



South Eastern Health
and Social Care Trust

Annual Report & Accounts 2021 / 2022





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Annual Report and Accounts
For the year ended 31 March 2022

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South Eastern Health and Social Care Trust

Annual Report and Accounts

For the year ended 31 March 2022

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On

5 July 2022

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Chairman's Report

I am delighted to present to you the 15th Annual Report of the South Eastern Health and Social Care Trust, having undertaken the role of acting Chairman for the second year.

My previous annual report referenced the pandemic and regrettably I cannot escape the fact that the virus remains with us and we are still treating patients suffering the effects of it in our wards. To our staff who are still focused on working directly and indirectly in the combat against COVID-19, I say thank you for your continued dedication and steadfastness.

Throughout the year much of the life of our Trust remained on hold. Like you, I too have felt the frustration of that, but as I write, it's hoped that in the near future events that we enjoy and look forward to will be reinstated.

Volunteers have always been an integral part of the Trust family and their contribution enables us to improve the experience of those we care for.

As restrictions eased many of them returned to the duties they were familiar with and again began to make a really positive impact on patients and staff. We value you all so highly and pay tribute to your dedication.

Volunteering is of great interest to me and I am delighted to say that this year the Trust has been developing even more opportunities for volunteers. There are certainly exciting times ahead for them in the South Eastern HSC Trust.

The work of the Chairman's Charity, Kiwoko Hospital, in the Trust has also been impacted this year by the inability to run events to raise much needed funds for our Ugandan friends. I look forward to the day when they can take place again.

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



Jonathan Patton
Acting Chairman



Chief Executive's Report

The South Eastern Trust prides itself on being a great organisation, putting people at the heart of all that we do. I am privileged and proud to lead such a dedicated and committed team of staff who have each given so much to serve our community and support one another over the past year.

Our services have been overstretched and under sustained pressure during the COVID-19 pandemic, and at critical times throughout the year many of our staff answered our call for help, volunteering to work extra hours or work in a different role. Without their support and everyone working together we would not have not have achieved all that we did.

Over the past year, our Trust was tasked with setting up not one, but two regional mass Vaccination Centres. In just 6 weeks the SSE Arena in Belfast was transformed into the largest Vaccination Centre in Northern Ireland. Over 380,000 vaccines were administered and our teams played a key role in the COVID-19 response.

The Vaccination Teams also went out across the Trust in mobile clinics to bring the vaccine to our Care Homes and other parts of the community. In December 2021, the Trust was again asked to set up a further Vaccination Centre at the Titanic Exhibition Centre in Belfast to deliver the booster programme. In just under one week, we rose to the challenge and delivered. This was a huge undertaking and testament to the 'can do' attitude of our staff to go the extra mile to deliver a valuable service. During the pandemic our staff have not only had to implement so many additional new services, such as Test and Trace, PPE distribution, additional support to Care Homes, Respiratory Wards and Intensive Care; but also continue to deliver as many of our core services as possible. Our staff have been truly inspirational in their efforts, and our Leadership Team have not faltered in their steadfast direction.

In my first year as Chief Executive, I have been fortunate to meet many of our teams and see the care that is being delivered across the Trust and the difference that it is making to so many lives, young and old.

I would also like to pay tribute to the volunteers in our Trust who play such an invaluable role. We are so fortunate to have them. There are also so many "hidden heroes" in our Trust whose work is vital, yet they are often unseen. They make such a positive impact and are shining examples of how together we can really make a difference.

Despite the impact of the pandemic, the Trust has managed to continue its building programme and in October 2021 proudly opened the Macmillan Unit, a wonderful environment created in partnership with service users. The new Acute Services Block at the Ulster Hospital also opened providing much needed inpatient ward accommodation and the new Emergency Department will open later this year.

Our Culture, our Values and our Collective Leadership have served us well over the past year and I am confident that they will continue to guide and shape how we provide our services over the coming year.



A handwritten signature in black ink, appearing to read 'Roisin Coulter'.

Roisin Coulter
Chief Executive

Performance Overview

Pages 4 to 27 of this report provide a summary of performance, over the last 12 months, for each of the 7 Directorates within South Eastern Health & Social Care Trust. Within each Directorate activities undertaken are outlined. Information is provided for key goals and objectives. A financial review is also included. Page 49 contains a high level organisation chart of the Trust .

Our performance against key operational targets during 2021/22 was challenging as the COVID-19 pandemic continued. The Trust remains committed to making progress towards achieving its strategic objectives as we get back to business as usual and is committed to our vision that the Trust will be:

- A great place to Live
- A great place to Work
- A great place for Care and Support.

Priorities for the Trust in 2021/22

Our Corporate Plan 2021-22 outlined the Trust's key priorities which were:

- To improve the health and wellbeing of our community and to reduce health inequalities
- To provide timely urgent and emergency care
- To be a high performing, learning organisation that puts people at the heart of all that we do
- To work in partnership to ensure our services are fit for the future
- To nurture a culture that is compassionate ie. where everyone is valued.

Corporate Risks

The Trust faced a number of risks during the year that were closely monitored by the Executive and Non-Executive Directors. Each risk has a number of measures in place to mitigate their impact should the risk materialise. The risks include:

- Inability to deliver mental health acute in-patient services on a single site in line with best practice
- Inability to deliver Phase 1 of the Mental Capacity Act
- Inability to provide appropriate security following a regional review of specialist residential childcare facilities
- Inability to achieve recurrent financial stability
- Inability to ensure the quality of the older buildings
- Inability to provide safe and effective emergency care at Ulster Hospital
- Inability to deliver the required staff within a wide range of professions
- Inability to maintain a satisfactory linen decontamination service
- Inability to guarantee sterility of infusion pumps
- Inability to deliver against the commissioned performance targets
- Inability to provide appropriate governance arrangements for independent sector providers
- Inability to meet the growing demand for domiciliary care
- Inability to provide adequate quality assurance performance testing of X-ray equipment due to limited resources
- Inability to meet increased demand placed on the management of Coronavirus patients
- Inability to manage historical Continuing Health Care cases.

Performance Overview

Hospital Services

At a time of unprecedented demand, in November we smoothly transitioned several services into the new Acute Services Block (ASB), with excellent facilities increasing our bed capacity in the process. The following services have moved into ASB:

- Ward 3D opened as a Surgical Admissions Unit for general surgical inpatients and is developing an ambulatory emergency care service for surgical patients, to improve flow, access to surgical intervention and reduce lengths of stay
- Medicine – Endocrinology, Renal inpatients, Stroke and Elderly Care wards moved into the new Acute Services Building with better facilities and privacy for patients
- Acute Medical Unit (AMU): were delighted to move into ASB and increase bed stock from 44 to 50 to support acute flow, whilst continuing to manage large numbers of people with COVID-19
- Inpatient CT and Plain film imaging in the Acute Services Block has helped reduce the length of time from a request for imaging, reduced patient delays and facilitated earlier discharge.

Surgical Specialties

- Urology Ambulatory Hub has helped avoid patient admissions and reduced their length of stay by enabling earlier discharge
- Regional Plastic Surgery Service opened a new operating theatre with specialist MDT for trauma and cancer patients from across Northern Ireland
- Initiatives across Cataracts and Paediatrics increased to meet demands. We maximised all available theatre resource, and extended the length of operating times to reduce delays and waiting lists as far as possible and rebuild after restrictive peak pandemic periods
- Intensive Care Unit met the COVID demand by increasing beds from 8 funded to 16 at the peak of the pandemic in 2021 before returning to normal levels in February 2022
- Elective and emergency surgical work continued with separate green and red pathways. The Green Ward continues to admit and manage elective patients.

Medicine and Cancer

- Cardiology pathways have required investment in imaging infrastructure and physiological testing this year to ensure prompt access to appropriate diagnostics and interventions
- Palliative Care embedded a consultant-led Rapid Access Hub with specialist palliative care Multi-Disiplinary Team and a newly established nurse led review clinic. An adapted rapid access model has started in both the Lagan Valley and Downe Hospitals
- Neurology has successfully introduced the Neurology Advanced Referral Management (NARM) system that uses a pragmatic adaptation of the Northern Ireland Electronic Care Record to significantly help with appropriate and safe management of neurology referrals
- Rapid Assessment and Treatment Hubs have been developed by the Trust. Eight consultant-led specialty hubs now deliver 5-day access to primary and secondary care including full Allied Health Professional and nursing support (to deliver 1,200 - 1,400 episodes per month)
- Chemotherapy services - In October 2021 Health Minister, Robin Swann, opened the new Macmillan Unit at the Ulster Hospital. The state-of-the-art chemotherapy unit, designed in partnership with people affected by cancer, houses purpose-built assessment and treatment areas, a satellite pharmacy and a Macmillan Support Centre. It has been positively received by patients and staff and offers a calm, uplifting environment for patients on their cancer journey

Performance Overview

Hospital Services

- Cancer Prehabilitation- This programme is based on new research evidence and the Greater Manchester prototype to improve patient wellbeing and nutrition. It shows a significant reduction in post-surgery bed days and clinical complications from cancer treatments
- Staff Health & Wellbeing - Given the challenges of COVID-19, the respiratory management team developed a 4 month health and wellbeing programme for staff, supported by clinical psychologists. Staff acknowledged the support and techniques the programme gave them to help recognise and reduce stress in their day to day activities.

Unscheduled Care

- Emergency Medicine - Ulster Hospital continues separate streams for those with and without COVID symptoms, managed through an increase of over 30 more clinical spaces. Ulster Emergency Department has been shortlisted for the Nursing Times Student Placement of the Year and has grown our senior nursing team, providing significant nursing career progression. The Specialty Doctor Development programme enabled doctors to spend time in other specialties such as Paediatrics this year
- Phone first and reduced opening hours (from 0800-2000 to 0800-1800), were introduced in October 2021 at Lagan Valley Hospital (LVH), due to a crisis in medical rota and the temporary model in Downe was consolidated to keep services pandemic resilient. This has seen a 70% reduction in locum dependency in both departments, with nearly all unfilled shifts now filled. LVH has seen no impact on attendances or bed utilisation as a result, with improved triage and assessment times. Satisfaction levels reported by those using the service are 95% on both sites. Public consultation is underway for LVH and will follow for the Downe to maintain this service
- Acute Medical Unit (AMU): established an acute ambulatory service, pulling people out of ED for investigations and treatments, supporting early discharge and taking referrals directly from GPs
- Downe inpatients areas, including the Frail Elderly Rapid Assessment service, extended to take calls directly from the NI Ambulance Service
- There was a scale up of the Discharge Lounge to support transfer between wards
- Senior nurse handover was implemented to reduce delay and significantly improve working across our 3 sites to ensure people get the right care first time.

Diagnostics

- Lagan Valley Hospital continues to offer a regional service for priority and time critical day case surgery. From April 2021 a total of over 2,000 regional patients have had their surgery at the Daycase Procedure Unit. Urology introduced a Rezum procedure that has drastically reduced waiting times
- The Radiology department offers services across 5 sites within the Trust. A Radiographer on-call service was introduced for ED imaging, which has helped ensure the workflow in ED has been uninterrupted. Other areas have successfully secured new / replacement equipment, including a CT scanner in Downe Hospital and a DEXA machine in Lagan Valley Hospital thereby improving equity of access across the Trust. A new GP weekend service was introduced in LVH and the Downe to increase access to the radiology service where previously open access was suspended during the pandemic

Performance Overview

Hospital Services

- The Trust introduced COVID PCR testing for elective patients and staff in two Trust facilities, (Ards and Downpatrick). The Trust also introduced a community phlebotomy service, which allows patients to have blood investigations undertaken in a community facility thereby reducing the need for patients to travel to an acute site. Patients have been extremely positive about the ability to use these facilities
- The Trust continues to work in partnership with a number of independent sector providers. The services provided include outpatients, day cases, radiology investigations and endoscopy services
- Inpatient CT and Plain film imaging availability in the Acute Services Block has meant fewer inpatients wait overnight for imaging and therefore fewer transfers are required to ED for imaging out of hours.

Women and Acute Child Health

- Maternity services continued despite the pandemic with over 4000 births across the Trust this year, adapting as required to meet to changes in infection control guidance and demand
- The Short Stay Paediatric Assessment Unit extended its opening hours to cover five days a week to facilitate primary care and ED referrals, to help avoid paediatric admissions to hospital
- Two Acute Paediatric staff were shortlisted as finalists for the Northern Ireland Health and Social Care Awards; Healthcare Assistant of the Year and Excellence in Support Services
- Pharmacy worked in partnership with Medical Specialties and Paediatrics to establish the pioneering Neutralising Monoclonal Antibodies Service (nMAB) to patients with COVID-19
- The Pharmacy team assisted in the management of the COVID vaccine supply and distribution across the Trust, as well as providing clinical support at vaccine centres, nursing homes and mobile clinics. We provided pharmacy support for the RECOVERY trial to improve understanding of the best treatments for COVID-19 in addition to providing clinical and technical support to the Outpatient Centre for Treatment of COVID-19 (OCTC)
- The Laboratory team continued to support Operational teams during the pandemic by providing a 24/7 COVID-19 testing service for elective and emergency admissions to hospital.

Performance Overview

Nursing, Primary Care & Older People

Digitalisation of In house Domiciliary Care

Historically the Trust's Domiciliary Care Service has been reliant on manual systems for organising and communicating rotas. Not only was this a time consuming process, but the weekly postage of rotas to 600+ staff had governance implications. The service wanted to ensure:

- Effective communication across the workforce
- Maximisation of resources
- Responsiveness in the identification and communication of Domiciliary Care capacity across the whole system.

During 2021 a pilot took place in North Down and Ards (NDA) to test and evaluate the use of a digital solution in the Trust's Domiciliary Care Service. All domiciliary care workers in NDA were supplied with iPads which had the App for the digital system installed. An Allocations Team was established to provide a Single Point of Access responsible for the identification and utilisation of domiciliary capacity. Following implementation and review of the pilot in NDA, it was evident that digitalisation had provided the service with access to instant information and data, facilitating auditing of care hours scheduled versus care hours delivered; visit transparency; more efficient staff management and communication. The inclusion of a Carer/Family Portal provided carers with 24/7 access to service user care records - enhancing communication and participation in care planning.

Building on the success of the NDA pilot, full implementation of digitalisation across the Trust's Domiciliary Care Service was completed by the beginning of June 2022. This future proofed the service and provides the ability to monitor the service, which will inform operational decision making regarding the performance, quality and overall governance.

Support for Carers during COVID

During the lockdown many carers experienced isolation and carer stress. Carer events could not take place face to face so support was offered via a wide and creative range of interactive events, such as mindfulness sessions, cookery sessions, craft, yoga, boxercise, sketching and historical talks. A Carer's Counselling Service was established in partnership with Belfast HSC Trust.

- 1,300 Carer 'Take Care' Bags were delivered to carers throughout the Trust area. These contained up to date information on support for carers and items to encourage them to take time out to maintain their own health and wellbeing
- Carer ID cards were distributed to all carers registered on the Trust's Carer Database which by 31 December 2021 had 2,765 individuals registered
- Between April and December 2021, 1,237 One Off Payments totalling £137,483 had been allocated to carers across all programmes of care
- 111 carers received counselling, benefitting from up to 6 free sessions with a qualified counsellor.

Performance Overview

Nursing, Primary Care & Older People

Collaborative working with Care Homes

Trust teams have continued to support Care homes through another very difficult year. They have adapted how, where and when they work to ensure compliance with COVID-19 recommendations. They have continued to go the extra mile to support the care homes and the residents in the Trust that we commission services for.

Currently there are 109 Care homes in the Trust's geographical boundary with 3,432 beds. Circa 50% of these beds are registered for individuals with Dementia. The introduction of the Mental Capacity Act resulted in a legislative framework in which each person's mental capacity is assessed and where appropriate an application for deprivation of liberty is made to a Trust panel. The Permanent Placement Team (PPT) completed 385 full panel applications this year. In addition the team completed 304 first extensions, 135 second extensions and 11 third extensions. This work is in addition to statutory care reviews and core work.

Our clinical and admin team have continued to support the care homes with the COVID-19 booster programme, with swabbing, clinical support, mutual aid and with guidance and support. The Care Home Response Hub continued to operate throughout the year and the team have delivered a seven day service in order to meet the demand and provide the level of support required. This service was provided by a small number of individuals who went the extra mile. They have continued to deliver training and education to care home staff both on an individual and general basis. They are currently involved in driving forward new initiatives, including Enhancing the Clinical Care Framework (ECCF) to support the health and wellbeing of residents who live in care homes. The teams have continued to deliver monthly Provider forums and ECHO sessions as well as monthly partnership meetings to each care home when possible.

Strengthening District Nursing Service

This has been another challenging year for the service with all the challenges that the pandemic brought to our teams. We encountered increased workloads from the COVID-19 vaccination programme and reduced staff levels as a result of vacant posts or adherence to COVID-19 guidance.

Throughout the year we continued to strengthen our District Nursing service through the introduction of new staff with additional funding received. We continue to embrace the strategic aims of the District Nursing Framework and have introduced the NIPEC career framework across all teams. This regional framework will enable clinical career progression through the development of new roles in District Nursing (DN). We have supported the role with the use of IT and the teams are equipped with hand held devices to enable them to work remotely and to input information at source, reducing duplication and the need to return to base. The roll out of the Multi- Disciplinary Teams in Ards and North Down has progressed and we are embedding the principles of Neighbourhood District Nursing and a one team approach across the service. Whilst we continue to work in integrated teams the DN service is now supported through a uni-professional management structure. Again this will offer career progression through management roles. The 24 /7 District Nursing service has been managed by different management structures (Day service / Evening night service) and in January 2022 the evening and night service commenced partial transfer to the Older Persons Community Health Service with full service transfer completed in April 2022.

Performance Overview

Nursing, Primary Care & Older People

Establishment of Phone First for Minor Injury Unit

Ards Minor Injury Unit (MIU) was the first unit to pilot a phone first appointment system to improve access for our patients and to provide a safer, infection-controlled environment in response to the pandemic. Such has been the success; the model has since been adopted as business as usual to ensure all MIU patients are treated in a timely manner, compliant with the four hour target and maximising throughput or signposting to the most appropriate health care provider or service to meet their individual needs. Ards MIU currently treats approximately 1,500 patients per month thereby reducing the footfall into the Acute Hospital Emergency Department.

Integration of Sexual Health and HIV / Sexual and Reproductive Health Services

Historically Sexual and Reproductive Health (previously Family Planning) had been provided by the Belfast Health and Social Care Trust. However in October 2020, the service transferred to the South Eastern Trust. The team recently celebrated their first year and successful integration into the wider Sexual and Reproductive Health / HIV Service. This has improved access to services for the South Eastern Trust population. Many consultations now take place virtually, with patients receiving their contraception by post. Attendances take place for monitoring and fitting of longer acting forms of contraception.

Sexual Health and HIV

Towards the end of 2020, the Trust received funding to commence an HIV pre-exposure prophylaxis service (PrEP). This represents an important new method of preventing HIV transmission using antiretroviral drugs, as advocated in the WHO and UK government policies aiming to achieve a target of 'zero' new HIV transmissions by 2030. To date over 130 patients have been seen. Trust patients now also have access to SH:24. This is an online platform that allows asymptomatic patients to arrange Sexually Transmitted Infection screening through self-sampling at home.

Use of Digital Technology in Allied Health Professional (AHPs) Services

AHPs made optimal use of technology and undertook a variety of digital approaches to maximise use of resources and engagement with service users.

Health Improvement Dietitians delivered a monthly programme of interactive nutrition webinars. More than 90% of those who participated reported learning something new. Antenatal dietitians, in partnership with midwives, delivered Zoom education session for mothers diagnosed with gestational diabetes. From April - December 2021, 34 group sessions were delivered to total of 130 mothers with over 95% reporting an improved understanding of gestational diabetes and the dietary interventions to adopt to help them manage their condition.

Zoom consultation was used widely across adult and paediatric AHP outpatient services including Pulmonary Rehabilitation group classes.

The Children and Young People's Speech and Language Therapy (SLT) team identified digital solutions to ensure safe, high quality delivery of services undertaking virtual training and virtual consultations. Virtual consultations were supported by using digital assessments and therapeutic apps. Significant outcomes included reduced waiting times and improved attendance at training sessions. Waiting times for service users to access training reduced from 4 - 6 months to approximately 4 weeks.

Performance Overview

Nursing, Primary Care & Older People

Within one area waiting times reduced from 17 weeks to 2 weeks. Attendance at parent training sessions has markedly increased.

The Community Brain Injury team implemented cloud based technology to deliver individualised remote therapy programmes to clients. This service allows clients to access tasks at a convenient time and place. Clients also access therapy at a higher intensity which has shown significant cost savings whilst maintaining excellent service delivery.

The Adult SLT team support staff trained as tele-partners and are able to facilitate a remote eating, drinking and swallowing consultation. Clinicians conduct the assessment from their base clinic. Results indicate that this approach allows clinicians to reach more clients with similar clinical outcomes to those seen when assessments are undertaken face to face.

Post COVID Syndrome Services

Post COVID Syndrome (PCS) is defined as signs and symptoms that develop during or following an infection of COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis.

In 2021, at the request of the Department of Health, HSC Trusts, the former Health and Social Care Board and the Public Health Agency established support for people who continue to experience long term physical, mental and cognitive effects following coronavirus infection.

The NI Regional Post COVID-19 model has 6 strands including; PCS Pulmonary rehabilitation and dysfunctional breathing clinics; Post Critical care review clinics; enhanced Psychology, increased clinical physiology, dietetic and Speech and Language therapy provision and a Post COVID Syndrome Service offering multidisciplinary assessment and advice.

The Trust allocation for PCS services was based on a percentage of the trust population testing positive (14.3%). The Trust assumed patient numbers for all strands up to 31 March 2022 was 267. All PCS services in the Trust were operational by 24 November 2021. To date the Primary care PCS clinic has received 562 referrals > 210% of the initial allocation.

Systems thinking has enabled the rapid establishment of the service and the on-going focus on continuous improvement and monitoring of variation both within the trust and regionally. The stakeholders from strategic and secondary services across the trust, within primary care, and the voluntary sector have worked collaboratively to enable the project team to meet the service aims.

Nursing & Midwifery Recruitment Initiatives

South Eastern HSC Trust has been proactively exploring recruitment initiatives following the constraints of COVID-19 including virtual recruitment events. The events have been well attended and feedback has been excellent. The Nursing / Midwifery workforce team have hosted two careers events for school leavers with the second event having over 500 attendees from across Northern Ireland. As a result the Trust has managed to recruit candidates interested in nursing and midwifery to the Volunteer Scheme.

Performance Overview

Nursing, Primary Care & Older People

The recruitment team have created a specific email address for all enquiries that proactively responds to them and troubleshoots any potential issues. This email facilitates managers having one point of contact for recruitment. A new recruitment video for nursing and midwifery has been created and will be followed up with a bespoke recruitment section on the Trust website. The Trust also embarked on a bespoke International Nurse Recruitment project. This has brought almost 300 nurses to the Trust and reduced current vacancies.

Student Support

The Practice Education Team (PET) have worked in partnership with Nominated Persons, Practice Supervisors and Practice Assessors to support both pre and post-registration nursing & midwifery students to meet the new Nursing & Midwifery Council (NMC) Future Nurse & Midwifery Proficiencies. Practice learning placement and student capacity across all fields of practice was increased to accommodate over 531 nursing and midwifery pre-registration students at any one time across 148 approved practice Learning placements. This included 128 of our own staff undertaking the Open University 'Pre Registration' BSc (Hons) programme with a further 33 applicants this year for the September 2022 cohort.

The team continue to prepare our NMC registrants with support and supervise student nurses/ midwives in practice in line with the NMC Standards for Student Supervision and Assessment (SSSA) which commenced in April 2020 using a blended approach of face-to-face, e-Learning and zoom sessions. There have been 2,235 nurses and midwives prepared for the roles of practice supervisor and practice assessor as of March 2022.

Governance Assurance Improvement & Learning (GAIL) Model

The GAIL Model was developed by the Safe & Effective Care team to support the Trust response to RQIA inspection / review programmes. The model serves as a practical tool to organise priorities (Governance), monitor performance (Assurance), generate an improvement direction based on local information (Improvement) and participate in a Trust learning system (Learning) for same. The GAIL Model has been piloted in surgical inpatient wards. To date it has demonstrated improvements in Trust assurance, inspection-readiness and managers' experience of an external inspection process.

Nursing & Midwifery Assurance

The Nursing Governance team within the Safe & Effective Care department continue to review current assurance tools and undertook a validation audit of all Nursing & Midwifery key performance indicators (KPI) in February 2022. The audit incorporated 32 clinical areas and approx. 250 audits of patient care records per KPI. This work has given the team significant insight into the value and purpose of the current KPI's and will provide key knowledge required to shape assurance going forward, both locally and regionally.

Performance Overview

Adult Services & Healthcare in Prisons

Disability

The COVID-19 period presented the service with significant challenges leading to the closure of Day Services and short breaks. The Trust worked in partnership with families, carers and service users to create bespoke options of care and support to individuals while services were unavailable. Creative ways of keeping connected with service users has continued throughout 2021/22. Outreach to families will remain an option as part of a package of individual care. The Trust is working to rebuild these services to their pre-pandemic levels, taking account of safety measures to reduce the risk of transmission.

Disability services successfully delivered on a vaccination programme to service users who use Day Care and those who live in supported living. We worked closely with independent sector colleagues to achieve a 95% vaccination rate amongst this vulnerable group.

Staff in Thompson House Hospital worked alongside patients, volunteers and Friends of Thompson House to create a sensory garden in the grounds of the hospital. The garden offers a quiet, tranquil area for patients to maintain and enjoy.

Quality improvement initiatives within Learning Disability, Physical Disability, Brain Injury, Thompson House Hospital and the Sensory Service were implemented in partnership with families and services users despite the challenges facing everyone over the past year.

Prison Healthcare

Highly successful COVID-19 and influenza vaccination programmes were undertaken by multi-disciplinary teams achieving an uptake of 73% of the custodial population. No COVID-19 related deaths or hospitalisations occurred.

The Health Engagement Team expanded and supported people in custody in COVID-19 isolation. SLTs now also offer screening to those aged under 25 committed to custody.

A suite of revised medicine optimisation policies has been introduced in collaboration within the 5 Nations Pharmacy group, RQIA, DOH and the Trust.

A significant reduction in self-harm incidents across the three prison sites from pre-COVID-19 pandemic levels has resulted in fewer serious and significant adverse incidents occurring. The Healthcare in Prison Clinical Addiction Team was successful in winning the Managing Substance Dependency in the Community category at the 22nd NI Healthcare Awards 2021. Since December 2021 in line with NICE guidelines, all people who come into prison or who are held in care and supervision units are assessed by healthcare professionals to ensure their physical and mental health needs are addressed.

Performance Overview

Adult Services & Healthcare in Prisons

Adult Mental Health Services

Mental Health Services played a leading role in the regional Towards Zero Suicide work. A central strand of this project involved the development and introduction of a suicide prevention care pathway, including enhanced assessment and follow-up with partner services. The Trust launched the new pathway in September 2021 with the involvement of the Chief Medical Officer and Mental Health Champion.

The Wellness Recovery Network received a regional quality improvement award for co-production and partnership working in the summer of 2021. The network which was initially established in the Ards area was extended to the Down and Lisburn sectors during the year. The Mental Health Recovery Network is led and run by people with experience of living with mental health issues.

The Community Perinatal Mental Health Service was established during the last year with the development of a multi-disciplinary team comprising a range of professionals. The core function of this new service is to apply a bio-psychosocial approach to the assessment and treatment of pregnant and postnatal women with moderate to severe mental disorder.

Mental Health Services in the Down sector received ISO accreditation following a comprehensive inspection programme that involved a review of systems and processes across Community Mental Health Services, Medical Records, Administration Services, Clinical Psychology and Psychological Therapies.

Clinical Psychology and Psychological Therapy Services

Psychological Therapy Services experienced a very busy and challenging year. We continued to deliver therapy and group based interventions through a mixture of in-person and video based options. We experienced a significant increase in the demand and complexity of mental health needs across all service areas.

We also continued to develop and deliver individual and team based psychological support to staff across the Trust. It has been very rewarding to support those who worked tirelessly and compassionately throughout the pandemic.

Mental Capacity Act

Staff across the Trust worked diligently to implement our responsibilities under the Mental Capacity Act legislation. This legislation has created new and additional demands on staff, and has required staff in all programmes of care to work flexibly and innovatively to ensure that the rights of our service users and patients are protected.

Performance Overview

Children's Services & Social Work

Safeguarding Children

Signs of Safety (SofS) is fully implemented within Gateway and Child / Family Teams in terms of Child Protection and Looked After Children and roll out is planned for other teams. Fifth year priorities and action plans are based on the feedback from both staff and user surveys completed this year and team SofS implementation dashboards. Staff training has been ongoing with a total of 472 staff trained. We are building on the expertise of the practice leads to embed SofS practice and have trained 111 practice leads across the Trust. An audit to capture the views of parents and children attending child protection conferences was completed with positive feedback in terms of the SofS approach adopted.

Early Help initiatives have been introduced to help manage unallocated cases / waiting lists. This has proved beneficial but regional workforce issues have impeded its full implementation and our ability to measure the exact impact. Robust Governance and reporting is in place in terms of the unallocated cases. Stronger relationships with the voluntary and community sectors have been established and through these collaborations we were successful in ensuring families received the appropriate help via the hardship fund initiative. Quality Improvement (QI) funding has enabled us to work with various partners to develop the Early Help Knowledge Bank to assist staff to redirect families to resources at an early stage and hopefully prevent them requiring a social work service.

With the introduction of a Care Planning Working Stream we have trained staff throughout the year on the various components of care planning that is required to ensure children and young people receive a plan of permanence at the earliest possible stage.

Children and Young Peoples Care Services

The Trust has continued to deliver improvements in children's residential care in line with Quality Improvement methodology. Staff in the Residential Peripatetic Support Team were successful in winning the Dragons Den event for their Sea Swimming activities for young people across children's homes. The team has received funding to build on this excellent initiative. Improvements continue to be made in relation to making the children's homes more homely in appearance, building on the work completed in Flaxfield last year. In October 2021 the Trust was able to establish a temporary 2 bed children's home as an extension of the statement of purpose of an existing children's home. This has been very successful for the young people placed there. Residential and leaving care services in the Trust have continued to respond to the increased need for care required for separated and unaccompanied children, often leading the region in the delivery of best practice.

Lakewood has been committed to improving the experiences of young people and the introduction of a varied staff skill mix across the centre has brought value and assistance to help deliver safe and effective needs led care to our most vulnerable children across the region. The centre has been shortlisted as care home of the year in the Northern Ireland Health and Social Care Awards 2022.

The Trust have appointed an Implementation Lead for the delivery of the Framework for Integrated Therapeutic Care and a Steering group has been established to oversee the implementation plan for delivery across children's services.

Performance Overview

Children's Services & Social Work

The Children with Disabilities service has continued to develop its commitment to offering a range of support options to families despite its workforce challenges. The Trust took over the registration of Beechfield children's home in March 2022 and will continue to provide short term care to a small number of children with disabilities. The service will complete its strategy over the coming months.

The Trust's Fostering, Permanence and Adoption service has continued to meet the demand for children requiring placements and has been committed to providing support and training to our carers. The Trust enjoyed the recent Fostering achievement awards which celebrated 40 awards presented to our Children and Young people across the Trust.

Child Health

All of the services across Child Health continue to make a significant contribution to giving every child the best start in life. Health Visitors and School Nurses continue with their successful catch up programme and all were involved in achieving the highest uptake in flu and COVID-19 vaccinations in NI. The Health Visiting Service achieved the first revalidation of the prestigious UNICEF Baby Friendly Initiative GOLD Award, in January 2022. Family Nurses and the ABC Pip Infant Mental Health Team are providing support to families who are experiencing a negative impact on their family due to the pandemic. Two new services, paediatric continence and the school immunisation team are now operational.

The Attention Deficit / Hyperactivity Disorder (ADHD) service has developed a vision of future service delivery incorporating learning from the COVID-19 Pandemic. Whilst the team has been depleted during 2021/22 due to maternity and sickness, staff continue to provide support to the many children and young people receiving treatment for their ADHD.

Autism Spectrum Disorder & Neurodevelopmental teams have embedded learning and improvements through their assessment processes identified during COVID-19 restrictions. The teams review pathways and practices with the child, young person and their families at the centre of their quality improvements.

RISE NI teams continue to work regionally in partnership with the Education Authority to co-design and co-deliver training for teachers and parents in the areas of early years, social emotional well-being and speech language and communication needs. The RISE service has received new funding to provide an expansion of RISE universal level services for KS2 children. This funding will assist the RISE team to provide service support to mainstream schools in empowering and assisting KS2 children to take care of their own Emotional and Health & Wellbeing.

The Special Education Needs Service provides an interface between Health and the Education Authority for Statutory operations. This project has been extremely successful and has succeeded in raising Trust compliance rates, consistently above 85%, which is one of the highest in the region. The service has received permanent funding for 2022/23 onwards.

Community Nursing services continued to prioritise and provide continuity of care to very ill and very complex children throughout the pandemic. Staff demonstrated their commitment to their responsibilities, to the children and the Trust, with strict adherence to infection control guidelines.

Performance Overview

Children's Services & Social Work

The Community Learning Disability Nurses supported vulnerable families who continue to be challenged following the disruption of routines and a reduction in respite facilities. These nurses have provided a valuable service to the children, young people and adults during the COVID-19 vaccination programme.

Prevention and Population Health

The team have continued to work in partnership to deliver the Early Treatment Centre Programmes. Quarterly report cards were developed and circulated to internal and external partners. We were successful in our funding application to NHS Charities Together to take forward the Care Navigators Service in the Ulster Hospital Emergency Department. A partnership programme team are planning the delivery of a programme which addresses obesity in childhood and beyond.

A Wellbeing Hub was established in partnership with Multi-disciplinary Teams, Primary Care, Community and Voluntary partners for the Down, North Down and Ards Locality. The Hub uses a stepped care model to assess need and identify appropriate talking therapies including cognitive behavioural therapy and counselling for mild to moderate emotional wellbeing issues. Clients can be sign posted / referred to support within Healthy Living Centres and community programmes. To date we have received 1,500 referrals to the Hub. The establishment of the Wellbeing Hub has addressed a gap in the provision of services to clients in this geographical area and has provided equity across the South Eastern HSC Trust area.

Social Work Learning and Improvement

The Learning and Improvement Team workforce hub co-ordinated a virtual recruitment fair to promote and attract staff into social care and social work. This provided a great opportunity to showcase the Trust as a great place to live and work whilst also informing and inspiring participants about the rewarding roles available. A total of 100 participants engaged in the event, with excellent presentations delivered by Trust staff who communicated their passions for careers in social care and social work.

A 'Hearing the Voice of the Child' workshop took place in December 2021. Children's Services staff shared good practice examples, demonstrating how services are empowering our children's voice and it was a great opportunity to learn from practitioners and partner agencies. An interview was facilitated with a group of Looked after Children at a VOYPIC participation group, meaning their voice was also heard at the workshop. A working group will now develop guidance and recommendations as to how we can further develop the ways we hear the child's voice within the Trust.

The 'Staying Connected' Dragon's Den event is a regional competition for social workers with great improvement ideas, where practitioners can 'pitch' for funding from the DoH social work strategy to support their initiatives. The dragons are independent of the all the Trusts and include people with lived experience of service provision. This year's winners were a Trust sea swimming project in our peripatetic team who won £3,000 to buy equipment and train staff. The peripatetic team have introduced sea swimming for the young people from our children's homes and the benefits for them have been outstanding.

Performance Overview

Medical

Clinical Risk Standards in Litigation

Sean McGovern has continued as Co-Chair of the local Implementation Group of the No More Silos Project. Key areas of the project have been a development of 8 Ambulatory Hubs which will aim to reduce emergency admissions but also expedite discharges from hospital for the various groups of patients.

The Phone First Urgent Care Centre opened in Downpatrick in October 2020 and has been successful with very good feedback from patients' surveys. More recently the Emergency Department at Lagan Valley Hospital has become a Phone First Emergency Department and is currently undergoing consultation with a view to agreeing a new system of Phone First Service delivery on the Lagan Valley site. Sustainable funding via the No More Silos programme remains challenging with less progress possible on patient discharge initiatives than would have been preferred.

With regard to Encompass, progress has been made with regard to the appointment of Dr David Wilson, Clinical Director for Clinical Informatics and also a Deputy CCIO in the form of Dr Andrew Hamilton. There is now positive engagement with several Clinical Teams with a projected start date for Encompass of Autumn of 2023.

The Mental Capacity Act and its implications remain challenging however, there is an educational programme being rolled out to ensure best practice and compliance with statutory regulations.

A new protocol for dealing with Medical Negligence came into place on 1 October 2021, and this sets time limits to answer various queries arising from potential Medical Negligence matters. It is important that all Consultants are aware of the deadlines.

Corporate Governance, Safety and Quality Improvement

Dr Bob Darling continued as Associate Medical Director for Corporate Governance, Safety and Quality Improvement. The Mortality and Morbidity Assurance and Oversight Review Groups continued to meet throughout 2021. There has been significant progress in correlating the findings of these groups with those of risk management including Serious Adverse Incidents and Coronial cases. A Trust Advisory Committee has been formed to review deaths associated with hospital acquired COVID-19.

The Standards, Policies and Guidelines Committee met only once in 2021 due to winter pressures. Nevertheless, all returns requested by the PHA and former HSCB were submitted, the policies review site has been updated and improved and the number of outstanding policies has been reduced by 9.5%.

The Medicines Management Committees continued to function throughout the year and met the significant challenges in ensuring the safe and effective roll-out of the COVID-19 vaccination programme. This was successful at the Ulster Hospital site and the Trust was then tasked with the administration of the Regional Centre at the SSE arena. The Medicines Management Team has also risen to the challenge of introducing novel treatment modalities in a suitable environment with adequate medical cover.

Performance Overview

Medical

Medical Appraisal & Revalidation

Table 1 and 2 outline the Trust appraisal completion rates for the periods 2019 and 2020 respectively. Although the Trust has performed highly, there has been an increase in the number of unapproved or missed appraisals (see table 2). While the pandemic and the resulting extension of the appraisal deadline has undoubtedly contributed towards this, measures have been taken to ensure all outstanding appraisals are completed as a priority.

Table 1: Appraisal Period - January to December 2019

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	247	245	2	0
SAS Doctors	96	95	1	0
Other Doctors	3	3	0	0
TOTAL	346	343 (99%)	3 (1%)	0

Table 2: Appraisal Period - January to December 2020

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	272	261	4	7
SAS Doctors	101	94	4	3
Other Doctors	5	3	1	1
TOTAL	378	358 (94.7%)	9 (2.4%)	11 (2.9%)

The table below provides a summary of revalidation recommendations for the Trust.

Table 3: Summary of Revalidation Recommendations

	2019	2020	2021
Revalidated	89 (92.71%)	35 (100%)	89 (89.9%)
Deferral Requested	7 (7.29%)	0	10 (10.1%)
Non-Engagement Indicated	0	0	0
Recommendations Remaining in Year	0	0	0
TOTAL	96	35	99

The Trust deferral rates are generally consistent with regional and national patterns. It is recognised that there has been an increase over the last 24 months in regards to the deferral rates and anecdotal evidence from the General Medical Council (GMC) also suggests that was a result of the pandemic. The GMC are keen to point out that a deferral should not automatically be viewed negatively. Notwithstanding this, the Trust does not want to encourage a culture of unnecessary deferrals.

Performance Overview

Medical

Medical Education

Medical Education continues to recover from the pandemic. Teaching sessions continue to be a blend of both virtual and face to face training. As services are rebuilt trainees have been able to improve access to training opportunities both in terms of caseload and case mix allowing them to progress at their Annual Reviews. Trainees have also been able to perform increased numbers of beneficial quality improvement and audit projects. At a regional level, the Trust is contributing to the development of a business case to fund Simulation Based Learning (SBL) for postgraduate trainees, which will complement the undergraduate programme.

Undergraduate Medical Education returned to normal and as a Trust we have increased the number of students in each attachment. The recent opening of the Ulster University Graduate Medical School will see the number of students continue to increase over the coming years. As part of this process, The Trust has appointed 25 Clinical Teaching Fellows who are doctors who now have dedicated teaching time in their job plans. The Trust appreciates those who contribute to the training programmes and continue to make the Trust a popular choice for medical students and trainee doctors to train and work.

Research and Development

The research environment has been challenging over the last year, not least because of the demands that COVID-19 has placed on our patients, carers, system, and clinical teams. Despite this we have continued to collaborate across all health and social care disciplines to support the set-up and delivery of high-quality research activity. We concentrated our resources on the delivery of national and departmental prioritised COVID-19 studies. This was only possible with the support of our entire organisation but especially hospital services, pharmacy, and laboratory teams. This collaborative effort resulted in over 2000 inpatients screened for entry into Oxford's "RECOVERY" (Randomised Evaluation of COVID-19 Therapy) trial. This study provided hope for many of us by evaluating established and novel therapies as potential treatments for COVID-19. The results have been widely disseminated and have directly influenced our treatment pathways and patient outcomes. (<https://www.recoverytrial.net/results>)

Trust staff have also contributed time, blood and swab induced tears for the Public Health England's "SIREN" (Sarscov2 Immunity & Reinfection Evaluation) project. This study explored the impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 and the impact of vaccination. Follow-up has been extended for a further year and the Trust has recorded the highest participant retention rate in Northern Ireland. This key National study has also recently published results (<https://www.nejm.org/doi/full/10.1056/NEJMoa2118691>).

In addition to delivering our SARS-CoV-2 2 portfolio we have been preparing for life after COVID-19. We have addressed workforce fragility with the appointment of two new positions. A Research Nurse Manager will oversee clinical research operations, education, training, governance and the delivery of research projects. A Data Administrator will ensure that the Trust is accurately recording and reporting metrics of Research & Development (R&D) performance internally, regionally, and nationally. These appointments will not only build resilience within our team, but they will also allow us to engage fully with the strategic agenda of the Northern Ireland's Clinical Research Recovery, Resilience and Growth (NICRRRG) taskforce.

Performance Overview

Medical

We undertook a service improvement initiative this year to improve the visibility of our research patients trial participation. A record is now logged for all research hospital attendances. The nature of the research, actions taken by research staff and research contact details are all recorded within the electronic care record and is visible across NI. This record will provide essential information to clinical teams when they treat our patients in a non-research environment. The value of this work in ensuring participant safety was underlined by the results of our satisfaction survey in 2020/21 which reported that 100% of respondents felt safe taking part in our research programmes. Regional dissemination of this work has identified a regional need for such a system, and we are now engaging with the Encompass content design group for R&D to achieve this goal. We have been able to resume some of our non-COVID-19 research portfolio.

A service which seeks to optimise the treatment and improve outcomes for patients with ulcerative colitis has recently commenced on ward 6A of the Ulster Hospital.

The EU funded multinational DISCHARGE study completed and reported that the use of cardiac computed tomography (CT) was as good and in many instances better than invasive angiography for the evaluation of patients with suspected coronary artery disease. (<https://www.nejm.org/doi/full/10.1056/NEJMoa2200963>).

Finally, we look forward to the published results of a kidney study which will change the treatment of patients with chronic kidney disease. It was stopped early by the independent trial monitoring committee due to the significant benefit observed in the treatment. (<https://www.empakidney.org/news/empa-kidney-trial-stops-early-due-to-evidence-of-efficacy>).

Performance Overview

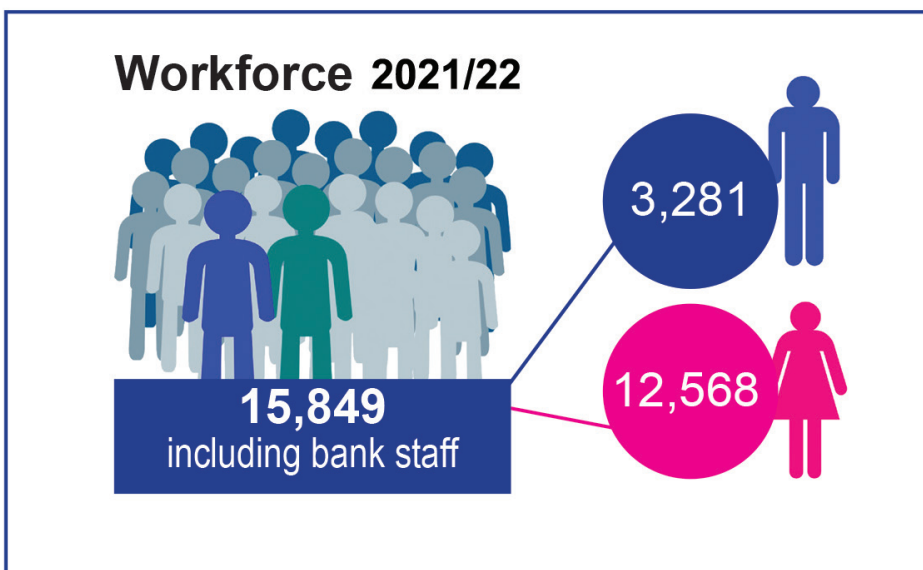
Human Resources & Corporate Affairs

Human Resources

The Human Resources Department provide a range of services to approximately 16,000 staff including Bank Staff. These include Employee Resourcing, Organisation & Workforce Development (OWD) and Employee Relations.

Workforce 2021/22

Please see the workforce data below (figures as at 28 February 2022):



The figures above include Bank staff.

No of Job Applicants - **12,056** (including Workforce Appeal applicants)

No of Posts filled – **approx. 3,422 posts filled from 1 April 21 to 28 February 22** (inc Bank staff)

Occupational Health

Flu Vaccine Programme - The Trust was well on track to meet the PHA Target of 75%. A total of 7,352 South Eastern H&SC Trust staff were vaccinated this year compared to 6,594 in the previous year.

COVID- 19 (4,298 to 23 March 22) - Positive staff cases were dealt with by the Occupational Health Contact Tracing team and given advice on isolating. This is a 375% increase on the previous year. 10,543 phone calls were answered and 20,355 emails were sent to staff and managers.

FFP3 Fit Testing - 4,137 staff were fit tested against a suitable FFP3 Mask, of which 2,823 passed against the DenPro Mask which will be the main mask used by the Trust moving forward.

Trust Corporate Bank

194,501 Bank and Agency shifts were filled equating to over 1.57 million hours (1,573,766), a 27.0% increase on filled shifts compared to last year. Bank Ratio: 79% bank / 21% agency.

Performance Overview

Human Resources & Corporate Affairs

OWD & People Engagement through Investors in People

The Trust is the only Trust in Northern Ireland that has taken a Staged, Rolling Review approach to Investors in People (IiP) using operational staff (including Trade Unions) as Internal Assessors and Champions with an aim of engaging with colleagues to hear how better people practices could support them to improve their experiences and the services we deliver. In October 2021 a new assessment cycle commenced and through both online surveys and face to face meetings we engaged with 1778 people across three Directorates: HR & Corporate Affairs, Finance & Estates and Planning, Performance & Informatics. Their feedback was reflected in IiP which will now inform Corporate and Directorate People Plans.

Health & Wellbeing (H&WB)

The Health & Wellbeing Steering group met regularly to ensure that we took all opportunities to engage our staff and ensure that identified support was available including a Wellbeing Helpline and Psychology support for staff through Occupational Health. Following engagement with staff the recording of Compassionate Webinars and Activity Classes were offered so that staff could avail of these at a suitable time. The provision of money from the DoH to support Staff H&WB initiatives was shared with staff to ensure that the proposed improvements would be beneficial and members of the Steering Group review requests to ensure they meet the objectives of Rest, Reconnect and Reflect.

First Steps Day Nurseries and Child Care Facilities

The Trust Childcare Facilities continued to remain open in the midst of the Coronavirus pandemic and provided quality childcare across the Trust Day Nurseries, Summer Schemes and After Schools Clubs. We continued to amend risk assessments in line with COVID restrictions to ensure the safety of the children and staff. We also focused on prioritising childcare for key workers to enable staff to attend work. The Nurseries continued to run in socially distanced pods and restriction on access to the building remained in place.

Patient Experience Department

The Patient Experience Department provide a comprehensive range of customer focused facilities management services to patients, visitors, clients and staff, which support the Trust's Service Delivery Plan.

Environmental Cleanliness: During 2021/22 Patient Experience consistently exceeded the Very High Risk and High Risk environmental cleanliness standard target (90%) set by the DOH; and provided support to the Independent Sector during outbreaks.

PPE Supplies & Logistics: Patient Experience supplies high demand products including the distribution of PPE and Lateral Flow Tests across Trust facilities as well as to the Independent Sector across the South Eastern Trust geographical catchment area.

Catering: All food production areas inspected during the year by Environmental Health Officers received a food hygiene rating of 5 out of a possible 5. The department worked with HR colleagues to promote Health and Wellbeing initiatives such as the provision of free hot beverages and fresh fruit for our staff.

Performance Overview

Human Resources & Corporate Affairs

Transport: The Department provided logistical support to the regional and Trust vaccination programmes with further support provided to our care home sector. South Eastern Trust remains the only public sector organisation to hold an externally assured Van Excellence Award securing accreditation for the 6th consecutive year.

Central Sterile Supplies Department (CSSD): CSSD retained ISO13485:2016 and MDD/93/42/EEC accreditation. The number of reported incidents, with the potential to affect patient safety continues to decline and remained at a very low level during the year with robust monitoring systems in place.

PR & Corporate Communications

The Communications team supported the mass vaccination programme at the SSE Arena and the TEC in Belfast, providing constantly changing information about the COVID-19 jab to encourage people to come forward for this vital vaccine. We used social, press and broadcast media to successfully get our messages across. Internally we have launched the staff app, SET Connect, The Hidden Heroes campaign and the “Step Inside” project, which gives an insight into the varied roles across the Trust.

Risk Management & Governance

	2021/22	2020/21	% change
Service User Complaints Received	700	525	+ 33%
Service User Compliments Received	2,700	2,842	- 5%
Requests for Information Received	4,959	4,085	+ 21%
Legal Claims opened	115	117	- 1%
Legal Claims settled	119	139	- 14%
Coronial Investigations opened	36	25	+ 44%
Incidents Reported	16,765	15,296	+ 10%
Serious Adverse Incidents Reported to Commissioner	70	94	- 26%

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

It has been a challenging year due to the COVID-19 pandemic and in addition to this challenge, the number of complaints and requests for information increased significantly throughout 2021/22.

Risk Management & Governance continued to support service areas across the Trust during the pandemic and played an active role in running the Trust Incident Control Room from September 2021 when the Corporate Business Continuity Plan was activated again and also diversified in November 2021 to assist in the planning and management of the ‘Winter Response for 2021/22’.

Performance Overview

Human Resources & Corporate Affairs

The Information Governance Department has worked in conjunction with ICT to mitigate against risk associated with the increasing cyber security threat.

The Trust has continued to deliver on its obligations under Health and Safety in line with current legislation. This has involved responding to general queries, adapting to the delivery of a virtual training programme, assisting with risk assessments and conducting inspection/investigations. Alongside this a reporting system for staff who have tested positive for COVID-19 has continued to operate to ensure appropriate and timely reporting of possible RIDDOR incidents to the HSE(NI).

We encourage service users, relatives and carers to share their experiences of the services that they receive. We appreciate the importance of having an effective process for reviewing and taking appropriate actions in relation to comments, concerns, complaints and compliments about any aspect of care or treatment provided or commissioned by the Trust. We work hard to ensure that lessons are learned and shared with staff, and the learning is used to inform potential service improvements for the future.

The online Complaints User Survey has been on-going throughout the year to enable the Trust to receive feedback from complainants in relation to their experiences of our process and has been used to inform service improvements and training for staff.

Performance Overview

Planning, Performance & Informatics

Performance & Improvement

Since the start of the COVID-19 pandemic the Planning and Performance teams have overseen the coordination of the escalation planning and the subsequent service rebuilding plans, prioritising patient safety and management of clinical risk. This included support Trustwide, developing both COVID-19 Surge plans and Rebuild plans to ensure coordination of the recovery of Health and Social Care Services. The Trust's Rebuild plans focused on delivering for our population, based on the agreed regional approach: to minimise transmission of COVID-19, to protect urgent services and ensure equity of access for the treatment of patients across NI. The team led the preparation of a one year extension to the Trust Corporate Plan (2017-2021) to set out its priorities for 2021/22.

As the Trust prepares for 2022/23 the Planning team has been overseeing a business planning Refresh exercise including a revision of the Corporate Plan. It will reflect other relevant Trust strategies recently published including Quality 4 All, People Plan, Population Health Strategy, and COVID-19 learning framework. In addition, Planning has been coordinating Trust preparations for the new Northern Ireland Integrated Care System and supporting the design of the regional Strategic Outcomes Framework (SOF) which will outline priorities that the system will be required to deliver.

Notable achievements in 2021/22 include:

- Securing investment of £38m for a range of services Trustwide including: No More Silos - with a focus on Rapid Access Assessment & Treatment Services (Ambulatory Care), further rollout of the Primary Care Multi-Disciplinary Team's (MDT's) programme, Unscheduled Care, Home based Intermediate Care, peri-natal mental health services, Dementia care and investment for supporting Children with complex needs to remain at home
- Building on the success of the regional day case elective care centre for treatment of Varicose Veins and Cataracts. The Day Procedure Centre at Lagan Valley Hospital is the region's first dedicated centre providing vital procedures or surgery for patients from across Northern Ireland
- Supporting the COVID-19 management oversight. Developing systems to enable daily performance reporting on the impact of COVID-19 within key services affected. Supporting the introduction of new services such as non-hospitalised treatment pathways for patients with COVID-19 and new services for people with Post COVID-19 syndrome
- Oversight of the international recognised ISO 9001 Quality Management System across the Trust. Supporting over 70 teams now accredited from both operational and corporate directorates
- 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 population outcomes.

Performance Overview

Planning, Performance & Informatics

Technology and Telecommunications

The 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. COVID-19 continued to have a significant impact on Health and Social Care (HSC) services across the Trust and we are proud to have continued to inform, design and deliver 'digital' ways of working that enabled staff to continue to be productive.

Notable COVID-19 'Digital' achievements delivered include:

- Continued uplift in staff ability to work from home (circa 4800 staff enabled)
- Provision of ICT equipment and enhancement of infrastructure to support care
- Expansion of Video Conferencing (VC) services to enable virtual consultations, patient visitation and staff communications (300% increase on the number of Monthly Zoom Meetings compared to 2020/21, 42 new video conferencing systems installed in the last 12 months (total 155))
- Continued refinement of Business Intelligence (BI) Management Dashboards to monitor performance and support decision making for Hospital flow of patients
- 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 2021/22. Technology continues to be a key enabler for delivery of safer, faster, better Health and Social Care.

Notable achievements in 2021/22 include:

- Successful investment of £8.9m in Digital solutions, hardware and infrastructure for staff including entitlement to licensed and up-to-date Microsoft software which will provide staff access to Office 365 (including Microsoft Teams, Exchange Online and One Drive)
- Continued commissioning of ICT infrastructure, equipment and systems related to the on-going Trust Strategic Capital schemes (eg. Ulster Hospital Acute Service Block & Lisburn Primary Care Community Centre)
- Further investment and development of cyber related defences and associated mitigations to reduce the opportunity and impact from external threat actors
- Working in partnership with regional encompass programme teams to prepare for the first go-live of the regional electronic health and care record within HSCNI
- Support of Trust staff using ICT devices to deliver care, for example ICT Department maintain 21,530 devices (33% increase from last year), 53% of which enable mobile working, 300 Acute, Mental Health and Business Systems and circa 12,287 staff accounts (9% increase).

Performance Overview

Planning, Performance & Informatics

Contracts, Social Care Procurement and Commissioning

During 2021/22 the Contracts Social Care Procurement and Commissioning team maintained the Trust central point of contact to support the independent sector, providing co-ordinated communication, pandemic support packages and training and advice. The Department continued to manage the supply of Personal Protective Equipment (PPE) to the independent sector with a centralised ordering and delivery process, providing over 3.6 million items of PPE to almost 300 providers and vulnerable individuals.

During the year members from the team were involved in a major regional procurement process to set up a contractual framework that will assist the Trust in working to reduce waiting times for elective care.

The team is responsible for support services in the Trust using technology, known as Technology Enabled Care. This year, a range of new services have been implemented to support individuals as part of the care and support they receive from the Trust. This includes almost 300 people having a telecare support package to help them live safely in their own home. Examples of this are web messaging services to send patients tailored health messages to support their treatment and to enable them to monitor their own health. Furthermore, the use of digital therapy helps people with dementia connect with their loved ones and carers.

Encompass Programme

Encompass is the flagship HSCNI programme supporting the delivery of long term transformation of our health and care service through the provision of a single digital health and care record. Encompass will drive efficiency and productivity gains, increase patient safety through implementation of best practice care pathways, underpinned by functionality such as Electronic Prescribing and Medicines Administration, Digital Care Noting and Referral to Treatment Pathways, and underpin sustainable transformation of HSCNI services.

Following a pause to the Encompass Programme due to the pandemic, Encompass completed an exercise to evaluate the impact to the overall timescales based on pace to date, current critical path items, and recommended supplier implementation activities. This analysis will support the Strategic Assurance Group (SAG), Programme Board, and the DHCNI Portfolio Board along with Encompass leadership, to finalise the Encompass timeline and sequence so that the detailed plan, resourcing, and budget can be adjusted as necessary. It is anticipated that 'go live' for the South Eastern Health & Social Care Trust will be Autumn 2023.

Performance Analysis

The purpose of this section is to provide a detailed view of the Trust's performance during 2021/22. It contains information on:

- Our performance against a broad range of targets and standards
- Strategic & Capital Developments during the year
- A financial review
- Key sustainability indicators and expenditure.

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 February 2022, with a comparative position at February 2021 and February 2020.

Hospital Services				
Target 2021/22	Commentary	February 2020	February 2021	February 2022
Inpatient & Daycase Waits: 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 HSC services across the Trust with many services required to suspend or reduce to enable the Trust to respond to the pandemic. This was particular evident in elective inpatient and daycase activity, with services suspended or capped and staff redeployed.	42% (13 wks)	26% (13 wk)	23.9% (13 wk)
		78% (52 wks)	57% (52 wk)	55.9% (52 wk)
Outpatient Waits: 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	In 2021/22 £19.4million of non-recurrent investment has been provided to the Trust to assist with reducing the waiting lists both in-house and using Independent Sector. The Independent Sector has been used for red flag and urgent appointments only. However, there will be a deterioration of improvements if this is not a continued position	18.0% (9 wk)	11.9% (9 wk)	13.5% (9 wk)
		54.8% (52 wk)	34.8% (52 wk)	40.1% (52 wk)
Diagnostic Test Waits: 75% of patients should wait no longer than 9 weeks for the following diagnostic tests	Imaging - Waits have decreased due to ability to transfer appropriate scans to the Independent sector	56.5%	57.1%	86.2%
	Physiological Measurement	45.1%	49.1%	59.2%
Diagnostic Reporting (Urgent): all urgent diagnostic tests should be reported within 2 days of the test being undertaken.	There is currently significant use of Independent Sector providers in diagnostic reporting and effort is being made for these providers to adhere to the Commissioning Plan target.	84.9%	81.9%	70.1%
Hip Fractures 95% of patients to have inpatient treatment for hip fractures within 48 hours	In February 2022 the Trust was meeting this target.	80%	88%	96%
Other Fractures From April 2014, 95% of patients, where clinically appropriate, wait no longer than 7 days for inpatient fracture treatment	It was a priority of the directorate to retain the access to theatre for trauma services, including fracture trauma. This assisted in almost meeting the target of 95%	100%	78.3%	93.3%

Performance Analysis

Performance Informatics

Cancer Services				
Target	Commentary	February 2020	February 2021	February 2022
All urgent breast cancer referrals should be seen within 14 days.	A fourth breast clinic is planned to commence to increase compliance with this target. A mammographer has been appointed with a start date to be confirmed. There is still however some staffing pressure with one surgeon unavailable. Longer term, the HSCB's Digital Health and Care NI team is working with the Department of Health to develop a regional booking system to enable equalisation of waits across the region. Cancer figures will fluctuate as there are delays in pathology reporting. An additional WLI clinic is secured from 4 April seeing 30 patients.	100%	96.4%	8.9%
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 its resources to ensure all treatment modalities are provided and when required, utilise use of the Independent Sector and Waiting List Initiatives to cover the capacity gap. Cancer figures will fluctuate as there are delays in pathology reporting.	95%	92%	88%
95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	The number of red flag referrals increased by 9% when comparing 2021 with 2019 (pre-COVID). Many of the diagnostic pathways have become more complex and these factors compound the difficulty to reach the 62 day target. The introduction of a number of initiatives have supported the prioritisation of resource to the highest priority (eg. qFIT for suspect colorectal cancer, phototriage for suspect skin cancer. Delays in pathology reporting can alter the monthly reports	31%	63%	60%

Community Services and Services for Older People				
Target	Commentary	February 2020	February 2021	February 2022
Allied Health Professional Outpatient Waits: no patient should wait longer than 13 weeks from referral to commencement of treatment.	AHP services have seen an increase in Waiting List Initiative (WLI) funding which has aided the improvements in performance since prior year	93.6%	66.5 %	70.1%
Assess & treat older people - older people should have the main components of their care needs met within 8 weeks of the completion of assessment.	Where care needs have been identified for a service user, the Trust Brokerage Service circulates requests to all domiciliary care providers, Trust and Independent Sector, twice a day. Other options for care and support through Self Directed Support and direct payments are discussed with every service user and their carer/family.	97% 64/66	96% 96/100	94.4% 84/89

Performance Analysis

Performance Informatics

Children's Services				
Target	Commentary	February 2020	February 2021	February 2022
All children admitted to residential care should, prior to admission, have had their placement matched through the Children's Resource Panel Process.	In Feb 2022 1 x child was matched at panel and planned admission to residential care took place. 2 x children admitted to residential care on an emergency basis and therefore were not matched in advance of placement. These children were however discussed at panel following admission.	100%	100%	33%
Care leavers in education, training or employed Ensure that at least 75% of all care leavers aged 19 are in education, training or employment.	The Trust is meeting this target. The Trust continues with efforts to improve access to opportunities in education, training and employment which will enhance their economic and social wellbeing.	76%	79%	76%
Autism. No child to wait more than 13 weeks for assessment following referral.	The Trust is meeting this target. The Autism service is committed to working with children and their families to ensure timely, responsive and person-centred specialist treatment is delivered.	100%	100%	100%
Autism. No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	The Trust is meeting this target. The Autism service is committed to working with children and their families to ensure timely, responsive and person-centred specialist treatment is delivered.	100%	100%	100%

Adult Services				
Target	Commentary	February 2020	February 2021	February 2022
Discharges: 99% of patients admitted to Mental Health services for assessment and treatment to be discharged within 7 days of the decision to discharge.	As a consequence of increased referrals and staff sickness/absence, there has been an increase in the number of patients waiting more than 9 weeks for assessment	85.6%	97.0%	86%
No patient to wait longer than 13 weeks from referral to assessment and commencement of psychological therapies.	This picture has been improving with February 2022 having the highest compliance percentage across the last 13 months. Of the 1,088 patients waiting on 28th February 2022, 727 had been waiting longer than the target, the longest wait is 845 days in Adult Health Psychology.	29.2%	25.9%	33.2%

Performance Analysis

Performance Informatics

ED Statistics		
Metric	February 2021	February 2022
Number of Attendances	8,681	10,793
GP Initiated Attendances	1,846	1,728
Decisions to Admit over 65	1,109	1,185
Seriously ill patients (Priority 1 and 2)	1,785	2,002
Ambulance arrivals	1,612	1,294

- In February 2022 - 61% of patients waited under 4 hours in the Trusts Emergency Departments before being either admitted or discharged
- In February 2022 - 1,346 patients waited over 12 hours before being either admitted or discharged
- In February 2022 - 80.9% of patients commenced treatment following triage within 2 hours
- February 2022 - 32% of ambulance arrivals were triaged in less than 15 minutes
- In February 2022 - 39.7% of patients were seen by a treating clinician in less than 1 hour (based on those with exam date and time recorded).

Performance Analysis

Strategic & Capital Development

The Strategic & Capital Development Department has successfully progressed a number of large scale capital projects during 2021/22.

Notable achievements include:

- Ulster Hospital Redevelopment - Acute Services Block, inpatient services transferred in November 2021



First patient transferred into Acute Services Block

- Emergency Department Car Park opened at the Ulster Hospital
- Lisburn Primary and Community Care Centre (PCCC) opened



Health Minister, Robin Swann visits PCCC

- Colin Town Centre - extension to Stewartstown Road Health Centre.

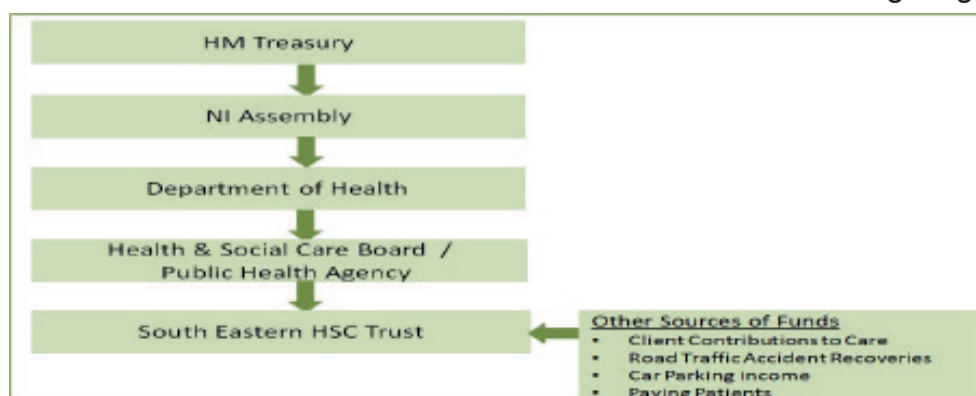
The team continue to progress plans to develop new models of care across a range of services in partnership with operational services. This includes plans for a new purpose built Acute Mental Health Inpatient Unit at the Ulster Hospital. An updated Capital Plan was submitted to the Department of Health in August 2021 and the Trust awaits the outcome of this submission as part of the plan for the region.

Performance Analysis

Finance Report

Budgeting Framework

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



The South Eastern Trust had an operating expenditure budget of £1,031.5 million (m) which was an 8.7% increase over 2020/21 and a capital expenditure budget of £50.2m in 2021/22.

The Trust's Revenue Resource Limit (RRL) represents the funding provided to it primarily by the Department of Health via the former Health & Social Care Board or the Public Health Agency. For the 2021/22 financial year, this was made up of £912.1m of cash RRL and £71.3m 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 £47.2m.

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

Despite a year that continued to be dominated by significant expenditure on the response to COVID-19, the Trust achieved its financial break-even duty, reporting a surplus of £43k.

In common with all areas of the public sector, health and social care continues to operate under a constrained financial environment, and it is a testimony to the dedication and commitment of all our staff and contractors, that safe and effective care continued to be delivered within such a challenging environment.

Overall Financial Performance

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

	Target £000	Actual £000
1. Financial Breakeven – Surplus / (Deficit)	-	(43)
2. Capital Resource Limit	50,200	50,200

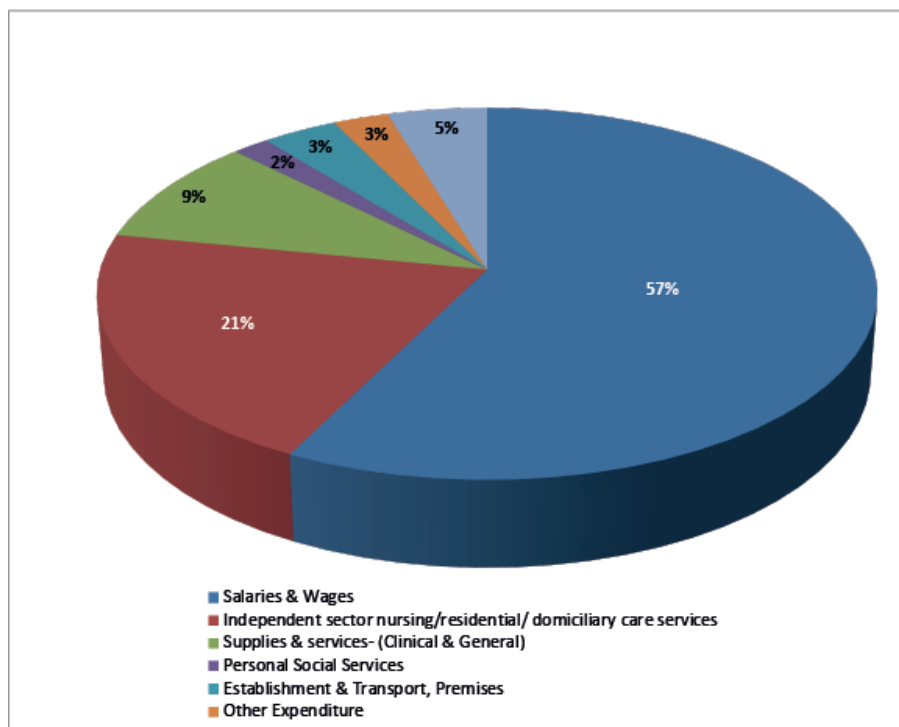
Performance Analysis

Finance Report

In the year, the Trust's surplus on its revenue funding was £43k, meeting its breakeven requirement. Of this, £432k was an underspend relating to COVID & Transformation. This was offset by an overspend of £389k on the normal day to day business of the Trust.

SEHSCT exceeded the 95% target for payment of invoices within 30 days, at 97.25% cumulatively for the financial year, further improving its performance in comparison to the previous financial year (95.98% in 2020/21).

Expenditure Analysis 2021/22



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, £565m which represented 55% of the total costs in 2021/22. Within this total, the Trust spent £98m on doctors and dentists, £193m on nurses & midwives and £93m on social work / social care and domiciliary homecare staff.

Goods & Services costs of £395m include £207m for residential, nursing and domiciliary care delivered primarily by organisations on the Trust's behalf. The expenditure on residential, nursing and domiciliary care accounted for 20% of the Trusts total expenditure & is a 1% reduction to the percentage incurred in 2020/21.

The Trust also spent £86m on clinical and general supplies such as Personal Protective Equipment, drugs and minor medical equipment. This represented 8% of the 2021/22 total costs.

Non-cash expenditure of £72m 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.

Performance Analysis

Finance Report

COVID-19 Expenditure Analysis 2021/22

The following table demonstrates how £88m 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	23,819	-	23,819
Service Delivery	Financial stability of nursing homes and domiciliary care services	8,608	834	9,442
Infrastructure	Keeping staff safe through social distancing measures	1,657	-	1,657
Equipment & Supplies	Keeping staff safe through provision of Personal Protective Equipment	21,955	-	21,955
IT & Communications	Remote working/Vaccination Booking System	138	-	138
Corporate Costs & Loss of Income	Increased staff morale from free car parking	1,148	-	1,148
Rebuilding Services	Resumption of services stood down in wave 1 of Covid-19	29,977	-	29,977
Total Expenditure		87,302	834	88,136
Total Funding Received		87,728	-	87,728
Surplus / (Deficit)		(426)	834	408

COVID-19 expenditure decreased by 16% to £88m in 2021/22 from the £105.0m incurred in 2020/21.

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. Estimated costs are included in the table above for the following items:

- £2.6m for Care Home grants and claims yet to be paid
- £0.3m for Care Home Tariff Uplifts yet to be paid.

Performance Analysis

Finance Report

Fraud and Error Analysis on COVID-19 Financial Support Schemes

Since 1 April 2020 the DoH has directed SEHSCT to implement a variety of financial support packages to the private care home and domiciliary care sector.

An analysis of fraud and errors arising from the COVID-19 financial support packages are reflected in the table below. The £185k of potential fraud in 2020/21 related to advance payments made to 4 independent domiciliary care providers to ensure that their employees received 80% of their salary when they had to self-isolate due to COVI-19. Despite multiple attempts by Internal Auditors to verify that the providers used the funding in line with its purpose, no evidence was forthcoming. As such the organisations were written to and the funding retracted in 2021/22.

The matter was not reported to the HSC Counter Fraud Service as there was no proof that there was an intention to defraud the Trust.

Area	Description	2021/22	2020/21
Potential Fraud	Suspected Number of Incidents	0	4
	Estimated Value of Incidents	£0k	£185k
	Amount Recovered by SEHSCT	£185k	£0k
	Value of Debt due to SEHSCT at 31 March	£0k	£185k
	Description of Risk	Fraudulent Claims	Not applying funding for purpose intended
	Risk Mitigation Measure in Place	Proof of Cost	Review of Costs by Internal Audit
Payment Errors	Suspected Number	0	0
	Estimated Value	£0	£0
	Value of Debt due to SEHSCT at 31 March	£0	£0
	Description of Risk	Error in Calculating Payment Due	Error in Calculating Payment due
	Risk Mitigation Measure in Place	Workings checked by 2 nd person	Workings checked by 2 nd person

Performance Analysis

Finance Report

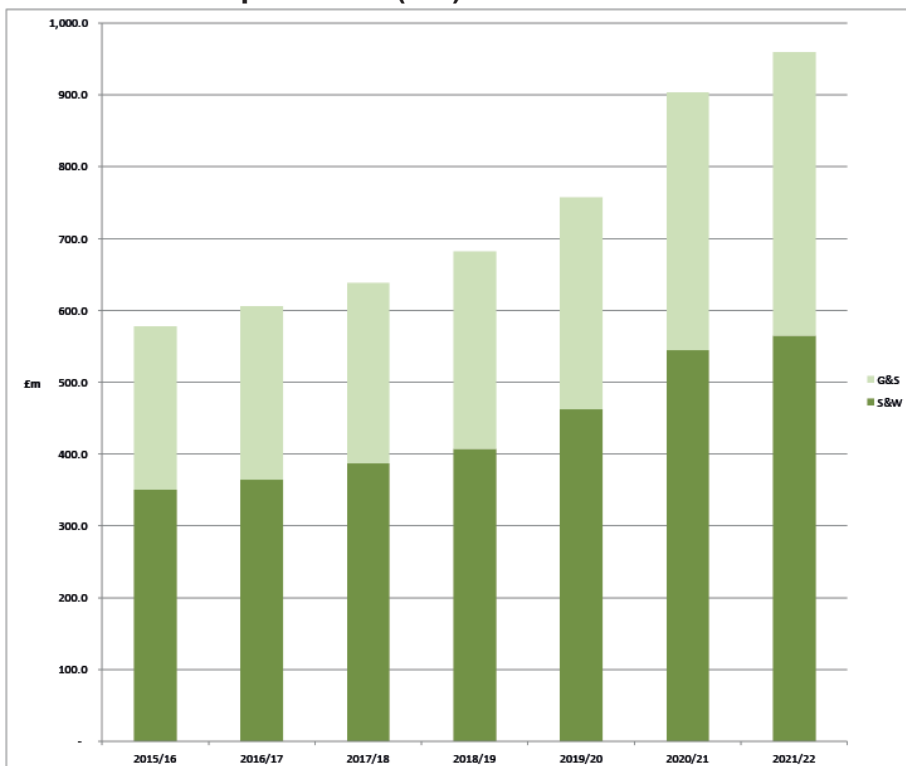
EU Exit Expenditure Analysis 2021/22

No additional expenditure was incurred in relation to the UK leaving the European Union.

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 2021/22.

Revenue Expenditure (£m) from 2015/16 to 2021/22



Pay expenditure was 59% of these two categories in 2021/22 (60% 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.

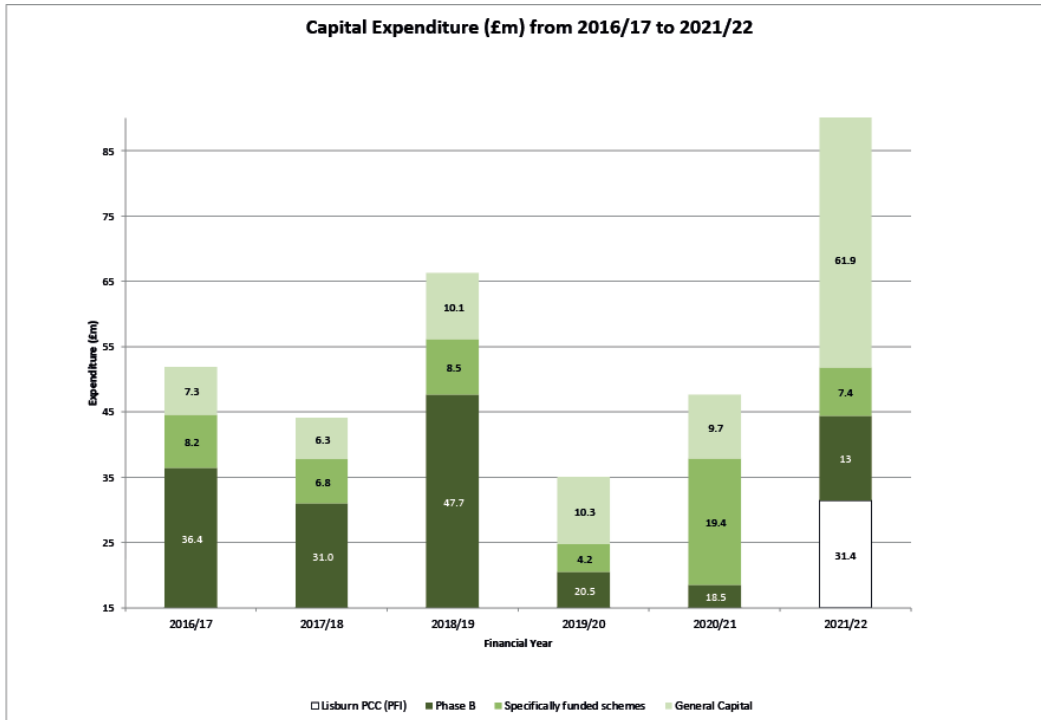
The Trust delivered on a significant capital expenditure programme of £82.3m including, £31.4m for the Lisburn Health & Care Centre, £13.0m associated with the building of the Acute Services Block at the Ulster Hospital, £5.6m for ICT, £2.4m for Imaging equipment, £7.4m for specific capital projects and £18.9m for various minor capital projects funded from the Trust's general capital allocation.

Performance Analysis

Finance Report

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 2021/22:



Looking Forward into 2022/23

The outlook for 2022/23 remains extremely challenging and the absence of an approved budget will require an agreed management of financial assumptions across the system in the early part of the year. The Trust continues to work collaboratively with the Strategic Performance & Planning Group, which has replaced the HSCB and the DoH, in order to develop and deliver an agreed financial plan. Additionally the Trust continues to work internally to identify potential areas of efficiency within its operations, as well as identifying short-term non-recurrent measures to attempt to manage the financial position on an in-year basis.

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 2021/22, the Trust received just under £0.3m in donations or COVID-19 related grants (£3.4m in 2020/21).

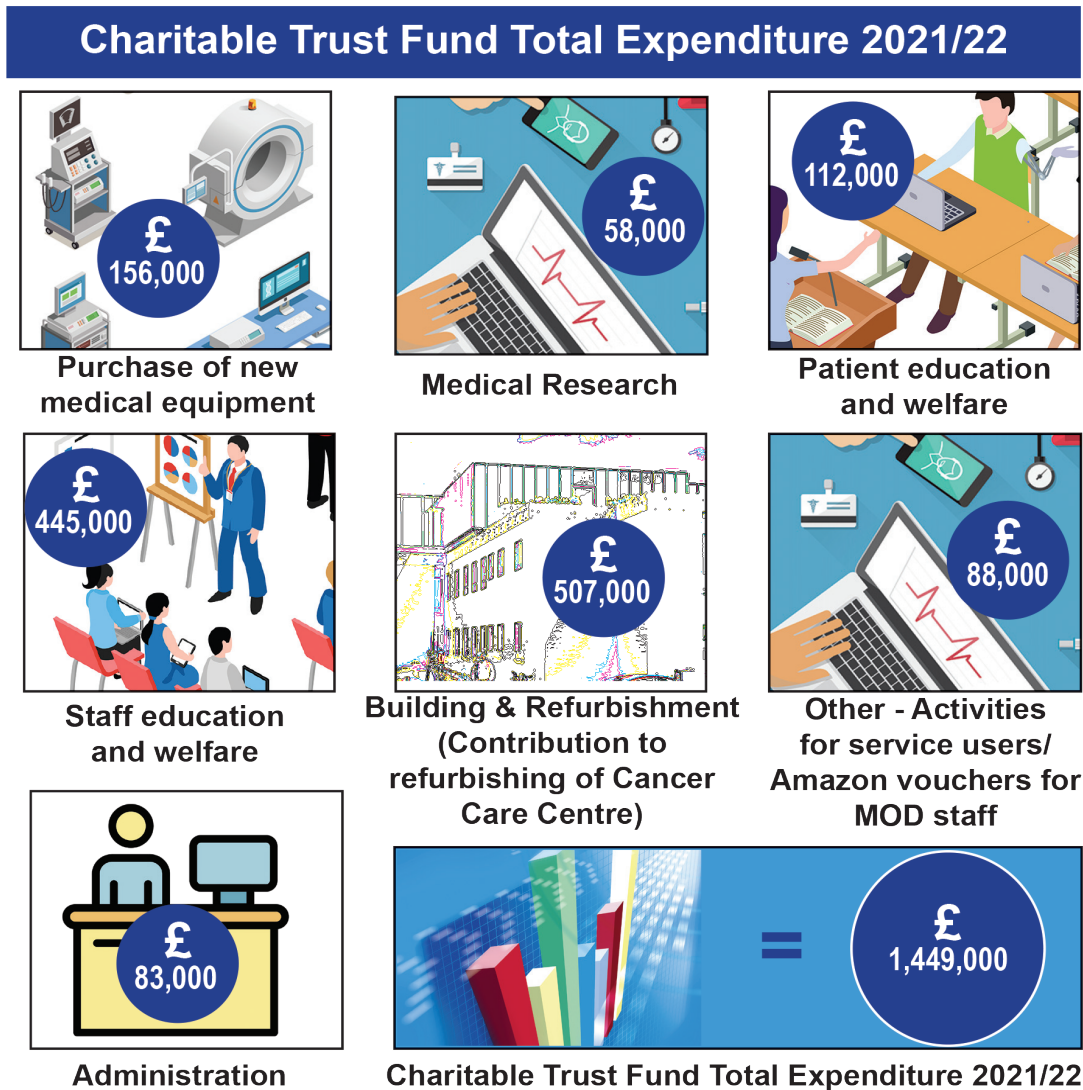
The Trust would like to take the opportunity to thank all those who have donated to the Charitable Trust Funds throughout the year.

Performance Analysis

Finance Report

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.

Expenditure in respect of the Trust's charitable funds was just over £1.4m in 2021/22 (£0.4m in 2020/21). This expenditure is categorised in the table below:



Charitable donations are used to fund purchases, research posts or services that will provide additional benefits to patients, service users or staff. Examples of expenditure the Trust made during 2021/22 as a result of donations include:

- Training of 2 advanced nurse practitioners
- A range of activities to improve the emotional wellbeing of vulnerable children
- Refurbishment of the new cancer centre at the Ulster Hospital
- Provision of Amazon vouchers as a thank you to army medics who assisted during COVID-19.

Performance Analysis

Finance Report

From 1 April 2022 all donations received will be receipted into 1 of 11 new Super Funds as part of the restructuring that is required in preparation for the Trusts' Charitable Fund to register with the Charities Commission in Northern Ireland. Expenditure will continue to be met from the historic funds until they are depleted.

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

If you would like to make a donation to the Trust to help us 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 Executive's Office
Trust Headquarters
Ulster Hospital
Upper Newtownards Road
Dundonald
Belfast
BT16 1RH**

Tel: (028) 9055 3100

Performance Analysis

Sustainability Report

	2019/20	2020/21	2021/22	3 year % Change	Commentary
Clinical Waste					Includes all potentially infected waste and pharmaceutical waste. Marked increase in tonnage due to pandemic. Modelling indicates that pre-COVID approx 1.5kg clinical waste was generated per bed rising during pandemic to 4.5kg / bed for a non-COVID patient and 10.5kg for a COVID patient. Tonnage remaining high due to high activity levels. Clinical waste disposal costs have shown a larger % increase than tonnage due to a price uplift of 12.5% (November 21). There were national capacity issues in this sector and a market analysis identified loss-making contracts as a key factor. The % of treated clinical waste sent for energy recovery has increased to 98.8% with only 1.2% being landfilled. Community collection costs have also increased due to additional facilities requiring collections and the operations of the mass vaccination centres at SSE Arena and Titanic Exhibition Centre.
Tonnage	797.65	1017.43	1073.57		
% Change yr-yr	6%	27.55%	5.52%	34.59%	
% Recycled	0	0	0		
% Recovered	86.98%	85.14%	98.80%		
% Landfilled	13.02%	14.86%	1.20%		
Disposal Cost	£373,615.67	£461,991.98	£518,841.12		
% Change yr-yr	7.20%	23.65%	12.30%	38.87%	
Community Collection Cost	£47,954	£59,246	£67,460		
% Change yr-yr	0.17%	23.55%	13.86%	40.68%	
Total Clinical Cost	£421,569.67	£521,237.98	£586,301.12		
% Change yr-yr	6.40%	26.64%	12.48%	39.08%	
Non-Clinical Waste					Includes non-hazardous recyclables and non-recyclables. A previous fall in tonnage was due to a combination of some facilities suspending services and items which would normally go in this stream being treated as clinical. Tonnages increased slightly in 2021/22 as facilities re-opened. Recycling rates are also starting to recover. The portion of this waste stream unsuitable for recycling is almost all sent for energy recovery (Refuse Derived Fuel) with only 1.5% landfilled. Disposal costs have risen more than tonnage due to a 1.6% price increase (September 21).
Domestic Waste					
Tonnage	1650.09	1557.91	1588.59		
% Change yr-yr	11%	-5.59%	1.97%	-3.73%	
% Recycled	50.20%	41%	47%		
% Recovered	48.20%	57.50%	51.50%		
% Landfilled	2%	1.50%	1.50%		
Disposal Cost	£230,095.20	£214,061.42	£219,788.01		
% Change yr-yr	7.16%	-6.97%	2.68%	-4.48%	
Bulky Skip Waste					
Tonnage	246.58	301.14	289.74		
% Change yr-yr	10.30%	22.13%	-3.79%	17.50%	
% Recycled	41.01%	33.84%	42.63%		
% Recovered	0	0	0		
% Landfilled	58.99%	66.16%	57.37%		
Disposal Cost	£22,676.74	£28,363.18	£29,549.70		
% Change yr-yr	6.47%	25.08%	4.18%	30.30%	

Performance Analysis

Sustainability Report

	2019/20	2020/21	2021/22	3 year % Change	Commentary
Food Waste					Includes preparation waste and uneaten food from meals produced on Trust premises. Tonnage declined in current year although still increased over 3 yr period. Costs fell last year despite increased tonnage as charge is per bin collected and many community facilities were closed or stopped producing meals. This waste is 100% recycled as it is sent either for composting or for anaerobic digestion generating green electricity and biogas.
Tonnage	218.88	249.14	239.127		
% Change yr-yr	56.30%	13.82%	-4.02%	9.25%	
% Recycled	100%	100%	100%		
Disposal Cost	£26,520	£24,102	£24,742.96		
% Change yr-yr	7.80%	-9.12%	2.66%	-6.70%	
Confidential Waste					Includes paper waste with confidential or sensitive information. No weight data available. Community collections suspended during part of 2020 have fully recommenced and overall cost remains stable. This waste is 100% recycled following security shredding.
Disposal Cost	£23,932.47	£20,810.20	£20,891.75		
% Change yr-yr	13.70%	-13.05%	0.39%	-12%	
% Recycled	100%	100%	100%		
Other Waste					Includes electrical equipment, chemicals and garden waste. No weight data available. Electrical waste is dismantled and recycled, chemicals safely disposed of and garden waste is composted. Quantities are small and arise sporadically.
Disposal Cost	£5,077	£6,021.50	£6,373.82		
% Change yr-yr	-8.50%	18%	5.85%	25%	
Total Cost Non-Clinical	£308,301.41	£293,358.30	£301,346.24		
% Change yr-yr	7.34%	-4.85%	2.72%	-2.26%	
Grand Totals					Overall tonnage continues to rise due to increased activity. Costs substantially increased due to both increased tonnages and price uplifts. Current fuel prices and driver shortages, zero carbon targets and lack of capacity in the clinical waste treatment sector mean that costs are expected to further significantly increase in the coming year.
Tonnage	2913.2	3125.62	3191.027		
% Change yr-yr	11.90%	7.29%	2.09%	9.54%	
Cost	£729,871.08	£814,596.28	£887,647.36		
% Change yr-yr	6.80%	11.61%	8.97%	21.62%	

Performance Analysis Sustainability Report

Utility		2020/21	2021/22	Variation	Comment
Gas	Expenditure	£2,452,286.67	£4,379,812.09	(+) 78.6011 %	Energy crisis - cost increase
MWh	Consumption	70,042,749	59,716,475	(-) 14.7428 %	Switch to oil - cheaper fuel alternative
Elec	Expenditure	£3,764,412.12	£6,794,179.01	(+) 80.4845 %	Energy crisis - cost increase
MWh	Consumption	32,487,851	31,892,700	(-) 1.8319 %	Less activity
Oil	Expenditure	£634,693.83	£2,204,144.84	(+) 247.2769 %	Sevices returning post covid. Switch to oil - cheaper fuel alternative
mWh	Consumption	9726.783	33,606.9748	(+) 245.5097 %	Sevices returning post covid. Switch to oil - cheaper fuel alternative
Biomass	Expenditure	£0.00	£0.00		No biomass boilers used in 2021/22 - Accounting Adjustment
mWh	Consumption	0	0		No biomass boilers used in 2021/22
Water	Expenditure	£873,878.01	£934,552.67	(+) 6.9431 %	More activity
	Consumption	312017	418282.5124	(+) 34.0576 %	More activity
Budget Expenditure		£7,725,270.63	£14,406,779.74	(+) 86.489 %	Global energy prices
Estate mWh Consumption		112257	125,216	(+) 11.54 %	Sevices returning post covid. Additional buildings eg. ASB & PCCC
Trust Carbon Emissions		14438	19,529	(+) 35.26 %	Sevices returning post covid. Additional buildings eg. ASB & PCCC Switching from gas to oil as a cheaper fuel source
CRC Cost		£0.00	£0.00		Not applicable in 2020/21 onwards

On behalf of the South Eastern HSC Trust I approve the Performance 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
- Statement of Losses and Special Payments.



Roisin Coulter
Accounting Officer

24 June 2022

Accountability Report

Non Executive Directors Report

The primary role of Non-Executive Directors (NEDs) is to provide support, challenge and an independent voice, at a 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. We carried out our functions and the provision of support to our Executive Management Team (EMT) and staff as they dealt with the continued operational challenges arising in the second year of the pandemic.

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. The public and private comments from family members and others about the kindness and dignity shown by our staff to their loved ones are a testament to your dedication and commitment.

As we report on this year's work, our extensive vaccination programme has been incredibly successful. Our superb vaccination team led the community vaccination programme for the Greater Belfast area, initially at the SSE Arena and then laterally at the Titanic Exhibition Centre. Everyone in society owes a great debt of gratitude to you all. Your handling of this task excelled against any measure of quality, efficiency and indeed compassion.

Once again the year saw new colleagues join EMT. We welcomed the appointment of Roisin Coulter to the post of Chief Executive, Naomi Dunbar as Interim Director of Planning, Performance and Informatics and Claire Smyth as Director of Human Resources & Corporate Services. We wish to record our thanks to all Executive colleagues for their continued hard work and dedication. As a Trust Board we share a common goal to promote the health and wellbeing of our local population by supporting the continued efforts of our incredible staff.

The Trust Board continued our work of promoting and maintaining corporate governance. During the year our Charitable Funds Committee was able to support a wide range of projects including the provision of festive treats at Christmas to show our appreciation to all our staff.

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

- Patient Safety and the Provision of Quality Services
- Safeguarding of both Adults and Children
- Rebuilding HSC Services following the pandemic;
- Staff Wellbeing;
- Corporate Parenting including our work on adoption panels;
- HSC Framework Changes;
- Proportionate Governance post pandemic;
- The opening of the new Ulster Hospital Acute Services Block;
- The opening of the new MacMillan Cancer Centre and the wonderful opportunities in treatment and care that such investment brings to patients and staff; and
- Finance and Performance.

Accountability Report

Non Executive Directors Report

Trust Board also particularly welcomed the opportunity to engage directly with Minister Swann during the year and supported his decision to make a one off Staff Recognition Payment to all staff in the HSC and wider independent sector as a thank you for their efforts during the pandemic.

All NEDs actively participate in the Trust's extensive governance infrastructure through membership of the Audit, Governance Assurance, Finance & Performance, Corporate Control, Safety & Quality, Remuneration and Charitable Funds Committees. The Audit, Governance Assurance, & Charitable Funds Committees are chaired by NEDs reporting directly to the Trust Board. We recognise the importance of high quality documentation for decision making and record keeping as well as active management and regular review of corporate risks contained in our Corporate Risk Register.

In addition, all NEDs played an important role in numerous ad-hoc internal recruitment panels and online events throughout the past year giving us greater insight into the day to day operation of the Trust which remains a valuable component of what we do. We look forward to continuing to make a significant contribution to the Trust's work as we move into 2022/23.

Once again, many, many thanks to all of our staff and independent sector partners for all that you do to deliver the myriad of services to our communities.

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 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:

- Agreements with the main Commissioning body, the former Health and Social Care Board (now known as the Strategic Performance & Planning Group), 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 Client Forums for a wide range of our services to maximise involvement of patients and clients 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 the former HSCB
- Acting upon the findings of RQIA inspections

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

Forum	Purpose of Forum	SEHSCT Representative
Transformation Implementation Group (TIG)	To provide strategic leadership to oversee and make decisions on the design, development and 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 the transformation of children's services and standardising services and practice regionally.	Executive Director of Children's Services & Social Work

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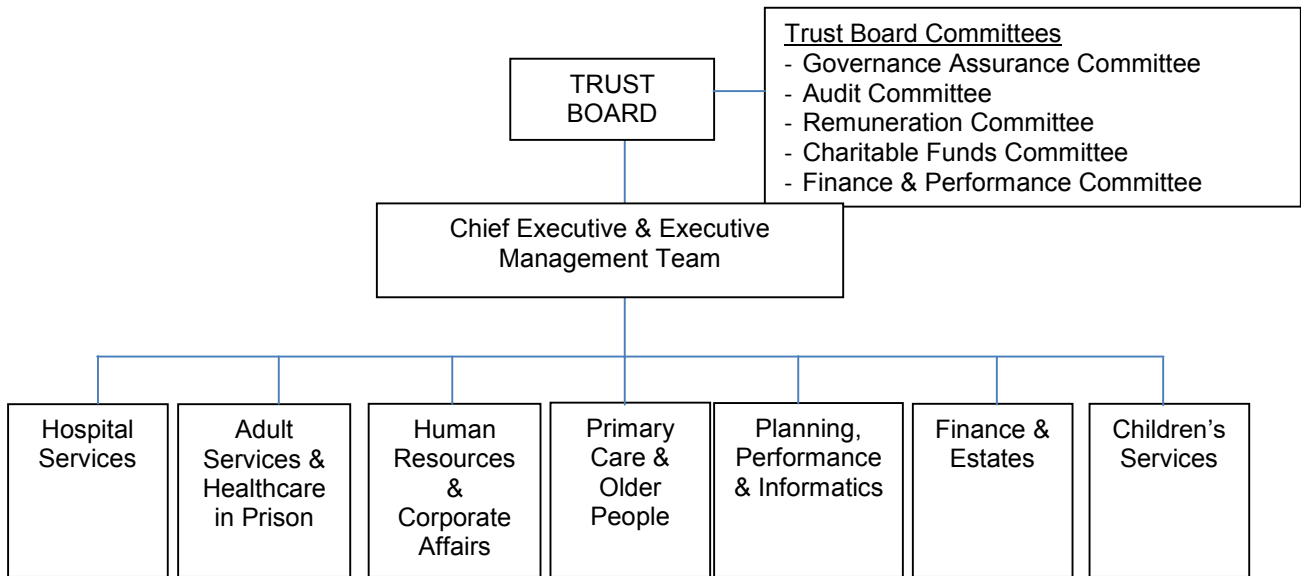
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Regional Cancer, Unscheduled Care, Major Trauma, Diabetes and Critical Care networks	To provide strategic leadership, agreeing priorities for the transformation of services and standardising services and practice regionally	Director of Hospital Services
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
Central Nursing & Midwifery Advisory Committee (CNMAC)	To provide relevant, timely and resolved advice to the DOH	Executive Director of Nursing, Older People & Primary Care
Senior Finance Forum	To collaborate & deliver the strategic finance agenda for the 5 HSC Trusts in NI along with resolved advice to the DoH	Director of Finance & 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 & Performance
Directors of HR Forum	To agree and deliver the strategic workforce agenda for Health and Social Care bodies in NI.	Director of Human Resources & Corporate Affairs

The Management arrangements within the Trust encourage strong leadership and ensure clear lines of accountability as depicted below.

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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 March of each year.

The Department of Health (DoH) requirement for the BGSAT was paused again in 2021/22 due to the Covid-19 pandemic. The Trust undertook an internal verification of it which was completed by 31 March 2022. An action plan will be developed to address any areas of non-compliance. The assessment focussed on 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

During the past year the Trust Board devoted two development days for Board Governance Arrangements

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;
- 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 & Accountability for Board members and staff;

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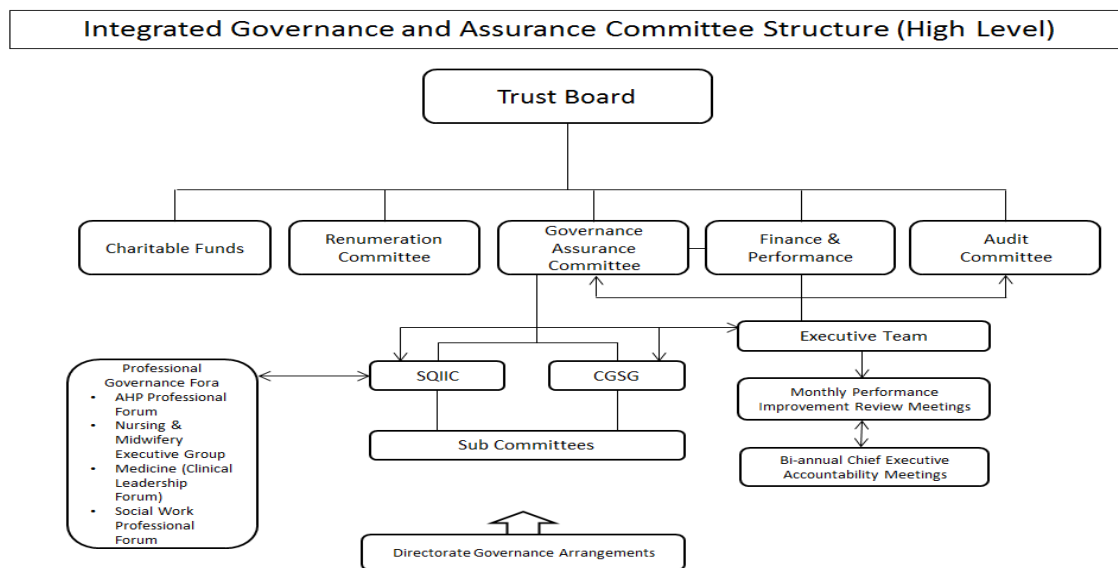
- Standards of Business and Gifts & Hospitality policies.

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 & Quality, Finance and Operational Performance/Service Improvement.

The framework is further supported by the Trust's own Assurance Framework, Risk Management and Governance Strategies. The governance infrastructure was reviewed by the Governance Assurance Committee on 15 March 2022. Work has commenced to also review the Board Assurance Framework and the Integrated Governance Strategy with the aim, going forward, of having one framework.

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 organisations' performance and ensure that the Trust is managed with probity and integrity. It has five sub committees:-

- Audit;
- Charitable Funds;
- Finance & Performance;
- Remuneration & Terms of Service; and
- Governance Assurance.

Attendance of Non-Executive Directors at Trust Board and its sub committees is recorded. The number of meetings actually held in 2021/22 is detailed in the table below. Each sub-committee has an approved Terms of Reference in place to guide its work.

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Corporate Governance Statement

Meetings of Trust Board and Sub Committees held in 2021/22

Board/Committee	Minimum Number of Meetings Required	Actual Number of Meetings Held	% Attendance by NEDs
Trust Board	8	8	90%
Audit Committee	4	4	100%
Charitable Trust Funds Committee	3	3	100%
Finance & Performance Committee	5	5	100%
Remuneration & Terms of Service Committee	1	2	100%
Governance Assurance Committee	4	4	100%

Please refer to the Directors Report for the names of the Executive and Non-Executive Directors of the South Eastern HSC Trust.

The following table shows a range of information, for each Committee of the Trust Board.

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Chaired by	Audit Committee	Charitable Trust Funds Committee	Finance & Performance Committee	Remuneration & Terms of Service Committee	Governance Assurance Committee
Focus	NED <ul style="list-style-type: none"> Trusts' system of internal control Financial governance Internal and external audits Fraud Scrutiny of the Annual Report and Accounts. 	NED <ul style="list-style-type: none"> Oversee the administration of Charitable Funds, their investment and disbursement. 	NED <ul style="list-style-type: none"> Ensure that the Trust breaks even financially each year Review the financial strategy Review performance information Review financial monitoring information including Savings Plans 	Chairman <ul style="list-style-type: none"> 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. 	NED <ul style="list-style-type: none"> Trust internal Governance excluding Financial Governance
Minutes regularly sent to Trust Board?	Yes	Yes	Yes	Yes	Yes
Annual Programme of Work Prepared?	Yes	Yes	No	No	No
Annual Update to Terms of Reference?	Yes	Yes	No	No	No
Annual Review of Effectiveness Undertaken?	Yes	No	No	No	Yes
Annual Report submitted to Trust Board?	Yes	No	No	No	Yes

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Sub Committees of the Governance Assurance Committee (GAC)

	Corporate Control Committee	Safety, Quality Improvement & Innovation Committee
Chaired By	Chief Executive	Chief Executive
Focus	<ul style="list-style-type: none"> All matters pertaining to integrated Corporate Governance e.g. procurement, medical devices, risk management and other organisational controls. 	<ul style="list-style-type: none"> Leading the safe and effective care agenda across the Trust
Minutes submitted to GAC?	Yes	Yes
Annual Programme of Work Prepared?	Yes	Yes
Annual update to Terms of Reference?	No	No
Annual Review of Effectiveness Undertaken?	Yes	Yes
Annual Report Submitted to GAC?	Yes	Yes

Other Governance Arrangements in Place during 2021/22

Covid-19

The Trust refined and developed its governance arrangements to plan and manage the Winter Response of 2021/22 which was greatly influenced by the Covid-19 Pandemic. Additional structures and committees were established to monitor the progress and report into the Executive Management Team on a weekly basis.

These complimented the existing governance structures within the Trust which comprised of the Trust Board, Governance Assurance Committee, Audit Committee and the Executive Management Team (EMT) which continued to meet throughout 2021/22.

Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure 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). This was the Trust's response to the priorities set out in the HSCB's Joint Commissioning Plan. Each Trust Director is accountable for delivering against the elements of the TDP that fall within his/her sphere of responsibility each year through their Directorate Management plans. All plans are closely aligned to the objectives and outcomes set out in the four year Corporate Plan.

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The Corporate Plan for 2021-22 identified the 5 priorities show below.



The Covid-19 pandemic presented unprecedented challenges for the planning and delivery of health and social care (HSC) services in Northern Ireland. In light of the pandemic the DoH made a temporary amendment to the relevant Framework which suspended the development of the former Health & Social Care Board's Commissioning Plan Direction (CPD). Performance reporting in 2021/22 continued against the targets outlined in the 2019/20 TDP as well as additional monitoring against the Trust's Rebuild plans.

In 2021/22 the Trust prepared a one year Corporate Plan to set out its priorities. This was an extension to the Trust Corporate Plan for 2017-2021. The existing Trust vision, purpose and themes remain in effect until a new Corporate Plan is launched.

Monitoring of compliance with the Trust Delivery and Rebuild plans is facilitated through accountability arrangements which include monthly performance meetings for all Operational Directorates, regular reports presented to the Finance & Performance Sub-Committee, Trust Board Scorecard reports and Dashboard presentation. This also includes compliance with the governance, risk management and Safety, Quality & Experience agendas.

As the Trust prepares for 2022/23 we will conduct a light touch review and roll forward the 2021/22 business plans and complete a refresh of the Corporate Plan. It will reflect other relevant Trust strategies recently published including Quality 4 All, People Plan, Population Health Strategy and the COVID-19 learning framework. In addition a regional programme of work is underway to develop the Northern Ireland Integrated Care System and Strategic Outcomes Framework (SOF) which will outline the priorities and outcomes the system will be required to deliver.

Risk Management and the Risk Control Framework

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).

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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 within the risk strategy and risk matrix which clearly demonstrates how to escalate risks from Department to Directorate and, if necessary, to a Corporate level. 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.

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.

The amount of risk the Trust is willing to accept, known as 'risk appetite' varies depending on each individual risk. Risks broadly cover financial, clinical, patient or service user experience, infrastructure and 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.

More information on the risks featured in the Corporate Risk Register during 2021/22 can be found on page 3.

Staff are trained to manage risk in a way appropriate to their authority and duties. Managerial staff 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.

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.

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, Strategic Planning and Performance Group (SPPG), Regulation Quality & Improvement Authority and the Northern Ireland Prison Service.

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Information Risk

The Accounting Officer and the Board receive assurances on information risk via reports from a well-established Information Governance Sub Committee (IGSC). The role of the IGSC is to lead, co-ordinate and direct the strategic agenda relating to information governance issues in the Trust. Information risks are identified at all levels in the organisation and, where appropriate, included in the Directorate and/or Corporate Risk Register.

The Trust ensures that information that is used for operational & reporting purposes is handled appropriately via the monitoring of any data breaches and the mandatory training of all staff on information governance. Trust staff pay particular cognisance to adhering to the Trust Information Policy and Guidelines when operational information may need to be used by third parties or other parts of government.

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) provides formal assurance to the DoH regarding compliance with this Act. The role of SIRO in 2021/22 was undertaken by the Director of Human Resources & Corporate Affairs (DoHR)

The DoHR and the Personal Data Guardians (Medical Director and Director of Children's Services) 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 Trust also has a Chief Clinical Information Officer (CCIO). All Assistant Directors undertake the role of Information Asset Owner (IAO).

In 2021/22 the work of the IGSC focussed on implementing recommendations made by the Trust's internal auditors in 2018/19 and 2020/21. Significant progress was made in this regard.

Each Directorate holds an information asset register. Each Directorate ensures that information risks are considered in conjunction with the Trust's Risk Management Strategy. The Head of Information Governance participates in the DoH Information Governance Advisory Group (IGAG) to ensure that the information governance agenda in the Trust meets the needs of DoH.

Staff are trained and encouraged to report all data losses or breaches in confidentiality so that the Trust can investigate and learn from the reasons behind them. IGSC receives 3 reports a year on all such incidents. All reported incidents in 2021/22 were assessed. While there were several small scale episodes, the impact was limited & procedures put in place to minimise the chance of them re-occurring. Three incidents were reported to the Information Commissioner's Office (ICO) during 2021/22. The ICO concluded their investigations and no further action was taken based on the prompt remedial work undertaken by the Trust.

The IGSC monitors how many staff have undertaken information governance training. Any issues specifically identified by the IGSC are managed via the Risk Management & Governance Risk Register and escalated to the Corporate Risk Register, if required.

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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 Security and has robust defences in place to deal with all known threats. The Corporate Risk Register includes a high level Cyber Security risk which was added to the register in 2017/18.

A Cyber Incident Working Group is in place to act swiftly to any alerts and the Trust is part of the Regional Cyber Security Programme Board which addresses threats and takes common actions to strengthen cyber security defences.

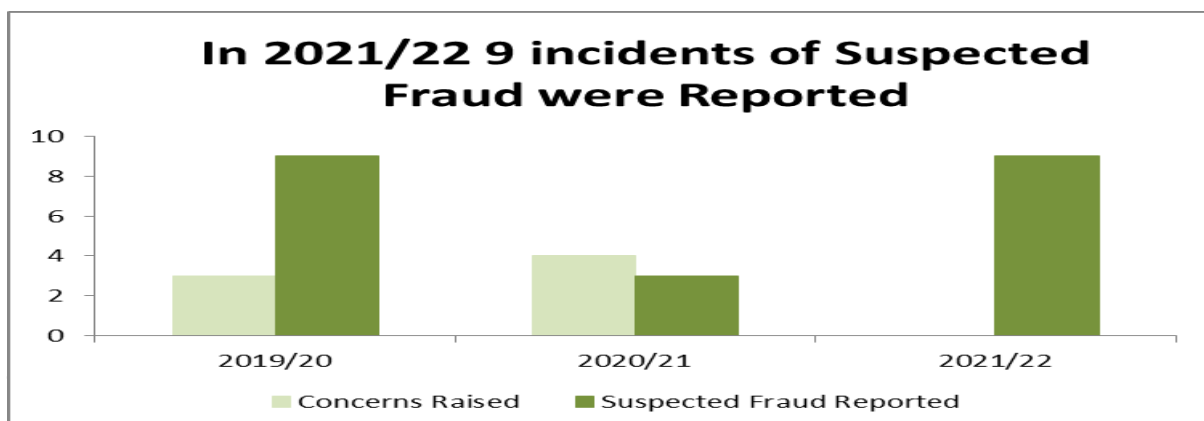
Fraud, Anti-Bribery and Raising Concerns (Whistleblowing)

The Trust takes a zero tolerance approach to fraud and bribery in order to protect 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 awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Response Plan, which are kept under review and updated as appropriate. An assessment of fraud risk across the Trust was initiated in 2021/22.

The Trust also has a Raising Concerns (whistleblowing) policy. This promotes a culture of openness and transparency, underpinned by an ethos of confidentiality and safety for those who speak up. It provides practical information on how to raise a concern. There is also a Raising Concerns hotline. The Trust aspires to handle all concerns fairly & impartially by listening to our staff, learning lessons, improving patient care.

The annual procurement awareness training provided to staff contains a section in relation to fraud awareness. Financial Awareness Training for staff, which is provided quarterly, also contains a module on fraud awareness and reporting.

The chart below depicts the numbers of concerns raised and suspected fraud cases reported. To date there has not been any incidents of corruption suspected.



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Public Stakeholder Involvement

The Trust aims to ensure that those who use our services and their representatives have an opportunity to influence how our services are delivered in the future. Our Personal and Public Involvement Strategy outlines our commitment to involving key stakeholders and their representatives in this process. Service user engagement and involvement is mainstreamed into key policy development procedures.

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

- Summary information on the Corporate & Directorate Risk Registers which includes the range of persons that could be affected by specific issues is presented twice a year 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 clients attend and actively input to discussions about Trust specific issues e.g. the Personal & Public Involvement Sub Committee. The purpose of this committee is to ensure the Trust meets its statutory obligations regarding Personal and Public Involvement.
- The Trust operates a User Experience Leadership Sub Committee, the key function of which is to lead the development of User Experience across the Trust. In addition, there is a Trust-wide User Forum and specific Service User groups in operation which provide active platforms through which service users engage in decision making, feedback and associated risk issues.

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

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also authorised a Vote on Account to authorise departments and their Arms' Length Bodies' access to cash and the use of resources for the early months of the 2022-23 financial year. This will be followed by the 2022-23 Main Estimates and the associated Budget Bill based on the Budget agreed by the incoming Executive following the Assembly Election. This will authorise the cash and resource balance to complete for the remainder of 2022-23.

Assurance

The Trust has an Assurance Framework, updated on an annual basis, which provides for strong, effective challenge and 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. 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 in the Trust (i.e. the

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management of personnel, finance, matters relating to the buildings and equipment used as well as clinical and social care matters).

Both the Audit and the Governance Assurance Committees provide an Annual Report to the Board and the Accounting Officer as to whether they are satisfied that a sound system of control is in place.

The Trust is usually required to provide proportionate assurance to relevant policy leads in the DoH via the submission of a mid-year assurance statement. This was not required in 2021/22 although one was prepared.

Key sources of assurance are the reports from Internal Audit. The annual audit plan is based on key risks and systems within the organisation.

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources:

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 2021/22 Internal Audit reviewed the following systems:

Audit Assignment	Level of Assurance**
IT	Satisfactory
Management of Client Monies in Independent Sector	Satisfactory
Management of Client Monies in Trust run Facilities	Satisfactory
Non Pay Expenditure	Part Satisfactory & Part Limited
Care Management arrangements	Limited
Complaints Management	Limited
Fire Safety	Limited
Payments to Staff	Limited
Management of Medical Devices	Limited
Management of Client Monies at 1 specific Independent Sector Facility – separately commissioned audit	Limited
Management of Domiciliary Care Contracts	Limited

** 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.

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Internal Audit provided limited assurance on the audits for the reasons stated below.

Care Management Arrangements

Care / support plans were not routinely completed in full. Testing identified that assessments of need were not routinely completed in full and significant time delays were identified from the completion of the service user assessment to the completion of the care / support plan. There is limited reporting on care management including at Non-Executive level within the Trust. Evidence of service user consent to share all relevant information at all stages of the care management process was not clearly documented in all instances. Annual reviews were not consistently performed as required.

Complaints Management

Significant issues identified in relation to reporting to Trust Board, complaints management training, management of learning from complaints and the lack of central retention of investigation records.

Fire Safety

The Trust does not have adequate systems in place to evidence that there are suitable numbers of Fire Wardens in place at all facilities and the uptake of mandatory training is low at 56%. There is also no central monitoring of recommendations made in Fire Risk Assessments (FRA) to ensure that these are actioned and that this occurs on a timely basis. Testing also identified that there is a risk that fire related assurances provided to the Fire Working Group do not actually provide the actual assurances required by both this working group and indeed the Fire & Electrical Safety Sub Committee to whom it reports.

Additionally, observations at 8 of the 9 facilities visited evidenced non-compliance in respect of fire related requirements. These issues related to fire signage which provides advice and instruction to staff, fire doors wedged open and fire escapes partially blocked, potentially restricting or impeding easy access in the event of a fire.

Payments to Staff

Issues remain with compliance to the staff in post process and there is no standardised process for Waiting List Initiative payments across the Trust increasing the risk of fraudulent or erroneous payments in this area.

Management of Medical Devices

Systems in place to record, track and manage the delivery of servicing and maintenance of medical devices are not adequate. Governance arrangements also need to be revisited and refreshed. Testing identified that the inventory of medical devices was not up-to-date and contract management arrangements are not sufficiently robust. At present systems in place cannot easily identify the location of the assets, if servicing is delayed or overlooked therefore increasing the risks to patient safety and the Trust both from a reputational and financial aspect.

Management of Client Monies at 1 specific Independent Sector Facility

A number of systems and process required strengthened by the provider in relation to procurement of goods and services, service user's holidays and managing service users money.

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Management of Domiciliary Care Contracts

The Trust is about to roll forward 2015/16 contracts for domiciliary care for the sixth year without tendering. The impact of Covid-19 has resulted in delays in the completion of annual reviews, and contract verification carried out by the contracts department and keyworker verification in service user's homes has not resumed.

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 89% & partially implemented 10%). 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 2021/22 on BSO Shared Services. The recommendations in these audit reports are the responsibility of BSO Management to take forward.

Shared Services Audit	Level of Assurance
Payroll Shared Service	Satisfactory: Elementary Payroll Processes Limited: Timesheets, Reconciliation of HMRC Real Time Information, Management of Overpayments and Holiday Pay
Recruitment Shared Services Centre (RSSC)	Satisfactory: RSSC Processing Activities Limited: HSC Recruitment processes It is appreciated that the HSC Recruitment process and therefore this assurance, is outside BSO's sole responsibility)
Accounts Receivable	Satisfactory
Accounts Payable	Satisfactory
Regional Interpreting Service	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 2022, I can provide **satisfactory assurance** on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.*

However I would highlight that Limited assurance has been provided in a considerable proportion of audits during the current financial year. Management action is required, in particular to address the significant issues raised in the Limited assurance reports. I note the strong performance of the Trust in implementing previous audit recommendations.

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Counter Fraud and Probity Services

During 2021/22, 9 new cases of suspected fraudulent activity were reported to Counter Fraud Services (3 in 2020/21). The increase in referrals can be attributed to increased awareness raising within the Trust. Not all referrals have been proven as fraudulent. Cases of suspected fraud reported largely relate to pay.

Of the 11 cases of fraud that were carried forward from 2020/21, one related to a staff member who was paid two full time salaries for a number of years following an HR administrative error. However the case has been referred to the PSNI as no evidence exists that the employee attempted to inform their line manager or payroll services of the mistake. The amount overpaid has been fully repaid by the employee.

In keeping with the position set out in the Trust 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.

Other Sources of Independent Assurance

The Trust also receives independent assurance from the following bodies:

- Northern Ireland Audit Office
- Regulation and Quality Improvement Authority
- Annual BSO Assurance Letter
- Social Services Inspectorate
- Medicines and Healthcare Products Regulatory Agency (MHRA)
- General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training Council (NIMDTA), Nursing & Midwifery Council (NMC) and various Royal Colleges;
- Various self-assessments e.g. Board Governance Self-Assessment Tool, NIAO Audit Committee Self-Assessment checklist.

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

- Feedback from Non-Executive 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;
- 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 made by the external auditors in their management letter are also taken into consideration. I have been advised on the system of internal controls

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effectiveness by the Audit Committee and the Governance Assurance 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 & 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 & actions plans to mitigate any shortfalls.

As outlined in the Section covering 'Compliance with Corporate Governance Best Practice' the Trust has a robust infrastructure in place to be effective and for reviewing receipt of external reports from inquiries to ensure that lessons are learned and actions implemented.

An Internal Audit programme was agreed by the Audit Committee and was informed by an analysis of risk to which the Trust was exposed.

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:

Infusion Pumps

The supply of infusion pumps was identified as a risk on 15 March 2021. It was escalated and monitored as a Corporate Risk. 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 could not be guaranteed due to quality issues with their third-party sterilisation provider. Although the devices were likely to be sterile this could not be guaranteed so there was a very small risk of infection from treatment with these devices.

Update at 31 March 2022: This matter has now been fully resolved. Product updates from BSO are no longer required and have ceased. No further action is required in respect of this corporate risk.

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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. 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.

Update at 31 March 2022: The Trust has continually been the top performing HSC Trust in the region with payment of invoices within the 30 day target being achieved in all months except January 2022. Specific improvement projects relating to payroll services have commenced in year.

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

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 on-going. 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.

Update at 31 March 2022: Dunmurry Manor Care Home has been renamed as Oak Tree Manor and responsibility and oversight has transferred to a locally based company trading as Kathryn Homes. To support improved oversight the Trust established a cross directorate Independent Sector Governance Forum which is attended by leads from Mental Health, 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 put in place a quarterly Assistant Director Forum which is a sub-committee of the Safety, Quality Improvement and Innovation Committee. These structures remain in place.

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 meet the impact of Covid-19. A number of staff were redeployed and additional agency staff costs incurred.

Update at 31 March 2022: The Trust continues to provide a temporary local Supplies and Logistics department to allow the continuation of the management and delivery of demand managed items for Trust facilities and independent sector care home within the Trust geographical area. There has currently been no date set by the Department of Health of when this will revert to Procurement & Logistic Services (BSO).

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The Trust continues to operate the Supplies and Logistics service from leased premises on the Belfast Harbour Estate and has just entered into a second one year term to ensure service continuity. The service is managed and staffed with temporary and seconded staff and continues to perform extremely well.

In addition Supplies and Logistics continue with the delivery of lateral flow testing kits which are delivered directly to staff member's place of work, which has aided with the update in the use of lateral flow kits by staff.

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, 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 were 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 2022: The Public Health Agency formed a Serious Adverse Incident panel which met and delivered findings on 29 November 2021 with recommendations and action plans required for the following areas;

- Administration
- Supervision
- Quality Assurance and Governance
- Fit Tester Competency & Expectations
- Record Keeping
- Regional Framework
- Contract Advisory Group

The Trust submitted feedback and these comments were taken on board by the panel responsible for publishing the final report. To date no further meetings have taken place with the PHA to discuss the recommendations or action plans.

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

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).

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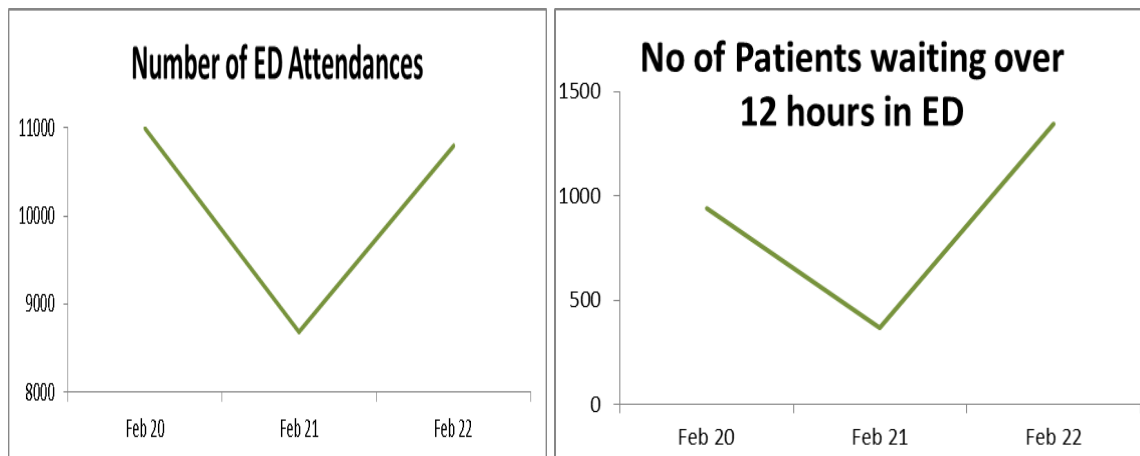
Update at 31 March 2022: To date there has been limited progress in terms of new procurement activity with pre-procurement activity taking place for a small number of service areas. The former Health and Social Care Board held a workshop in November 2021 in relation to revisiting the regional social care procurement plan and reinvigorating the Social Care Procurement Board in 2022/23. The Trust remains committed in supporting this work to take a regional plan forward that should see all social care procured by 2028/9. In the meantime the Trust plans to continue with its existing contracts, complying with existing rules for procurement.

Meeting and Resourcing Demand at the Ulster Hospital Emergency Department

The Trust previously reported on the need to address capacity to safely provide services in the Ulster Hospital. Issues remain in relation to discharging patients from hospital when they are medically fit to do so. Demand continues to increase, capacity issues remain and some patients continue to wait longer than 12 hours in the Emergency Department (ED).

Update at 31 March 2022: Winter 2021 was incredibly challenging in ED, with high volumes of people coming for assessment and treatment, significant workforce challenges relating to COVID absence and over reliance on locum doctors. This has been exacerbated by prolonged waits for admission for those who required inpatient hospital care, in part caused by delays for those ready to leave hospital. The Emergency Medicine service continues to be provided across 3 Trust sites, Downe, Lagan Valley Hospital and the Ulster Hospital.

The graphs below demonstrate the sharp increase in ED attendances throughout the Trust that have occurred post lockdown and the associated increase in patients waiting over 12 hours to either be admitted to hospital or discharged.



Due to on-going COVID pressures and high community transmission, the Trust had to maintain separate areas in ED to isolate those with COVID. ED was not able to move to the new Acute Services Block (ASB) in November 2021. The main reasons being due to lack of commissioner agreement relating to staffing models, a reduction in the number of cubicle spaces resulting in the inability to improve patient flow in the short term as well as on-going COVID pressures. The Trust is now working to a timeframe of autumn 2022 for the move to the ASB ED, pending agreement and resolution on the issues outlined above.

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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. Need for waiting list initiatives and independent sector involvement has grown. This involves red flag appointments, radiology investigations, and investigative procedures and operations being carried out in the private sector. The target to have 95% of patients commencing their treatment within 62 days of referral continues to be a real challenge. The Trust has continued to see a year on year increase in red flag cancer referrals.

Update at 31 March 2022: The 31 and 62 day targets remained a challenge for the Trust and limited additional funding was identified to address the resource issue. This compounded with the reduced capacity, due to COVID, impacted 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 in assisting to meet the demand for red flag referrals and diagnostics.

Financial Breakeven Requirement and Financial Challenges

While the Trust achieved a breakeven financial position in the year to 31 March 2022, 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.

Update at 31 March 2022: The outlook for 2022/23 remains challenging with increased costs in respect of fuel, energy prices and high rates of inflation expected to continue. The Trust will continue to work with DoH and the new Strategic Planning & Performance Group to meet our statutory duty to breakeven going forward.

Nursing and Residential Care

The Trust previously reported on recruitment issues in independent sector nursing homes. The Trust continued to encounter difficulties 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 the former 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 Trust hoped that the yearly increases to the tariff 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 2022: Despite significant additional financial support in both the current and prior year, some homes are still reporting pressures in relation to financial sustainability owing to high operational costs such as insurance increases and energy prices. Homes that reported vacancies earlier in the year are still struggling to fill them, with many homes experiencing lower admission rates than pre-COVID.

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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.

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 staff. This has created high levels of vacancies in some professions with significant impact upon the delivery of front-line services.

The Trust continues to work with our partners to source staff, including participating in campaigns outside NI. The strategy of using International Recruitment will continue.

Update at 31 March 2022: SEHSCT managed a very successful International Nurse Recruitment programme in 2021/22, resulting in a significant reduction in Agenda for Change Band 5 nursing vacancies across our Hospitals. The Trust is preparing for the recruitment of students across all fields of practice, except midwifery, for those who will complete their training in summer 2022.

There are still significant challenges in the recruitment of social workers and GPs for the Out of Hours Services along with mental health nurses and the Trust are pro-actively trying to recruit to these professions. There is still the recognition of fatigue among staff and the Trust will strive to adopt the retention recommendation arising from the regional nurse recruitment report when it is published.

Demand for Elective Care

Demand continues to increase beyond the capacity of the Trust to deliver the waiting time targets. The impact of reducing services, across all Trust sites, in the initial stage of the pandemic resulted in an increase in people placed on the waiting list for all specialities. 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.

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.

Update at 31 March 2022: The Trust received £19.4m for Elective Services in 2021/22, however this only facilitated the most urgent cases and therefore non urgent cases continue to wait greater lengths of time. At the time of writing funding has only been agreed for April 2022.

EU Exit

Following the United Kingdom's exit from the EU on 1 January 2021 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.

Update at 31 March 2022: The current EU Proposal needs further consideration. Negotiations between the UK Government and the EU Commission are on-going with recent EU proposals

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currently being considered. EU proposals provide some solutions to difficulties but a number of issues still need to be addressed.

No checks are required on medicines coming into N.I from the UK as long as they are for use in N.I. The Trust will continue to monitor any impacts and attend the DoH regional meetings. The Trust's EU Exit Working Group will be kept apprised of new developments.

Cyber Security

The Trust received audit reports in 2018/19 and 2019/20 with recommendations to strengthen cyber security arrangements. Some of these recommendations relied 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 31 March 2022: The situation in Ukraine has led to the UK Government and the National Cyber Security Centre (NCSC) to call on all organisations to increase awareness of Cyber concerns and bolster defences to increase Cyber resilience.

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 but also the former Lisburn Health Centre and the Ards Community Hospital site). These ranged from the risk of water borne infections, to concrete cancer, fire, electrical and sewage risks. The age, condition and layout of the older estate also hindered the eradication of Healthcare Acquired Infections. These risks would remain until the completion of the Ulster Hospital Phase B redevelopment.

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 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.

Update at 31 March 2022: A design team has 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.

Redevelopment of Phase B at the Ulster Hospital is now complete and includes the new Inpatient Ward Block and the Acute Services Block (ASB). The latter will provide a new Emergency Department (ED) and specialist inpatient wards.

In respect of mental health inpatient accommodation the Trust has attempted to identify and mitigate risks until 3 existing inpatient units can be replaced with 1 by altering the current environments, reducing risks associated with ligature points and increasing workforce levels. Increased pressure on mental health beds remain which increases the need for the new build.

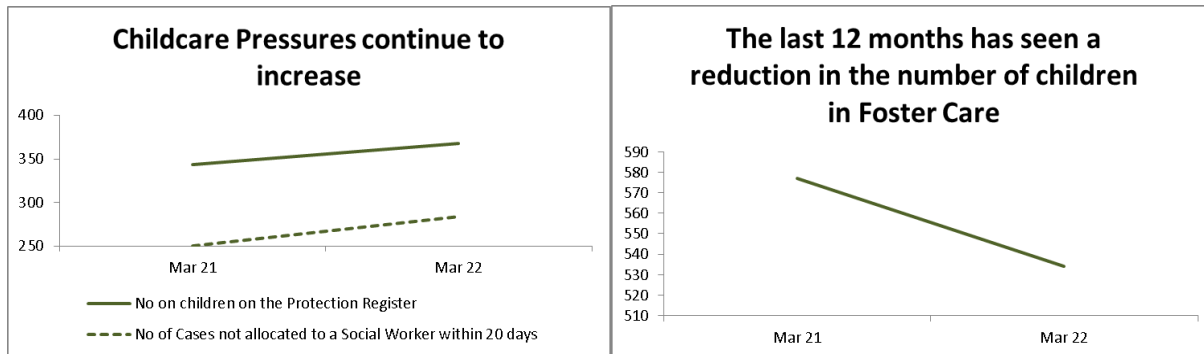
The Trust has been given permission to progress to the design stage of a new acute mental health unit at the Ulster Hospital.

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Childcare Pressures

The Trust continues to report a range of childcare pressures arising from regional workforce issues and a lack of available suitable placements for children who cannot be cared for within the family home.



Update at 31 March 2022:

Looked After Children

During 2021/22 there was a rise in the number of unallocated cases. This was attributed to two factors:

- During the pandemic child protection and looked after children (LAC) cases were prioritised and family support cases were paused unless a home visit was required. As a result the family support cases are now impacted with unallocated cases rising.
- The Trust experienced significant recruitment difficulties with a staff vacancy rate of 37% in the relevant teams at 31 March 2022.

The Trust encountered difficulties in providing continuity of a dedicated social worker for families. This has impacted the ability to sustain good working relationships with parents and children. The increasing numbers of Looked After Children, especially amongst young babies and those under 12, has resulted in additional support being required to meet our obligations in respect of contact orders. Such orders are directed by the Courts. Presently this position is being monitored closely by the senior management team of the Children's Directorate.

The Trust encountered sustained pressure in 2021/22 to find suitable placements for children, especially those with complex needs. A needs analysis exercise was undertaken, the results of which will be used to help plan how the Trust will meet the needs of these children going forward. Funding has been secured for an Edge of Care service and the Trust is at the early stages of developing an Intensive Family Support Service. The aim of these initiatives is to provide wraparound support to manage children under 12 years old to prevent their admission to care.

Residential Care

Demand continued to rise during 2021/22 for children who required residential care. The ability to find suitable placements for them remained pressurised. Especially for those with complex needs aged under 12 or for those aged 16 / 17 years. The number of assessments for children who required a bespoke residential arrangement grew to 6 in 2021/22 with a further 5 currently placed outside of NI. In October 2021 the Trust was able to add a further 2 beds, on a

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temporary basis to Cuan Court Children's Home which has proved very successful for these young people.

Fostering Service

Similarly to other areas of the Children's Directorate the Fostering Service has been subjected to workforce issues. A bank of private assessors who can undertake the fostering assessments required was created. The current backlog is expected to take 4 – 7 months to clear.

Children with a Disability (CwD)

A number of Judicial Reviews undertaken in 2021/22 highlighted the extent to which the Trust was unable to fulfil its duty to accommodate children with complex needs. Four cases are ongoing relating to support packages and short-breaks. Due to the pressures on the service the former Health & Social Care Board and the Regulation and Quality Improvement Authority worked with the Trust to introduce a new service in partnership with Greenhill YMCA to facilitate short breaks.

The provision of short breaks at Lindsay House was stood down in order to provide additional short term residential care placements. The impact of which was continued significant pressure upon the Edge of Care and short break service as well as the long-term care provision.

In order to meet the demand for short term care the Trust worked with Praxis in 2021/22 to re-purpose the Beechfield short break facility to meet the needs of four young people. This facility was taken over by the Trust on 4 March 2022. The Trust has continued to encounter challenges in recruiting the additional staff required.

Within the CwD service the staff vacancy rate was 47% at 31 March 22. The risk of not being able to provide the service we aspire to due to the number of vacant posts was added to the Children's Directorate risk register. The position is particularly challenging within the Community Social Work team situated in Down.

Regional Secure Care Centre (Lakewood)

The Review of Regional Facilities for Children and Young People Report made 11 recommendations. The main one related to the establishment of a new integrated Regional Care and Justice Campus for Northern Ireland. It was proposed that this would comprise the Trust's Lakewood Secure Care Centre and the Woodlands Juvenile Justice Centre. However, following public consultation, NI Executive Ministers decided that both facilities should continue to operate independently.

However, they will work together to improve health & education services for young people. The Northern Ireland Framework for Integrated Therapeutic Care will be rolled out to both sites and staff will also have the opportunity to come together for joint training events.

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,

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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.

An on-going 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.

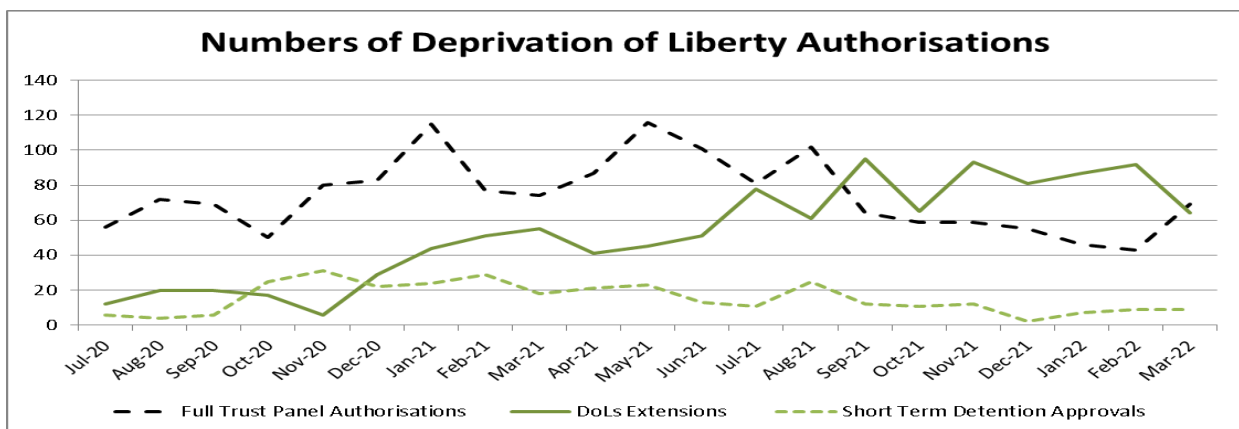
Update at 31 March 2022: During 2021/22 all Trust's worked together to plan the resettlement of the remaining patients from Muckamore. Discussions are on-going to develop bespoke community placements for this most complex group of patients. The Trust has developed pathways with Mental Health colleagues that will provide the best care and treatment to those admitted to Adult Mental Health Wards and we continue to develop assessment and treatment support services within the community. Work continues with the former HSCB and the DoH to complete the resettlement programme and build resilience in the community. A DoH project team has been working with all Trusts in the development of a whole systems approach to resettlement.

The Muckamore Abbey Hospital Public Inquiry has commenced and the Trust will work closely with the Inquiry Team to provide all information they require.

Implementation of the Mental Capacity Act

The 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 care homes under the Mental Capacity Act until 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 and to facilitate improved communication with relevant agencies (including the Review Tribunal and care homes).

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.



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Update at 31 March 2022: The Trust continues to deliver MCA requirements in accordance with NI legislation. The Trust successfully completed all DoLS care home legacy cases by the end of March 2022. Delivery of MCA requirements has continued to be impacted by the Covid pandemic and associated restrictions. This was particularly evidenced in the completion of Short Term Detention authorisations in acute settings, which resulted in a reduction in approvals from December 2021 to March 2022. During this time MCA Emergency Provisions and alternative arrangements were implemented.

In December 2021 the former HSCB advised that they were unable to fund the additional investment required and a reduced allocation was awarded on a non-recurrent basis. The Trust has continued to review the MCA Service Model in order to optimise the support offered to all operational Directorates across the Trust. Nonetheless, the service continues to experience a range of challenges including recruitment to medical posts; the implementation of extended roles within the legislation and the continued pressure on staff teams to deliver MCA requirements in already overstretched services.

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

Inability to meet Demand for Domiciliary Care Packages

The demand for domiciliary care services across the Trust has been increasing, particularly in some rural areas. The Trust has experienced a lack of capacity, specifically within the independent sector for new and increased packages of care and this has had an adverse impact on the Trust's ability to discharge patients from hospital in a timely manner.

Update at 31 March 2022: The demand for domiciliary care continues to grow with significant numbers waiting for a package to start. To try and meet the demand the Trust continues to recruit to its in-house team and has developed a range of block contracting arrangements with independent providers. However, independent sector providers are consistently raising issues in relation to the inability to recruit staff despite the increase in hourly rates paid from 1 November 2021. There is also significant concern in relation to the rising cost of living whereby staff are reluctant to travel owing to high fuel costs. The Trust continues to monitor independent sector providers, completing an annual review to examine hours paid to staff versus hours paid to the agency.

Management of Medical Devices

Improvement is required to the systems and processes used to record, track and manage the delivery of servicing and maintenance of 30,000 medical devices within the Trust. Current systems cannot easily identify the location of the assets thereby increasing the risks to patient safety if servicing is delayed or overlooked.

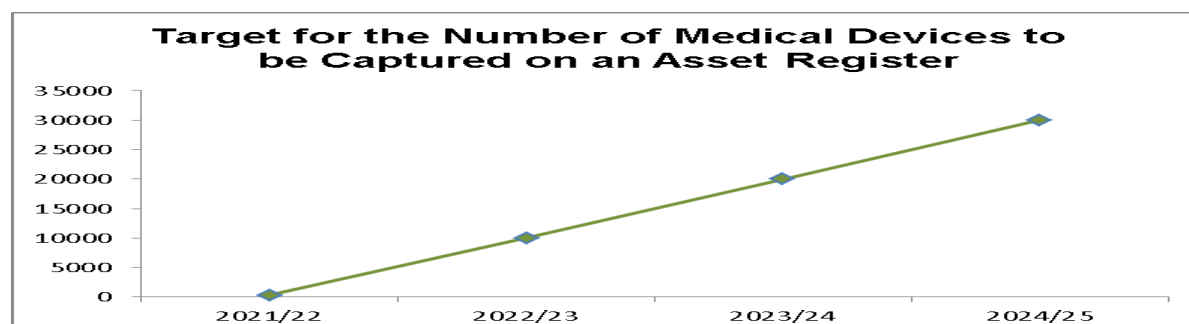
Update at 31 March 2022: A specific post was appointed to oversee the capture of all assets and review the process. Work has commenced on capturing the location of assets and bar coding them so they can be tracked. This phase is expected to take up to 12 months. The priority areas will be the acute hospital sites. Much of the information is already captured for Theatres, Intensive Care and Radiology equipment.

In tandem a complete and up to date asset register will be created to assist with the scheduling and recording of planned and unplanned equipment maintenance. The work will be

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overseen by the Medical Devices and Equipment Committee (MDEC). Further work will explore options for a future operational model that the Trust could implement. This will be informed by discussions with other Trusts on their processes to manage medical devices.



Temporary Pause of Service at Lagan Valley Hospital Midwife Led Unit

The birthing service at Lagan Valley Hospital's midwifery led unit (MLU) was 'paused' on 30 March 2022. The decision to pause was based on the following factors:

- Two incidents have occurred since August 2021 and are now being reviewed as serious Adverse Incidents.
- On-going pressure on the Northern Ireland Ambulance Service and their ability to meet their response times and the increase in transfer times.
- Reduction in births at the MLU, potentially impacting the skills and experience of staff in the unit.

At the 30 March 2022, there were 11 women planning to give birth in the unit during April 2022.

Update at 31 March 2022: Of the 11 women who planned to give birth in the unit in April 2022, 10 opted to give birth at the Ulster Maternity Hospital and the other at the Royal Jubilee Maternity Hospital. Women are now advised of the other options to birth within the Trust or at another facility. Both Serious Adverse Incidents are being investigated, with the Trust awaiting approval from the Strategic Planning & Performance Group (SPPG) regarding the Terms of Reference and names of review teams prior to commencement of the investigations.

The Trust was advised at a meeting with the SPPG and the Public Health Agency on 8 April 2022 that a rapid review would be undertaken with the aim of assessing the safety and quality of birthing services at Lagan Valley Hospital and to recommend any further immediate or long term actions required. Terms of reference for the review were then shared with the Trust and comments returned and agreed at a subsequent meeting on 27 April 2022.

It is anticipated a draft report will be available and shared with the Trust by 10 June 2022 with the completed final report available on the 30 June. Both staff and the Royal College of Midwives are aware of the planned review.

Administration of Third Party Payroll Data Centre Provider

A managed service is provided for the Human Resource, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care in NI. This service is provided from servers

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hosted at data centres owned by a sub-contractor of the managed service supplier. This sub-contractor went into administration on 25 March 2022.

Update at 31 March 2022: By email on 1 April 2022, the supplier providing the managed service informed BSO of the administration. The supplier informed BSO that the sub-contractor will continue to trade as normal while the Administrators explore options for the company's future. All HSC organisations have provided additional funds to cover power costs associated with increasing global supply issues.

At the time of writing the supplier has confirmed that the sub-contractor continues to operate business as normal, as advised by the Administrator. A purchaser for the managed service provider has exchanged conditional contracts to buy the firm as a going-concern. However this is subject to existing customers agreeing to new contract terms with the buyer. If the revenue thresholds are not met the sale will not complete. This could mean increased costs for the BSO which would be passed onto SEHSCT.

BSO has invoked its business and technical contingency plans and set up Bronze Command. BSO has met with the Minister, Permanent Secretary, Trade Unions and all stakeholders have been informed of the situation and the contingency plans to address this issue.

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 2021/22.

Accountability Report

Statement of Accounting Officer Responsibilities

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 financial statements are prepared on an accruals basis and the Annual Report and Accounts must provide a true and fair view of the state of affairs of the South Eastern Health and Social Care Trust, of its income and expenditure, statement of financial position and cash flows for the financial year.

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

- observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements;
- prepare the financial statements on the 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 Department of Health has designated Roisin Coulter of South Eastern Health and Social Care Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Trust 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 Accounting Officer I can confirm that the Executive Directors and I have taken all steps that we ought to have taken to make ourselves aware of any relevant audit information and to establish that the auditors of South Eastern Health & Social Care Trust are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

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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

Name	Post	Dates
Mr Seamus McGoran	Chief Executive	To 31 Jul 21 (Retired)
Mrs Roisin Coulter	Chief Executive	From 25 Jun 21
Ms Nikki Patterson	Deputy Chief Executive Director of Primary Care, Elderly & Nursing	From 1 Feb 22 Throughout 2021/22
Mrs Wendy Thompson	Director of Finance and Estates	Throughout 2021/22
Mrs Roisin Coulter	Director of Planning, Performance & Informatics	To 24 Jun 21
Ms Naomi Dunbar	Interim Director of Planning, Performance & Informatics	From 1 May 21
Dr Charlie Martyn	Medical Director	Throughout 2021/22
Mrs Myra Weir	Director of Human Resources	To 31 May 21 (Retired)
Ms Claire Smyth	Interim Director of Human Resources & Corporate Services	From 1 Apr 21
Mrs Barbara Campbell	Director of Children's Services/Social Work	Throughout 2021/22
Mrs Margaret O'Kane	Director of Adult Services & Healthcare in Prisons	Throughout 2021/22
Mr David Robinson	Director of Hospital Services	Throughout 2021/22

Non-Executive Members:

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

Registered Address of the South Eastern Health and Social Care Trust

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

Tel: 028 9055 3100

Accountability Report

Directors Report

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

The Trust achieved 97.25% overall compliance in 2021/22 for paying its suppliers within 30 days.

Late Payment of Commercial Debts Regulations 2002

No compensation in respect of late payments was payable in 2021/22 (£0 in 2020/21).

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 & 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 2021/22 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 3 incidents to the Information Commissioner's Office (ICO) during this period (2020/21; 2). The ICO has concluded on these incidents and has taken no further action based on the prompt remedial works undertaken by the Trust.

Accountability Report

Directors Report

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

The Trust's statutory audit was performed by NIAO. The notional cost of the audit for the year ended 31 March 2022 which pertained solely to the audit of the accounts was £61,250.

Non Audit Services

During the year the South Eastern Trust purchased no services from its auditor, the Northern Ireland Audit Office, (£3k in 20-21 in respect of NFI).

Accountability Report

Remuneration and Staff Report

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 2021/22, 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 HSC(SM) Circulars.

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, in conjunction with the Deputy Chief Executive and each Director, their individual performance objectives. She then reviews the performance of these objectives and completes their annual appraisal 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 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.

Accountability Report

Remuneration and Staff Report

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:

	2021-22					2020-21				
	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										
J Patton (Chairman)	30-35	0	0	0	30-35	30-35	0	0	0	30-35
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 reflected in 2021/22 figures.

Accountability Report Remuneration and Staff Report

Audited Table of Executive Directors Remuneration and Pension Benefits

Executive Members	2021-22				2020-21				2021-22						
	Salary £000	Bonus / Performance £000	Benefits in Kind (Rounded to nearest £1,000)	Pensions benefit (rounded to nearest £1,000)	Total £000	Salary £000	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	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/21 £000s	CETV at 31/03/22 £000s	Real increase in CETV £000s
R Coulter (Chief Executive)*	105-110	0	0	148	250-255	80-85	0	0	18	95-100	5-7.5 plus lump sum 15-20	40-45 plus lump sum 100-105	628	776	131
C Maatyn (including clinical duties) (Medical Director Services / Deputy Chief Executive)	210-215	0	0	11	220-225	205-210	0	0	(3)	205-210	0-2.5 plus lump sum 5-7.5	90-95 plus lump sum 275-280	2,166	2,284	51
N Patterson (Director of Elderly & Primary Care Services)	100-105	0	500	10	110-115	90-95	0	4,400	(1)	90-95	0-2.5 plus lump sum 115-120	35-40 plus lump sum 50-55	826	871	21
D Robinson (Director of Hospital Services)	90-95	0	600	26	120-125	100-105	0	0	17	120-125	0-2.5 plus lump sum 5-10 and no lump sum	25-30 plus lump sum 50-55	482	489	22
B Campbell (Director of Children Services & Executive Director of Social work)	80-85	0	0	27	105-110	80-85	0	0	18	95-100	0-2.5 plus lump sum 5-10 and no lump sum	5-10 and no lump sum	100	127	24
W Thompson (Director of Finance/Estates)	90-95	0	400	29	115-120	90-95	0	0	51	100-105	0-2.5 plus lump sum 30-35	20-25 plus lump sum 30-35	300	320	23
M O'Kane (Director of Adult Services & Prison Healthcare)	80-85	0	0	7	90-95	55-60 (fye 75-80)	0	0	103	155-160	0-2.5 plus lump sum 95-100	30-35 plus lump sum 95-100	766	792	19
N Dunbar (Interim Director of Planning / Performance)	75-80 (fye 80-85)	0	0	49	125-130	0	0	0	0	0	2.5-5 plus lump sum 2.5-5	20-25 plus lump sum 15-20 plus lump sum 30-35	294	343	41
C Smyth (Interim Director of HR & Corp Services)	80-85	0	700	49	130-135	0	0	0	0	0	sum 30-35	15-20 plus lump sum 30-35	279	332	45
S McGoran (Interim Chief Executive)	40-45	0	0	0	40-45	105-110	0	1,200	65	170-175	Retired 21-22	Retired 21-22			
M Weir (Director of HR & Corp Services)	15-20	0	0	0	15-20	90-95	0	0	17	105-110	Retired 21-22	Retired 21-22			
Paul Morgan (Interim Director of Finance/Estates)	0	0	0	0	0	40-45	0	0	0	40-45	Retired 20-21	Retired 20-21			
B Morgan (Director of Children Services & Executive Director of Social work)	0	0	0	0	0	15-20	0	0	0	15-20	Retired 20-21	Retired 20-21			
D Bradley (Interim Director of Adult Services & Prison Healthcare)	0	0	0	0	0	15-20	0	0	0	15-20	Retired 20-21	Retired 20-21			

Fair Pay Disclosure	Band of Highest Paid Director Remuneration	Mean Remuneration	25th Percentile Remuneration	Median Remuneration	75th Percentile Remuneration	Range of Staff Remuneration
	2020-21	£205k - £210k	£36,793	£24,384	£32,055	£41,091
2021-22	£210k - £215k	£36,483	£25,617	£34,161	£44,124	£18,546 - £271,562
2020-2021 % Change from Previous Year	N/A	N/A				
2021-2022 % Change from Previous Year	1%	-1%	8.69	6.60	5.16	
2020-21 Pay Ratio			8.27	6.21	4.80	
2021-22 Pay Ratio						

- The details for R Coulter in 2020/21 reflect her position as Director of Planning & Performance. Ms Coulter became Chief Executive on 25 Jun 2021
- The calculations for Fair Pay Disclosures 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 reflected in the 2021/22 figures: 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 2021/22
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 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.

Employees who are part of the 1995 scheme are entitled to final salary based pensions whilst employees in the 2008 and 2015 schemes are eligible to receive career averaged based pensions.

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 HSC membership. They include any additional pension benefit as a result of their purchasing additional years of pension service at their own cost.

Accountability Report

Remuneration and Staff Report

Real Increase in CETV - This reflects the increase funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions by the employee (including the value of any benefits transferred from another pension scheme) 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 has led to eligible members, with relevant service between 1 April 2015 and 31 March 2022, being entitled to different pension benefits in relation to that period. The different pension benefits relate to the 1995, 2008 and 2015 HSC Pension Schemes 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.

Fair Pay Disclosure (Audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the average remuneration of the organisation's workforce.

The relationship between the highest paid director's remuneration and that of other SEHSCT employees is provided in the table below:

Highest Paid Director	2021-22	2020-21
Actual Remuneration	£210k - £215k	£205k to £210k
Increase/Decrease compared to prior year	1%	N/A
Ratio to the average employees remuneration	5.75 times the average earnings of £36,483	5.57 times the average earnings of £36,793
Ratio to the 25th percentile of pay and benefits of SEHSCT employees	8.27	8.69
Ratio to the 75 th percentile of pay and benefits of SEHSCT employees	4.80	5.16

The salary for the highest paid director includes significant remuneration in respect of Clinical (Non-Director) duties.

Workforce	2021-22	2020-21
Average Remuneration	£36,483	£36,793
Increase/Decrease compared to prior year	-0.84%	N/A

In 2021/22, 3 employees (Medical Consultants) received remuneration in excess of the highest paid director. Remuneration ranged from £223k to £272k.

The small variation in pay ratios last year to this year is reflective of a largely consistent composition of general workforce across both years. The increase in remuneration of the highest paid director is linked to the pay award uplift.

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

	2022		2021	
Staff costs comprise:	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	403,680	47,981	451,661	442,333
Social security costs	35,777	1,171	36,948	32,899
Other pension costs	75,813	1,397	77,210	69,851
Sub-Total	515,270	50,549	565,819	545,083
Capitalised staff costs	(710)		(710)	(397)
Total staff costs reported in Statement of Comprehensive Expenditure	514,560	50,549	565,109	544,686
Less recoveries in respect of outward secondments			(3,468)	(3,692)
Total net costs			561,641	540,994
Total Net costs of which:			£000s	£000s
South Eastern HSC Trust			565,109	544,686
Charitable Trust Fund			0	0
Consolidation Adjustments			(65)	(65)
Total			565,044	544,621

The £65,000 consolidation adjustment for 2022 reflected in the table above is the recharge from the Trust Public Accounts to the Trust Charitable Funds Accounts in relation to Trust staff who administer the Charitable Funds.

Staff costs rose by £21m in 2021/22. The following items contributed to the increase: the cost of pay awards in 2021/22 (3% for Agenda for Change Staff) and an increase of £5m to meet the historic cost of amending holiday pay for eligible staff that will be paid in 2022/23. Of the £565m staffing costs £98m was spent on Doctors & Dentists, £193m on Nurses/Midwives and £93m on Social Work/Social Care/Domiciliary Staff. No staff were furloughed in 2021/22.

Staff Costs are inclusive of the Apprenticeship Levy of 0.5%, but exclude £710k charged to capital projects during the year (2020/21 £397k).

Staff Turnover

The table below shows the staff turnover rate for 2021/22 against 2020/21 & 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 staff, temporary staff and junior doctors who rotate around each Trust have been excluded in the calculation.

Staff Turnover %	2021/22	2020/21	2019/20
	8.50%	6.30%	7.70%

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:

	2022		2021	
	Permanently employed staff No.	Others No.	Total No.	Total No.
Medical and dental	699	165	864	900
Nursing and midwifery	3,924	188	4,112	4,184
Professions allied to medicine	884	34	918	902
Ancillaries	1,368	41	1,409	1,450
Administrative & clerical	1,468	86	1,554	1,555
Ambulance staff	0	0	0	0
Works	95	0	95	91
Other professional and technical	492	0	492	464
Social services	1,629	66	1,695	1,702
Other			0	0
Total average number of persons employed	10,559	580	11,139	11,248
Less average staff number relating to capitalised staff costs	17	0	17	14
Less average staff number in respect of outward secondments	15	0	15	12
Total net average number of persons employed	10,527	580	11,107	11,222

Of which:

South Eastern HSC Trust	11,107	11,222
Charitable Trust Fund	0	0
	<u>11,107</u>	<u>11,222</u>

Others includes inward secondments to the Trust and agency staffing

Whilst the full time equivalent number of staff employed within the Trust in 2021/22 was 11,107, many staff worked part-time. The Trust actually employed 15,849 individuals as reflected in the Human Resources & Corporate Affairs section of the Performance Report.

Sickness Absence Information

The Trust's sickness absence value for 2021/22 was 7.44%. This is exclusive of COVID related absences to aid comparison with prior years.

Sickness Absence Information	2021/22	2020/21	2019/20
	7.44%	6.82%	6.80%

Gender Composition

The table below shows the % of employees of each gender who were senior managers in the Trust within 2021/22. Senior Managers are defined as non-medical staff at band 8c or above (excluding Directors).

Accountability Report

Remuneration and Staff Report

Staff Gender Breakdown Senior Managers

Senior Management (excluding Board Members)	2021/22	2020/21	2019/20
Female	78%	74%	73%
Male	22%	26%	27%
Total Headcount	46	62	55

The decrease in the number of senior managers in 2021/22 is due to Clinical Psychologists, who do not have any managerial responsibility being excluded for the first time.

Staff Gender Breakdown Overall (including Senior Managers)

The following table reflects the overall staff composition, demonstrating that the Trust workforce is predominantly made up of females.

All Staff	2021/22	2020/21	2019/20
Female	78%	81%	80%
Male	22%	19%	20%

Equal Opportunities

The 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.

Disability Action Plan

Under Section 49 of the Disability Discrimination (NI) Order 2006, referred to as the “disability duties”, the Trust is required when carrying out its functions to:

- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life

The law requires us to submit a Disability Action Plan to the Equality Commission for Northern Ireland (ECNI) showing how we intend to fulfil these “disability duties”.

Accountability Report

Remuneration and Staff Report

We also have a duty to promote and protect human rights both as a service provider and an employer. We are committed to meeting our duties. Whilst we have legal responsibilities, we believe that promoting positive attitudes and encouraging participation in public life is part of our core business and that we will lead by example in addressing inequalities and barriers that disabled people experience ultimately to improve health outcomes. Our Disability Action Plan 2018-2023 outlines how we will meet our goals to promote the Trust as an employer that is proud to reduce social inequalities and continue to meet the career development and training needs of those persons with a disability already in our employment.

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 complement 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.

Reporting of early retirement and other compensation scheme - exit packages (Audited)

There were no early retirements or compensation exit packages agreed in 2021/22 (£0 in 2020/21). Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Retirements Due to Ill-Health

During 2021/22 there were 18 early retirements from the Trust agreed on the grounds of ill-health (14 employees at cost of £24k in 2020/21). The estimated additional pension liabilities of these ill-health retirements will be £66k. These costs are borne by the HSC Pension Scheme.

Trust Management Costs

	2022 £000s	2021 £000s
Trust management costs	32,929	29,499
Income:		
RRL	984,376	902,116
Income per Note 4	47,168	46,192
Non cash RRL for movement in clinical negligence provision	(26,422)	(15,507)
Less interest receivable	0	0
Total Income	1,005,122	932,801
% of total income	3.3%	3.2%

Management costs as a percentage of the Trust total income has only increased marginally since last year. Although there has been a £3.4m rise overall in Trust management costs, this is not due to an increase in posts but rather costs (Pay Awards for both Agenda for Pay Staff and Senior Executives, overtime for Agenda for Change staff at Band 8a+ and two Staff

Accountability Report

Remuneration and Staff Report

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

External Consultancy Costs

The Trust did not engage any external consultants in 2021/22 (£0 in 2020/21).

Off Payroll Staff Resources

The Trust had no 'off-payroll' staff resource engagements as at 31 March 2022 (2020/21: 7) which cost more than £245 per day, lasted longer than six months, and were in place during 2021-22.

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)

Investor in People (IiP) assessment is undertaken by way of a 3 year rolling programme. During 2021/22 the 3 Directorates were assessed (HR & Corporate Affairs, Finance & Estates and Planning, Performance & Informatics).

We engaged with 1,778 people across these 3 Directorates using an online survey where 604 (34%) individuals responded. We also met with 138 people as part of the on-site assessment process. Their feedback was reflected in 6 IiP Feedback Reports produced at Sub-directorate level. These reports will now inform Corporate and Directorate People Plans. Other Directorates are scheduled for IiP assessment 2022-23.

A Cultural Assessment Survey was carried out in September 2020. Across all Directorates 13,530 people were invited to take part, with 2,650 staff completing the questionnaire. This represented a 19.6% response rate.

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.

Accountability Report

The Statement of Losses

AUDITED STATEMENT OF LOSSES AND SPECIAL PAYMENTS

Losses and Special Payments

Losses statement	2021-22	2020-21
Total number of losses	56	70
Total value of losses (£000)	150	203

Individual losses over £250,000	2021-22	2020-21
	£000	£000
Cash losses	0	0
Claims abandoned	0	0
Administrative write-offs	0	0
Fruitless payments	0	0
Stores losses	0	0

Special payments	2021-22	2020-21
Total number of special payments	197	148
Total value of special payments (£000)	8,301	4,768

Individual special payments over £250,000	2021-22	2020-21
	£000	£000
Compensation payments		
- Clinical Negligence	4,715	1,404
- Public Liability	0	0
- Employers Liability	0	250
- Other	0	0
Ex-gratia payments	0	0
Extra contractual	0	0
Special severance payments	0	0
Total special payments	4,715	1,654

Total Special Payments increased by £3.5m in 2021/22 compared to 2020/21 and is due mainly to the settlement of cases in excess of £250,000 (including costs), of which there were 6 clinical negligence cases (2 in 2020/21). These cases settled for £1,509,067, £1,422,562, £659,802, £501,943, £366,070 and £255,673.

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

Accountability Report

The Statement of Losses

Remote Contingent Liabilities

The Trust has no remote contingent liabilities.

Special Payments

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.



Roisin Coulter
Accounting Officer
24 June 2022

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 2022 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, Changes in Taxpayers' Equity, Cash Flows; and the related notes including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted 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 2022 and of 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.

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 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 and Regularity of Public Sector Bodies 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 that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, 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 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 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 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 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. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals;
- 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;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
Galwally
BELFAST
BT8 6RB

1 July 2022

South Eastern Health and Social Care Trust
Annual Consolidated Accounts
For the year ended 31 March 2022

Annual Accounts

Foreword

These accounts for the year ended 31 March 2022 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.

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Primary Statements

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE For the year ended 31 March 2022

	NOTE	2022 £000s		2021 £000s	
		Trust	Consolidated	Trust	Consolidated
Income					
Revenue from contracts with customers	4.1	42,660	42,595	38,365	38,300
Other operating income	4.2	4,508	4,781	7,827	11,204
Total operating income		47,168	47,376	46,192	49,504
Expenditure					
Staff costs	3	(565,109)	(565,044)	(544,686)	(544,621)
Purchase of goods and services	3	(393,061)	(394,504)	(359,240)	(359,614)
Depreciation, amortisation and impairment charges	3	(44,056)	(44,056)	(27,283)	(27,283)
Provision expense	3	(27,788)	(27,788)	(16,989)	(16,989)
Other expenditures	3	(61)	(61)	(65)	(65)
Total operating expenditure		(1,030,075)	(1,031,453)	(948,263)	(948,572)
Net operating expenditure		(982,907)	(984,077)	(902,071)	(899,068)
Finance income	4.2	0	104	0	119
Finance expense	3	(1,426)	(1,426)	0	0
Net expenditure for the year		(984,333)	(985,399)	(902,071)	(898,949)
Revenue Resource Limit (RRL)	22.1	984,376	984,376	902,116	902,116
Add back charitable trust fund net expenditure		0	1,066		(3,122)
Surplus against RRL		43	43	45	45
OTHER COMPREHENSIVE EXPENDITURE					
	NOTE	2022 £000s		2021 £000s	
Items that will not be reclassified to net operating costs:					
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2	24,994	24,994	84	84
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	282	0	1,209
Items that may be reclassified to net operating costs:					
Net gain/(loss) on revaluation of investments		0	0	0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2022		(959,339)	(960,123)	(901,987)	(897,656)

The notes on pages 104 to 140 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 2022

	NOTE	2022		2021	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	776,909	776,909	713,220	713,220
Intangible assets	6.1/6.2	8,856	8,856	9,496	9,496
Financial assets	8	0	8,829	0	6,443
Trade and other receivables	13	0	0	0	0
Other current assets	13	0	0	0	0
Total Non Current Assets		785,765	794,594	722,716	729,159
Current Assets					
Assets classified as held for sale	10	0	0	0	0
Inventories	11	4,785	4,785	4,708	4,708
Trade and other receivables	13	20,056	20,003	19,894	22,831
Contract assets	13	0	0	0	0
Other current assets	13	1,715	1,715	1,712	1,712
Intangible current assets	13	0	0	0	0
Financial assets	8	0	0	0	0
Cash and cash equivalents	12	16,905	17,005	11,170	11,569
Total Current Assets		43,461	43,508	37,484	40,820
Total Assets		829,226	838,102	760,200	769,979
Current Liabilities					
Trade and other payables	14	(178,705)	(178,644)	(162,570)	(162,628)
Contract liabilities	14	0	0	0	0
Other liabilities	14	(2,153)	(2,153)	0	0
Intangible current liabilities	14	0	0	0	0
Provisions	15	(28,960)	(28,960)	(24,309)	(24,309)
Total Current Liabilities		(209,818)	(209,757)	(186,879)	(186,937)
Total Assets less Current Liabilities		619,408	628,345	573,321	583,042
Non Current Liabilities					
Provisions	15	(55,121)	(55,121)	(40,347)	(40,347)
Other payables > 1 yr	14	(28,633)	(28,633)	0	0
Financial liabilities	8	0	0	0	0
Total Non Current Liabilities		(83,754)	(83,754)	(40,347)	(40,347)
Total Assets less Total Liabilities		535,654	544,591	532,974	542,695
Taxpayers' Equity and Other Reserves					
Revaluation reserve		183,373	183,373	158,772	158,772
SoCNE reserve		352,281	352,281	374,202	374,202
Other reserves - charitable fund			8,937		9,721
Total equity		535,654	544,591	532,974	542,695

The financial statements on pages 100 to 103 were approved by the Board on 17 June 2022 and are signed on behalf of SEHSCT by:



Chairman
24 June 2022



Chief Executive
24 June 2022

The notes on pages 104 to 140 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 2022

Consolidated Statement of Cash Flows for the year ended 31 March 2022

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	2022 £000s	2021 £000s
Cash flows from operating activities			
Net operating expenditure		(985,399)	(898,949)
Adjustments for non cash costs	3	71,905	44,337
(Increase)/decrease in trade and other receivables	13	2,825	(7,709)
<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		0	0
(Increase)/decrease in inventories	11	(77)	(1,139)
Increase/(decrease) in trade payables	14	46,802	46,983
<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	(85)	(3,768)
Movements in payables relating to the purchase of intangibles	14	0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		(31,430)	0
Use of provisions	15	<u>(8,363)</u>	<u>(10,254)</u>
Net cash inflow/(outflow) from operating activities		(903,822)	(830,499)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(51,436)	(46,013)
(Purchase of intangible assets)	6		
Proceeds of disposal of property, plant & equipment		196	137
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund	8	(2,000)	0
Share of income reinvested	8	<u>(104)</u>	<u>(119)</u>
Net cash outflow from investing activities		(53,344)	(45,995)
Cash flows from financing activities			
Grant in aid		961,958	877,000
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		<u>644</u>	
Net financing		962,602	877,000
Net increase (decrease) in cash & cash equivalents in the period		5,436	506
Cash & cash equivalents at the beginning of the period	12	11,569	11,063
Cash & cash equivalents at the end of the period	12	17,005	11,569

The notes on pages 104 to 140 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 2022

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
Balance at 31 March 2020		399,208	158,688	5,390	563,286
Changes in Taxpayers Equity 2020-21					
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
Movement - other		0	0	0	0
Balance at 31 March 2021		374,202	158,772	9,721	542,695
Changes in Taxpayers Equity 2021-22					
Grant from DoH		961,958	0	0	961,958
Other reserves movements including transfers		393	(393)	0	0
(Comprehensive net expenditure for the year)		(984,333)	24,994	(784)	(960,123)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	61	0	0	61
Balance at 31 March 2022		352,281	183,373	8,937	544,591

The notes on pages 104 to 140 form part of these accounts.

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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 2022

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, inventories and certain financial assets and liabilities .

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. This includes donated assets.

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.

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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 by Land and Property Services (LPS) with the next review due by 31 January 2025. LPS have confirmed that, provided the relevant Indexation Categories supplied for the Effective Period 1 April 2021 to 31 March 2022 have been appropriately applied to the corresponding relevant asset classifications, as at 31 March 2022, then the restated 31 January 2020 land and building valuation figures remain appropriate at 31 March 2022.

The outbreak of COVID-19, declared by the World Health Organisation as a “Global Pandemic” on the 11th March 2020, has and continues to impact on many aspects of daily life, global economies and worldwide real estate markets. Some real estate markets have, and continue, to experience significantly lower levels of transactional activity and liquidity than would be normal. Nevertheless, as at the valuation date, many property markets are functioning again, with transaction volumes and other relevant market metrics at, or returning to, levels where an adequate quantum of market evidence exists upon which to base opinions of value. This is true of some (but not all) of the local property market sectors that relate to the assets types identified as part of the client property portfolio.

LPS would advise that the overall market evidence gathered to underpin advice provided within the latest indexation report would tend to indicate a generally static property market at the present time, but that build costs are significantly increasing. Evidence has been collated and analysed to reflect general market movements only, as a means to allow restatement of the value of the client portfolio.

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

Annual Accounts

Notes to the Accounts

modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 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

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Notes to the Accounts

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Trust's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets 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

Annual Accounts

Notes to the Accounts

when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non-depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value and are included exclusive of VAT. 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.

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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.

Grant in aid

Funding received from other entities, including the Department and the Health and former 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

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conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Private Finance Initiative (PFI) transactions

DoF has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including replacement of components; and
- c) Payment for finance (interest costs).

• Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within operating expenses.

• PFI Asset

The PFI asset is recognised as property, plant and equipment, when it comes into use. The asset is measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the asset is measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

• PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI asset and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is

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applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

• Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.17 Financial instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

The Trust has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

• Financial assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the

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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, where judged necessary.

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

• Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

• Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non-public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities.

Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trust 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.

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• **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 for general provisions as at 31 March 2022.

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	0.47%
	Medium term (5 – 10 years)	0.70%
	Long term (10 - 40 years)	0.95%
	Very long term (40+ years)	0.66%
Inflationary	Year 1	4.0%
	Year 2	2.6%
	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) 39-2021.

The discount rate to be applied for early departure obligations for employees is -1.30% for 2021/22.

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.

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Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 **Contingent liabilities/assets**

In addition to contingent liabilities disclosed in accordance with IAS 37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.20 **Employee benefits**

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave 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 2022. 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.

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Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. FReM provides an interpretation of the IAS 19 standard and this standard requires the present value of defined benefit obligations to be determined with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. The 2021-22 accounts are based on membership data as at 31 March 2016 since it was not practicable to utilise data as 31 March 2020 within the time parameters available. The value of the liabilities as at 31 March 2022 has been calculated by rolling forward the liability calculated as at 31 March 2016 to 31 March 2022. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

1.22 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

1.24 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.25 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are

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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 the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

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 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 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

IFRS 16 (Excluding PFI)

IFRS 16 is effective from 1 April 2022 and has the effect of largely eliminating the current 'off-

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balance sheet' treatment of operating leases under IAS 17. A lessee is now required to recognise a "right-of-use" asset (the right to use the leased item) and a financial liability for any operating leases where the term is greater than 12 months, excluding those where the associated right-of-use asset is of low value.

The Trust has set the low value financial threshold at £5k and from the lease agreement can determine the non-cancellable periods for which the Trust has the right to use the underlying asset. One key consideration is calculating the implicit interest rate within the lease agreement.

Based on the Trust's review to date of operating leases associated with buildings, equipment and other assets there is likely to be minimal financial impact on the 22/23 financial statements.

IFRS 16 – PFI

IFRS 16 applies a different measurement basis to PFI assets. To date the HM Treasury guidance regarding changes to accounting for PFI arrangements has not been published. Hence it has not been possible to estimate the financial impact on the 22/23 financial statements.

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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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 is allocated to each of the individual Directorates based on the services within that Directorate. Services are allocated to a Directorate based on the similarity of nature of services provided and on the basis of how the service is managed. Overall across all Directorates there is a £43k surplus this year (£389k deficit in respect of Core Services, a £435k surplus in Covid/NMS and a £3k deficit in Transformation), compared to £45k surplus in 2021/22.

<u>Directorate</u>	Staff Costs £000s	2022 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2021 Other Expenditure £000s	Total Expenditure £000s
Hospital Services	(218,210)	(88,644)	(306,854)	(212,171)	(61,920)	(274,091)
Adult Services	(61,104)	(66,373)	(127,477)	(56,395)	(62,910)	(119,305)
Children's Services & Social Work	(51,996)	(32,527)	(84,523)	(47,818)	(27,555)	(75,373)
Primary & Elderly Services	(100,806)	(127,880)	(228,686)	(94,970)	(119,049)	(214,019)
Support Services & Other Trust Directorates	(74,111)	(37,510)	(111,621)	(67,131)	(26,980)	(94,111)
Covid- 19 / No More Silos	(47,250)	(40,182)	(87,432)	(53,512)	(57,174)	(110,686)
Transformation Services	(11,632)	(1,371)	(13,003)	(12,689)	(3,652)	(16,341)
	<u>(565,109)</u>	<u>(394,487)</u>	<u>(959,596)</u>	<u>(544,686)</u>	<u>(359,240)</u>	<u>(903,926)</u>
Non Cash Expenditure			(71,905)			(44,337)
Total Expenditure per Net Expenditure Account			(1,031,501)			(948,263)
Income Note 4			47,168			46,192
Net Expenditure			(984,333)			(902,071)
Revenue Resource Limit			984,376			902,116
Surplus / (Deficit) against RRL			<u>43</u>			<u>45</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 3 EXPENDITURE

	2022 £000s		2021 £000s	
	Trust	Consolidated	Trust	Consolidated
Operating Expenses are as follows:-				
Staff costs ¹ :				
Wages and salaries	450,951	450,886	441,936	441,871
Social security costs	36,948	36,948	32,899	32,899
Other pension costs	77,210	77,210	69,851	69,851
Purchase of care from non-HSC bodies	207,050	207,050	195,993	195,993
Personal social services	19,637	19,637	16,464	16,464
Recharges from other HSC organisations	8,711	8,711	8,324	8,324
Supplies and services - Clinical	70,199	70,199	64,010	64,010
Supplies and services - General	15,915	15,915	24,669	24,669
Establishment	6,130	6,130	5,682	5,682
Transport	4,194	4,194	3,209	3,209
Premises	35,906	35,906	22,873	22,873
Bad debts	156	156	25	25
Rentals under operating leases	2,016	2,016	1,803	1,803
Interest charges - PFI	1,426	1,426	0	0
PFI and other service concession arrangements service charges	744	744	0	0
Research & development expenditure	116	116	146	146
BSO services	6,280	6,280	5,923	5,923
Training	1,661	1,661	1,514	1,514
Patients travelling expenses	59	59	33	33
Costs of exit packages provided for	0	0	0	0
Other charitable expenditure	0	1,443	0	374
Miscellaneous expenditure	14,287	14,287	8,572	8,572
Non cash items				
Depreciation - Owned	29,390	29,390	25,632	25,632
Depreciation - PFI	566	566		
Amortisation	2,770	2,770	1,779	1,779
Impairments	11,526	11,526	0	0
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(196)	(196)	(128)	(128)
Increase/Decrease in provisions (provisions provided for in year less any release)	28,787	28,787	17,384	17,384
Cost of borrowing of provisions (unwinding of discount on provisions)	(999)	(999)	(395)	(395)
Auditors remuneration	61	67	65	71
Add back of notional charitable expenditure	0	(6)	0	(6)
Total	1,031,501	1,032,879	948,263	948,572

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

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 4 INCOME

4.1 Revenue from contracts with customers

	2022 £000s		2021 £000s	
	Trust	Consolidated	Trust	Consolidated
HSC Trusts	0	0	0	0
Non-HSC:- Private patients	272	272	267	267
Non-HSC:- Other	1,488	1,488	1,311	1,311
Supported People Income - NIHE	1,992	1,992	1,986	1,986
Clients contributions	31,613	31,613	29,269	29,269
Seconded staff	3,468	3,403	3,692	3,627
Research and development	116	116	146	146
Revenue from non-patient services	3,711	3,711	1,694	1,694
Total	42,660	42,595	38,365	38,300

4.2 Other Operating Income

	2022 £000s		2021 £000s	
	Trust	Consolidated	Trust	Consolidated
Other income from non-patient services	3,511	3,511	3,805	3,805
Charitable and other contributions to expenditure by core trust	308	308	1,859	1,859
Donations / Government grant / Lottery funding for non current assets	689	689	2,163	2,163
Charitable income received by charitable trust fund	0	273	0	3,377
Investment income	0	104	0	119
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	4,508	4,885	7,827	11,323

TOTAL INCOME	47,168	47,480	46,192	49,623
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Refer to accounting policy note 1.10 for further information.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 Consolidated Property, Plant and Equipment - year ended 31 March 2022

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 2021	49,869	449,802	37,793	146,292	104,583	8,016	52,220	5,252	853,827
Indexation	0	17,792	1,882	0	6,687	163	0	138	26,662
Additions	0	45,123	682	6,454	14,636	2,892	8,559	1,142	79,488
Donations / Government grant / Lottery funding	0	684	0	0	5	0	0	0	689
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	150,313	21	(150,334)	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(13,940)	0	0	0	0	0	0	(13,940)
Reversal of Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	7,152	54	0	195	0	0	0	7,401
Disposals	0	0	0	0	(3,769)	(1,598)	0	0	(5,367)
At 31 March 2022	49,869	656,926	40,432	2,412	122,337	9,473	60,779	6,532	948,760
Depreciation									
At 1 April 2021	0	15,270	1,220	0	71,759	5,551	42,201	4,606	140,607
Indexation	0	(3,519)	97	0	4,896	80	0	114	1,668
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	4,841	4	0	142	0	0	0	4,987
Disposals	0	0	0	0	(3,769)	(1,598)	0	0	(5,367)
Provided during the year	0	14,272	1,064	0	9,993	694	3,741	192	29,956
At 31 March 2022	0	30,864	2,385	0	83,021	4,727	45,942	4,912	171,851
Carrying Amount									
At 31 March 2022	49,869	626,062	38,047	2,412	39,316	4,746	14,837	1,620	776,909
At 31 March 2021	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Asset financing									
Owned	49,869	595,276	38,047	2,412	39,316	4,746	14,837	1,620	746,123
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	30,786	0	0	0	0	0	0	30,786
Carrying Amount									
At 31 March 2022	49,869	626,062	38,047	2,412	39,316	4,746	14,837	1,620	776,909
Of which:									
Trust	49,869	626,062	38,047	2,412	39,316	4,746	14,837	1,620	776,909
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 (2020/21, £0).

The fair value of assets funded from the following sources during the year was:

Donations	2021 £000s	2022 £000s
Government grant	199	689
Lottery funding	0	0
	0	0

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UTH EASTERN HEALTH AND SOCIAL CARE TRUST

TES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022 TE 5.2 Consolidated Property, Plant and Equipment - year ended 31 March 2021

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2020	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	15,049	205	5,049	20	41,080
Disposals	0	1,991	0	0	172	0	0	0	2,163
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 SocNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	14	0	0	0	14
Reversal of impairments (index)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	(402)	0	0	(402)
At 31 March 2021	49,869	449,802	37,793	146,292	104,583	8,016	52,220	5,252	853,827
Depreciation									
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
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 SocNE	0	0	0	0	11	0	0	0	11
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (index)	0	0	0	0	0	(393)	0	0	(393)
Disposals	0	0	0	0	0	765	0	0	765
Provided during the year	0	13,127	1,046	0	7,338	0	3,141	215	25,632
At 31 March 2021	0	15,270	1,220	0	71,759	5,551	42,201	4,606	140,607
Carrying Amount									
At 31 March 2021	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Asset financing									
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
Carrying Amount									
At 31 March 2020	49,869	434,532	36,573	146,292	32,824	2,465	10,019	646	713,220
Asset financing									
Owned	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534
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									
At 31 March 2020	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534
Carrying amount comprises:									
Trust at 31 March 2022	49,869	626,062	38,047	2,412	39,316	4,746	14,837	1,620	776,909
Charitable Trust Fund at 31 March 2022	-	0	0	0	0	0	0	0	-
Trust at 31 March 2021	49,869	626,062	38,047	2,412	39,316	4,746	14,837	1,620	776,909
Charitable Trust Fund at 31 March 2021	-	0	0	0	0	0	0	0	-
Trust 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 2020	100	436,611	37,546	134,715	24,829	3,034	8,111	819	695,434
Charitable Trust Fund at 31 March 2020	100	0	0	0	0	0	0	0	100
Trust at 31 March 2020	49,869	436,611	37,546	134,715	24,829	3,034	8,111	819	695,534

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.1 Consolidated Intangible Assets - year ended 31 March 2022

	Software Licenses £000s	Total £000s
Cost or Valuation		
At 1 April 2021	24,868	24,868
Indexation	0	0
Additions	2,130	2,130
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 2022	26,998	26,998
Amortisation		
At 1 April 2021	15,372	15,372
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	2,770	2,770
At 31 March 2022	18,142	18,142
Carrying Amount		
At 31 March 2022	8,856	8,856
At 31 March 2021	9,496	9,496
Asset financing		
Owned	8,856	8,856
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
Carrying Amount		
At 31 March 2022	8,856	8,856

The fair value of assets funded from the following sources during the year was:

	2022 £000s
Donations	0
Government grant	0
Lottery funding	0

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.2 Consolidated Intangibles Assets - year ended 31 March 2021

	Software Licenses £000s	Total £000s
Cost or Valuation		
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	24,868	24,868
Amortisation		
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	15,372	15,372
Carrying Amount		
At 31 March 2021	9,496	9,496
At 1 April 2020	4,737	4,737
Asset financing		
Owned	9,496	9,496
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
At 31 March 2021	9,496	9,496
Asset financing		
Owned	4,737	4,737
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
At 1 April 2020	4,737	4,737
Carrying amount comprises:		
Trust at 31 March 2022	8,856	8,856
Charitable Trust Fund at 31 March 2022	0	0
	8,856	8,856
Trust at 31 March 2021	9,496	9,496
Charitable Trust Fund at 31 March 2021	0	0
	9,496	9,496
Trust at 31 March 2020	4,737	4,737
Charitable Trust Fund at 31 March 2020	0	0
	4,737	4,737

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 8 INVESTMENTS

NOTE 8.1 Investments

	2022			2021		
	Non Current Assets £000s	Assets £000s	Liabilities £000s	Non Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	6,443	0	0	5,115	0	0
Net cash inflow	2,000	0	0	0	0	0
Share of income	104	0	0	119	0	0
Share of realised gains	273	0	0	86	0	0
Share of unrealised gains	9	0	0	1,123	0	0
Balance at 31 March	<u>8,829</u>	<u>0</u>	<u>0</u>	<u>6,443</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	8,829	0	0	6,443	0	0
	<u>8,829</u>	<u>0</u>	<u>0</u>	<u>6,443</u>	<u>0</u>	<u>0</u>

NOTE 8.2 Market value of investments as at 31 March 2022

	Held in UK £000s	Held outside UK £000s	2022 Total £000s	2021 Total £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	8,829	0	8,829	6,443
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
Total market value of fixed asset investments	<u>8,829</u>	<u>0</u>	<u>8,829</u>	<u>6,443</u>

Analysis of expected timing of cash flows

	2022			2021		
	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 Later than five years	8,829	0	0	6,443	0	0
	<u>8,829</u>	<u>0</u>	<u>0</u>	<u>6,443</u>	<u>0</u>	<u>0</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 9 IMPAIRMENTS

	2022		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Reversal of Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	11,526	0	11,526
Total value of impairments for the period	<u>11,526</u>	<u>0</u>	<u>11,526</u>
	2021		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
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
Total value of impairments for the period	<u>(3)</u>	<u>0</u>	<u>(3)</u>

An impairment figure of £13,939,950 results from buildings becoming operational and valued by Land & Property Services generating an impairment of £13,617,519 for the New Acute Services Block at the Ulster Hospital Dundonald, and £322,431 for the new Lisburn Health and Care Centre. The reversal in impairment of £2,413,526 results from the implementation of Health annual property indexation and reduces the above impairment to a net £11,526,424. Any fall in value through negative indexation or revaluation is shown as impairment. 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 2021/22 (£0 in 2020/21).

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 11 INVENTORIES

Classification	2022 £000s		2021 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	2,786	2,786	2,706	2,706
Theatre equipment	575	575	578	578
Fuel	435	435	234	234
Laboratory materials	223	223	211	211
Stationery	0	0	0	0
Laundry	0	0	5	5
X-Ray	35	35	44	44
Personal Protective Equipment	731	731	930	930
Other	0	0	0	0
Total	4,785	4,785	4,708	4,708

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 12 CASH AND CASH EQUIVALENTS

	2022 £000s		2021 £000s	
	Core Trust	Consolidated	Core Trust	Consolidated
Balance at 1st April	11,170	11,569	10,888	11,063
Net change in cash and cash equivalents	5,735	5,436	282	506
Balance at 31st March	16,905	17,005	11,170	11,569

	2022 £000s		2021 £000s	
	Core Trust	Consolidated	Core Trust	Consolidated
The following balances at 31 March were held at				
Commercial banks and cash in hand	16,905	17,005	11,170	11,569
Balance at 31st March	16,905	17,005	11,170	11,569

NOTE 12.1 Reconciliation of Liabilities arising from Financing Activities

	2021 £000s	Cash Flows £000s	Non-Cash Changes £000s	2022 £000s
Capital Element of Payments - Finance Leases and On-Balance Sheet (SoFP) PFI and Other Service Concession Arrangements	0	(644)	31,430	30,786
Total Liabilities from Financial Activities	0	(644)	31,430	30,786

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 13 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2022		2021	
	£000s		£000s	
Amounts falling due within one year	Trust	Consolidated	Trust	Consolidated
Trade receivables	550	550	348	348
Deposits and advances	2	2	1	1
VAT receivable	7,207	7,207	7,394	7,394
Other receivables - not relating to fixed assets	12,023	11,970	11,431	14,368
Other receivables - relating to property plant and equipment	274	274	720	720
Other receivables - relating to intangibles	0	0	0	0
Trade and other receivables	20,056	20,003	19,894	22,831
Prepayments	1,715	1,715	1,712	1,712
Accrued income				
Contract assets	0	0	0	0
Current part of PFI and other service concession arrangements prepayment	0	0	0	0
Other current assets	1,715	1,715	1,712	1,712
Carbon reduction commitment	0	0	0	0
Intangible current assets	0	0	0	0
Prepayments and accrued income	0	0	0	0
Other current assets falling due after more than one year	0	0	0	0
TOTAL TRADE AND OTHER RECEIVABLES	20,056	20,003	19,894	22,831
TOTAL OTHER CURRENT ASSETS	1,715	1,715	1,712	1,712
TOTAL INTANGIBLE CURRENT ASSETS	0	0	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	21,771	21,718	21,606	24,543

The balances are net of a provision for bad debts of £2,560k 2021/22 (2020/21, £2,404k).

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14.1 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2022 £000s		2021 £000s	
	Trust	Consolidated	Trust	Consolidated
Amounts falling due within one year				
Other taxation and social security	18,566	18,566	17,749	17,749
Trade capital payables - property, plant and equipment	22,012	22,012	21,927	21,927
Trade capital payables - intangibles	0	0	0	0
Trade revenue payables	28,098	28,098	23,541	23,541
Payroll payables	52,340	52,340	54,803	54,803
Clinical negligence payables	3,069	3,069	1,788	1,788
BSO payables	2,047	2,047	2,597	2,597
Other payables	1,435	1,374	2,046	2,104
Accruals	50,708	50,708	37,732	37,732
Deferred income	430	430	387	387
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
Trade and other payables	178,705	178,644	162,570	162,628
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	2,153	2,153	0	0
Other current liabilities	2,153	2,153	0	0
Carbon reduction commitment	0	0	0	0
Intangible current liabilities	0	0	0	0
Total payables falling due within one year	180,858	180,797	162,570	162,628
Amounts falling due after more than one year				
Imputed finance lease element of PFI contracts and other service concession	28,633	28,633	0	0
Long term loans	0	0	0	0
Total non current other payables	28,633	28,633	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	209,491	209,430	162,570	162,628

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2022

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2022 £000s
Balance at 1 April 2021	2,436	60,103	2,117	64,656
Provided in year	198	28,282	1,713	30,193
(Provisions not required written back)	(35)	(915)	(456)	(1,406)
(Provisions utilised in the year)	(72)	(7,103)	(1,188)	(8,363)
Cost of borrowing (unwinding of discount)	(33)	(945)	(21)	(999)
At 31 March 2022	2,494	79,422	2,165	84,081

Comprehensive Net Expenditure Account charges	2022 £000s	2021 £000s
Arising during the year	30,193	19,123
Reversed unused	(1,406)	(1,739)
Cost of borrowing (unwinding of discount)	(999)	(395)
Total charge within Operating expenses	27,788	16,989

Analysis of expected timing of discounted flows

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2022 £000s
Not later than one year	72	26,850	2,038	28,960
Later than one year and not later than five years	299	17,202	127	17,628
Later than five years	2,123	35,370	0	37,493
At 31 March 2022	2,494	79,422	2,165	84,081

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. 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. Following enactment of the Damages (Return on Investment) Act (Northern Ireland) 2022 in February 2022, the rate is now determined by the Government Actuary who completed his first review under the new legislative framework in March 2022, resulting in the rate changing again to -1.5% with effect from 22 March 2022. A review of Clinical Negligence cases was undertaken in 2021/22 to assess the impact on cases that have not yet settled in order to establish the increase in liability. This increase has been quantified as £8.3m which is included within the above figures.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2021

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2021 £000s
Balance at 1 April 2020	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)
At 31 March 2021	2,436	60,103	2,117	64,656

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	2,436	60,103	2,117	64,656

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 16 CAPITAL AND OTHER COMMITMENTS

	2022	2021
	£000s	£000s
Property, plant & equipment	2,573	7,815
Intangible assets	0	0
	<u>2,573</u>	<u>7,815</u>

The capital commitments relates to the Ulster Hospital redevelopment programme Phase B.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 17 COMMITMENTS UNDER LEASES (IAS17 DISCLOSURES)

17.1 Finance Leases

The Trust does not have any finance leases at either 31 March 2022 or 31 March 2021.

17.2 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2022 £000s	2021 £000s
Obligations under operating leases comprise		
Land		
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
	<u>0</u>	<u>0</u>
Buildings		
Not later than 1 year	247	159
Later than 1 year and not later than 5 years	257	334
Later than 5 years	0	0
	<u>504</u>	<u>493</u>
Other		
Not later than 1 year	1,207	913
Later than 1 year and not later than 5 years	2,336	1,651
Later than 5 years	564	406
	<u>4,107</u>	<u>2,970</u>

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.

	2022 £000s	2021 £000s
Obligations under operating leases issued by the Trust comprise		
Land & Buildings		
Not later than 1 year	11	11
Later than 1 year and not later than 5 years	21	32
Later than 5 years	0	0
	<u>32</u>	<u>43</u>
Other		
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
	<u>0</u>	<u>0</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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, 2020/21).

18.2 On balance sheet (SoFP) PFI Contracts

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of an on-balance sheet (SoFP) PFI was £744k (2020-21: £0k). This PFI scheme relates specifically to a new Primary Care and Treatment Centre on the Lagan Valley Hospital site and the concession will run for a period of 25 years from the date of practical completion (April 2021). This is the only PFI scheme operating within the South Eastern Trust at this time. Future obligations for this scheme, under on-balance sheet PFI arrangements are given in the table below for each of the following periods:

COMMITMENTS UNDER PFI CONTRACT

	2022	2021
	£000s	£000s
Minimum lease payments:		
Due within 1 year	2,153	0
Due later than 1 year and not later than 5 years	8,612	0
Due later than 5 years	40,998	0
Total	51,763	0
Less interest element	(20,977)	0
Present value	30,786	0
	2022	2021
	£000s	£000s
Service elements due in future periods:		
Due within one year	839	0
Due later than one year and not later than five years	3,570	0
Due later than five years	22,788	0
Total service elements due in future periods	27,197	0
Total Commitments	57,983	0

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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.

	2022 £000s	2021 £000s
Clinical negligence	1,435	1,543
Public liability	23	11
Employers' liability	111	81
Accrued leave	0	0
Injury benefit	0	0
Other	14	7
Total	<u>1,583</u>	<u>1,642</u>

Clinical Excellence Awards scheme. This scheme recognised the contribution of consultants who show commitment to achieving the delivery of high quality care to patients and to the continuous improvement of Health and Social Care. There were 12 levels of award, lower awards (steps 1-8) were made by local (employer) committees, and higher awards were recommended by the Northern Ireland Clinical Excellence Awards Committee (NICEAC). Self-nomination was, however, the only method of application within the scheme.

After consultations, the Department of Health (DoH) decided that from the 2013-2014 awards round and onwards, no new clinical excellence awards (higher or lower) would be made to medical and dental consultants. This decision has been subject to legal challenge and the current legal opinion around the case from the Departmental Solicitors Office (DSO) supports the treatment of this matter as a contingent liability in the 2021-22 accounts. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

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 23 and 24 June 2021 but was adjourned and not yet rescheduled. Based on the position in the NHS in England, Scotland and Wales, an accrual at 31 March 2022 has been calculated by HSC management for the liability and is included in these accounts. The accrual has been extended as at 31 March 2022 in respect of the sick pay implications from the ruling. 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.

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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 £984 million (£902 million 2020/21). 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 Eastern Health and Social Care Trust.

NOTE 21 THIRD PARTY ASSETS

The Trust held £4,982k cash at bank and in hand at 31 March 2022 which relates to monies held by the Trust on behalf of patients (£4,857k, 2020/21) 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.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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:

	2022	2021
	Total	Total
	£000s	£000s
HSCB	895,946	845,549
PHA	5,578	4,851
SUMDE & NIMDTA	9,512	8,853
DoH (excludes non cash)	1,102	1,279
Other Government Departments	0	0
Non cash RRL (from DoH)	71,339	44,337
Total agreed RRL	983,477	904,869
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(689)	(2,163)
Adjustment for PFI and other service concession arrangements/IFRIC 12	(78)	0
Adjustment for Research and Development under ESA10	541	535
Adjustment for PPE Stock	1,125	(1,125)
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	984,376	902,116

22.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to over spend.

	2022	2021
	Total	Total
	£000s	£000s
Gross capital expenditure	82,307	49,781
Less charitable trust fund capital expenditure	(689)	(2,163)
Less IFRIC 12/PFI and other service concession arrangements spend (Receipts from sale of fixed assets)	(31,430)	0
Net capital expenditure	50,188	47,609
Capital Resource Limit	50,728	48,190
Adjustment for Research and Development under ESA10	(541)	(535)
	50,187	47,655
Overspend/(Underspend) against CRL	1	(46)

The Trust has broken even on its capital spend programme.

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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 2022

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.

	2021/22 £000s	2020/21 £000s
Net Expenditure	(984,333)	(902,071)
RRL	984,376	902,116
Surplus / (Deficit) against RRL	43	45
Break Even cumulative position(opening)	(3,460)	(3,505)
Break Even cumulative position (closing)	<u>(3,417)</u>	<u>(3,460)</u>

Materiality Test:

	2021/22 %	2020/21 %
Break Even in year position as % of RRL	<u>0.00%</u>	<u>0.00%</u>
Break Even cumulative position as % of RRL	<u>-0.35%</u>	<u>-0.38%</u>

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no post balance sheet events to report.

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 1 July 2022.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

**PATIENTS/ RESIDENTS MONIES ACCOUNTS FOR THE YEAR ENDED 31
MARCH 2022**

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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.

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 2022 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 2022 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 the South Eastern Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Revised Standard, 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 the 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 the 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 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;
- 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. 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

1 July 2022

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Patient & Residential Monies Accounts

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2022

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENT'S/ RESIDENTS

Previous Year	RECEIPTS	£	£
£		£	£
	<u>Balance at 1 April 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>
<u>4,281,585</u>	Amounts Received in the Year		<u>4,157,967</u>
-	Interest Received		-
<u>8,437,403</u>	TOTAL		<u>9,015,286</u>
	PAYMENTS		
£		£	£
<u>3,580,084</u>	Amounts Paid to or on behalf of Patients/Residents		<u>4,033,549</u>
	<u>Balance at 31 March 2022</u>		
-	1. Investments (at cost)	-	
4,855,319	2. Cash at Bank	4,979,737	
<u>2,000</u>	3. Cash in Hand	<u>2,000</u>	<u>4,981,737</u>
<u>8,437,403</u>	TOTAL		<u>9,015,286</u>

Cost Price £	Schedule of investments held at 31 March 2022	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
24 June 2022

I certify that the above account has been submitted to and duly approved by the Board.



Chief Executive
24 June 2022

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Designed by Communications Department