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

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

The scope of my responsibilities as Accounting Officer for Northern Health and Social Care Trust, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 27 June 2024. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. Governance Framework

The Governance framework as described in the most recent Governance Statement continues to operate subject to amendments made following review as set out below. The Audit Committee and the *other Board* Committees which include Remuneration, Charitable Trust Funds Advisory and Outcomes and Assurance Committees have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes containing the Committees' reports, are available for Departmental inspection to further attest to this.

2. Assurance Framework

The Integrated Governance and Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has recently been reviewed in conjunction with the Chair of Trust Board. The revised Integrated Governance and Assurance Framework Committee Structure came into effect from 1 July 2024 with ongoing implementation throughout the reporting cycle. Under the revised arrangements, the Assurance Committee has become the Outcomes and Assurance

Committee, with the first meeting under the revised arrangements held in September 2024. Minutes of Assurance Committee / Outcome and Assurance Committee meetings are available to further attest to the continued operation of the framework, with draft minutes of Assurance Committee / Outcome and Assurance Committee meetings subsequently tabled at each Trust Board meeting for noting.

3. Risk Register

I confirm that the Principal Risk Document (details those risks that could compromise achievement of the Trust's Principal Corporate Objectives) and the Corporate Risk Register have been regularly reviewed by the Assurance Committee (replaced with the Outcomes and Assurance Committee) and that risk management systems/processes are in place throughout the organisation. As part of the board-led system of risk management, the Principal Risk Document is presented to the Assurance Committee, most recently on 19 September 2024 and to Trust Board 3 times per year, most recently on 27 June 2024. The Corporate Risk Register is presented annually to the Assurance Committee, for discussion and approval.

In addition, I confirm that Information Risk continues to be managed and controlled as part of this process.

4. Performance against Business Plan Objectives/Targets

I confirm satisfactory progress towards the achievement of the objectives and targets set out in the organisation's business plan as approved by the Department with the exceptions as set out in this mid-year assurance report (see Internal Control Divergences). Normally the Ministerial targets and SPPG Commissioning priories are responded to in the annual Trust Delivery Plan, however due to the absence of a Programme for Government, the SPPG could not produce a Commissioning Plan for 2024/25.

In the absence of the Trust Delivery Plan, the Trust has produced a Service Delivery Plan for 2024/25 which outlines measureable outcomes for acute and community areas. The Trust has recently renewed its Reform North Programme with renewed focus on enhancing services and driving positive and measureable outcomes. Trust performance against outcomes are monitored on a monthly basis by SPPG and through the Trust's Accountability and Performance Management arrangements.

The Trust continues to engage with regional colleagues and the SPPG in relation to the development of the Strategic Outcomes Framework and Strategic Outcome Measures, which will replace the Trust Delivery Plan in 2025.

5. Finance

I confirm that proper financial controls are in place to enable me to ensure value for money, propriety, legality and regularity of expenditure and contracts under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda, which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- preparation of business cases for all expenditure proposals in line with FD(DoF)11/20 Better Business Cases NI and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- accounting accurately for the organisation's financial position and transactions;

- securing goods and services through competitive means unless there are convincing reasons to the contrary; and
- procurement activity being carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE)

6. Information Governance – General Data Protect Regulation (GDPR) & Data Protection Act (DPA) 2018

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

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

In respect to Environmental, Medical Device Management and Estates Infrastructure Safety Governance, I confirm that my organisation has controls in place to enable it to meet the requirements of all extant statutory obligations upon it, that it complies with all standards, policies and strategies set by the Department and all applicable guidance set by other parts of government. Any significant control divergences are reported below together with an outline of action plans in place to address these divergences.

8. External Audit Reports

The Trust received the final Report To Those Charged With Governance in September 2024. This contained five external auditor's recommendations, all of which were accepted. The priority of the recommendation denotes the seriousness:

- Priority 1 – significant issues for the attention of senior management, which may have the potential to result in material weakness in internal control.
- Priority 2 – important issues to be addressed by management in their areas of responsibility.
- Priority 3 – issues of a more minor nature, which represent best practice.

Four recommendations were priority 2 and one priority 3. Three of the recommendations are concerned with working with Land and Property Service, the Directorate of Legal Services or the Department of Health in determining valuations within the annual accounts, a further one with the structure of the accounts and the last in respect of the Internal Control environment.

I confirm work is on-going on implementation of the external auditor's accepted recommendations.

	Recommendation	Target Date	Priority	Management Response
1	**PSNI Holiday Pay Provision** Where in future there is a significant change in the basis of calculation of a key estimate within the financial statements, we recommend that management reviews the calculations for such significant changes to ensure that estimation errors within the calculation are identified and rectified, to provide a reliable degree of accuracy in the calculation. It is important that this review is documented and that management are content that the estimate is reliable. We would also expect management and the Board to consider the extent to which appropriate disclosure is required to enable the users of the financial statements to understand the changes made and the factors that have influenced the change, and to comply with financial reporting standards. The Trust should also continue to engage with the Department of Health on this matter.	31 March 2025	2	Accepted Co-ordinated regional review will be conducted of the basis of calculation and the associated disclosure in respect of any such significant changes.
2	**Internal Control Environment** We recommend that the Trust works to promptly address the issues identified from the 2023-24 Internal Audit reports and the outstanding significant recommendations made in previous financial years, particularly where these relate to ensuring that the existing controls are robustly applied throughout the Trust.	On-going	2	Accepted The Trust is closely monitoring implementation of all outstanding recommendations to maximise robustly applied controls throughout the Trust.
3	**Backlog Maintenance** The Trust engages with LPS to ensure that:	31 March 2025	2	Accepted The Trust is embarking on its

	• backlog maintenance and condition surveys are explicitly taken into consideration when valuations are carried out, and • that the backlog maintenance details provided to LPS appropriately distinguish between work which is required to: ensure continued service delivery; to bring the estate up to a reasonable modern standard; and desired future improvement works; and • the Trust ascertains whether, or if, the capital plan sufficiently considers the extent of backlog maintenance and the requirements to ensure service delivery on the estate, including the funding position. The policy of conducting full revaluations every five years is outside of the Trust's control. We recommend that the Trust asks the Department to consider whether this policy remains appropriate, given the extensive backlog maintenance across the Department's estate, limited budget allocation to progress the matter, and LPS' limited awareness of the service delivery element of the estate since the valuation date, in January 2020.			quinquennial LPS revaluation of Land and Buildings with the next valuation due on 31 January 2025. The substance of this recommendation will be raised with them as part of that process.
4	**Clinical Negligence** In this instance, it is important that provisions are valued using the most accurate information available. We recommend that the Trust works closely with DLS to ensure that all relevant cases are updated in a timely manner to reflect the new Green Book and that provisions are updated accordingly.	31 March 2025	2	Accepted Cases will be updated as progressed during the year and confirmation will be sought that 100% of cases will have been updated before next year end.
5	**Structure of the Annual Report and Accounts** As part of preparing the Annual Report and Accounts for 2024-25, and in advance of submission to NIAO, the Trust should ensure that the structure of the Annual Report and Accounts is subject to appropriate review. Efforts should be made to streamline the document and to report only those key pieces of information that are important to relevant stakeholders.	31 March 2025	3	Accepted. The Trust intends to review the structure and format of the annual report and accounts for the year 2024-25

9. Internal Audit

I confirm implementation is being proactively progressed of the accepted recommendations made by Internal Audit, with 82% fully implemented at the mid-year review and 17% partially implemented, with only 1% not yet addressed. The Financial

Governance Team works with Directorates including offering guidance and support on the action and evidence required to implement and close recommendations.

At the mid-year recommendations in respect of cyber compliance were separately reported, as these are regional in nature and resolution therefore not solely within the power of the Trust.

There are 58 prior year recommendations, of which 55 are only partially implemented and 3 not implemented but all have actions planned against them. 27 of these were in relation to significant findings: 2 priority 1, 54 priority 2 and 2 not prioritised. At the mid-year position last year there were 70, of which 6 were priority 1, 61 priority 2 and 3 not prioritised. The priority 1 recommendations are highlighted in the table below:

Audit Report	Year	Recommendation	Progress Update September 2024
Management of Medical Staff	2017-18	Up to date job plans should be established for Consultants / Associate Specialists and Speciality Doctors and this should form part of an annual job planning cycle. The job planning process should be commenced on a timely basis to ensure that prospective job plans for the year ahead are agreed by 1 April each year in line with Trust Job Planning Guidance.	The implementation of this recommendation is work in progress and will be considered in more detail by Internal Audit as part of the substantive review of job plans. Management indicate that progress on completion of job plans within Directorates shows an improving picture year-on-year, with 78% of Consultants and 72% of SAS doctors having a job plan in place for 2024-25 as of 30.9.24. In keeping with new job planning pathway, job planning cycle for 2025-26 will commence in October 2024.
Management of Dysphagia	2023-24	Ward A5 Antrim Hospital - Management should urgently review and strengthen dysphagia control, ensuring staff are appropriately trained on required processes. This should include ensuring: • Safety pauses are taking place before mealtimes to identify patient EDS requirements and recommendations and to ensure	Evidence was provided of the results of 5 Mealtime Matters unannounced audits, which took place in Ward A5. During April 2024 by staff independent of the ward. The results clearly showed an improvement to the practices within this ward, in particular that: •Safety pauses were taking place before meal times by all staff involved, including catering staff;

		that the right patient gets the right meal. • Safety Briefs should discuss and record patient eating drinking requirements. • That the meals being served have actually been ordered by the patient currently in the bed (i.e. not ordered by a patient that was previously in the bed). • Patient are assisted or supervised to eat their food, where applicable. Management, independent of the Ward, should establish a programme of unannounced spot checks (outside of the normal audits) to ensure that control is strengthened in this ward.	•That the meals served were actually been ordered by the patient currently in the bed; • Patient were assisted or supervised to eat their food, where applicable. However, all 5 audits indicated that safety briefs/ huddles/ handover records did not clearly document the communication of all service users individual eating, drinking and swallowing needs, Given the significance of this recommendation it will remain partially implemented until improvements in this regards are demonstrated

10. RQIA and Other Reports

I confirm implementation of the accepted recommendations made by RQIA, and that the Trust has received the following final RQIA Review reports since April 2024:

- Analysis of Serious Adverse Incidents Reported to RQIA where the diagnosis is Addictions / Substance Misuse.
- Acute Mental Health Inspection (relates to inspection undertaken in March 2024)

One new review has commenced – Phase 3 of the Expert Review of Clinical Records of Deceased Patients of Dr Watt.

Since April 2024, the Trust received 19 reports relating to routine inspections (announced and unannounced) of Trust facilities. Areas for improvement were identified for 13 facilities inspected, for which Improvement Plans have been completed and returned to RQIA. Progress against improvement plans is monitored

by the Divisional Governance Teams. In 6 of the facilities inspected no areas were identified for improvement.

Other Reports

I confirm that the Trust is not in receipt of any other inspection reports since April 2024.

11. NAO Audit Committee Checklist

I confirm completion of the NAO Audit Committee Checklist and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

12. Board Governance Self-Assessment Tool

I confirm completion of the Board Governance Self-Assessment Tool and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

13. Internal Control Divergences

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the Management Statement and Financial Memorandum (MSFM), other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

New Divergences

Residential Childcare and Placement Availability

Residential Care and Foster Care placement availability is challenging on a regional and local level and there continues to be a significant reduction in enquiries to the regional Foster Care Recruitment Team for the Northern Trust area. There is a sustained increase in the number of Looked After Children within NHSCT, with a 5% increase in the 5 month period March – September 2024 (857 week commencing 02/09/2024 from 815 at 31/03/2024). Whilst the majority of young people continue to be provided with appropriate care placements, an increasing number with challenging and complex needs have been cared for in unregulated bespoke arrangements, with increased staffing levels and for children with disabilities, placement in short break residential beds, pending permanent placements. This impacts on families who rely on the short break residential service. The Trust receives complaints from parents and challenge through Judicial Review processes. In addition, RQIA has served an improvement notice on the Trust given that the pattern of operating unregistered Children's Homes has persisted, and there is a continued reliance upon unregistered Children's Homes to meet the placement needs of the increasing Looked After Children population. The Trust had implemented an action plan in an effort to minimise further use of this type of arrangement with actions such as: increase in children's homes bed capacity, extended placements in foster care homes and cancellation of short break services, however it has been necessary to set up two recent bespoke placements accommodating two young people. The Trust has further plans to increase placement availability, however these will require time to implement, and it is unlikely to avoid additional bespoke arrangements in the intervening period.

Restricted low acuity escalation bed capacity to ensure fire safety

Northern Trust has been operating up to a maximum of 27 beds as additional beds across a range of Antrim Area Hospital wards for the placement of low acuity patients from Antrim Emergency Department. The use of these beds is set out in the Trust's

Full Capacity Protocol as part of the risk management measures taken when operating at full capacity. These beds have been in regular use.

The Northern Ireland Fire and Rescue Service visited Antrim Area Hospital on 2 July 2024 under the Fire and Rescue Services (NI) Order 2004 and issued non-compliance notices for 9 wards as a result of obstruction to escape routes – specifically, the use of additional beds which were preventing progressive horizontal evacuation.

In order to achieve compliance with the Fire and Rescue Services (NI) Order 2004 it is necessary for the Trust to cap the number of additional beds at 16 beds. This is a loss of 11 beds from the site and therefore a significantly reduced ability to support flow and reduce overcrowding in the ED when operating at full capacity.

As a result, there is an increased risk of the Emergency Department becoming so congested that it is unable to continue operating safely, with implications for the timely assessment and treatment of critically unwell patients and wider implications for other Trusts across the HSC system

Progress on Prior Year Control Issues – Ongoing

Aseptic Facilities

Aseptic processing is the manipulation of sterile medicinal starting materials and components in such a way that they remain sterile and uncontaminated whilst being prepared for presentation in a form suitable for administration to patients. As such, it is a critical and high-risk process that must be carried out by highly trained staff in facilities with pharmaceutical clean rooms and associated equipment (e.g. isolators, laminar airflow cabinets) that comply with the current standards of Good Manufacturing Practice (GMP).

The NI Regional Quality Assurance Service undertakes audits of all aseptic units against UK national standards. The Antrim Pharmacy and Laurel House aseptic facilities were rated as overall HIGH risk to patient safety in the 2022/23 audits. These

facilities are more than 25 years old and do not meet the current standards for the design and construction of clean rooms; they require urgent investment to prevent them presenting unacceptable risk to patient safety. A Pharmaceutical Quality System (PQS) has been established which records and reviews the microbiological and environmental monitoring of the facilities. Monthly quality management meetings are held to review all aspects of the management and monitoring of the facilities and agreed actions recorded. The PQS demonstrates that the facilities are currently maintaining a level of control in terms of the fabric and finishings, and environmental monitoring. There is active engagement with the Capital Development team to progress the preferred model of a new build which would combine both NHSCT facilities into one unit. A regional review of aseptic services has been completed which includes the development of a capital investment proposal for a regional hub to address the rising demand and unmet need in support of existing Trust facilities. The regional capital investment proposal included replacement facilities for Northern Trust and the requirement has been added to the NHSCT capital plan.

Payments to Medical Staff and Job Planning

Internal Audit gave limited assurance in relation to Payments to Medical Staff and Management of Job Planning in 2023/24 on the basis that there are a significant proportion of Consultants / SAS Doctors that do not have up to date job plans in place, the correct process for completing job plans has not been adhered to and not all the clinics being delivered aligned to the agreed job plan.

The administration process for job planning transferred to the Medical Director's office with effect from 15 May 2023. A Quality Improvement Project commenced in April, 2024, the project aims were to address the Internal Audit recommendations with services and clinical leaders as well as to increase completion and compliance of the job planning process by ensuring that 95% of all job plans are updated and available by April, 2025. A number of improvements have been implemented as a consequence, with budget manager involvement in the process. A flowchart has been

developed with a new co-produced process and responsibilities have been defined, as well as introduction of monthly divisional reports and tracking processes.

Management of Medical Devices

Internal Audit provided limited assurance in relation to the Management of Medical Devices on the basis that the Trust currently does not have a fully up to date, accurate listing of assets in use. The electronic transfer of information from the old management system to the new is now underway.

Management has agreed actions to address Internal Audit recommendations including validating the Trusts Medical Device Asset Management System (eQuip) for all assets for which the Trust has responsibility. Servicing requirements are being reviewed and updated on the eQuip system. A number of actions have been resolved.

Joint Advisory Group (JAG) Accreditation

The Endoscopy Service at Whiteabbey Day Procedure Unit received notification from JAG on 28 January 2020 advising that 'the service had not been able to demonstrate adherence to JAG standards and accreditation had been withdrawn'. Full JAG assessment will be required to regain accreditation. The service continues to work through the JAG standards to allow consideration for full accreditation. As we have delivered a significant reduction in our waiting times for red flag referrals the service will apply for accreditation in the near future.

Dysphagia

Dysphagia management and the risks associated with the provision of food and drinks to people diagnosed with Dysphagia continues to be an area of focus and remains a principal risk to the Trust. The Trust Dysphagia Group provides leadership across the Trust to drive and embed key actions such as the implementation of the Food and Drink Safety Pause prior to serving meals or drinks. The Trust Dysphagia Group has progressed actions to implement the recommendations set out in the National Confidential Enquiry into Patient Outcome and Death, with 10 of 11 recommendations

now implemented (the final recommendation is dependent on additional resources). The RQIA review has 24 of 25 recommendations implemented.

The CEC regional eLearning programme is now available for staff working with adults and children (excluding neonates, where bespoke training materials are available).

The Internal Audit of Dysphagia Management conducted in 2023/24 providing limited assurance and an action plan to take forward the recommendations of the report is overseen by the Trust Dysphagia Group. Regrettably the Trust was advised by the Health and Safety Executive NI in August 2023 that they had referred a further incident to their Major Investigation Team that occurred in March 2022, relating to the death of a patient associated with an episode of choking. This investigation remains ongoing.

Recruitment and Retention

There continue to be ongoing and significant workforce challenges across Nursing, Social Work, and Medical staffing within the Trust, with ongoing challenges to secure staffing across these professions. This remains a risk to the delivery of sustainable services.

The Trust continues to take the following actions:

- Proactive nurse recruitment in all Trust services, with sustained effort to recruit to areas that are challenging to staff consistently. This has resulted in an improved Band 5 vacancy rate of 3.93% as at August 2024 compared to 14.7% as at March 2023;
- Proactive engagement with university students through information sessions, careers fairs and positive practice learning experience has supported positive recruitment of newly qualified nurses for September 2024;International nurse recruitment, which has continued to provide a steady number of arrivals since 2017. 273 internationally educated nurses, who arrived to the Trust between April 2017 and April 2024, have been employed through the regional recruitment programme, with 15 internationally educated nurses being recruited locally and

supported through Observed Structured Clinical Examination. Out of the 273 there have been 263 who have been placed on NMC register;

- Medical recruitment campaigns;
- Ongoing participation in the regional Medical & Dental Agency Framework Group which was established to review the current framework, assess the level of agency/locum utilisation within Trusts, detailing areas of high agency demand in advance of the new framework procurement process for Regional Medical/Dental Agency staff (provisionally January 2025);
- Ongoing review of medical locum usage via Retinue and in-house, working collaboratively with all Directorates on reviewing medical workforce and plans to reduce locum spend via recruitment solutions, International Medical Recruitment, CESR and other recruitment campaigns;
- Social work – there is an improved position following student streamlining in June 2024. The NHSCT continues to enjoy good results from the fast tracking of final year Social Work Degree Students into the workforce via the Health Sector Talent portal. This year 63 newly qualified social workers (NQSW) expressed NHSCT as their first choice employer. NHSCT appointed 53 NQSW (largest single recruitment since June 2020). However due to ongoing supply issues the vacancy position will deteriorate rapidly until June 2025. Trends indicate that by Oct / Nov supply becomes zero and we can only move existing SW staff around services. Children and Young People Division remains disadvantaged;
- Ongoing review of the efficiency of nursing resources and appointment of a safe staffing lead nurse;
- Review of the usage and impact of the cessation of non-contract agency staff with the focus to monitor and review utilised nursing hours;
- A Nurse Stabilisation Group has been established to develop and lead the planning and actions required to achieve maximum effectiveness of the Trust's available funding / resources associated with the Nursing and Midwifery Workforce (Funded Staffing Level) to deliver Trust workforce stability, patient safety and financial benefits realisation;
- Progressing a regional refresh of Delivering Care;

- A new social work mentoring and coaching programme has been fully implemented. Initial evaluation indicates increased retention indicators for AYE Social Workers; and
- Collaborative work with NIMDTA, through Single Lead Employer process, to deliver an improved employment experience for Doctors and Dentists in Training.

Payroll and Recruitment Services

The Payroll Shared Services Centre (PSSC) has consistently received Limited Internal Audit Assurance since 2014-15, with the exception of 2016-17 when an additional unacceptable assurance was issued in respect of Payroll System and Function Stability. Since 2020-21 Audit Reports have provided a split level of assurance.

The 2023/24 Audit Report issued in April 2024, gave a limited opinion in respect of staffing stability, the impact of Change Requests on Month 10 and Month 11 Payroll, SAP / HMRC (RTI) Reconciliation, Net and Historic Overpayments Backlogs, and Agenda for Change elements (previously reported as holiday pay). Assurance was considered Satisfactory in respect of Elementary PSSC processes.

The Payroll Quality Improvement Project (PQIP) continues with 6 strands addressing the remaining recommendations. PQIP aims to improve the quality and accuracy of payroll processing in specific areas of service delivery.

The Trust continues to participate annually in the following governance structures in support of these strands:

- Shared Services Regional Customer Services Forum; and
- Regional Payroll Customer Services Forum - in order to monitor operation, progress and governance of key decisions in relation to payroll.

The recovery of overpayments is a particularly difficult issue and the retained payroll function within the financial accounting team liaise routinely with PSSC with regard to actions to be taken and the scope and value of these.

The Staff in Post (SIP) verification process is operated by the Trust to facilitate the early identification of payroll error so reducing the occurrence of overpayments and minimising the value and potential irrecoverability, where these do inadvertently occur.

Recruitment Shared Service (RSS) also received a Limited assurance opinion from Internal Audit for 2023/24 (as in 2022/23).

Financial Breakeven Position

Following indicative allocation letters from SPPG, PHA and NIMDTA the Trust prepared a 2023/24 Financial Plan and indicative 5 Year Recovery Plan, as required by circular HSS(F) 37/2023. This plan left the Trust with a CYE 2024/25 deficit of £35m. This included recurrent Recovery Savings and non-recurrent in-year Contingency Savings of £25m in 2024/25.

In July 2024 the Permanent Secretary asked the Trust to identify further CYE savings of £4m; this would bring the total in-year 2024/25 savings to £29m and a remaining deficit of £31m. In return, the DoH and SPPG confirmed that they would non-recurrently resource this £31m deficit, meaning if the Trust achieves fully the CYE savings of £29m then the outturn would be for a break-even position.

Services will be required to deliver their identified savings from the Savings plan and the Trust will to continue to monitor these and identify contingency measures if any of them are off-target.

There remains a recurrent deficit that will require the Trust, in partnership with SPPG and DoH, to deliver a Recovery Plan over the next 4 years. Delivery will require recurrent savings as well as in-year contingency measures and deficit funding from DoH. This will be challenging to deliver and will require the Trust to work with SPPG and DoH over this period to achieve a recurrent financial break-even.

Cyber Security

The Trust continues to work with colleagues through the Regional Cyber Security Programme Board to address issues highlighted from external assessment and audit, in order to take common/consistent actions to monitor and continually strengthen cyber security issues.

As an Operator of Essential Service (OES) the Trust has completed a Cyber Assessment Framework (CAF) self-assessment for the Competent Authority. The

Trust meets with the Competent Authority on a monthly basis to discuss progress against the Network and Information Security recommendations and the ongoing programme of work identified in the CAF. Resource is needed within both Governance and ICT teams around this programme of work to manage the ongoing legal requirement and a request for funding has been submitted to Digital Health and Care NI (DHCNI).

The Trust is continuing to review its corporate risk to take account of these developments and the new version of the ISO27001 document.

An emerging risk has been identified that end of life infrastructure refresh has not been adequately funded in 2024/25. This leads to both cyber and operational risk that infrastructure and devices cannot be refreshed to the latest hardware or versions.

Neurology

The Trust is committed to the sustainability of the Neurology Service in the Trust in conjunction with regional colleagues and SPPG but continues to find it difficult to secure sufficient resource to adequately meet demand.

The first of the joint Northern/ Belfast HSCT Consultant Neurologist posts aimed at addressing this commenced at the start of March 2021.

The Trust has secured funding for two further Consultant Neurologists but has been unable to appoint. The Trust continues to have a presence from Consultant Neurologists from the BHSCT and active support from the BHSCT Neurology team, which is providing real time Neurology telephone advice to support our medical teams caring for inpatients in both Antrim and Causeway Hospitals. This includes the ability to transfer patients to BHSCT if necessary. A Consultant Neurologist Locum, was supplying some support virtually to assist in reducing the outstanding reviews, however this locum has now ceased.

The previous Consultant job plans have been amended reducing outpatient and increasing inpatient workloads and a briefing paper has been provided to SPPG detailing the impact this will have on elective activity. Meetings have taken place with SPPG regarding a regional approach to recruitment and the interfaces with BHSCT neurology and this regional work continues, led by SPPG. Work has been progressing to strengthen one of the two current Neurologist vacancies creating a senior post. The posts were recently advertised but all applicants withdrew. This has triggered the review of the risk internally to the Trust and the decision to progress an Early Alert was made and submitted to SPPG on 28th August 2024.

NHSCT has previously explored partnership working with Belfast and South Eastern Trusts in addressing the cover required for inpatient and outpatient demand in NHSCT but this has not proven viable to date. This leaves the service extremely vulnerable with no full time NHSCT based Consultant staff, i.e. one part time substantive Consultant, against a backdrop of rising demand and a Regional Neurology Review which recognises inequitable access for patients to Neurology services.

This situation could easily move to collapse. Discussions have taken place with SPPG who have undertaken to convene a regional meeting to re-explore the position and identify what other actions could be taken.

Acute Mental Health Inpatient Bed Pressures

Pressures on mental health inpatient bed capacity have been noted in the Corporate Risk Register since 2017, however the sustained and significant nature of bed pressures over the course of 2024-25 poses an associated and continued negative impact in the areas of patient safety, experience, therapeutic outcomes and staff experience. The Royal College of Psychiatrists Guidance recommends 85% occupancy level for Mental Health Inpatient wards, however NHSCT overall occupancy frequently runs in excess of 100% with additional contingency beds

required across all admission wards. Over-occupancy increases the risk in terms of patient safety, violence and aggression, incidents of self-harm and patients absconding from the wards and potentially coming to harm or risking public safety.

In addition, on occasions throughout 2024 – 25 it has been necessary to operate a waiting list for admissions to a Mental Health bed. A clinical prioritisation tool that was developed regionally is used to determine the order of admissions. Patients awaiting a mental health admission, including patients being detained under the Mental Health Order (MHO), are being managed in Emergency Departments and in the community. These delays create pressure in these areas and on Approved Social Worker staff who are required to remain with them until a bed is available. Furthermore due to the delay in access to assessment and treatment the individual's care is delayed.

Flow across mental health beds has been limited due to the acuity of the patient population which has led to longer length of stay, and insufficient access to placements in the community to meet the needs of those people with complex Mental Health needs and dementia. Work is ongoing within NHSCT on a Quality Improvement initiative aimed at reducing the length of stay for Mental Health Inpatient Services, focusing on 72 hour assessment admissions and stays in excess of 180 days. Engagement forums have been established to engage providers re the likely future needs of the NHSCT for community placements. As a result of this engagement, additional enhanced care and dementia beds have been opened by local providers in 2024 – 25. These beds have supported more timely discharge for some individuals.

Emergency General Surgery and Elective Surgery

Following the publication, in June 2022, of the DoH review of General Surgery in Northern Ireland it is clear that Causeway Hospital is not commissioned in line with a number of standards required to be able to deliver emergency general surgery in the longer term. To be able to meet these standards surgical ambulatory services in

Causeway Hospital have been developed resulting in the opening of the Surgical Ambulatory Unit in February 2024. Public Consultation is underway on the future wider service configuration of general surgery services across our hospitals which will complete in early November.

Estate Risk

The age, condition and nature of the Trust Estate continues to pose potential risks that are exacerbated by limited capital investment in major renewal and replacement projects. In line with best practice throughout GB and NI the Northern Trust commissions independent '6 facet' surveys annually to assess the condition of the Estate. The most recent survey carried out in July 2024 has estimated a backlog maintenance liability of £198m. This information forms part of the Trust's annual Property Asset Management Plan (PAMP), which is submitted to the Property Management Branch at the DoH. The Trust receives an annual capital allocation from the DoH specifically for backlog maintenance. The Estates Department prioritises this funding on risk reduction works in key areas like building fabric, mechanical and electrical infrastructure, fire safety, asbestos, lifts etc.

In 2023/24 this allocation was £3.25m and for 2024/25 it has been confirmed at £3.125m. With this relatively low level of investment, the trend is for the backlog maintenance liability to increase year on year as buildings and plant continue to deteriorate. The Trust Estates Department continue to maintain all buildings and plant whilst highlighting any concerns and escalating risks as they become apparent. One such risk, which is now on the Trust's Corporate Risk Register, is the electrical infrastructure at Antrim Area Hospital. A planned upgrade is currently at Design Stage 4 with the project scheduled for completion in early 2027. This scheme, when complete will reduce the electrical risk and potential failure of medical devices on the Antrim Hospital site.

During 2023/24 continued significant pressures were also experienced on the revenue servicing and maintenance budgets, thus increasing potential risks to the

safety of medical equipment, infrastructure and deterioration of the environmental condition of the Estate.

Changes to legislation, Health Technical Memoranda and Health Building Notes put maintenance revenue budgets under further pressure, as there is no commissioning body to enable Estates to bid for the additional funding required for implementation and compliance. The return of Health Estates to the Department of Health has enabled Trust staff to communicate service issues.

14. Mid-Year Assurance Report from Chief Internal Auditor

I confirm that I have referred to the mid-year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.

15. Annual Assurance of Fitness of Accounting Officer

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

Signed: *Date:*

CHIEF EXECUTIVE & ACCOUNTING OFFICER