid-19.

The number of unallocated cases has risen to 250 waiting over 20 days. This increase has been attributed to three factors: Firstly the cleansing of unallocated data and trackers in all Child and Family Teams and Children's Disability Teams. The Trust is now compliant in



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terms of the definition of an “unallocated case”. Secondly during the last year of the pandemic child protection and looked after children cases were prioritised and family support cases were placed on hold unless it was assessed that a home visit was required due to potential risk.

Thirdly the vacancy rate within the safeguarding teams remains high with the Trust, like others, experiencing significant recruitment difficulties. Despite a comprehensive regional recruitment campaign at the time of writing there are 34 permanent and temporary vacancies within safeguarding teams ranging from band 6 to band 8a positions. This regional workforce issue is creating difficulties for the service in completing statutory social work duties and there is a backlog of reviews to be undertaken for looked after children and delays with progressing care plans. This is being monitored closely by the senior management team.

In the last 12 months the number of children on the child protection register (CPR) has fluctuated between 320 and 396. At 31 March 2021, 344 children’s names are on the CPR.

The Trust contributed to the HSCB review of specialist regional child care facilities and the HSCB review of residential care with identification of alternative placement options. The Trust is contributing to planning for the new Secure Care Centre, which was a recommendation from the review. The public consultation process has now closed. A Programme Board is established and senior Trust managers are inputting into work streams to take forward future planning.

**Update at 31 March 2021:** Suspension on the destruction of files continues in line with HSCB advice. There has been a steady increase in the number of children placed in Trust care. At the time of writing there are 620 Looked after Children, 43 in residential care (including children with a disability) and 577 are in foster or kinship placements. Pressure remains to find suitable placements for children, especially those with complex needs. There has been an increase in the number of assessments for children requiring bespoke arrangements. The Trust is reviewing the total residential service in order to meet the needs of these children. The Trust has experienced a changing demographic and increased complexity of needs particularly in relation to those children under 12 years old.

There has been an increasing need for care placements resulting in Lindsay House being stood down as a short break facility in order to provide short term care placements. There continues to be significant pressures on the edge of care provision and upon the limited short break and long-term provision which has remained in place throughout the second wave of Covid-19. The availability of placements features on the Children’s Directorate risk register.

During this reporting period a number of Judicial Reviews have been on-going in relation to the pressures within children’s disability services, with specific reference to Lindsay House. Four of these have been concluded and 2 of these which began in 2019 highlighted how the Trust had been unable to fulfil its duty to accommodate children with complex needs. There are four on-going case actions relating to support packages and short-breaks. In addition the department of legal services (DLS) have alerted the Trust that 2 pre-action letters have been received from families in regard to lack of provision for short-breaks for children with disability during the covid-19 pandemic though these may not result in a full Judicial Review being held. Due to the pressures on the service the HSCB and RQIA worked with the Trust to enable timely introduction of a new service in Greenhill YMCA to facilitate short breaks.

In the last 12 months the Trust dealt with 138 admissions to care which has placed pressure on services to meet the placement needs of these children and young people.



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Of these admissions, 63 have been placed in a kinship placement with a further 38 kinship assessments in progress. This demand to complete kinship assessments is also being impacted by the backlog in non-kinship foster assessments, arising from the capacity of the service to deliver training during lockdown. The resulting backlog is expected to take 4 – 7 months to clear.

### • **Financial Breakeven Requirement and Financial Challenges**

While the Trust achieved a breakeven financial position in the year to 31 March 2021, it is important to note that this was achieved following the receipt of significant non-recurrent funding, one off contingency measures, expenditure reductions and planned in year slippage on service developments.

The outlook for 2020/21 indicated that resources would continue to be constrained and that it was to be another challenging financial year. The Trust had been set a savings target of £8.6m in 2020/21. In addition the Trust had to achieve the balance of 2018/19 and 2019/20 savings that were previously achieved using non-recurrent measures. This amounted to another £13.4m. Therefore the Trust had to achieve total savings of £22.0m. The Trust also identified a number of prior year and emerging pressures which impacted on the financial position.

**Update at 31 March 2021:** The Trust broke even ending the financial year with a surplus of £45,000. This is after delivering £22.0m of savings and cost reduction measures. The Trust incurred £110.7m of additional costs in meeting the pressures of Covid-19, Rebuilding services and the No More Silos programme. The most expensive COVID-19 cost was the provision of Personal Protective Equipment at £24.9m followed by the provision of £14.6m of financial support to the independent sector (Private Care Homes, Domiciliary Care and Supported Living providers).

The Trust reported breakeven against a Capital Resource Limit (CRL) of £47.6m, of which Ulster Hospital Acute Service Block accounted for £18.5m. The Trust worked with DoH colleagues to ensure breakeven position could be achieved. This was challenging due to the impact that Covid-19 had on projects and suppliers. Additionally Brexit caused delays on some equipment orders.

### • **Recruitment of Health and Social Care Staff**

The Trust, along with other HSC organisations, continues to face real challenges in the recruitment of key health and social care professional staff. This has created high levels of vacancies (for Nursing and Medical posts particularly) which has had a significant impact on the delivery of front-line services.

The Trust continues to work with our partners to source staff, including participating in campaigns outside NI. The Trust reviewed the impact of this approach during 2020/21 to decide whether it should continue with future campaigns. Whilst these activities may have had a positive impact in some areas, the Trust continues to experience high levels of vacancies. Thus the use of International Recruitment will continue.

**Update at 31 March 2021:** SEHST continued to work with other Trusts in the recruitment of international nurses. In addition to the regional campaign SEHSCT commenced its own bespoke International Recruitment Project.

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From September 2020 to the end of March 2021, using a combination of both projects, SEHST successfully recruited over 200 international nurses. Staff Nurse Band 5 vacancies have reduced.

There is no doubt that Covid 19 has changed the workforce landscape. Nurses have not been able to take up employment overseas. However it is anticipated, that the impact of Covid-19 on nursing staff may see an increase in the number of retirements and requests for career breaks in the next 12 months. It is likely that the retirements and career breaks will outweigh the numbers of nurses that will be retained due to their inability to travel overseas.

- **Nursing and Residential Care**

The Trust previously reported on recruitment issues in independent sector nursing home providers. The Trust continues to have difficulties in accessing beds at the regional tariff. This will require an increase to the tariff rate to be satisfactorily resolved. This regional tariff is determined by HSCB on an annual basis. The out-workings of the COPNI report have also resulted in some nervousness in the sector, with a climate of risk aversion making it challenging to source and maintain placements for service users with particularly complex needs.

The regional tariff increased by over 4% in 2018/19 and, in 2019/20, there was a further 5% and 5.5% uplift to residential and nursing home regional tariff rates respectively. The Trust hoped that these increases would assist in addressing the concerns of providers and therefore improve access to placements, however, there still remain a high number of beds that require a third party contribution and are above the allocated regional rate.

**Update at 31 March 2021:** Despite the financial support offered some homes are reporting pressure in relation to financial sustainability owing to the large number of vacancies in homes, increased insurance pressures and potential refusal of insurance cover. Homes that reported vacancies earlier in the year are still struggling to fill them, with many homes experiencing lower admission rates than pre-COVID.

Financial support has been given to homes as directed by the DoH in relation to additional grants, claim schemes and cash flow payments. New residents will still have to cover additional third party payments and it remains unclear how the vacancy levels noted above will impact on the cost of these and the longer term financial viability of some homes.

One of the Trusts largest home providers underwent a period of instability owing to financial re-structuring and potential sale. The Trust liaised closely with the provider and received some assurance that any potential disruption in the longer term would not be significant for the Trust. SEHSCT has been monitoring this closely and will continue to link with all key stakeholders, including the DoH, HSCB and other Trusts.

Four of the provider's homes were transferred to new ownership seamlessly earlier in the year and there has been a recent update in relation to the potential financial restructuring of the group with 2 interested parties identified. Residents and staff have been kept up to date and as before the provider gave assurance that services will be unaffected.

The Trust continues to review the enhanced governance arrangements put in place across this sector and has plans in place for continuous monitoring and action. Governance activity

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is centralised and all Trust communication to the sector is co-ordinated through the Contracts Department.

- **Demand for Elective Care**

Demand continues to increase beyond the capacity of the Trust to deliver the waiting time targets. During the pandemic services across all Trust sites were reduced or stood down to manage COVID-19 demand. Services have not and will not return to pre-COVID-19 levels for some time. The Trust has prioritised urgent and cancer patients which means that routine patients will wait an unacceptable time for both outpatient and/or inpatient and day case treatment. The Trust scaled back surgery significantly due to lack of available theatre sessions, staff redeployments and COVID-19 related staff absence. The Trust introduced a weekly cap on elective capacity at the Ulster Hospital due to the demand for unscheduled services in light of the recognised bed deficit.

Waiting times for all specialties remain a significant concern for the Trust, and we will continue to lobby for additional resources to address this issue. It has been recognised that significant investment is required, not only to clear backlogs, but to ensure future capacity is sufficient to meet demand. This has been estimated at £750m - £1bn for the region.

**Update at 31 March 2021:** Significant funding was received, however only suspected cancer cases could be facilitated from the funds provided.

- **Social Care Procurement**

In order to minimise the risk of non-compliance with the Public Contract Regulations 2015, all DoH Arms-Length Bodies (ALBs) are extending Centre of Procurement Expertise cover for social and health care services in a Light Touch Regime. This is being taken forward by the ALBs via a formally constituted project, reporting to the Regional Procurement Board. The Light Touch regime effectively gives the Trust five years to achieve adherence with the Procurement Regulations (2015).

**Update at 31 March 2021:** Throughout 2020/21 the Trust has been participating at the Regional Social Care Procurement Board. The Board determined that the original procurement plan was not achievable and therefore a new regional plan was developed for approval by the Regional Procurement Board in October 2020. The Trust has continued to work to progress the plan with current procurements being supported for fostering and adoption services, elective care and family support.

The Trust will continue to support this and actively participate with all regionally led procurement for social care. However, this revised plan will take significantly longer to implement meaning that compliance should be achieved by 2028/29. In the meantime the Trust plans to continue with its existing contracts, complying with existing rules for procurement for social care services.

- **Mental Health Services**

Changing patterns of drug misuse and increased levels of violence presents a challenge to Community, Inpatient and Addictions services impacting on recruitment and retention of Mental Health Practitioners. The Trust will continue to actively attempt to recruit Mental Health Practitioners.

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**Update as at 31 March 2021:** We continue to manage ongoing workforce concerns and challenges within Mental Health and Addiction Services. Currently, the nurse staffing vacancy rate within our mental health wards stands at 22.3% of the funded staffing level (FSL) and 17% within our community mental health teams, which is not inclusive of other forms of absence.

There are on-going service developments within mental health, adding to the challenges associated with our workforce management, which can have a destabilising impact on our core community and inpatient staffing. We have continued to explore initiatives, along with those previously identified and led a recruitment evening in January 21, successfully filling a number of our inpatient vacancies. We also recruited an additional six band 6 nursing posts following receipt of funding for Delivering Care (5A) phase 1 and have established a waiting list for phase 2 when funding is made available.

A significant and sustained pressure on beds continues regionally. This has been compounded by the admission of learning disability patients and more recently Child and Adolescent Mental Health Service patients to our inpatient unit. The Trust's Mental Health and Learning Disability Teams are working together to develop pathways for learning disability patients.

There are ongoing delays in discharge for complex individuals who require intensive or bespoke care packages. The high number of 'out of trust' admissions continues, further adding to the acuity on our wards. Mental Health Services continued to deliver core services throughout the pandemic with increases in referral and admission rates being noted as we emerge out of lockdown.

Trusts are working regionally to manage the challenges on bed pressures. SEHSCT has also recruited a Regional Bed Capacity Manager to lead on improving our patient flow and managing the complex delayed discharges identified.

### • **COPNI Home Truths: A Report on the Commissioner's Investigation into Dunmurry Manor Care Home**

The Trust responded to the DoH recommendations from the COPNI report and is committed to responding positively to the issues raised. An internal action plan is in place and the Trust will work with the DoH and colleagues across the HSC system to progress the regional implementation plan.

The DoH commissioned a company called CPEA to undertake an independent review into the actions of the HSC system around Dunmurry Manor Care Home. This is ongoing. The Trust welcomes and is co-operating fully with this review.

The rapid review of the Trust's governance arrangements for all services commissioned from the Independent Sector has concluded, resulting in 11 recommendations being implemented which was overseen by the Trust's Governance Assurance Committee.

A business case was completed and the associated resources were prioritised with phase one now completed. Full implementation will take a number of years and is dependent on securing adequate funding.

To support improved oversight and governance the Trust established a cross directorate Independent Sector Governance Forum which is attended by leads from Mental Health,

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Disability, Older Persons, Finance, Contracts, Pharmacy and Adult Protection to collate, analyse and escalate concerns and associated action planning. In addition to this the Trust has put in place a quarterly Assistant Director Forum which is a sub-committee of the Safety, Quality Improvement and Innovation Committee.

**Update at 31 March 2021:** The Trust continues to participate in regional working groups and initiatives emerging from the COPNI report and the CPEA review. To date 2 papers from the CPEA review have been published and SEHSCT has responded. Two further papers have yet to be published and the Trust will respond as and when required. The DoH has formed an Adult Protection Board for NI and the Trust is represented at this forum.

- **Muckamore Abbey Hospital**

A regional action plan was agreed to resettle all delayed discharge patients by December 2019. It has been a challenging agenda and required investment in specialist accommodation, home treatment services and workforce to meet the complex needs of people with a severe learning disability who do not need to be in hospital.

SEHSCT has robust discharge planning and monitoring arrangements in place. Given the complexity of the resettlement task, the Trust has worked collaboratively with the BHSCT and NHSCT, independent providers and Housing Associations to deliver the best outcomes for our service users.

An ongoing safeguarding investigation of serious concerns in Muckamore by BHSCT resulted in reduced hospital staffing levels which in turn impacted on further admissions to Muckamore. This meant that SEHSCT patients with a learning disability have, at times, been admitted to a general mental health ward. This has placed considerable additional pressure on the Trust's mental health services in terms of managing increased levels of risk. Additionally SEHSCT does not employ any Consultant Psychiatrists within learning disability which may also increase the risk. The Trust is actively engaged in the regional review of learning disability services to transform the service model.

**Update at 31 March 2021:** The Trust has successfully discharged 1 of 7 patients from Muckamore. Discussions are on-going to develop bespoke long term community placements with service and care providers.

Muckamore remains closed to admissions and unavailable to those with a severe learning disability. The SEHSCT are developing pathways with colleagues in mental health services to determine the most appropriate response to those service users yet to be discharged. Contingency planning and longer term options continue to be explored and is done in conjunction with the HSCB. The safeguarding investigation continues and the Trust is engaged in all meetings and discussions pertaining to the on-going review of incidents.

- **EU Exit**

The UK Government reached a Trade and Cooperation Agreement on the UK's future relationship with the EU. The approval of the European Union Future Relationship Bill saw the agreement take effect on 1 January 2021. The agreement covers reciprocal healthcare, health security and science, data sharing, professional qualifications and continuity of supply.

The focus of the Trust now largely relates to potential risks in respect of maintaining staffing levels and ensuring the continued supply of goods, particularly drugs and medical supplies.



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**Update at 31 March 2021:** The DoH issued an updated version of the EU Exit Operational Readiness Guidance in November 2020. This listed the actions that health and social care (HSC) organisations/providers in Northern Ireland needed to take in preparation for the End of the Transition Period (EOTP) on 31st December 2020.

The EU Exit Operational Readiness Guidance was sent to all HSC organisations, including independent providers. The NI Protocol is now in operation outlining arrangements for the management of goods moving from GB to NI. The Trader Support Service has been established to assist businesses with customs documentation and declarations.

Meetings continued between the DoH and Arms-Length Bodies to provide updates in respect of any difficulties encountered. Situation Reports during Covid-19 were adapted to include EU Exit issues to enable these to be escalated as appropriate to the HSC Silver Command.

One of the main concerns at present is the dual registration of professionals who may be required to transfer patients or visit service users placed in Ireland. These professionals are from areas including medicine, nursing and social work. Negotiations are continuing with professional bodies to ensure practitioners remain within their scope of practice to deliver safe and effective care. Meetings of the Trust EU Exit Working Group are still in place to ensure the Trust is managing any potential risks highlighted.

### • **Cyber Security**

The Trust received audit reports in 2018/19 and 2019/20 with recommendations to strengthen cyber security arrangements. Some of these recommendations rely on a regional approach given the nature of the HSC shared technical infrastructure. The Trust worked with regional colleagues through the Regional Cyber Security Programme Board to address these and made significant progress in working regionally to take common and consistent actions to strengthen cyber security issues highlighted by Internal Audit

**Update at 30 March 2021:** The Cyber Security team and senior managers within the Trust's IT Department continue to be fully engaged in the Regional Cyber Security programme, including South Eastern Trust's Assistant Director for Technology and Telecoms who is the Senior Responsible Officer for the Network Security Review Project.

Please refer to the earlier section of this Governance Statement titled 'Risk of Cyber Security Attacks' for further information.

### • **Mental Capacity Act (MCA)**

The Department of Health (DoH) and the Department of Justice (DoJ) delayed commencement of the Deprivation of Liberty Safeguards (DoLS) and the provisions relating to money and valuables in residential care and nursing homes in the Mental Capacity Act until 2 December 2019. This was to allow time for all appropriate staff (statutory and independent sector) to access training, to recruit professional staff onto panels, to test the new processes ahead of the revised operational date and to facilitate improved communication with relevant agencies (including the Review Tribunal and care homes).

SEHSCT now provides regular updates on progress being made to the DOH via an assurance template. The Trust has been making steady progress with implementation plans. The phase 1 business case has been submitted to DoH and the Trust has developed an



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interim IT solution for tracking cases. The main challenge continues to be the engagement of sufficient medical practitioners for panels and production of medical reports in light of the continued absence of GP participation.

**Update at 31 March 2021:** The Trust continues to deliver the MCA Deprivation of Liberty Safeguards in accordance with NI legislation. Completion of this work has been significantly hampered due to Covid-19 and the associated restrictions. The impact of Covid-19 included the redeployment of staff to deliver acute hospital services, changes in access to independent sector facilities and a further reduction in access to General Practitioners to complete medical roles.

As part of the Trust Rebuild plan there has been a refocus upon completion of DoLS requirements. The Trust has submitted an Investment Proposal Template (IPT) to the HSCB and has commenced recruitment to posts. There has been an increase in completion of DoLS legacy cases and short-term detentions since July 2020. Activity data is provided to the DoH through the monthly performance return. The Trust continues to engage in regional meetings with the DoH and other agencies. We await confirmation of the outcome of a regional request for an extension for the completion of legacy cases.

- **Managing High Demand Products**

On 23 March 2020 Trust Chief Executives received a communication from the Chief Pharmaceutical Officer in the DoH advising of new arrangements to be put in place for the management of a range of products which were in high demand.

As a result Trusts were required to perform functions previously carried out by BSO Procurement and Logistics Service (PaLS) and set up a local stores and distribution operation in a very short period of time. This helped to ensure that products under demand management, including PPE, could be appropriately distributed across the Trust and the Independent Sector to primarily meet the impact of Covid-19. A number of staff were redeployed and additional agency staff costs were incurred.

**Update at 31 March 2021:** It is anticipated that there will be a requirement for Trusts to continue to distribute high demand items into the second half of the 2021/22 financial year. A stock count occurs once per week to ensure that any discrepancies can be accounted for in a timely basis. The Trust has received DoH approval to move the distribution centre to an off-site warehouse to facilitate the construction of a planned new laundry in the footprint of the current warehouse. The move to the new leased premises will take place in April 2021 with the Supplies and Logistics team remaining in place until the DoH advise that this function can revert back to BSO PaLS.

All orders for demand managed items for Trust staff are placed through the Trusts internal ordering system and undergo scrutiny ahead of orders being approved for distribution. All Independent Sector orders are placed with the Trust's Contracts team who in turn send through these orders on a daily basis for fulfilment and delivery. Clinical advice, if required, is sought from the Trusts Infection, Prevention and Control Team.

- **Fit Testing of Personal Protective Equipment Respirator Masks**

On 15 June 2020, the Trust was made aware of an issue relating to some of the fit testing that had been completed in a number of HSC Trusts, including the South Eastern Trust,

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during the COVID-19 surge period. It emerged that, in a number of cases, the fit testing provider had calibrated the fit testing equipment to a setting not applied in NI but which still complied with World Health Organisation (WHO) standards.

As a precautionary measure, to reassure staff that the masks are being fitted to the appropriate standards, the Trust urgently took forward a review of all fit testing completed during this period. It made contact with all staff whose results were affected, to advise them of the issue and to schedule them for retesting. A helpline was also established to address any concerns raised by staff. The Trust implemented additional measures to review and monitor fit testing outcomes going forward to ensure that this situation would not recur.

**Update at 31 March 2021:** The Trust was made aware on 12 February 2021 that further concerns were raised regarding the quality of fit testing in the region. This related to the strict adherence for the seven fit testing exercises outlined in the Health and Safety Executive (HSE) guidance note (INDG479) and instances of fit testing being carried out on staff members with facial hair.

SEHSCT was not one of the Trusts affected but in response we gave further assurances to the Public Health Agency (PHA) that the Trust had implemented a series of audits and checks to make sure that all fit testing was in line with UK standards in response to their learning letter dated 1<sup>st</sup> July 2020. We are scoping further measures to improve the quality of fit testing to include inspecting fit testers during a session and contacting staff who have been fit tested to check that their test was in adherence to HSE INDG479 guidelines.

The Trust has measures in place to ensure the correct setting is selected on the fit testing software. All certificates are independently checked to ensure all 7 exercises have passed on a weekly basis. A further end to end monthly audit is completed by a competent person independent of the fit tester. The majority of staff impacted have been recalled or had a subsequent fit test on a different mask after the incident. A standard operating procedure has been developed in the region and is awaiting sign off as an interim measure by the PHA prior to the findings from the serious adverse incident (SAI) being completed. Any recommendations made by the SAI panel will be included in the final version.

The Trust is working with the PHA to deliver a regional fit testing framework. The Trust is also working with the appointed SAI team in the provision of all relevant information relating to fit testing carried out within the Trust.

### **Identification of new issues in the current year (including issues identified in the mid-year assurance statement) and anticipated future issues:**

- **Infusion Pumps**

One new risk, the supply of infusion pumps, was identified on 15 March 2021. It has been escalated and is being monitored as a potential Corporate Risk Register for 2021/22.

Infusion Pumps and associated consumables are required for the administration of products to patients – including blood and chemotherapy. The supplier notified the Medicines and Healthcare Regulatory Agency (MHRA) that the sterility of some of their devices cannot be guaranteed due to quality issues with their third-party sterilisation provider.

# Accountability Report

## Corporate Governance Statement

Although the devices are likely to be sterile this cannot be guaranteed so there is a very small risk of infection from treatment with these devices. There will be supply disruption whilst the supplier transfers products to a new sterilisation provider. The quality issue was recently identified but has been on-going for a number of years. No infection issues have been identified relating to these products.

The potential impact on the Trust may result in harm to patients particularly in groups of those immunosuppressed, unsatisfactory patient experience, significant financial loss and /or damage to reputation.

**Update at 31 March 2021:** The Trust's Medical Director has been appointed to oversee the actions required in response to the MHRA alert. Trust Directorates have nominated Assistant Directors and other Senior Managers to form an internal working group to oversee the implementation of the requirements from the alert.

Three meetings of the Trust's Working Group and also 3 meetings between the PHA, BSO and Trusts were held in March 2021. Additionally the Clinical Reference Group (including representatives from all 4 GB nations) met to discuss the issue. Communication to Trust Directorates was issued on 24 March 2021 in respect of the alert and actions to be taken by the Trust to address the risks.

The Trust purchased an alternative infusion pump to use in certain areas, borrowed pumps from other Trusts and risk assessed the continued use of possible affected devices. The supply of new stock is now in place and an alternative pump has been rolled out to the Downe and Lagan Valley hospitals. All working groups (Trust and regional) have now been stood down. The risk assessment remains in place and kept under review. Once all actions have been completed this will be closed off. This is expected to be by end of July 2021.

### Conclusion

The South Eastern 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 and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Trust has operated a sound system of internal governance during the period 2020/21.

# Accountability Report

## Statement of Accounting Officer Responsibilities

### STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

#### ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### STATEMENT OF SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST'S RESPONSIBILITIES AND 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 South Eastern 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 South Eastern Health & Social Care Trust and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

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

- observe the Accounts Direction issued by the Department of Health, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the accounts;
- prepare the accounts on a going concern basis; *and*.
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Seamus McGoran of South Eastern Health and Social Care Trust as the Accounting Officer (Interim) 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 Trust's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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

# Accountability Report

## Directors Report

### DIRECTORS REPORT

#### Management Board

The Management Board responsible for setting the direction for the South Eastern HSC Trust is made up of the following individuals:

#### Executive Members:

Mr Seamus McGoran	Chief Executive
Mr Paul Morgan	Director of Finance and Estates (1/4/20 to 31/8/20). Retired.
Mrs Wendy Thompson	Director of Finance and Estates (from 01/09/20)
Mrs Roisin Coulter	Director of Planning, Information and Performance Management
Dr Charlie Martyn	Medical Director
Ms Nicki Patterson	Director of Primary Care, Elderly and Nursing
Mrs Myra Weir	Director of Human Resources
Mrs Bria Mongan	Director of Children's Services/Social Work (1/4/20 to 30/04/20). Retired.
Mrs Barbara Campbell	Director of Children's Services/Social Work (from 06/04/20)
Mr Don Bradley	Director of Adult Services and Prisons Healthcare (1/4/20 to 15/06/20). Retired.
Mrs Margaret O'Kane	Director of Adult Services and Prisons Healthcare (from 18/05/20)
Mr David Robinson	Director of Hospital Services

#### Non-Executive Members:

Jonathan Patton (Chairman)  
Noel Brady  
Dr Maura Briscoe  
Maynard Mawhinney  
Joan O'Hagan  
Helen Minford

#### History of the South Eastern Trust

The registered address of the South Eastern Health and Social Care Trust is:

**Chief Executives Office  
Trust Headquarters  
Ulster Hospital  
Upper Newtownards Road  
Dundonald  
Belfast  
BT16 1RH**

**Tel: 028 9055 3100**

# Accountability Report

## Directors Report

The South Eastern HSC Trust was established by The South Eastern Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006 and came into effect on 1 April 2007 following the merger of the former Ulster Community and Hospitals Trust and Down and Lisburn Trust.

It is an integrated organisation, incorporating acute hospital services, community health and social services and serves a resident population of over 355,000 people, and an estimated wider population of approximately 440,000 who avail of our services, primarily in the Ulster Hospital, Dundonald.

### **Equal Opportunities**

The South Eastern HSC Trust has in place an equal opportunities policy to promote and provide equality between persons of different genders, marital or family status, religious belief or political opinion, age, disability, race or ethnic origin, nationality or sexual orientation, between persons with a disability and persons without, between persons with dependants and persons without, between men and women generally, and irrespective of Staff Organisation membership. This policy applies to recruitment, promotion, training, transfer and other benefits and facilities. Selection for employment and promotional opportunities is on the basis of ability, qualifications and aptitude for work.

### **Equality Responsibilities**

As part of its Section 75 Responsibilities, and as detailed in its Approved Equality Scheme, the Trust produces an Annual Progress Report (APR) and Newsletter which demonstrates progress against key targets. This APR is presented to EMT and Trust Board for approval prior to submission to the Equality Commission for Northern Ireland in August each year.

### **Equality and Human Rights Training and Awareness Raising**

The Trust has in place a robust Equality and Human Rights training and awareness raising strategy. This strategy aims to ensure that all staff are aware of their responsibilities with regard to Equality and Human Rights. To compliment face to face training, the Trust has in place an Equality and Human Rights e-Learning module which focuses specifically on staff responsibilities using relevant examples, case studies and case law.

Staff are able to work their way through the user friendly information in a time frame which best suits them. In the past year 3,015 staff accessed training, which includes the e-learning module. Specific training has been delivered to Emergency Department Teams, Statutory Residential Home staff, Patient Experience staff, Pharmacy staff, CSSD, Ward Managers, Domiciliary Care staff, Nursing Assistants and Prison Healthcare Staff.

### **Face to Face and Telephone Interpreting**

The Trust continues to provide face to face and telephone interpreting for patients and service users who do not speak English as a first language. Staff are able to book face to face interpreters for pre-planned appointments with telephone interpreting being available to patients who arrive at the Emergency Department or unexpectedly for treatment. During the past year the Trust provided interpreting episodes with languages ranging from Arabic, Polish and Lithuanian to Kurdish, Tetum, Urdu and Bengali.



# Accountability Report

## Directors Report

### **Working Well with Interpreters Training Sessions**

To support staff a series of 'Working Well with Interpreters' training sessions were held throughout the Trust. These were provided in conjunction with the Northern Ireland Health and Social Care Interpreting Services and 27 staff attended training in the Ulster, Downe and Lagan Valley Hospitals. The Trust is also providing this training virtually via Zoom with a total of 36 staff attending these sessions. All relevant information and booking forms are available on the Equality and Human Rights Intranet pages.

### **Work Inspiration Programme**

The Trust continues to work in partnership with Business in the Community, specifically with the Work Inspiration Programme.

As a result of the emerging situation with COVID-19 in March 2020 and its significant impact on the Trust an agreement was reached by the Regional Organisation Development Network to stand down all work experience placements until 2021. This position will be reviewed mid-summer, with a view to reinstating work experience placements in September 2021.

The Trust worked together with Work Inspiration to ensure education providers, career tutors and students were informed of the decision.

Interest emerged on the options available to adapt work experience from a traditional face-to-face method to a digital platform. The Organisation and Workforce Development team worked with nursing colleagues, offering advice, guidance and connecting them with external stakeholders ensuring all parties contributed to bringing to fruition the new digital career concept for nurses as well as the associated communication and engagement plan.

The Trust also has in place a well-developed employability scheme called the H.O.P.E Service (Holistic Outcomes through Positive Experiences). This scheme is for young people in and leaving care to provide them with career support and employment opportunities. For the first time in 2020/21 Human Resources (HR) worked together with H.O.P.E to facilitate 3 HR apprenticeships. This is an exciting new opportunity and has the potential to be replicated in other areas.

### **Accounts Preparation**

The Trust's annual accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance and Personnel'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.

### **Better Payments Practice Code**

Details of the Trusts compliance with the code are given in the Finance Report within the Performance Analysis chapter.

### **Late Payment of Commercial Debts Regulations 2002**

No compensation in respect of late payments was payable in 2020/21.

# Accountability Report

## Directors Report

### **Trust Management Costs**

Details of the Trust management costs are detailed within the Remuneration and Staff Report.

### **Related party transactions**

Details of Related Party Transactions are disclosed in Note 20 of the Annual Accounts Section.

### **Directors Interests**

Details of company directorships or other significant interests held by Directors, where this may conflict with their managerial responsibilities, are held on a central register. A copy is available from Assistant Director, Risk Management and Governance / Board Secretary, South Eastern Health and Social Care Trust, Trust Headquarters, Ulster Hospital Site, Upper Newtownards Road, Belfast BT16 1RH.

### **Charitable Donations**

The Trust did not make any charitable donations during the financial year.

### **Post Balance Sheet Events**

There are no post balance sheet events which have a material impact on the accounts.

### **Personal Data Related Incidents**

All reported incidents of data loss or confidentiality breach in 2020/21 have been assessed. While there were several small scale incidents, the impact was limited and procedures were put in place to address future risk in these areas. The Trust reported 2 incidents to the Information Commissioner's Office (ICO) during this period. The ICO has concluded on all of these incidents and has taken no further action based on the prompt remedial works undertaken by the Trust.

### **Public Sector Information Holder**

The South Eastern HSC Trust is a public sector information holder and is subject to the terms of the Freedom of Information Act, 2000.

### **Treatment of Pension Liabilities**

The Trust participates in the HSC Superannuation Scheme. Further details on the treatment of pension liabilities are disclosed in section 1.20 of the Statement of Accounting Policies.

### **Fees and Charges (Audited)**

The Trust's statutory audit was performed by NIAO. The notional cost of the audit for the year ended 31 March 2021 which pertained solely to the audit of the accounts was £64.5k. The notional cost of the audit of Trust Charitable Funds for the same period was £6.0k.

# Accountability Report

## Directors Report

### Non Audit Services

During the year the South Eastern Trust purchased services from its auditor, the Northern Ireland Audit Office, in respect of the National Fraud Initiative (£3k).

### Principal Risks and Uncertainties Facing the Trust

The Trust has a Corporate Risk Register (CRR) process in place which is complementary to, and works in conjunction with, the Risk Management System and the Board Assurance Framework. The CRR identifies the principal risks that may threaten the achievement of the corporate objectives; details the control measures in place to manage these risks and identifies the sources of assurances that provide evidence that the control systems on which the Trust places reliance are effective. It also includes information in respect of Board reports in terms of positive assurances, gaps in control, gaps in assurance and action plans for the treatment of any residual risk. A Directorate Risk Register (DRR) process is also in operation and works alongside the CRR. It details principal risks at Directorate level some of which may be escalated to the CRR if appropriate during the year.

Normally the review of the CRR is tabled at the Executive Management Team in March each year. The 2020/21 review occurred slightly later this year on 13 April 2021. The review considered which risks could be closed and which items would roll forward and remain on the register with updated action plans for the incoming year (2021/22). A total of 19 items were on the Corporate Risk Register for 2020/21, with 74 associated action points across all 19 risks. Seven of the risks were closed as at 31 March 2021 with a further 12 being carried forward into 2021/22. These are being followed up as a priority.

Further detail is provided on Corporate Risks in the section titled Business Planning and Risk Management located in the Corporate Governance Statement of this report.

The risks are further described in the following two tables. The first table reflects the Principal Risks by Principal Objective, with the closed items at 31 March 2021 shaded. The second table reflects the number of Principal Risks by Sub Type during 2020/21.

# Accountability Report Directors Report

## Principal Risks by Principal Objective – 2020/2021

No	Ref	Principal Objectives	Principal Risk Title
1	MOK1-20/21	Ensure safety, improve quality and test experience	Inability to deliver health care in a prison environment
2	MOK2-20/21	Ensure safety, improve quality and test experience	Inability to deliver seamless mental health acute in patient services on a single site consistent with best practice
3	MOK3-20/21	Ensure safety, improve quality and test experience	Inability to deliver Phase 1 of the Mental Capacity Act
4	BC1-20/21	Ensure safety, improve quality and test experience	Inability to provide appropriate security required following regional review of specialist residential childcare facilities
5	WT1-20/21	Continue to improve	Inability to manage savings and pressures to achieve recurrent financial balance
6	WT2-20/21	Ensure safety, improve quality and test experience	Inability to ensure the quality of the aged built environment and associated infrastructure
7	DR1-20/21	Ensure safety, improve quality and test experience	Inability to provide safe and effective emergency care at Ulster Hospital
8	DR2-20/21	Ensure safety, improve quality and test experience	Inability to sustain Emergency Care and/or General Medical Services at the Downe and Lagan Valley sites
9	DR3-20/21	Ensure safety, improve quality and test experience	Inability to provide full 7 day services across services delivered to hospital inpatients
10	MW1-20/21	Ensure safety, improve quality and test experience	Inability to deliver the required staff within a wide range of professions locally, regionally and nationally
11	MW2-20/21	Ensure safety, improve quality and test experience	Inability to maintain a satisfactory linen decontamination service
12	RC1-20/21	Ensure safety, improve quality and test experience	Inability to deliver the full range performance and service delivery targets
13	RC2-20/21	Ensure safety, improve quality and test experience	Inability to cope/meet the growing cyber threats
14	RC3-20/21	Ensure safety, improve quality and test experience	Inability to deliver the transformation of HSC services due to resource and workforce constraints
15	RC4-20/21	Ensure safety, improve quality and test experience	Inability to provide appropriate and robust governance arrangements across all Independent Sector Providers
16	NP1-20/21	Ensure safety, improve quality and test experience	Inability to meet the threat of current and emerging Healthcare Associated Infection
17	NP2-20/21	Ensure safety, improve quality and test experience	Inability to meet the growing demand for Domiciliary Care
18	NP3-20/21	Ensure safety, improve quality and test experience	Inability to meet increased demand placed on management of Coronavirus patients
19	NP4-20/21	Ensure safety, improve quality and test experience	Inability to provide the GP manpower to run the Out of Hours (OOH) Service

# Accountability Report

## Directors Report

### Principal Risks by Sub Type – 2020/2021

	Total
Financial	1
Health and Safety	1
Legal Statutory	1
Patient Safety/Clinical	9
Quality and Professional Guidelines/Standards	1
Service Continuity	1
Targets, Objectives and Service Provisions	5
<b>Totals:</b>	<b>19</b>

Progress reports on the corporate risks were completed every quarter by the relevant Director and input into the Trusts 'Datix' system under the direction of the Assistant Director of Risk Management and Governance.

A report on the Board Assurance Framework and CRR is presented to the Trust Board twice a year (normally in May and November).

The Governance Assurance Committee is responsible for receiving reports on the Corporate Risk Register (CRR) on a quarterly basis. The meeting scheduled for Wednesday 16 December 2020 was cancelled due to Covid19 pressures and an update on the CRR for the first 9 months of the financial year was provided to the Committee at the meeting held on 10 March 2021. An update on the closure of 2020/21 corporate risks and new risks for 2021/22 will be submitted to the Committee for approval at the meeting scheduled for 16 June 2021 and subsequent approval at Trust Board thereafter.

Compliance with the Corporate and Directorate Risk Registers is monitored on a regular basis via the Governance Assurance and Corporate Control Committees respectively. This process is also discussed at the monthly Performance Improvement and Monitoring Meetings and bi-annual Accountability Review meetings chaired by the Chief Executive.

Directors can add new items to the Corporate Risk Register as and when required. These are normally discussed in the first instance at the Executive Management Team meetings with items added to the register accordingly.

# Accountability Report

## Remuneration and Staff Report

### **Membership of the Remuneration Committee**

The Remuneration Committee of South Eastern Health and Social Care Trust include the Chairman and two Non-Executive Directors of the Trust. They are supported by the Chief Executive and Director of Human Resources and Corporate Services.

### **Policy on the Remuneration of the Chief Executive and Directors**

The policy on the Remuneration of the Chief Executive and Directors is governed by and administered on the basis of the Department of Health, Departmental Directives and Circulars on HSC Senior Executive Salaries.

### **Method used to assess performance**

All Senior Executives during 2020/21, except the Medical Director (who is contracted under medical and dental terms and conditions), were employed on terms and conditions determined by the Department of Health. The contractual provisions applied to these Senior Executives, including the application of the Performance Management Scheme are detailed within HSS(SM) Circulars.

### **The Trust Board**

The Trust Board determines the strategic and operational corporate objectives for the Trust for the year ahead, taking into account the parameters established by the Department and to incorporate them within the Service or Trust Delivery Plans.

### **Remuneration Committee**

The Remuneration Committee oversees the individual performance management process for all senior executives.

### **Chair**

The Chairman agrees and reviews the Chief Executive's performance objectives.

### **Chief Executive**

The Chief Executive agrees individual performance objectives of Directors and reviews the performance of objectives and completes the final report.

### **Performance Objectives**

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

### **Evaluation of Performance**

The evaluation of performance is based on evidence of achievement of service and task objectives relating pay to performance. This process is completed in accordance with



# Accountability Report

## Remuneration and Staff Report

relevant Departmental Senior Executive Circulars. The performance of each individual is assessed and rated each year.

The Remuneration Committee, which is made up of the Chairman and 2 non-executive directors of the Board, are fully conversant with organisational performance via monthly reports to the Trust Board. In particular, financial management, patient and service user access and governance development performance are taken into account. These are reflected in individual performance objectives. The method used does not include formal comparisons with outside organisations.

### Duration of Contracts

Contracts of employment are permanent (subject to satisfactory performance) and provide for three months' notice for both parties. As far as all Senior Executives are concerned, the provisions for compensation for early termination of contract are in accordance with the appropriate Departmental guidance.

### Audited Remuneration Table

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

Table of Non-Executive Directors Remuneration and Pension Benefits:

	2020-21					2019-20				
	Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)	Total £000	Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)	Total £000
Non-Executive Members										
D Sagar (previously Chairman)	0	0	0	0	0	30-35	0	0	0	30-35
J Patton (Chairman)	30-35	0	0	0	30-35	5-10	0	0	0	5-10
M Briscoe	5-10	0	0	0	5-10	5-10	0	0	0	5-10
M Mawhinney	5-10	0	0	0	5-10	5-10	0	0	0	5-10
N Brady	5-10	0	0	0	5-10	5-10	0	0	0	5-10
J O'Hagan	5-10	0	0	0	5-10	5-10	0	0	0	5-10
H Minford	5-10	0	0	0	5-10	5-10	0	0	0	5-10

*The remuneration and pension values, detailed in the above table, relate to the period of Directorship as outlined in the Directors Report within the Accountability Report. The Pay Award detailed in the circular HSC (F) 14-2021- The Payment of Remuneration of Chairs and Non-Executive Members Determination (NI) 2021 is not reflected in the 2020/21 payments and will be paid in 2021/22.*

# Accountability Report

## Remuneration and Staff Report

### Audited Table of Executive Directors Remuneration and Pension Benefits

	2020-21				2019-20				2020-21						
	Salary £000	Bonus/ Performance £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)	Total £000	Salary £000	Bonus/ Performance £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)	Total £000	Real increase in pension and related lump sum at age 60 £000s	CETV at 31/03/20 £000s	CETV at 31/03/21 £000s	Real increase in CETV £000s	
<b>Executive Members</b>															
S McCowan (Interim Chief Executive)	105-110	0	1,200	65	170-175	105-110	0	4,300	48	155-160	2.5-5 plus lump sum 5-10	45-50 plus lump sum 140-145	1,024	1,144	77
C Martyn (including clinical duties) (Medical Director)	205-210	0	0	(3)	205-210	200-205	0	0	28	230-235	0-2.5 plus lump sum 2.5-5	85-90 plus lump sum 265-270	1,926	1,949	23
D Robinson (Director of Hospital Services)	100-105	0	0	17	120-125	65-70 (fye 85-90)	0	0	30	95-100	0-2.5 plus lump sum 0-2.5	25-30 plus lump sum 55-60	455	477	16
R Coulter (Director of Planning /Performance)	80-85	0	0	18	95-100	70-75	0	0	17	90-95	0-2.5 plus lump sum 0-2.5	30-35 plus lump sum 80-85	606	637	18
N Patterson (Director of Elderly & Primary Care Services)	90-95	0	4,400	(1)	90-95	90-95	0	3,600	(1)	90-95	0-2.5 plus lump sum 0-2.5	35-40 plus lump sum 110-115	789	833	12
M Weir (Director of HR & Corp Services)	90-95	0	0	17	105-110	70-75	0	0	19	90-95	0-2.5 plus lump sum 0-2.5	35-40 plus lump sum 85-90	725	762	19
B Campbell (Director of Children Services & Executive Director of Social work)	80-85	0	0	18	95-100	0	0	0	0	0	0-2.5 plus lump sum 0-2.5	5-10 and no lump sum	77	99	18
W Thompson (Director of Finance/Estates)	50-55 (fye 90-95)	0	0	51	100-105	0	0	0	0	0	2.5-5 plus lump sum 2.5-5	15-20 plus lump sum 30-35	254	305	40
M O'Kane (Director of Adult Services & Prison Healthcare)	55-60 (fye 75-80)	0	0	103	155-160	0	0	0	0	0	2.5-5 plus lump sum 10-15	30-35 plus lump sum 95-100	653	785	132
Paul Morgan (Interim Director of Finance/Estates)	40-45	0	0	0	40-45	70-75	0	0	46	115-120		Retired			
B Mongan (Director of Children Services & Executive Director of Social work)	15-20	0	0	0	15-20	80-85	0	0	34	110-115		Retired			
D Bradley (Interim Director of Adult Services & Prison Healthcare)	15-20	0	0	0	15-20	70-75 (fye 75-80)	0	0	66	135-140		Retired			
N Guckian (previously Director of Finance/Estates)	0	0	0	0	0	45-50	0	0	30	75-80		Leaver			

<b>Fair Pay Disclosure</b>	<b>2020-21</b>	<b>2019-20</b>
Band of Highest Paid Directors Total Remuneration	£205-210k	£200-£205k
Median Total Remuneration	£32,055	£30,983
Median Total Remuneration Ratio	6.6	6.6
Median Pay Range	£18,005 - £238,575	£18,005 - £308,694

The calculation of median remuneration excludes agency staff.

The remuneration and pension values, detailed in the above table, relate to the period of Directorship as outlined in the Directors Report within the Accountability Report. The following circulars are not reflected in the 2020/21 payments and will be paid in 2021/22; HSC (SE) 2 2021 Senior Executive Pay Award 2017/18 and HSC (SE) 1 2021 Senior Executive Pay Award 2016/17.

# Accountability Report

## Remuneration and Staff Report

Salary is the gross salary paid/payable to the individual. The benefits in kind listed above related to leased cars. The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights, but include Actuarial uplift factors and therefore can be positive or negative.

The pension scheme for Executive Directors is the same scheme as for all HSC staff including nursing staff. There are currently seven rates of member contributions, ranging from 5% of pensionable pay for the lowest earners to 14.5% of pensionable pay for the highest earners.

Thus higher salaried staff contribute a larger proportion of their salary for the same defined benefit.

Member Contribution Rates (Gross):

Full-time pay	Contribution Gross 2020/21
Up to £15,431	5.00%
£15,432 to £21,477	5.6%
£21,478 to £26,823	7.1%
£26,824 to £47,845	9.3%
£47,846 to £70,630	12.5%
£70,631 to £111,376	13.5%
£111,377 and over	14.5%

The HSC Pension Scheme is governed by rules laid down in regulations agreed by DOH. These regulations are also bound by all primary legislation that has relevance to Occupational Pension Schemes. The rules of the HSC Pension Scheme are laid down in the Health and Personal Social Services (Superannuation) Regulations (NI) 1995. The Scheme is “registered” under the Finance Act 2004. The Scheme Administrator is the HSC Business Services Organisation. The HSC Pension Scheme is not a funded scheme, but as a statutory scheme, benefits are fully guaranteed by the Government. Contributions from both members and employers are paid to the Exchequer, which meets the cost of Scheme benefits.

As Non-Executive members do not receive pensionable remuneration, there will be 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 member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

# Accountability Report

## Remuneration and Staff Report

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes i.e. 1995 Section, 2008 Section and 2015 Scheme and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Scheme accounts.

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. 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, including any adjustment as a result of the 'McCloud Remedy'.

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. The banded remuneration of the highest paid director in South Eastern Health and Social Care Trust in the financial year 2020/21 was £205k-£210k (£200k-£205k, 2019/20). This salary includes significant remuneration in respect of Clinical (Non-Director) duties. This was 6.6 times (6.6, 2019/20) the median remuneration of the workforce, which was £32,055 (£30,983, 2019/20).

In 2020/21, 3 employees (Medical Consultants) received remuneration in excess of the highest paid director. Remuneration ranged from £224k to £239k.

Total remuneration includes salary, non-consolidated performance related pay, benefits in kind excluding severance payments and the value of pension benefits. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

# Accountability Report

## Remuneration and Staff Report

### Audited Staff Costs

	2021		2020	
Staff costs comprise:	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	407,133	35,200	442,333	368,548
Social security costs	32,899	0	32,899	30,315
Other pension costs	69,851	0	69,851	64,578
<b>Sub-Total</b>	<b>509,883</b>	<b>35,200</b>	<b>545,083</b>	<b>463,441</b>
Capitalised staff costs	(397)		(397)	(978)
<b>Total staff costs reported in Statement of Comprehensive Expenditure</b>	<b>509,486</b>	<b>35,200</b>	<b>544,686</b>	<b>462,463</b>
Less recoveries in respect of outward secondments			(3,692)	(3,735)
<b>Total net costs</b>			<b>540,994</b>	<b>458,728</b>
Total Net costs of which:			£000s	£000s
South Eastern HSC Trust			544,686	462,463
Charitable Trust Fund			0	0
Consolidation Adjustments			(65)	(130)
Total			<b>544,621</b>	<b>462,333</b>

Staff costs rose significantly in 2020/21. The increase of £82.2m since 2019/20 is mostly attributable to COVID-19 (£53.5m). The following items also contributed to the increase: the cost of pay awards in 2020/21; an adjustment for meeting the historic cost of amending holiday pay for eligible staff that will be paid in 2021/22; and employer's pension and National Insurance contributions that relate to the increased staffing levels in 2020/21. No staff were furloughed in 2020/21.

Staff Costs are inclusive of the Apprenticeship Levy of 0.5%, but exclude £397k charged to capital projects during the year (2020 £978k).

The Trust participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DOH. 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 International Accounting Standard 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. The 2016 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.

# Accountability Report

## Remuneration and Staff Report

### Audited Average Number of Persons Employed

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

	2021		2020	
	Permanently employed staff No.	Others No.	Total No.	Total No.
Medical and dental	673	227	900	824
Nursing and midwifery	3,894	290	4,184	3,792
Professions allied to medicine	839	63	902	883
Ancillaries	1,404	46	1,450	1,367
Administrative & clerical	1,430	125	1,555	1,497
Ambulance staff	0	0	0	0
Works	91	0	91	93
Other professional and technical	464	0	464	452
Social services	1,574	128	1,702	1,574
Other			0	0
<b>Total average number of persons employed</b>	<b>10,369</b>	<b>879</b>	<b>11,248</b>	<b>10,482</b>
Less average staff number relating to capitalised staff costs	14	0	14	19
Less average staff number in respect of outward secondments	12	0	12	12
<b>Total net average number of persons employed</b>	<b>10,343</b>	<b>879</b>	<b>11,222</b>	<b>10,451</b>

Of which:

South Eastern HSC Trust	11,222	10,451
Charitable Trust Fund	0	0
	<b>11,222</b>	<b>10,451</b>

### Staff Turnover

The table below shows the staff turnover rate for 2020/21, with a comparison to 2019/20. Staff turnover shows the movement of staff leaving the Trust. It is calculated as the number of permanent leavers within the period divided by the average permanent staff in post over the same period. Bank and temporary staff have been excluded in both the staff in post and leaver figures. Junior doctors who rotate around each Trust have also been excluded.

Staff Turnover %	2020/21	2019/20
	6.3%	7.7%

### Sickness Absence Information

The Trust's percentage figure for sickness absence for the 2020/21 year is 6.82% (2019/20: 6.80%).

### Gender Composition of Senior Management

The table below shows the number of persons of each gender who were senior managers in the Trust within 2020/21. Senior Managers have been defined as non-medical staff at band



# Accountability Report

## Remuneration and Staff Report

8c and above (excluding Directors). For further details of gender composition of all staff, refer to page 23.

### Staff Gender Breakdown with SEHSCT

Senior Management (excluding Board Members)	2020/21	2019/20
Female	46	40
Male	16	15
<b>Total</b>	<b>62</b>	<b>55</b>

### **Reporting of early retirement and other compensation scheme - exit packages**

There were no early retirements and/or compensation exit packages in 2020/21 (£0 2019/20). 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.

### **Trust Management Costs**

	2021 £000s	2020 £000s
Trust management costs	29,499	27,072
<b>Income:</b>		
RRL	902,116	756,185
Income per Note 4	46,192	44,378
Non cash RRL for movement in clinical negligence provision	(15,507)	(10,289)
Less interest receivable	0	0
<b>Total Income</b>	<b>932,801</b>	<b>790,274</b>
<b>% of total income</b>	<b>3.2%</b>	<b>3.4%</b>

The above information is based on the Audit Commission's definition "M2" Trust management costs, as detailed in HSS (THR) 2/99.

The decrease in management costs percentage reflects the significant increase in Trust operating income compared to last year which is due to managing Covid pressures. The above information is based on the Audit Commission's definition "M2" Trust management costs, as detailed in HSS (THR) 2/99.

### **Off Payroll Staff Resources**

The Trust had 7 'off-payroll' staff resource engagements as at 31 March 2021 (2019/20: 6) which cost more than £245 per day, lasted longer than six months, and were in place during 2020-21. The following 2 tables provide further analysis.

# Accountability Report

## Remuneration and Staff Report

### Temporary off –payroll worker engagements as at 31 March 2021

Number of existing engagements as of 31 March 2021	7
Of which have:	
Existed for less than one year at time of reporting	0
Existed for between one and two years at time of reporting	7
Existed for between two and three years at time of reporting	5
Existed for between three and four years at time of reporting	3
Existed for four or more years at time of reporting	0

*No staff were furloughed*

### All temporary off-payroll workers engaged at any point during the year ended 31 March 2021

Number of off –payroll workers engaged during the year ended 31 March 2021	7
Of which:	
Number determined as out-of-scope of IR35	1
Number determined as in-scope of IR35	6
Number of engagements reassessed for compliance or assurance purposes during the year	6
<i>Of which: Number of engagements that saw a change to IR35 status following review</i>	0
Number of engagements where the status was disputed under provisions in the off-payroll legislation	0
<i>Of which: Number of engagements that saw a change to IR35 status following review</i>	0

*No staff were furloughed and no penalty was imposed by HMRC resulting from non-compliance with off-payroll worker legislation*

### **Retirements Due to Ill-Health**

During 2020/21 there were 14 early retirements from the Trust agreed on the grounds of ill-health (13 employees at cost of £25k in 2019/20). The estimated additional pension liabilities of these ill-health retirements will be £24k. These costs are borne by the HSC Pension Scheme.

### **Staff Engagement**

The Trust engages with staff at different levels including corporately and locally. The main structured approaches to staff engagement are the Regional Staff Survey, Investors in People and more recently the Cultural Assessment Survey.

In terms of the Regional Staff Survey **25.9%** of our staff responded to the most recent survey (2019).

# Accountability Report

## Remuneration and Staff Report

Investors in People assessment is undertaken by way of a 3 year rolling programme. During 2017-2020 we issued 9,940 surveys to our staff, receiving 2,839 responses which resulted in a **28.5%** response rate. In February 2020 we received silver accreditation

A Culture Assessment Survey was carried out in September 2020 during COVID-19 and increased work pressures within the Trust. Across all Directorates 13,530 people were invited to take part in the survey. 2,650 staff completed the questionnaire representing **19.6%**. The overall response rate and findings was consistent with other Trusts. Key findings are outlined below.



Key Findings	
83% of respondents believe our staff show compassionate care to our patients and service users	
74% of respondents agreed that effective team based working is in place in South Eastern HSC Trust	
73% of staff believe they have clear agreed goals and performance objectives that are aligned to the Trusts vision and values.	
70% of staff believe that the Trust's values of Compassion, Excellence, Openness and Honesty are demonstrated through the practices and behaviour of our staff.	
66% of respondents felt that the Trust's leaders and managers demonstrate a culture of compassion towards staff when they encounter problems or distress.	

# Accountability Report

## Funding Report

### **Compliance with regularity of expenditure guidance**

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

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

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

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

The Trust maintains a Gifts and Hospitality Register and there were no gifts made over the limits prescribed in Managing Public Money NI.

### **Long Term Expenditure**

More detail is available within the Finance Report (page 40, long term expenditure trends).

# Accountability Report

## The Statement of Losses

### AUDITED STATEMENT OF LOSSES AND SPECIAL PAYMENTS

#### Losses and Special Payments

Losses statement	2020-21	2019-20
<b>Total number of losses</b>	<b>70</b>	89
<b>Total value of losses (£000)</b>	<b>203</b>	90

Individual losses over £250,000	2020-21	2019-20
	£000	£000
<b>Cash losses</b>	<b>0</b>	0
<b>Claims abandoned</b>	<b>0</b>	0
<b>Administrative write-offs</b>	<b>0</b>	0
<b>Fruitless payments</b>	<b>0</b>	0
<b>Stores losses</b>	<b>0</b>	0

Special payments	2020-21	2019-20
<b>Total number of special payments</b>	<b>148</b>	195
<b>Total value of special payments (£000)</b>	<b>4,768</b>	7,460

Individual special payments over £250,000	2020-21	2019-20
	£000	£000
Compensation payments		
- Clinical Negligence	<b>1,404</b>	2,860
- Public Liability	<b>0</b>	0
- Employers Liability	<b>250</b>	0
- Other	<b>0</b>	0
Ex-gratia payments	<b>0</b>	0
Extra contractual	<b>0</b>	0
Special severance payments	<b>0</b>	0
<b>Total special payments</b>	<b>1,654</b>	<b>2,860</b>

Two clinical negligence cases settled in excess of £250,000 (including costs) in 2020/21 (4 in 2019/20). These cases settled for £1,120,000 and £283,551. One employer's liability case was settled in 2020/21 for £250,000 (£0 in 2019/20).

The Trusts Preliminary Advisory Group on clinical negligence has reviewed the outcome of these cases and any lessons learned have been considered and addressed.

#### Remote Contingent Liabilities

The Trust has no remote contingent liabilities.

# Accountability Report

## The Statement of Losses

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

### **Other Payments**

There were no other payments made in the year.

On behalf of the South Eastern Health and Social Care Trust I approve the Accountability Report encompassing the following sections:

- Non-Executive Directors Report;
- Corporate Governance Statement;
- Statement of Accounting Officer Responsibilities;
- Directors Report;
- Remuneration and Staff Report;
- Funding Report; and
- Statement of Losses and Special Payments.



**Seamus McGoran**  
**Accounting Officer (Interim)**  
**22 June 2021**



# Accountability Report

## C&AG Audit Certificates

### **SOUTH EASTERN 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 South Eastern 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 South Eastern Health and Social Care Trust's affairs as at 31 March 2021 and of the group's and the South Eastern 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 1.3 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 South Eastern 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.

# Accountability Report

## C&AG Audit Certificates

### Conclusions relating to going concern

In auditing the financial statements, I have concluded that South Eastern 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 South Eastern 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 South Eastern 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 South Eastern Health and Social Care Trust and its environment obtained in the course of the audit, I have not identified material

# Accountability Report

## C&AG Audit Certificates

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 from material misstatement, whether due to fraud or error;
- assessing the South Eastern 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 South Eastern 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 South Eastern 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

# Accountability Report

## C&AG Audit Certificates

Ireland) Order 1972, as amended and Department of Health directions issued thereunder;

- making enquires of management and those charged with governance on the South Eastern 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 South Eastern Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
  - performing analytical procedures to identify unusual or unexpected relationships or movements;
  - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
  - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
  - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://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.

# Accountability Report C&AG Audit Certificates

## 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

**South Eastern Health and Social Care Trust**

**Annual Consolidated Accounts**

**For the year ended 31 March 2021**



# Annual Accounts Foreword

## **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

### **FOREWORD**

These accounts for the year ended 31 March 2021 have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

# Annual Accounts

## Primary Statements

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

For the year ended 31 March 2021

	NOTE	2021 £000s		2020 £000s	
		Trust	Consolidated	Trust	Consolidated
<b>Income</b>					
Revenue from contracts with customers	4.1	38,365	38,300	39,989	39,859
Other operating income	4.2	7,827	11,204	4,389	4,703
<b>Total operating income</b>		<b>46,192</b>	<b>49,504</b>	<b>44,378</b>	<b>44,562</b>
<b>Expenditure</b>					
Staff costs	3	(544,686)	(544,621)	(462,463)	(462,333)
Purchase of goods and services	3	(359,240)	(359,614)	(294,547)	(295,063)
Depreciation, amortisation and impairment charges	3	(27,283)	(27,283)	(31,410)	(31,450)
Provision expense	3	(16,989)	(16,989)	(12,031)	(12,031)
Other expenditures	3	(65)	(65)	(63)	(63)
<b>Total operating expenditure</b>		<b>(948,263)</b>	<b>(948,572)</b>	<b>(800,514)</b>	<b>(800,940)</b>
<b>Net operating expenditure</b>		<b>(902,071)</b>	<b>(899,068)</b>	<b>(756,136)</b>	<b>(756,378)</b>
Finance income	4.2	0	119	0	144
Finance expense	3	0	0	0	0
<b>Net expenditure for the year</b>		<b>(902,071)</b>	<b>(898,949)</b>	<b>(756,136)</b>	<b>(756,234)</b>
Revenue Resource Limit (RRL)	22.1	902,116	902,116	756,185	756,185
Add back charitable trust fund net expenditure		0	(3,122)		98
<b>Surplus / (Deficit) against RRL</b>		<b>45</b>	<b>45</b>	<b>49</b>	<b>49</b>

#### OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2021 £000s		2020 £000s	
		Trust	Consolidated	Trust	Consolidated
<b>Items that will not be reclassified to net operating costs:</b>					
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2	84	84	29,925	29,925
Net gain/(loss) on revaluation of intangibles	6.1/6.2	0	0	0	0
Net gain/(loss) on revaluation of charitable assets	8	0	1,209	0	(473)
<b>Items that may be reclassified to net operating costs:</b>					
Net gain/(loss) on revaluation of investments		0	0	0	0
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2021</b>		<b>(901,987)</b>	<b>(897,656)</b>	<b>(726,211)</b>	<b>(726,782)</b>

The notes on pages 116 to 151 form part of these accounts.

# Annual Accounts Primary Statements

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### CONSOLIDATED STATEMENT OF FINANCIAL POSITION as at 31 March 2021

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

	NOTE	2021		2020	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	713,220	713,220	695,534	695,534
Intangible assets	6.1/6.2	9,496	9,496	4,737	4,737
Financial assets	8	0	6,443	0	5,115
Trade and other receivables	13	0	0	0	0
Other current assets	13	0	0	0	0
<b>Total Non Current Assets</b>		<b>722,716</b>	<b>729,159</b>	<b>700,271</b>	<b>705,386</b>
<b>Current Assets</b>					
Assets classified as held for sale	10	0	0	0	0
Inventories	11	4,708	4,708	3,569	3,569
Trade and other receivables	13	19,894	22,831	14,908	14,961
Contract assets	13	0	0	0	0
Other current assets	13	1,712	1,712	1,873	1,873
Intangible current assets	13	0	0	0	0
Financial assets	8	0	0	0	0
Cash and cash equivalents	12	11,170	11,569	10,888	11,063
<b>Total Current Assets</b>		<b>37,484</b>	<b>40,820</b>	<b>31,238</b>	<b>31,466</b>
<b>Total Assets</b>		<b>760,200</b>	<b>769,979</b>	<b>731,509</b>	<b>736,852</b>
<b>Current Liabilities</b>					
Trade and other payables	14	(162,570)	(162,628)	(115,692)	(115,645)
Contract liabilities	14	0	0	0	0
Other liabilities	14	0	0	0	0
Intangible current liabilities	14	0	0	0	0
Provisions	15	(24,309)	(24,309)	(23,099)	(23,099)
<b>Total Current Liabilities</b>		<b>(186,879)</b>	<b>(186,937)</b>	<b>(138,791)</b>	<b>(138,744)</b>
<b>Total Assets less Current Liabilities</b>		<b>573,321</b>	<b>583,042</b>	<b>592,718</b>	<b>598,108</b>
<b>Non Current Liabilities</b>					
Provisions	15	(40,347)	(40,347)	(34,822)	(34,822)
Other payables > 1 yr	14	0	0	0	0
Financial liabilities	8	0	0	0	0
<b>Total Non Current Liabilities</b>		<b>(40,347)</b>	<b>(40,347)</b>	<b>(34,822)</b>	<b>(34,822)</b>
<b>Total Assets less Total Liabilities</b>		<b>532,974</b>	<b>542,695</b>	<b>557,896</b>	<b>563,286</b>
<b>Taxpayers' Equity and Other Reserves</b>					
Revaluation reserve		158,772	158,772	158,688	158,688
SoCNE reserve		374,202	374,202	399,208	399,208
Other reserves - charitable fund			9,721		5,390
<b>Total equity</b>		<b>532,974</b>	<b>542,695</b>	<b>557,896</b>	<b>563,286</b>

The financial statements on pages 112 - 115 were approved by the Board on 16 June 2021 and were signed on behalf of SEHSCT by:



Chairman  
22 June 2021



Chief Executive  
22 June 2021

The notes on pages 116 to 151 form part of these accounts.

# Annual Accounts Primary Statements

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### CONSOLIDATED STATEMENT OF CASHFLOWS For the year ended 31 March 2021

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

	NOTE	2021 £000s	2020 £000s
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating expenditure		(898,949)	(756,234)
Adjustments for non cash costs	3	44,337	43,544
(Increase)/decrease in trade and other receivables	13	(7,709)	1,590
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase)/decrease in inventories	11	(1,139)	(351)
Increase/(decrease) in trade payables	14	46,983	21,241
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant and equipment	14	(3,768)	(246)
Movements in payables relating to the purchase of intangibles	14	0	6
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions	15	(10,254)	(7,810)
<b>Net cash inflow/(outflow) from operating activities</b>		<b>(830,499)</b>	<b>(698,260)</b>
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	(46,013)	(34,488)
(Purchase of intangible assets)	6		(536)
Proceeds of disposal of property, plant & equipment		137	119
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund	8	0	250
Share of income reinvested	8	(119)	(144)
<b>Net cash outflow from investing activities</b>		<b>(45,995)</b>	<b>(34,799)</b>
<b>Cash flows from financing activities</b>			
Grant in aid		877,000	741,600
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements			
<b>Net financing</b>		<b>877,000</b>	<b>741,600</b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		<b>506</b>	<b>8,541</b>
<b>Cash &amp; cash equivalents at the beginning of the period</b>	12	<b>11,063</b>	<b>2,522</b>
<b>Cash &amp; cash equivalents at the end of the period</b>	12	<b>11,569</b>	<b>11,063</b>

The notes on pages 116 to 151 form part of these accounts.

# Annual Accounts

## Primary Statements

### SOUTH EASTERN 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 the SEHSCT, analysed into 'General Fund Reserves' (i.e. those reserves that reflect 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 SEHSCT, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
<b>Balance at 31 March 2019</b>		<b>413,681</b>	<b>128,763</b>	<b>5,961</b>	<b>548,405</b>
<b>Changes in Taxpayers Equity 2019-20</b>					
Grant from DoH		741,600	0	0	741,600
Other reserves movements including transfers		0	0	0	0
(Comprehensive net expenditure for the year)		(756,136)	29,925	(571)	(726,782)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	63	0	0	63
Movement - other		0	0	0	0
<b>Balance at 31 March 2020</b>		<b>399,208</b>	<b>158,688</b>	<b>5,390</b>	<b>563,286</b>
<b>Changes in Taxpayers Equity 2020-21</b>					
Grant from DoH		877,000	0	0	877,000
Other reserves movements including transfers		0	0	0	0
(Comprehensive net expenditure for the year)		(902,071)	84	4,331	(897,656)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	65	0	0	65
<b>Balance at 31 March 2021</b>		<b>374,202</b>	<b>158,772</b>	<b>9,721</b>	<b>542,695</b>

The notes on pages 116 to 151 form part of these accounts.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 1 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.

#### 1.2 Currency and Rounding

These accounts are presented in £ sterling and rounded in thousands.

#### 1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant and Machinery, Information Technology, Furniture and 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.



# Annual Accounts

## Notes to the Accounts

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 (RICS) Global Standards and UK National Supplement in so far as these are consistent with the specific needs of the HSC.

RICS, IFRS, IVS and 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 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. Instead the declaration of material uncertainty ensures transparency and provides further insight as to the market context under which the 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.

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.

# Annual Accounts

## Notes to the Accounts

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

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

### Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses 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 ALB 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

# Annual Accounts

## Notes to the Accounts

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 includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible 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

# Annual Accounts

## Notes to the Accounts

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 are 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.

# Annual Accounts

## Notes to the Accounts

### **Grant in aid**

Funding received from other entities, including the Department 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 Trust does have investments and the Charitable Trust Fund investments have been consolidated.

### **1.12 Research and Development expenditure**

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.

#### The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the 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

# Annual Accounts

## Notes to the Accounts

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 South Eastern Health and Social Care Trust had no PFI transactions during the year.

### 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 requires consideration of 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.

#### • 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



# Annual Accounts

## Notes to the Accounts

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 ALBs 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. The HSC bodies have no overseas operations. The Trust 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, the Trust has 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, it is therefore not exposed 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 using Department of Finance issued discount rates as at 31 March 2020.

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	1.99%

# Annual Accounts

## Notes to the Accounts

	(40+ years)	
Inflationary	Year 1	1.2%
	Year 2	1.6%
	Into perpetuity	2.0%

Note that the Public Expenditure System issued a combined nominal and inflation rate table to incorporate the two elements – please refer to this table as necessary, as included within the Department of Health circular [HSC\(F\) 40-2020](#).

The discount rate to be applied for early departure obligations for employees is -0.95% for 2020/21.

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

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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 that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2020. It is not anticipated that the level of untaken leave will vary significantly from year to year. Flexible leave not taken is estimated to be immaterial to the Trust and has not been included.

#### Retirement benefit costs

Past and present employees are covered by the provisions of 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 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. 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.

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## Notes to the Accounts

### 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 HSC bodies 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

HSC Bodies are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. The HSC Bodies 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 South Eastern Health and Social Care Trust as intended by the benefactor. It is for the Gifts and Endowments/Charitable Trust Fund Committee 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

The International Accounting Standards Board issued new and amended standards (IFRS 10, IFRS 11 and 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 International Financial Reporting Standards (IFRS) are currently

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adapted in the FReM so that the Westminster departmental accounting boundary is based on 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 2021-22, 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 replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the latest advice from HM Treasury and the Financial Reporting Advisory Board, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2022.

Management consideration of the impact on introduction of IFRS 16 on initial application remains under consideration and will be fully determined in 2021-22.

### *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.

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## Notes to the Accounts

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by the 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.

All expenditure figures should be negatives e.g. non cash expenditure/total expenditure/net expenditure and then the final surplus/deficit figures would be the addition of the negative Net Spend figure and the positive Revenue Resource limit figure thereby arriving at £45k surplus this year (£54k deficit in respect of Transformation and £86k surplus in Core Services and £13k surplus in Covid Services), compared to £49k surplus in 2019/20.

<u>Directorate</u>	Staff Costs £000s	2021 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2020 Other Expenditure £000s	Total Expenditure £000s
Hospital Services	(212,171)	(61,920)	(274,091)	(203,536)	(59,677)	(263,213)
Adult Services	(56,395)	(62,910)	(119,305)	(55,023)	(61,499)	(116,522)
Children's Services & Social Work	(47,818)	(27,555)	(75,373)	(47,014)	(28,327)	(75,341)
Primary & Elderly Services	(94,970)	(119,049)	(214,019)	(89,438)	(111,125)	(200,563)
Support Services & Other Trust Directorates	(67,131)	(26,980)	(94,111)	(53,809)	(27,290)	(81,099)
Covid- 19 / No More Silos	(53,512)	(57,174)	(110,686)	0	0	0
Transformation Services	(12,689)	(3,652)	(16,341)	(13,643)	(6,629)	(20,272)
Unallocated Expenditure	0	0	0	0	0	0
	<b>(544,686)</b>	<b>(359,240)</b>	<b>(903,926)</b>	<b>(462,463)</b>	<b>(294,547)</b>	<b>(757,010)</b>
<b>Non Cash Expenditure</b>			<b>(44,337)</b>			<b>(43,504)</b>
<b>Total Expenditure per Net Expenditure Account</b>			<b>(948,263)</b>			<b>(800,514)</b>
<b>Income Note 4</b>			<b>46,192</b>			<b>44,378</b>
<b>Net Expenditure</b>			<b>(902,071)</b>			<b>(756,136)</b>
<b>Revenue Resource Limit</b>			<b>902,116</b>			<b>756,185</b>
<b>Surplus / (Deficit) against RRL</b>			<b>45</b>			<b>49</b>



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## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 3 EXPENDITURE

	2021		2020	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
<b>Operating Expenses are as follows:-</b>				
Staff costs <sup>1</sup> :				
Wages and salaries	441,936	441,871	367,570	367,440
Social security costs	32,899	32,899	30,315	30,315
Other pension costs	69,851	69,851	64,578	64,578
Purchase of care from non-HSC bodies	195,993	195,993	168,424	168,424
Personal social services	16,464	16,464	15,466	15,466
Recharges from other HSC organisations	8,324	8,324	8,825	8,825
Supplies and services - Clinical	64,010	64,010	46,168	46,168
Supplies and services - General	24,669	24,669	7,262	7,262
Establishment	5,682	5,682	8,622	8,622
Transport	3,209	3,209	3,014	3,014
Premises	22,873	22,873	19,671	19,671
Bad debts	25	25	(190)	(190)
Rentals under operating leases	1,803	1,803	1,762	1,762
Research & development expenditure	146	146	287	287
BSO services	5,923	5,923	5,199	5,199
Training	1,514	1,514	786	786
Patients travelling expenses	33	33	117	117
Costs of exit packages provided for	0	0	0	0
Other charitable expenditure	0	374	0	516
Miscellaneous expenditure	8,572	8,572	9,134	9,134
<b>Non cash items</b>				
Depreciation	25,632	25,632	24,935	24,935
Amortisation	1,779	1,779	2,598	2,598
Impairments	0	0	3,936	3,936
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(128)	(128)	(59)	(19)
Increase/Decrease in provisions (provisions provided for in year less any release)	17,384	17,384	12,194	12,194
Cost of borrowing of provisions (unwinding of discount on provisions)	(395)	(395)	(163)	(163)
Auditors remuneration	65	71	63	69
Add back of notional charitable expenditure	0	(6)	0	(6)
<b>Total</b>	<b>948,263</b>	<b>948,572</b>	<b>800,514</b>	<b>800,940</b>

<sup>1</sup> Further detailed analysis of staff costs is located within the Remuneration and Staff Report within the Accountability Report.

In the year the Trust purchased National Fraud Initiative services from NIAO (£3k).

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## Notes to the Accounts

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 4 INCOME

4.1 Revenue from contracts with customers	2021		2020	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
HSC Trusts	0	0	21	21
Non-HSC:- Private patients	267	267	476	476
Non-HSC:- Other	1,311	1,311	1,895	1,895
Supported People Income - NIHE	1,986	1,986	1,991	1,991
Clients contributions	29,269	29,269	29,217	29,217
Seconded staff	3,692	3,627	3,735	3,605
Research and development	146	146	200	200
Revenue from non-patient services	1,694	1,694	2,454	2,454
<b>Total</b>	<b>38,365</b>	<b>38,300</b>	<b>39,989</b>	<b>39,859</b>

4.2 Other Operating Income	2021		2020	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
Other income from non-patient services	3,805	3,805	4,190	4,190
Charitable and other contributions to expenditure by core trust	1,859	1,859	0	0
Donations / Government grant / Lottery funding for non current assets	2,163	2,163	199	199
Charitable income received by charitable trust fund	0	3,377	0	314
Investment income	0	119	0	144
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
<b>Total</b>	<b>7,827</b>	<b>11,323</b>	<b>4,389</b>	<b>4,847</b>

<b>TOTAL INCOME</b>	<b>46,192</b>	<b>49,623</b>	<b>44,378</b>	<b>44,706</b>
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Refer to accounting policy note 1.10 for further information.

# SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021 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
<b>Cost or Valuation</b>									
At 1 April 2020	49,869	438,754	37,720	134,715	89,054	8,213	47,171	5,061	810,557
Indexation	0	0	0	0	244	0	0	171	415
Additions	0	9,057	73	11,577	15,099	205	5,049	20	41,080
Donations / Government grant / Lottery funding	0	1,991	0	0	172	0	0	0	2,163
Revaluation exercise accumulated depreciation adjustment	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Reversal of Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	0	0	0	14	0	0	0	14
Disposals	0	0	0	0	0	(402)	0	0	(402)
	0	0	0	0	0	0	0	0	0
<b>At 31 March 2021</b>	<b>49,869</b>	<b>449,802</b>	<b>37,793</b>	<b>146,292</b>	<b>104,583</b>	<b>8,016</b>	<b>52,220</b>	<b>5,252</b>	<b>853,827</b>

<b>Depreciation</b>									
At 1 April 2020	0	2,143	174	0	64,225	5,179	39,060	4,242	115,023
Indexation	0	0	0	0	185	0	0	149	334
Revaluation exercise accumulated depreciation adjustment	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Reversal of Impairment charged to the revaluation reserve	0	0	0	0	11	0	0	0	11
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	(393)	0	0	(393)
Provided during the year	0	13,127	1,046	0	7,338	765	3,141	215	25,632
	0	15,270	1,220	0	71,759	5,551	42,201	4,606	140,607
<b>At 31 March 2021</b>	<b>0</b>	<b>434,532</b>	<b>36,573</b>	<b>146,292</b>	<b>32,824</b>	<b>2,465</b>	<b>10,019</b>	<b>646</b>	<b>713,220</b>
<b>Carrying Amount</b>									
At 31 March 2021	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
At 31 March 2020	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534

<b>Asset financing</b>									
Owned	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
<b>Carrying Amount</b>									
At 31 March 2021	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Of which:									
Trust	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Charitable Trust fund	-	0	0	0	0	0	0	0	-

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure in respect of assets held under finance leases and hire purchase contracts is £0 (2019/20, £0).

The fair value of assets funded from the following sources

	2021 £000s	2020 £000s
during the year was:		
Donations	2,163	199
Government grant	0	0
Lottery funding	0	0

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### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021 NOTE 5.2 Consolidated Property, Plant and Equipment - year ended 31 March 2020

Cost or Valuation	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
At 1 April 2019	51,875	475,584	41,442	114,171	82,584	7,027	45,413	4,991	823,087
Indexation	0	0	0	0	1,232	96	0	9	1,337
Additions	0	5,571	38	20,514	4,956	1,210	1,758	61	34,009
Disposals	0	(68,497)	(5,596)	0	199	0	0	0	(74,093)
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	1	0	0	0	0	0	0	1
Revaluation exercise accumulated depreciation adjustment	0	0	0	0	0	0	0	0	0
Revaluation	860	29,986	1,800	0	0	0	0	0	32,646
Impairment charged to the SoC/NE	(2,826)	(128)	(2,785)	0	0	0	0	0	(5,739)
Impairment charged to the revaluation reserve	0	(2,826)	(241)	0	0	0	0	0	(3,067)
Reversal of impairments (indext)	0	1,720	56	0	103	0	0	0	1,879
Disposals	(100)	0	0	0	0	(120)	0	0	(220)
Provided during the year	0	13,346	1,065	0	6,567	770	2,926	261	24,935
At 31 March 2020	49,869	438,754	37,720	134,715	89,054	8,213	47,171	5,061	810,557
At 31 March 2020	0	57,295	4,705	0	56,667	4,461	36,134	3,973	163,235
Indexation	0	(68,498)	(5,596)	0	915	68	0	8	(91)
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation exercise accumulated depreciation adjustment	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoC/NE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indext)	0	0	0	0	76	0	0	0	76
Disposals	0	13,346	1,065	0	6,567	(120)	0	0	(120)
Provided during the year	0	174	1,065	0	6,567	770	2,926	261	24,935
At 31 March 2020	0	2,143	174	0	64,225	5,179	39,060	4,242	115,023
Carrying Amount	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534
At 31 March 2020	51,875	418,289	36,737	114,171	25,917	2,566	9,279	1,018	659,852
Asset financing	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534
Owned	0	0	0	0	0	0	0	0	0
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534
At 31 March 2020	51,875	418,289	36,737	114,171	25,917	2,566	9,279	1,018	659,852
Asset financing	0	0	0	0	0	0	0	0	0
Owned	0	0	0	0	0	0	0	0	0
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount	51,875	418,289	36,737	114,171	25,917	2,566	9,279	1,018	659,852
At 31 March 2020	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Charitable Trust Fund at 31 March 2021	-	0	0	0	0	0	0	0	-
Charitable Trust Fund at 31 March 2020	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Trust at 31 March 2020	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534
Charitable Trust Fund at 31 March 2020	-	0	0	0	0	0	0	0	-
Trust at 31 March 2019	51,775	418,289	36,737	114,171	25,917	2,566	9,279	1,018	659,752
Charitable Trust Fund at 31 March 2019	100	0	0	0	0	0	0	0	100
Trust at 31 March 2020	51,875	418,289	36,737	114,171	25,917	2,566	9,279	1,018	659,852

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## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 6.1 Consolidated Intangible Assets - year ended 31 March 2021

	<b>Software Licenses £000s</b>	<b>Total £000s</b>
<b>Cost or Valuation</b>		
At 1 April 2020	18,330	18,330
Indexation	0	0
Additions	6,538	6,538
Donations / Government grant / Lottery funding	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
At 31 March 2021	<b>24,868</b>	<b>24,868</b>
<b>Amortisation</b>		
At 1 April 2020	13,593	13,593
Indexation	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
Provided during the year	1,779	1,779
At 31 March 2021	<b>15,372</b>	<b>15,372</b>
<b>Carrying Amount</b>		
At 31 March 2021	<b>9,496</b>	<b>9,496</b>
At 31 March 2020	<b>4,737</b>	<b>4,737</b>
<b>Asset financing</b>		
Owned	9,496	9,496
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
<b>Carrying Amount</b>		
At 31 March 2021	<b>9,496</b>	<b>9,496</b>

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

	<b>2021 £000s</b>
Donations	0
Government grant	0
Lottery funding	0

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## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 6.2 Consolidated Intangibles Assets - year ended 31 March 2020

<b>Cost or Valuation</b>	<b>Software Licenses £000s</b>	<b>Total £000s</b>
At 1 April 2019	17,794	17,794
Indexation	0	0
Additions	536	536
Donations / Government grant / Lottery funding	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
At 31 March 2020	<b>18,330</b>	<b>18,330</b>
<b>Amortisation</b>		
At 1 April 2019	10,995	10,995
Indexation	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
Provided during the year	2,598	2,598
At 31 March 2020	<b>13,593</b>	<b>13,593</b>
<b>Carrying Amount</b>		
At 31 March 2020	<b>4,737</b>	<b>4,737</b>
At 1 April 2019	<b>6,799</b>	<b>6,799</b>
<b>Asset financing</b>		
Owned	4,737	4,737
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
<b>Carrying Amount</b>		
At 31 March 2020	<b>4,737</b>	<b>4,737</b>
<b>Asset financing</b>		
Owned	6,799	6,799
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
<b>Carrying Amount</b>		
At 1 April 2019	<b>6,799</b>	<b>6,799</b>
<b>Carrying amount comprises:</b>		
Trust at 31 March 2021	9,496	9,496
Charitable Trust Fund at 31 March 2021	0	0
	<b>9,496</b>	<b>9,496</b>
Trust at 31 March 2020	4,737	4,737
Charitable Trust Fund at 31 March 2020	0	0
	<b>4,737</b>	<b>4,737</b>
Trust at 31 March 2019	6,799	6,799
Charitable Trust Fund at 31 March 2019	0	0
	<b>6,799</b>	<b>6,799</b>



# Annual Accounts

## Notes to the Accounts

### **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

#### **NOTE 7 FINANCIAL INSTRUMENTS**

As the cash requirements of the South Eastern 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 Trusts expected purchase and usage requirements and the Trust is therefore not exposed to credit, liquidity or market risk.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 8 INVESTMENTS

##### NOTE 8.1 Investments

	2021			2020		
	Non Current Assets £000s	Assets £000s	Liabilities £000s	Non Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	5,115	0	0	5,694	0	0
Net cash inflow/(outflow)	0	0	0	(250)	0	0
Share of income	119	0	0	144	0	0
Share of realised gains/(losses)	86	0	0	71	0	0
Share of unrealised gains/(losses)	1,123	0	0	(544)	0	0
Balance at 31 March	<u>6,443</u>	<u>0</u>	<u>0</u>	<u>5,115</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	6,443	0	0	5,115	0	0
	<u>6,443</u>	<u>0</u>	<u>0</u>	<u>5,115</u>	<u>0</u>	<u>0</u>

##### NOTE 8.2 Market value of investments as at 31 March 2021

	Held in UK £000s	Held outside UK £000s	2021 Total £000s	2020 Total £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	6,443	0	6,443	5,115
Investments in a Common Deposit Fund or Investment Fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
<b>Total market value of fixed asset investments</b>	<u>6,443</u>	<u>0</u>	<u>6,443</u>	<u>5,115</u>

##### Analysis of expected timing of discounted flows

	Non-Current £000s	Assets £000s	Liabilities £000s	Non-Current Assets £000s	Assets £000s	Liabilities £000s
Not later than one year	0	0	0	0	0	0
Later than one year and not later than five years	6,443			5,115		
	<u>6,443</u>	<u>0</u>	<u>0</u>	<u>5,115</u>	<u>0</u>	<u>0</u>

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

##### NOTE 9 IMPAIRMENTS

	Property, plant & equipment £000s	2021	
		Intangibles £000s	Total £000s
Reversal of Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(3)	0	(3)
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	0	0	0
		0	0
<b>Total value of impairments for the period</b>	<b>(3)</b>	<b>0</b>	<b>(3)</b>
	Property, plant & equipment £000s	2020	
		Intangibles £000s	Total £000s
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	3,067	0	3,067
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	3,936	0	3,936
<b>Total value of impairments for the period</b>	<b>7,003</b>	<b>0</b>	<b>7,003</b>

Any fall in value through negative indexation or revaluation is shown as impairment. The reversal of impairment of £3k for 2020-21 relates to the indexation adjustment on Plant & Machinery on carrying impaired values. This is per guidance from the Department of Health. Indices are provided by Land and Property Services (LPS) as detailed in Note 1.5.

##### NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

There were no assets classified as held for sale in 2020/21 (£0 in 2019/20).

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 11 INVENTORIES

Classification	2021 £000s		2020 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	2,706	2,706	2,524	2,524
Theatre equipment	578	578	583	583
Fuel	234	234	193	193
Laboratory materials	211	211	203	203
Laundry	5	5	8	8
X-Ray	44	44	58	58
Personal Protective Equipment	930	930	0	0
<b>Total</b>	<b>4,708</b>	<b>4,708</b>	<b>3,569</b>	<b>3,569</b>

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 12 CASH AND CASH EQUIVALENTS

	2021 £000s		2020 £000s	
	Core Trust	Consolidated	Core Trust	Consolidated
Balance at 1st April	10,888	11,063	2,370	2,522
Net change in cash and cash equivalents	282	506	8,518	8,541
<b>Balance at 31st March</b>	<b>11,170</b>	<b>11,569</b>	<b>10,888</b>	<b>11,063</b>

The following balances at 31 March were held at	2021 £000s		2020 £000s	
	Core Trust	Consolidated	Core Trust	Consolidated
Commercial banks and cash in hand	11,170	11,569	10,888	11,063
<b>Balance at 31st March</b>	<b>11,170</b>	<b>11,569</b>	<b>10,888</b>	<b>11,063</b>

#### NOTE 12.1 Reconciliation of Liabilities arising from Financing Activities

There are no liabilities arising from financing activities during 2020/21 (none during 2019/20).

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 13 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2021 £000s		2020 £000s	
	Trust	Consolidated	Trust	Consolidated
<b>Amounts falling due within one year</b>				
Trade receivables	348	348	0	0
Deposits and advances	1	1	0	0
VAT receivable	7,394	7,394	4,323	4,323
Other receivables - not relating to fixed assets	11,431	14,368	10,585	10,638
Other receivables - relating to property plant and equipment	720	720	0	0
Other receivables - relating to intangibles	0	0	0	0
<b>Trade and other receivables</b>	<b>19,894</b>	<b>22,831</b>	<b>14,908</b>	<b>14,961</b>
Prepayments	1,712	1,712	1,873	1,873
Accrued income				
Contract assets	0	0	0	0
Current part of PFI and other service concession arrangements prepayment	0	0	0	0
<b>Other current assets</b>	<b>1,712</b>	<b>1,712</b>	<b>1,873</b>	<b>1,873</b>
Carbon reduction commitment	0	0	0	0
<b>Intangible current assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Prepayments and accrued income	0	0	0	0
<b>Other current assets falling due after more than one year</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>19,894</b>	<b>22,831</b>	<b>14,908</b>	<b>14,961</b>
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>1,712</b>	<b>1,712</b>	<b>1,873</b>	<b>1,873</b>
<b>TOTAL INTANGIBLE CURRENT ASSETS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>21,606</b>	<b>24,543</b>	<b>16,781</b>	<b>16,834</b>

The balances are net of a provision for bad debts of £2,404k 2020/21 (2019/20, £2,379k).



# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 14.1 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2021 £000s		2020 £000s	
	Trust	Consolidated	Trust	Consolidated
<b>Amounts falling due within one year</b>				
Other taxation and social security	17,749	17,749	22,954	22,954
Trade capital payables - property, plant and equipment	21,927	21,927	18,159	18,159
Trade capital payables - intangibles	0	0	0	0
Trade revenue payables	23,541	23,541	8,070	8,070
Payroll payables	54,803	54,803	10,881	10,881
Clinical negligence payables	1,788	1,788	1,161	1,161
BSO payables	2,597	2,597	11,816	11,816
Other payables	2,046	2,104	4,078	4,031
Accruals	37,732	37,732	38,142	38,142
Deferred income	387	387	431	431
Accruals and deferred income - relating to property, plant and equipment	0	0	0	0
Accruals and deferred income - relating to intangibles	0	0	0	0
Contract liabilities	0	0	0	0
<b>Trade and other payables</b>	<b>162,570</b>	<b>162,628</b>	<b>115,692</b>	<b>115,645</b>
Current part of finance leases	0	0	0	0
Current part of long term loans	0	0	0	0
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	0	0	0	0
<b>Other current liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Carbon reduction commitment	0	0	0	0
<b>Intangible current liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total payables falling due within one year</b>	<b>162,570</b>	<b>162,628</b>	<b>115,692</b>	<b>115,645</b>
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<b>162,570</b>	<b>162,628</b>	<b>115,692</b>	<b>115,645</b>

### 14.2 Loans

The Trust did not have any loans payable at either 31 March 2021 or 31 March 2020.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2021

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2021 £000s
<b>Balance at 1 April 2020</b>	5,854	50,263	1,804	57,921
Provided in year	550	16,885	1,688	19,123
(Provisions not required written back) *	(204)	(1,061)	(474)	(1,739)
(Provisions utilised in the year)	(3,708)	(5,667)	(879)	(10,254)
Cost of borrowing (unwinding of discount)	(56)	(317)	(22)	(395)
<b>At 31 March 2021</b>	<b>2,436</b>	<b>60,103</b>	<b>2,117</b>	<b>64,656</b>

\* 'Provision not required written back' primarily relates to the change in discount rates.

\* Pensions Provision utilisation includes £3.4m special capitalisation of early retirement costs by DOH.

<b>Comprehensive Net Expenditure Account charges</b>	<b>2021 £000s</b>	<b>2020 £000s</b>
Arising during the year	19,123	13,170
Reversed unused	(1,739)	(976)
Cost of borrowing (unwinding of discount)	(395)	(163)
<b>Total charge within Operating expenses</b>	<b>16,989</b>	<b>12,031</b>

#### Analysis of expected timing of discounted flows

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2021 £000s
Not later than one year	77	22,195	2,037	24,309
Later than one year and not later than five years	313	10,716	80	11,109
Later than five years	2,046	27,192	0	29,238
At 31 March 2021	<b>2,436</b>	<b>60,103</b>	<b>2,117</b>	<b>64,656</b>

Provisions have been made of 3 types of potential liability: Clinical Negligence, Other - Employer's and Occupier's Liability and thirdly, Pensions Early Retirement and Injury Benefit. The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation 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.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2020

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2020 £000s
Balance at 1 April 2019	5,807	46,303	1,590	53,700
Provided in year	641	10,868	1,661	13,170
(Provisions not required written back)	(204)	(462)	(310)	(976)
(Provisions utilised in the year)	(361)	(6,329)	(1,120)	(7,810)
Cost of borrowing (unwinding of discount)	(29)	(117)	(17)	(163)
At 31 March 2020	<b>5,854</b>	<b>50,263</b>	<b>1,804</b>	<b>57,921</b>

### Analysis of expected timing of discounted flows

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2020 £000s
Not later than one year	360	20,947	1,792	23,099
Later than one year and not later than five years	1,443	6,792	12	8,247
Later than five years	4,051	22,524	0	26,575
At 31 March 2020	<b>5,854</b>	<b>50,263</b>	<b>1,804</b>	<b>57,921</b>

# Annual Accounts

## Notes to the Accounts

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 16 CAPITAL AND OTHER COMMITMENTS

	2021	2020
	£000s	£000s
Property, plant & equipment	7,815	5,878
Intangible assets	0	0
	<u>7,815</u>	<u>5,878</u>

The capital commitments relates to the Ulster Hospital redevelopment programme Phase B.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 17 COMMITMENTS UNDER LEASES (IAS17 DISCLOSURES)

##### 17.1 Finance Leases

The Trust does not have any finance leases at either 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.

	2021 £000s	2020 £000s
<b>Obligations under operating leases comprise</b>		
<b>Land</b>		
Not later than 1 year	0	20
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	<b>0</b>	<b>20</b>
<b>Buildings</b>		
Not later than 1 year	159	93
Later than 1 year and not later than 5 years	334	96
Later than 5 years	0	0
	<b>493</b>	<b>189</b>
<b>Other</b>		
Not later than 1 year	913	1,513
Later than 1 year and not later than 5 years	1,651	2,309
Later than 5 years	406	660
	<b>2,970</b>	<b>4,482</b>

##### 17.3 Operating Leases Under Lessor Arrangements

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

	2021 £000s	2020 £000s
<b>Obligations under operating leases issued by the Trust comprise</b>		
<b>Land &amp; Buildings</b>		
Not later than 1 year	11	11
Later than 1 year and not later than 5 years	32	42
Later than 5 years	0	0
	<b>43</b>	<b>53</b>
<b>Other</b>		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	<b>0</b>	<b>0</b>

# Annual Accounts

## Notes to the Accounts

### **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

#### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

#### **NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS**

##### **18.1 PFI contracts and other service concession arrangements deemed to be off balance sheet (SoFP)**

The Trust has no off balance sheet PFI contracts or other service concession arrangements schemes (£0, 2019/20).

##### **18.2 On balance sheet (SoFP) PFI Contracts**

The Trust has no on balance sheet (SoFP) PFI contracts and other service concession arrangements schemes (£0, 2019/20).

##### **18.3 Future PFI Commitments**

The contract for a new Primary and Community Care Centre at Lagan Valley Hospital site, under a 3rd Party Development project, was signed in October 2018 following completion of a comprehensive negotiation process. The contract will become a commitment upon satisfactory completion of the building, which is currently estimated to be early in the 2021/22 financial year.

It is therefore expected that commitment to make payments under the on-balance sheet 3PD Agreement will commence during April 2021. The first annual amount payable under the contract agreement is £2.933m (indexed) and for the duration of a 25 year concession.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 19 CONTINGENT LIABILITIES

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle any possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2021 £000s	2020 £000s
Clinical negligence	1,543	1,842
Public liability	11	25
Employers' liability	81	116
Accrued leave		
Injury benefit		
Other	7	7
Total	<u>1,642</u>	<u>1,990</u>

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 4 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.

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* case in June 2019 brought a software algorithm issue to light in respect of these monitoring outcomes. The methodology by which NHS Trusts applied monitoring rules was 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. At present there is uncertainty around the number of instances of non-compliance (if any). As such, this



# Annual Accounts

## Notes to the Accounts

cannot be quantified at this time. However, a further monitoring exercise 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.

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.

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.

### **NOTE 19.1 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT**

Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non-public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is not exposed to credit, liquidity or market risk.

### **NOTE 20 RELATED PARTY TRANSACTIONS**

The South Eastern Health and Social Care Trust is an arm's length body of the Department of Health, and as such the Department is a related Party and the ultimate controlling parent with which the Trust has had various material transactions during the year. The Trust has received income during the year of £902 million (£756 million 2019/20). During the year the Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the other five HSC Trusts and the Business Services Organisation.

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.

Both this year and last year, none of the board members, members of the key management staff or other related parties has undertaken any material transactions with the South

# Annual Accounts

## Notes to the Accounts

Eastern Health and Social Care Trust.

### **NOTE 21 THIRD PARTY ASSETS**

The Trust held £4,857k cash at bank and in hand at 31 March 2021 which relates to monies held by the Trust on behalf of patients (£4,155k, 2019/20) and is shown within Patients / Residents Monies Accounts. This has been excluded from the cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 22 FINANCIAL PERFORMANCE TARGETS

##### 22.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend

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

	2021	2020
	<b>Total</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>
HSCB	845,549	697,544
PHA	4,851	4,580
SUMDE & NIMDTA	8,853	8,534
DoH ( excludes non cash)	1,279	1,691
Other Government Departments	0	0
Non cash RRL (from DoH)	44,337	43,504
<b>Total agreed RRL</b>	<b>904,869</b>	<b>755,853</b>
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(2,163)	(199)
Adjustment for Research and Development under ESA10	535	531
Adjustment for PPE Stock	(1,125)	0
<b>Total Revenue Resource Limit to Statement Comprehensive Net Expenditure</b>	<b>902,116</b>	<b>756,185</b>

##### 22.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to over spend.

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

	2021	2020
	<b>Total</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>
Gross capital expenditure	49,781	35,262
Less charitable trust fund capital expenditure	(2,163)	(199)
(Receipts from sale of fixed assets)	(9)	0
Net capital expenditure	<b>47,609</b>	<b>35,063</b>
Capital Resource Limit	48,190	37,492
Adjustment for Research and Development under ESA10	(535)	(531)
	<b>47,655</b>	<b>36,961</b>
Overspend/(Underspend) against CRL	<b>(46)</b>	<b>(1,898)</b>

The Trust incurred an under spend of £46k on its capital programme. Of this sum £40k related to the Govtech initiative.

# Annual Accounts

## Notes to the Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

##### NOTE 22.3 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.

	<b>2020/21</b>	<b>2019/20</b>
	<b>£000s</b>	<b>£000s</b>
Net Expenditure	(902,071)	(756,136)
RRL	902,116	756,185
Surplus / (Deficit) against RRL	45	49
Break Even cumulative position(opening)	(3,456)	(3,505)
Break Even cumulative position (closing)	<u>(3,411)</u>	<u>(3,456)</u>

##### Materiality Test:

	<b>2020/21</b>	<b>2019/20</b>
	<b>%</b>	<b>%</b>
Break Even in year position as % of RRL	<u>0.00%</u>	<u>0.01%</u>
Break Even cumulative position as % of RRL	<u>-0.38%</u>	<u>-0.46%</u>

##### NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no events to note after the reporting period.

##### NOTE 24 DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 2 July 2021.

# Annual Accounts

## Patient & Residential Monies Accounts

**SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

**PATIENTS/ RESIDENTS MONIES ACCOUNTS FOR THE YEAR ENDED 31  
MARCH 2021**

# Annual Accounts

## Patient & Residential Monies Accounts

### **STATEMENT OF TRUSTS RESPONSIBILITIES IN RELATION TO PATIENTS/RESIDENTS MONIES**

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, the Trust is required to prepare and submit accounts in such form as the Department may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

# Annual Accounts

## Patient & Residential Monies Accounts

### **SOUTH EASTERN 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 South Eastern 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 South Eastern 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 South Eastern 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 South Eastern 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 South Eastern 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 South Eastern 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.



# Annual Accounts

## Patient & Residential Monies Accounts

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

### **Matters on which I report by exception**

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

### **Responsibilities of the Trust for the account**

As explained more fully in the Statement of Trust's Responsibilities in relation to patients'/residents' monies, the Trust is responsible for:

- the preparation of the account in accordance with the applicable financial reporting framework and for being satisfied that they properly present the receipts and payments of the monies held on behalf of the patients and residents;
- such internal controls as the Trust determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the South Eastern 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 South Eastern 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 South Eastern 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;

# Annual Accounts

## Patient & Residential Monies Accounts

- making enquires of management and those charged with governance on South Eastern 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 South Eastern 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](http://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*

# Annual Accounts

## Patient & Residential Monies Accounts

### SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2021

#### ACCOUNT OF MONIES HELD ON BEHALF OF PATIENT'S/ RESIDENTS

Previous Year	RECEIPTS	£	£
£		£	£
	<u>Balance at 1 April 2020</u>		
-	1. Investments (at cost)	-	
4,240,004	2. Cash at Bank	4,153,818	
<u>2,000</u>	3. Cash in Hand	<u>2,000</u>	<u>4,155,818</u>
<u>4,267,942</u>	Amounts Received in the Year		<u>4,281,585</u>
<u>-</u>	Interest Received		<u>-</u>
<b><u>8,509,946</u></b>	<b>TOTAL</b>		<b><u>8,437,403</u></b>
	<b>PAYMENTS</b>		
£		£	£
<u>4,354,128</u>	Amounts Paid to or on behalf of Patients/Residents		<u>3,580,084</u>
	<u>Balance at 31 March 2021</u>		
-	1. Investments (at cost)	-	
4,153,818	2. Cash at Bank	4,855,319	
<u>2,000</u>	3. Cash in Hand	<u>2,000</u>	<u>4,857,319</u>
<b><u>8,509,946</u></b>	<b>TOTAL</b>		<b><u>8,437,403</u></b>

Cost Price £	Schedule of investments held at 31 March 2020	Nominal Value £	Cost Price £
	Investment		

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  
22 June 2021

I certify that the above account has been submitted to and duly approved by the Board.



Chief Executive  
22 June 2021

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Designed by Communications Department