South Eastern Health and Social Care Trust

Annual Report & Accounts









2024 / 2025

*A great place to **Live** A great place to **Work** A great place to receive **Care and Support***

South Eastern Health and Social Care Trust

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Annual Report and Accounts
For the year ended 31 March 2025

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Laid before the Northern Ireland Assembly
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On

7 July 2025

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Chairman's Report

It is a great privilege for me to present the 18th Annual Report on behalf of the South Eastern Health and Social Care Trust.

It has been another incredibly challenging year for our staff, which is evident throughout this Report.

The Trust, as with all Trusts in Northern Ireland, continues to see unprecedented demands for care from those we serve.

I would like to take this opportunity to say a heartfelt thanks to all our staff and our volunteers for their commitment to their patients and service users in these difficult times.

During the year we said farewell to Robin Swann and welcomed Mike Nesbitt as Health Minister. It was a seamless transition and we continue to work together to help improve the health and wellbeing of everyone who lives in the South Eastern Trust area.

The enhancement of governance processes is the key emphasis of the Board, to ensure we are fully aware of all aspects of our extensive and complex organisation. The Board continuously seeks assurances that quality care and improving the outcomes for patients is the central focus of the Executive Management Team.

As the year closes, I would like to welcome a completely new team of Non-Executive Directors to the Board. They are bringing with them a wealth of skillsets and experiences from multiple work sectors.

Their role is both to challenge and support the Trust and I wish every one of them well in their tenure with the South Eastern HSC Trust.

Jonathan Patton
Chairman

A great place to ***Live*** *A great place to* ***Work*** *A great place to receive* **Care and Support**

Chief Executive's Report

The South Eastern Trust prides itself on having a brilliant team of staff who are dedicated and committed to providing the best possible care and support to those who need our services, in increasingly challenging circumstances.

Despite the pressures right across the Health Service, we have continued to stabilise, deliver and reform our services in so many areas across the Trust. I am delighted that the Hospital at Home Service is being expanded into the Down and Lisburn areas, based on the successful model already operating in North Down and Ards.

I welcome the NI Executive's £61 million Transformation Funding investment into Multi-Disciplinary Teams (MDTs) over the next four years. This will facilitate the roll out of MDTs across all GP Practices in North Down and Ards, having already completed the rollout across all 13 GP practices in the Down area, which is clearly benefitting the community.

The Regional Day Procedure Centre at Lagan Valley Hospital continues to play a crucial role in reducing the numbers of patients on waiting lists across Northern Ireland. The Regional Cataract Service and wider range of day procedures at the Downe Hospital is helping to change the lives of so many people.

Throughout the year, I have been fortunate to meet many of our staff across the Trust. During the 'Chat with the Chief' sessions I am able to see the incredible work that is being done. I am also able to listen to staff and hear about their successes and concerns. I am constantly reminded of the 'can do' attitude in this Trust. I know teams are doing the best they possibly can to improve services. However, I fully appreciate that staff are often frustrated by not being able to always provide the quality of care they would like to, due to the significant pressures on them.

I would also like to pay tribute to our volunteers who play such a vital role. We are so fortunate to have them.

I am under no illusion that the challenges we faced this year will continue for some time to come. Trying to balance safety, quality, financial, workforce and performance management pressures is a constant priority. However, I am confident that by continuing to work together we will do our best to care for the people we serve. I remain hopeful—because I see every day the strength, compassion and resilience that exists across our teams. With that spirit, I believe we will make a real difference, together.

Thank you to every member of our staff who work so hard every day. We are indebted to you all. It remains a genuine privilege to lead the South Eastern Trust. We will continue to aspire to making our Trust, '*A great place for staff to work in, A Great place for everyone to live in and A Great place for those in need to receive care and support.'*

Roisin Coulter
Chief Executive

A great place to ***Live*** *A great place to* ***Work*** *A great place to receive* **Care and Support**

Performance Overview
Summary of 2024/25

Pages 6 to 65 of this report provide a summary of performance, over the last 12 months, for each of the 10 Directorates within South Eastern Health & Social Care Trust (SEHSCT). Within each Directorate activities undertaken during the last year are outlined. Information is provided for key goals and objectives. A financial review is also included.

Delivery against our key performance targets in 2024/25 remained challenging. The reader is referred to pages 51 to 52 which provides an overview of activity performance for a number of key services.

Throughout this report the implementation, in 2023/24, of a new electronic health and care record system called '**encompass**' is referenced. This was a significant achievement for the Trust, however implementing a system of this magnitude did temporarily impact our activity performance and the Trust has worked to stabilise the issues which transpired in the past year. A significant benefit of encompass is that it replaces paper based patient and service user files with digital records which are accessible to all professional groups, allowing a holistic view of all the services being provided to those we serve.

Other notable achievements during the year include the implementation of a Consultant-led Hospital at Home service, a comprehensive review of our Domiciliary Care model and the development of the Older People's Short Term Assessment Team - all of which have contributed to patients receiving care at home and achieving the best outcomes. Progress has been made to reduce the number of ambulances waiting to handover their patients to the Emergency Department at the Ulster Hospital. The Trust remains committed to making progress towards achieving its strategic objectives and its 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 2024/25

The Trust's key priorities for 2024/25 were:

- To improve the health and wellbeing of our community and to reduce health inequalities
- To work in partnership with our patients, service users and carers to ensure our services are responsive to the evolving needs
- To provide timely access to care and support to service users most in need
- To embed Safety, Quality and Experience of Care in all that we do
- To nurture a culture of compassion, where everyone is valued.

Performance Overview Summary of 2024/25

Accountability Issues

On page 83 the reader's attention is brought to the satisfactory overall assurance rating received from the Head of Internal Audit in 2024/25.

The Trust is aware that it does not comply with Public Contract Regulations for the procurement of some social care services at present. Over the last 12 months work has been undertaken regionally to define what a new Nursing and Residential Care Homes contract should look like. Until a revised specification and contract is agreed, procurement cannot proceed. The earliest timescale to complete the pre-procurement work for Nursing and Residential Care Homes is the end of August 2025.

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 it materialise. The risks include:

- Inability to achieve recurrent financial stability
- Inability to deliver against the commissioned performance volumes and timescales
- Inability to ensure the quality of the ageing buildings and associated infrastructure
- Inability to provide safe and effective emergency care at Ulster Hospital
- Inability to deliver mental health acute in-patient services on a single site in line with best practice
- Inability to provide appropriate levels of staffing at specialist residential childcare facilities
- Inability to provide adequate quality assurance testing of X-ray equipment due to limited Regional Medical Physics Resources
- Inability to accommodate those with a learning disability, requiring inpatient care, in a suitable setting with access to appropriate clinical specialists
- Inability of Approved Social Workers (ASWs) to complete their statutory role to remain with a person who has been detained
- Inability to cope/meet the growing cyber security threats.

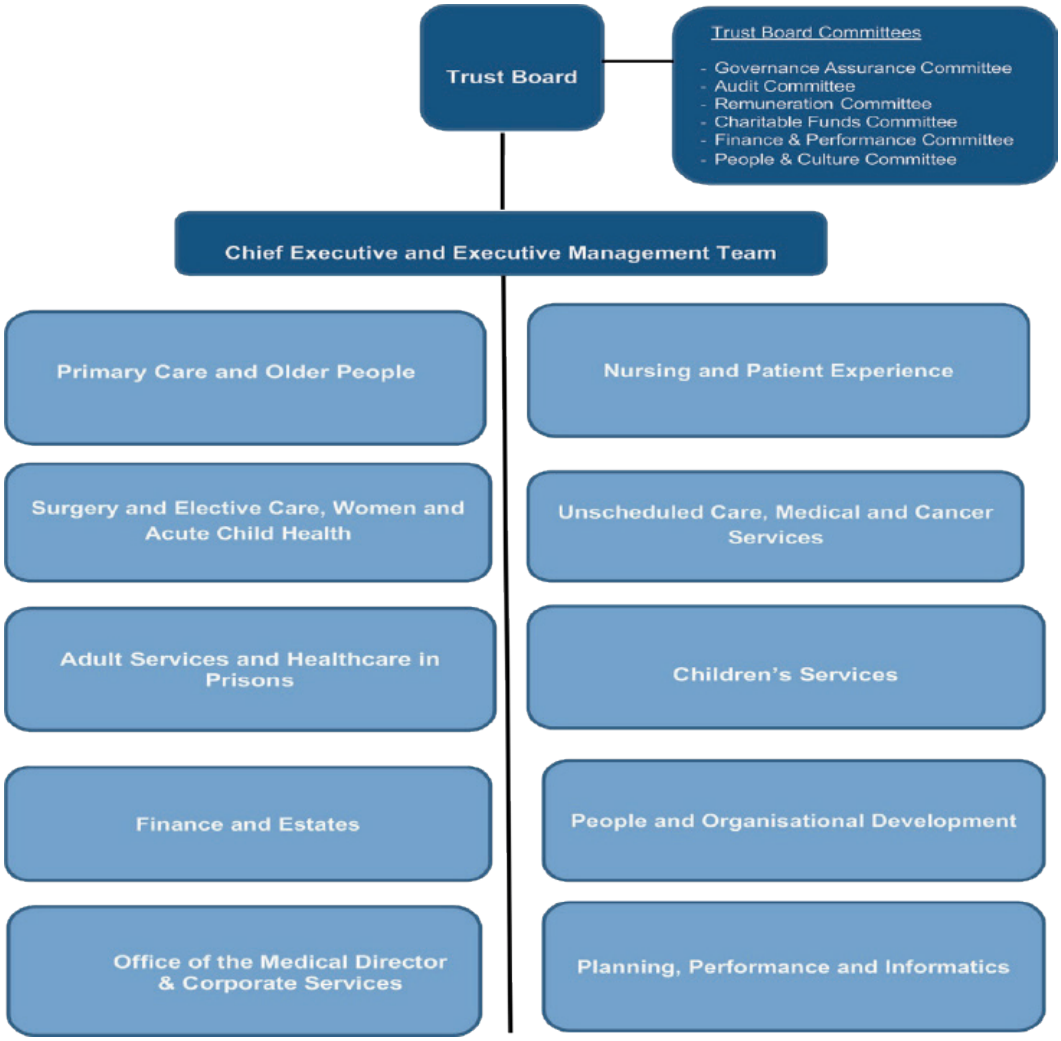
New Risks Added in 2024/25 and Still Open

- Inability to provide full addiction services to the Prison population (added November 2024)
- Inability to stabilise new ways of working, following implementation of the encompass electronic health and social record system on 9 November 2023 (added August 2024)
- Inability to provide a full social work service during industrial action (added May 2024)
- Inability to provide therapies and specialist equipment required for children with special educational needs (added August 2024)
- Inability to have an adequate level of Fire Safety Management (added June 2024).

Performance Overview Summary of 2024/25

Organisational Structure of SEHSCT

There are 10 Directorates within SEHSCT along with the Trust Board and 6 committees of the Trust Board. This structure is depicted in the diagram below.



Performance Overview
Office of the Chief Executive

The General Administration and Communications Teams continue to play a vital and integral role in the Trust.

During this incredibly busy year there were over 24 million visits to our social media sites. The Team published 800 vibrant social media posts which resulted in over 3 million people engaging with the South Eastern Trust.

2.5 million watched our videos, which not only celebrate our staff but crucially raise awareness of important health issues and new services.

We are continuing to grow our media presence across X, Facebook, LinkedIn, Instagram and have also launched on Blue Sky.

Following on from the success of encompass communications campaign, the Team has promoted the My Care app, using both imaginative graphics and original videos to explain to the public the benefits of having their own health care information at their fingertips.

The Team was delighted to be the runner up in the Northern Ireland Social Media Awards for its visionary encompass campaign, an incredible achievement for a Health Trust, which faced fierce competition from the Private Sector. The Team was also the runner up in the Trust's Chairman's awards for its dedication, creative and informative work.

In publications, the Team has designed over 385 documents such as booklets, leaflets, posters, pop-up stands, infographics and desktop backgrounds.

Throughout 2024/25, we issued 520 press releases and responded to over 700 media queries. The Team played a key role in ensuring health campaigns and the exceptional work of our staff were promoted in our local, regional and national newspapers.

The Team secured extensive media coverage on several major initiatives including the Cardiac PICC Service, the innovative Cancer Hub and the Joint Mental Health Pilot with NIAS to name but a few. We also showcased the invaluable contributions of our international staff, reinforcing the importance of a diverse and skilled workforce.

The Communications Team played a crucial role in the Major Incident response to the Carrowdore bus crash, managing media inquiries and ensuring accurate information was communicated to the public quickly.

The Team has strengthened public awareness, enhanced the Trust's reputation and ensured that vital healthcare messages reached the widest possible audience.

Performance Overview
Unscheduled Care, Medical Specialties & Cancer Services

Ambulance Triage and Handover Improvement

The Emergency Department (ED) at the Ulster Hospital introduced a new role of 'Ambulance Triage Nurse' alongside a supporting Healthcare Assistant (HCA) to specifically facilitate the triage of patients arriving by ambulances in a dedicated and private space. This process aims to ensure ambulance patients are triaged similarly to patients arriving at the ED front door, allowing for timely assessment, vital data collection, and addressing personal care needs. The Ambulance Triage Nurse oversees ambulance patients, coordinates with the NI Ambulance Service's Hospital Ambulance Liaison Officer (HALO) and ambulance crews, and ensure all triage processes are followed.

The Ambulance Triage HCA assists with clinical tasks such as electrocardiogram (ECG) monitoring, venepuncture, cannulation and personal care. These changes aim to improve patient outcomes and staff workflow, with ongoing reviews and feedback encouraged for further process enhancements. These roles have resulted in a reduction in ambulance handover times, improved oversight over patients waiting to be seen by a doctor, personal care needs being met and early identification of skin integrity issues for those patients waiting in ambulances.

Whilst acknowledging ambulance handover times are still longer than we would wish, in the period January to March 2025 the average handover time was below 2 hours.

Development of Urgent Care Unit at Ulster Hospital

Phase two of the co-located Urgent and Emergency Care service at the Ulster Hospital is continuing to progress. Works on the Urgent Care Unit (UCU) have been ongoing over the past year. With a view to opening in Summer 2025, the existing Minor Injury Unit at the Ulster site will form part of this new Urgent Care Centre.

Staff Recognised During 2024/25

RCN, Nurse of the Year, Chief Nursing Officer Rising Star Award went to Emma Parker, Staff nurse at Downe Hospital. Emma was described by her nominator, as swiftly emerging as a beacon of excellence and a shining light.

RCN, Nurse of the Year, Public Health Award won by Cathy Armstrong, Care Navigator at the Emergency Department, Ulster Hospital.

NIPEC Professional Officer for Ethnic Diversity: Winston Orong, Band 7, Acute Medical Unit, Ulster Hospital

Nursing Times Awards finalists: The Acute Medical Unit Band 7 Team were shortlisted as finalists for their clinical leadership and role in the Acute Medicine Post Take Ward Round in the Emergency Department

Chairman's Lifetime Achievement Award: Advanced Nurse Practitioner in the Emergency Department, Anne Snoody was celebrated for 50 years of service.

24 hour Senior Nurse Cover in the Emergency Department. The Emergency Department at the Ulster Hospital now has 24/7 Band 7 Nursing cover providing leadership and support.

Performance Overview
Unscheduled Care, Medical Specialties & Cancer Services

Development of Site Co-ordinator Roles and Control Function to Support Patient Flow
The establishment of a new formal site coordination function is shared by 9 Clinical Managers across the 3 large bed holding sub-directorates. This provides on-site senior leadership and support from 8am to 8pm with continuity provided out of hours through an on-call rota. This role is based in the Control Room at the Ulster Hospital with cover to the Downe and Lagan Valley Hospital sites. This has enhanced the focus of safety, effectiveness and efficiency of patient flow.

Medical Specialties and Cancer Services

The directorate continues to invest in both local and regional initiatives that contribute to improving the health and wellbeing of our community which is one of the Trust's 4 corporate priorities. These include:

- New model for site coordination and flow huddles was introduced in February 2024 with full implementation in October 2024. Led by Mary Jo Thompson and Bran McFetridge, the model introduced a senior clinical manager model covering the site 7 days per week 8.00am - 8.00pm, facilitating and driving flow throughout the hospital and improving patient safety
- A very successful Regulatory and Quality Improvement Authority (RQIA) inspection of Outpatients was held in September 2024. The Trust was advised by RQIA that it was an exemplary inspection. The Trust received only 2 recommendations, both of which were accepted
- The Trust hosted 3 NI Medical and Dental Training Agency (NIMDTA) Deanery visits to the Ulster, Lagan Valley and Downe Hospital sites which were largely positive
- The Renal Unit at the Ulster Hospital has achieved an outstanding accolade, securing the top position in Northern Ireland and joint fourth place across the 67 Renal Centres in the United Kingdom in the UK Patient Reported Experience Measure (PREM) Scores survey. Recognised for its exceptional standards, the Ulster Hospital Renal Unit consistently goes above and beyond to provide first-class care and treatment to all renal patients. Whist the survey highlighted overwhelmingly positive experiences, it also provided valuable insights into areas for improvement
- Development of a Frailty Intervention team within the Ulster Hospital who provide 'frailty at the front door' services
- Contributing to the NHS Benchmarking Network: Managing Frailty in the Acute Setting, which enables SEHSCT to benchmark our services across NI and with Great Britain
- The continued development of Advanced Nurse Practitioners within specialist areas such as Elderly Care, Respiratory services, Stroke services, Diabetes, Gastrointestinal and Cardiology, Oncology and Haematology working across the specialty areas, Hubs and reaching into Emergency Departments
- At the Royal College of Nursing 2024 Awards, a member of our Trust was runner up in the Cancer Nurse of the Year award
- Both the Sarcoma Cancer team and the Home Oxygen Team were runners up in the Chairman's Award category of Hospital Team of the Year
- The Trust was a finalist in the Irish Nurses Cardiovascular Awards for the new nurse-led Peripherally Inserted Central Catheter (PICC) service that has reduced costs and waiting times whilst also improving patient outcomes

Performance Overview
Unscheduled Care, Medical Specialties & Cancer Services

- In the Northern Ireland Health Care Awards 2024, our Advanced Nurse Practitioner colleague, Siobhan Herdman, was a finalist for her pioneering work on Nurse Led Valve Surveillance Clinics
- Paula Kealey – Macmillan Pre-habilitation Project Manager introduced a Do-It-Yourself Pre-habilitation toolkit which is being rolled out across all cancer multi-disciplinary teams
- In June 2024, at the National Leadership Conference, Gail McKeown (Respiratory Strategic Lead) presented the Trusts Chronic Obstructive Pulmonary Disease (COPD) care bundle work. Gail outlined the huge success the Care Bundle Team have achieved in the last year, which includes significant improvements to patient outcomes following an admission with COPD
- In September 2024, a team of Respiratory Physiotherapists and Nurses, alongside our Respiratory Consultant, Dr Richard Hewitt, delivered a series of 8 training sessions over a 4 week period. These training sessions were delivered to all doctors, nurses, physiotherapists and pharmacists in the very busy Acute Medical Unit. The purpose of the training was to increase awareness of the serious impact every COPD admission has on the patient and to teach all those in attendance how to optimally manage the COPD patient. Almost 140 staff were trained across the 8 sessions.

Performance Overview
Elective, Surgery, Women and Acute Child Health

Surgery, Anaesthetics, Theatres & Intensive Care Services

The Hospital Elective Care Reform Group has been established to oversee and support the reform of elective services. The group has a focus on productivity, performance and efficiency in our theatres, endoscopy, outpatients and radiology.

The sub-directorate has moved all of the legacy Lagan Valley patient lists to the Ulster and Downe Hospital sites. Pre-operative assessment has been expanded to include patients having procedures in these units, at the Regional Day Procedure Centre in Lagan Valley and also for all endoscopy patients. A project is underway to develop the paediatric pre-operative assessment service. The newly commissioned paediatric ophthalmology list started at the beginning of March 2025 and the fracture lists have also been increased with the aim of reducing the time it takes to be treated in theatre for our frail elderly patients that have suffered fractured hips.

The Anaesthetics, Theatres & Intensive Care Services (ATICS) team have completed the perioperative and critical care career pathway work with the NI Practice & Education Council. They have focused on staff development and building resilience, with a strong emphasis on clinical education for all, but in particular nursing staff and anaesthetic practitioners.

ATICS started a pilot project to promote a green theatre culture. Not just in the theatre suite itself, with a recycling scheme for consumables packaging, but also in the offices, kitchen and communal spaces nearby. This is a collaborative piece of work involving support services and the waste management team.

Following the Urology 'Getting it Right First Time' (GIRFT) review, one of the recommendations for the Trust was to continue leading on the development of the networked Bladder Outlet Service across NI. The Trust already offers a range of treatments for patients with benign prostate conditions, including Rezum, Green Light Laser and Urolift. The trust has now been commissioned for Aquablation and are preparing to commence the service in Spring 2025. The Trust will be the first to offer this service on the island of Ireland.

The General Surgery team have recruited a surgeon trained in Robotic Assisted surgery. The Trust does not currently have this equipment and is therefore using the system in the Ulster Independent Clinic to provide this service for our patients. The team is part of a network, working towards Robotic Assisted surgery for a number of surgical specialties across the region.

The Surgical and ATICS teams provided support to both Belfast and Northern HSC Trusts prior to and during their encompass 'Go Lives' sharing our learning with them. We continue to work on optimising encompass in house for a variety of areas. In particular, the change in administration processes between clinical and clerical teams.

The Regional Day Procedure Centre (DPC) in Lagan Valley delivers 24.5 General Anaesthetic theatre sessions a week in the areas of General Surgery, Urology, ENT, and Gynaecology. The unit also provides local anaesthetic theatre sessions for plastic surgery, varicose veins, gynaecology and urology. This service allows patients from all across Northern Ireland to have their day case procedure carried out sooner than waiting for treatment in their own Trust.

Performance Overview
Elective, Surgery, Women and Acute Child Health

The DPC for Regional Endoscopy, also based on the Lagan Valley Hospital site, now delivers 17 lists a week which are offered across all Trusts. The aim is to increase this to 20 lists a week for the region, which will help equalise waits across Northern Ireland. This unit has successfully implemented a regional suspect cancer service which allows diagnostic procedures to be undertaken in a timely manner. This year the unit conducted nearly 6,000 regional scope procedures.

A portrait of the Trust's Consultant Plastic Surgeon, Sandra McAllister, was unveiled at the Surgeon's Hall Museum in Edinburgh in April 2025. Sandra was awarded the esteemed Hunter-Doig Medal by the Royal College of Surgeons of Edinburgh (RCSEd) in 2017 and has now been captured in a painting that pays tribute to the significant contributions of women in the surgical profession. To date, the Hunter-Doig Medal has been awarded to only nine Surgeons.

Radiology Services

The Department of Radiology provides radiographic imaging services across five hospital sites within the Trust (Ulster, Downe, Bangor, Ards & Lagan Valley Hospital). Seven day working has been implemented for plain film imaging at the Ulster, Downe & Lagan Valley Hospital sites. During this year the Department of Radiology has undergone a number of successful assessments by external bodies including: One Regulation & Quality Improvement Authority (RQIA) inspection, two Radioactive Substance Compliance assessments by Northern Ireland Environmental Agency, one Health & Safety Executive Northern Ireland (HSENI) Consent application inspection and one Royal College of Radiologist (RCR) Quality Mark endorsement against the Quality Imaging Standard (QSI). All reports have been welcomed by the Department and improvements have been made in a timely manner, demonstrating that the Trust is committed to embedding safety and quality in all that we do in keeping with one of our four corporate priorities.

Laboratory Services

The Clinical Pathology Laboratory continued to embed and optimise the new Regional Laboratory Information Management System (LIMS) and also improve ordering and display of laboratory tests on encompass. Staff also supported the go-live of LIMS and encompass in the Northern HSC Trust. The Point of Care team (POCT), in partnership with colleagues in the regional POCT specialist forum, have continued to work on regional harmonisation and service improvement.

This year the team successfully coordinated the Trustwide replacement of bench-top blood gas analysers under a regional contract and participated in the procurement process for the replacement of the glucose/ketone & urinalysis/pregnancy POCT services. In addition, all Laboratory disciplines successfully maintained their UK Accreditation Service certification for the international standard ISO 15189. Additionally, Biochemistry successfully transitioned to the ISO 15189:2022 standard. Key strengths highlighted by assessors included the Quality Management System in place and that adoption of the standard could be evidenced by all laboratory staff. Key staff within Blood Transfusion continue to work together with other colleagues to develop and progress a full regional Blood Transfusion solution for use by the Trust.

Performance Overview
Elective, Surgery, Women and Acute Child Health

Waiting List Initiatives

The Trust continues to work in partnership with a number of independent sector hospitals and providers to facilitate additional in-house activity which is aimed at improving the current waiting time for patients within outpatients, day surgery, radiology and endoscopy services. The South Eastern Trust are the first in Northern Ireland to implement insourcing for Radiology Services. This is a significant achievement ensuring patients receive their diagnostic examination.

We will continue to prioritise treatment of patients to reduce waiting lists using our share of the £215m WLI funding which the Health Minister announced on 6 May 2025 for the 2025/26 year. It should be noted that of this sum only £50m is new additional money.

Maternity Services

The Ulster Hospital Maternity Unit opened its extended recovery area with three extra beds to ensure women who required enhanced care after the birth of their baby could be accommodated.

A team of midwives was established in the Downpatrick community hub to provide Continuity of Midwifery Care (CoMC) for women in that area. CoMC is a model that provides women with care from the same midwife or a team of midwives throughout pregnancy, birth and the postpartum period. CoMC integrates specialist care including obstetric care as and when required

Our Maternity Clinical Facilitators won the Chairman's award for 'Hospital Team of the Year. Additionally, 3 midwives won an award for their 'RESET' programme which supports newly qualified midwives with peer to peer support.

Dr Kristine Steele was inaugurated as the 73rd President of the Ulster Obstetrical and Gynaecological Society. This is a prestigious appointment and is a great honour for Dr Steele, who has been recognised for her contributions to the specialty, particularly in the field of Gynaecology. Dr Steele brings a wealth of experience and expertise to this position and is only the seventh woman ever to be appointed as President.

In September 2024 the service re-launched its BUMPs group. We look forward to working closely with our service users going forward and to receive their feedback as to how we can improve our maternity care services.

The Trust received the findings and recommendations of a regional review into Maternity Care that was led by Professor Mary Renfrew. This work was commissioned by the Department of Health following a coroner's court hearing into the tragic death of a baby during birth. The report is published on the Department of Health's website. To learn lessons and prevent such distressing outcomes in the future, the review sought to understand underlying causes and develop effective evidence-based solutions. The report contains 32 recommendations to transform maternity services across all settings and ensure better outcomes and experiences for women, babies and families. This includes requirements for the safe provision of community midwifery units and home births, regional strategic developments to support staff and ensure safe, quality and equitable care and services, improved data and monitoring, and building for the future.

Performance Overview
Elective, Surgery, Women and Acute Child Health

Investing in improvement will contribute to better physical and mental health for women, better health, well-being and development for babies, better attachment and family relationships, better population health and reduced inequalities, better health and well-being for staff with improved staff retention, and better use of health service resources. The recommendations will be taken forward regionally by all HSC Trusts and the Department of Health will lead on their implementation.

Pharmacy

Niall O'Boyle, Lead Clinical Education Pharmacist, has been awarded the title Honorary Senior Lecturer, by the Faculty of Medicine, Health and Life Sciences at Queens University Belfast (QUB) in recognition of his contribution to pharmacy education. Niall has worked in this role for the last 5 years helping to develop the pharmacists of the future – he teaches pharmacy undergraduate students at QUB and at the Ulster University (UU) and facilitates their experiential training programme across the Trust. Niall also contributes to medical student and junior medical staff training within the Trust. Following completion of his Post Graduate Certificate in Education, in Simulation Based Clinical Education in 2024, he is working alongside medical and nursing colleagues to promote and develop inter-professional education opportunities between healthcare students.

Rebekah Eadie was a finalist in the NI Healthcare Awards for her research work in the Intensive Care Unit.

The Clinical Pharmacy 'super users' were finalists in the NI Healthcare Awards for their work leading up to and during encompass go-live.

The Pharmacy Medicines Optimisation for Older Persons team paper titled 'Development and Delphi Consensus Validation of the Medication-Related Fall Screening and Scoring tool' was accepted for publication in International Journal of Clinical Pharmacy.

Olivia Casey was chosen by the students from both UU and QUB Schools of Pharmacy as the NI Hospital Practice Supervisor of the Year.

The Antimicrobial Pharmacy Team won a Trust Audit Award in November 2024 for their project on improving the safety of gentamicin in encompass.

The pharmacy aseptics team prepared 14,070 medicine preparations for patients that do not involve pills e.g. injections or intravenous treatments. The Macmillan Pharmacy team, clinically screened 8,913 cycles of chemotherapy (an increase of 12 % from last year) and dispensed 5,515 oral chemotherapy items.

In 2024/25, the Outpatient Parenteral Antimicrobial Therapy (OPAT) team managed 219 episodes with 5,064 occupied bed days saved.

Performance Overview
Elective, Surgery, Women and Acute Child Health

Paediatrics

South Eastern HSC Trust was the first Trust in Northern Ireland to establish a Paediatric Pre-operative assessment service within its Children's Unit at the Ulster Hospital, using the Getting it right first time (GIRFT) Preoperative assessment services guidance in its setup. Additional Investment is required to further develop this service.

This initiative has resulted in a number of positive outcomes for the patient and the Trust including, but not limited to:

- Reduction in same day cancellations for surgery, therefore increasing theatre efficiency
- Increased parent satisfaction and reduced anxiety on the day
- Improved patient safety due to early identification of co-morbidities
- Increased staff satisfaction due to reduced number of patients cancelling on the day of surgery.

New services implemented from February 2025 within acute paediatrics were:

- Delivery of one 4 hour paediatric squint list per week at the Ulster Hospital
- Management of children requiring percutaneous endoscopic gastronomy procedures.

The Trust is exploring capacity to further support Belfast HSC Trust to deliver other paediatric surgery lists at the Ulster Hospital.

Performance Overview
Nursing and Support Services

Nursing & Midwifery Workforce, Learning and Development

Recruitment and retention of nurses and midwives continues to be a key priority. In keeping with our corporate priority we strive to nurture a culture that is compassionate, where everyone is valued, and safe, high quality care for our community is delivered. There has been a focus on the retention of staff through the development of a leadership programme for Agenda for Change Band 6 and Band 7 staff. Guidance for newly qualified staff has been enhanced and is delivered in conjunction with 'at the elbow support' to help them transition from being a student over the winter months when pressures are at their greatest. Ongoing recruitment events continue which include 'open days' and 'career days' which showcase opportunities within the Trust.

The Trust continues to support both pre and post-registration students to meet the Nursing & Midwifery Council (NMC) proficiencies. Support has been strengthened across all fields of practice to accommodate pre-registration students. There is also ongoing support for Trust staff who are studying the Open University BSc (Hons) in Nursing.

The Vocational team have supported nursing assistants through their qualification and offer essential skills training and support.

Significant work has been done by the Central Rostering team to ensure rostering is effective and that operational areas have the staffing levels required to provide safe and effective care.

Safe & Effective Care

The Nursing & Midwifery Safety, Quality & Assurance team introduced a new training initiative called 'What to Know on the Go' (WTKOTG) in July 2024. This approach brings short learning sessions directly to staff in their wards and departments. Training was delivered to over 1,300 staff across the acute and community settings.

The Vaccination team continued to promote and deliver the Covid-19 and flu vaccination programme, with the trust staff continuing to have the highest uptake regionally for both vaccinations.

The trust bereavement co-ordinator developed training for managers who are supporting bereaved staff. This was developed alongside colleagues from Health & Well Being, Occupational Health and Chaplaincy.

The Infection Prevention & Control (IPC) team continued to work on patient pathways to improve IPC practices. The Acute Link Nurse forum was re-established and the Community Link Nurse forum completed its 2nd year.

The Trust's 'Sharing the Learning' group was established, in conjunction with the Risk Management team, to ensure immediate learning from incidents / events is shared across the Trust and regionally. It considered learning from over 100 incidents, with 23 shared regionally. This is in line with the corporate priority of delivering safe, high quality care.

Performance Overview
Nursing and Support Services

Involvement and Experience

The Trust promotes meaningful service user involvement. In the last year this was achieved through the adoption of a 3-channel system comprising a Service User Network, a register of involvement opportunities and a calendar of involvement events. Outcomes included consistent patient and service user satisfaction ratings above the NI quality standard. The Care Opinion website awarded the Trust with 'Star Responder' status experience action plans were developed across the Trust - all of which ensures the service users voice is at the 'heart' of everything we do.

Digital & Information Practice and Digital Safety

The Digital & Information Practice and Digital Safety Teams in the Trust continued to grow during 2024/25. Throughout the year, SEHSCT nurses and midwives continued their journey as encompass stabilised, both as individual practitioners and within their multidisciplinary teams. The Nursing/Midwifery Digital & Information Practice Team (DIPT) and Digital Safety (DS) Teams remain pivotal to the success of this transformation. In particular, this year our success has been recognised through a number of awards which include:

- Two runners up in the Royal College of Nursing's 'Nurse of the Year' award 2024
- Winners of SEHSCT 'Star for Digital Innovation' and overall SEHSCT 'Star of the Year' 2024
- DIPT's Senior Digital Transformation Officer was runner up in the 2024 SEHSCT 'Star of the Year' and 'Team Leader of the Year' categories.

The teams have raised the profile of the work of the Trust across the UK and the island of Ireland. They were selected to speak at the All Island Medicines Safety Conference to share the success of implementing Bar Coded Medications Administration (BCMA) and presented at NHS England's Digital Safety event in London.

DIPT and DS supported two further go-lives for encompass within Belfast and Northern HSC Trusts, playing a critical role in supporting both implementations through on-site and off-site assistance. This approach addressed the immediate concerns of staff during a go-live and also supported regional shared learning. In addition, the two teams continue to link with NHS Trusts in Great Britain who use this electronic health and social care record system to share learning and maximize the most effective use of it back here in SEHSCT.

Throughout the year the teams have supported the growth of digital capability and capacity through:

- A refresh of nursing and midwifery 'Super Users' to convene a Super User Community of Practice;
- A digital Safety Integrated Group workshop in December 2024 to strengthen the knowledge & skills of staff and to further build the network of Digital Safety Champions; and
- A monthly 'Dip in with DIPT' programme – delivering three messages in three minutes to staff in their care settings, to support delivery and recording of safe and effective care in encompass.

Other key achievements include:

- 38 wards implemented Bar Coded Medications Adminsitration;
- Confirmation, from our service users, that they believe care is safer, more effective and has not diminished our person-centred approach, following the introduction of BCMA and encompass;
- A reduction in near medication misses from 2.9 in July 2024 to 2.6 in October 2024 and
- A 22% reduction in omitted medications by August 2024.

Digital Allied Health Professionals Team

Over the past year, the Digital Allied Health Professions (AHP) Team has continued to play a vital role in supporting our staff in the effective use of encompass. From delivering targeted support for individual professions and teams to influencing system-wide improvements.

In October 2024 the team successfully hosted a post-live 'Super User' event, bringing together staff from across different professions to enhance their digital skills and confidence, as well as creating a community to share best practice.

Recognising the need for improved communication and resource sharing, the team developed and populated a dedicated Teams channel for AHP encompass communication. This is a tool for sharing guidance and updates, and supports a multi-channel approach through 'whatsapp', a dedicated email and iConnect to ensure our staff have access to the right information at the right time.

The team have worked tirelessly with each professional area to re-iterate correct workflows, troubleshoot issues and provide support via professional, service and team meetings. This has included:

- Development of professional and team-specific dashboards;
- Driving up personalisation through one to one, team and multi-professional sessions; and
- Developing an approach to supporting staff to monitor and manage 'workqueues' (WQs).

The team also supported the Belfast and Northern HSC Trusts implementation of encompass. A mixed approach of in-person or virtual presentations and support allowed us to provide contact across all the AHP professions and geographical locations.

Other key achievements included:

- Presenting at Rewired Digital Health Conference as part of a multi-professional delegation with a particular focus on how encompass has streamlined communication across integrated care interfaces and driven up safety for key areas across AHP services;
- A complete redesign of AHP departments in encompass enabling more detailed reporting metrics by professions, services and localities;
- Redevelopment of orders to allow for streamlined and informative waiting list management;
- Finalists in the SEHSCT Corporate and Support Services Team of the Year category, and
- Runner-up in the SEHSCT Team Leader of the Year category.

Performance Overview
Nursing and Support Services

The Digital AHP Team has flexed and adapted to the continuous flow of encompass stabilisation and issue management throughout the last 12 months and will restructure to optimise support to teams going forward.

Support Services Department

The Support Services Department provide a comprehensive range of customer focused services to patients and clients, visitors and staff.

Environmental Cleanliness: Despite many challenges, the team consistently exceeded the environmental cleanliness standard target (90%) set by the Department of Health across 'Very High Risk' and 'High Risk' areas. The department continues to work with the Infection Prevention & Control team in relation to outbreaks.

Portering Services: The department continues to support patient transfers, admission and discharges throughout the hospitals. encompass has permitted management to remove dedicated departmental porters. This has enabled us to improve patient transfer times, maximize efficiency of our pool of porters and adapt to fluctuating activity.

Chaplaincy Department: The chaplaincy department provides pastoral care to patients, their families and staff. Clinical pastoral education training is provided annually to all denominations. The Ulster Hospital continues to be the only Trust in the United Kingdom & Ireland to have been awarded an international accreditation from the All Ireland International Accreditation Board for its Clinical Pastoral Education Teaching Centre in an Acute Hospital setting.

Catering: 32 out of 34 food production areas have achieved the highest food hygiene rating of 5 (Very Good). The catering department has implemented nutritional standards in our retail areas and promoted health and wellbeing through provision of free porridge for staff in the winter months and free fresh fruit for staff all year. During 2024/25 the department has worked with nursing, dietetics, speech and language and environmental cleanliness colleagues to improve catering for patients in the Emergency Departments, particularly those who have higher nutritional needs and patients who miss meal service times.

Transport & Travel Planning: The Trust remains the only public sector body in NI to hold an externally assured Van Excellence Award securing accreditation for the 9th consecutive year. The Travel Planning team were awarded "Sustainable Travel Team Best Practice Award" by Mobilityways for driving forward sustainable commuting practices.

Central Sterile Supplies Department (CSSD): The CSSD team retained ISO13485:2016 accreditation in March 2025. The number of reported incidents, with the potential to affect patient safety, continues to remain at very low levels.

Laundry: Work to achieve accreditation for BS EN 14065 has been put on hold due to ongoing service outages caused by equipment breakdowns. Going forward, when the laundry service in a stable position, work to achieve the accreditation will recommence.

Performance Overview
Primary Care and Older People

Strengthening District Nursing Service

Over the past year, District Nursing and Treatment Room Services have continued to thrive and strengthen through the development of advanced clinical roles. In the past year we have appointed a trainee Consultant District Nurse and continue to embed the role of Advanced Nurse Practitioner within District Nursing in line with the strategic aims outlined in the District Nursing framework. Both roles enhance the service's ability to manage patients with complex needs in their own home through the pillars of expert clinical practice, leadership, education and research. In addition, the roles provide strategic focus to strengthen the interface between acute, community and primary care.

The autumn 2024 flu and Covid 19 vaccination programme for housebound patients was successfully delivered by our District Nursing services, ensuring our most vulnerable citizens are protected from the ongoing risk of infection. In addition to this, the new Respiratory Syncytial Virus vaccine was also provided to eligible housebound patients.

In August 2024, District Nursing and Treatment Room services held their second annual celebration event to recognise the incredible work and dedication of our staff. The event featured a range of presentations demonstrating the breadth of knowledge and skills from managing chronic conditions to providing end-of-life care. The passion and commitment of the Community Nursing staff was evident and inspiring.

Also, the first Trust wide Treatment Room Forum was held in September 2024. There were a range of presentations including Learning Disability and Infection Prevention and Control Nurses. The forum was a welcome success with the Treatment Room staff and provided an opportunity to support learning and development. It is hoped to repeat this forum annually.

Following the launch of encompass in November 2023, the District Nursing Service continues to embrace the system. Feedback from District Nursing teams remains positive in relation to the changing ways of working, with the Rover mobile devices being particularly well regarded. The teams remain enthusiastic in their engagement with developers to highlight potential future developments to optimise the system. Staff from District Nursing services have also been instrumental in the successful Go Live events for both BHSCT and NHSCT. Our staff attended each of the Trusts to provide 'at elbow' support during the Go Live periods. One on-going challenge associated with encompass has been in relation to the ability to extract data via reports. Requirements have been prioritised with the reports now being created. SEHSCT District Nursing services continue to lead the way in relation to regional data validation of Nursing Quality Indicator reporting.

Continued quality improvement is at the heart of our services' commitment to patient safety and efficiency. In line with the Trust's priority, frailty assessment has been embedded within District Nursing through the use of quality improvement methodology. District Nursing teams have received awareness training on the assessment and recording of frailty scores on encompass. Pathways for referrals to other healthcare professionals for frailty management are also being established.

Performance Overview
Primary Care and Older People

Care Home Support Team (CHST)

The primary aim of the Care Home Support Team is to ensure safe and effective care and to improve the health and wellbeing outcomes for people living permanently in Nursing and Residential Homes.

Currently there are 107 Care homes in the Trust's geographical boundary with over 3,500 beds. Circa 50% of these beds are registered for individuals with Dementia.

The Care Home Support Team comprises three teams, Social Care Keyworkers, Clinical Nurse Facilitator staff and Allied Health Professionals.

The team continues to develop and evolve. We have now secured a full complement of staff and currently have no vacancies across the wider team. This has taken significant effort and engagement but is a testament to the efforts of the management team to invest in the recruitment and retention of our staff.

The Clinical Nurse Facilitators continue to deliver training and education to care home staff both on an individual and group basis. Keyworkers have developed and revised their processes, facilitating partnership meetings with individual care homes with greater focus and emphasis on service user and family engagement. The Allied Health Professional staff provide a wide range of specialist support to the care homes, providing individual assessments and early intervention training and support to enhance the wellbeing outcomes of our service users.

The CHST works in partnership with our Contracts team, delivering monthly provider forums. The CHST also works across Trusts and engages with the Regulation and Quality Improvement Authority (RQIA) to closely monitor the performance of Care Homes.

The implementation of encompass has supported the development of standardised, regional documentation. The CHST continue to be represented across all regional working groups supporting further development of the encompass system.

Statutory Care Homes

There are six statutory care homes across The South Eastern HSC Trust. These care facilities provide a range of support to our service users. Permanent beds are available for those who have been assessed as requiring an Elderly Mentally Infirm (EMI) residential facility. Respite, rehab and intermediate care support are also available to support service users within the community and to support patient flow from acute hospital settings.

The care facilities have successfully engaged with the development and progression of encompass. Standardisation and regional agreement on processes across all Trusts and RQIA remains ongoing.

Recruitment & retention of staff remains challenging. The successful recruitment of outstanding vacancies will enable further beds to be opened. In turn this will deliver greater utilisation of this Trust resource, whilst supporting the Community and Acute Departments.

Performance Overview
Primary Care and Older People

To support the management team and to enhance greater governance, an on-call rota for managers has been developed and commenced in April 2025. Further developments and changes are to be progressed in 2025-26 in partnership with Human Resources colleagues to further support staff and to maximise the utilisation of all statutory beds across the Trust.

Early Review Team

The Early Review Team (ERT) commenced as a pilot in October 2023 as part of SPPG's Reform of the Adult Social Care agenda. Tasked with growing capacity in domiciliary care, the Early Review Team model was regionally designed and agreed to ensure timely review of the implementation of new or increased domiciliary care packages within the Primary Care and Older People Directorate. Whilst the regional framework included overarching principles with regards to the role and remit of the team, the operational management was delegated to individual Health & Social Care Trusts. As such, SEHSCT took the opportunity to build on existing initiatives; embedding the additional allocated resource into the Discharge Hub at the Ulster Hospital. Additionally, by enhancing the Occupational Therapy team, the Trust has been able to expand its ability to facilitate earlier discharge from hospital. Occupational Therapy work in partnership with the Home Care service to review patients, in their own home, within 24 hours of being discharged from hospital. SEHSCT also expanded the model to outreach into other community based services, thereby ensuring patients discharged into Intermediate Care beds, whilst awaiting a social care package, are also reviewed. This model has subsequently been expanded to include service users under 65 years of age.

With a focus on a recovery, maximising independence and promoting better outcomes SEHSCT can evidence significant gains and positive outcomes across all areas, including:

- Facilitating timely discharge from hospital
- Maximising financial and people resources through the release and recycling of Domiciliary Care Hours
- Supporting patient flow through the use of Intermediate Care Home beds
- Improving outcomes and patient/service user experience.

The Early Review Team model is currently established in North Down and Ards. The aim is to extend ERT across the Trust. However, any expansion is dependent on the outcome of SPPG's regional review of the model.

Homecare Service

In 2021, Domiciliary Care (as it was known then) was a corporate priority for SEHSCT and an extensive Ecosystems Mapping exercise was undertaken by a systems designer. Building on the findings from the Ecosystems Mapping, the Trust Homecare Service embarked on an improvement journey which has resulted in radical and lasting change within the service. Taking a whole systems approach, using a Quality Improvement methodology, the service maintained a relentless focus on reform. The specific aim of the project was to reduce the unmet need by 15% between September 2023 and December 2024. The wider aim was to reform the Homecare model to enable the service to respond to the current and future population needs.

Performance Overview
Primary Care and Older People

Areas of improvement realised as part of the project include system improvements, service restructure, wider collaboration with other services within the Trust and greater service user engagement. See details below:

The Homecare Service was restructured into two core teams:

- A Care Bureau to manage new referrals, arrange allocations, manage the unmet need list and assume overall responsibility for training and governance across the entire Homecare service
- A Home Care Team responsible for the direct provision of the care service.

Through Collaborative Unmet Need Panels (CUP), a process was introduced to identify a new prioritisation model. This has enabled the Care Bureau to categorise referrals into one of 4 priority ratings as they are received: Priority 1 (hospital referrals); Priority 2 (interim care home bed referrals); Priority 3 (emergency community referrals) and Priority 4 (other community referrals). Other reforms introduced include:

Homecare Assessment Service (HCAS): Integrating the role of the Care Bureau and Homecare teams with the management of service user outcomes and patient flow.

Development of a User Guide to Care & Support Services in SEHSCT: The aim of this interactive and informative guide is to enhance the public understanding of how Homecare services are assessed, accessed and supported throughout an individuals' journey

Data Driven Service Monitoring and Future Service Planning: A user-friendly, scalable and secure data dashboard has been developed.

The reform project has now concluded and in terms of the specific aim to reduce the unmet need by 15% this target was surpassed. By the end of December 2024, unmet need was reduced by 28% (from 343 to 245 care packages). Further improvement has been made with unmet need reducing to 123 care packages by 31 March 2025

Urgent Primary Care - GP Out of Hours (OOH)

The urgent Primary Care GP Out of Hours (OOH) service has experienced a significant year of achievements and advancements, supported by a commitment to high-quality, safe and effective patient care, innovation and collaborative working to provide care that cannot wait until the daytime GP services are operational.

The OOH service has consistently been able to fill 100% of the shifts required. The ability to maintain full staffing ensures that patient care is not compromised and that services are delivered smoothly, even during periods of high demand. The OOH service has made significant strides in multidisciplinary team (MDT) collaboration across various healthcare professionals, including GPs, advance nurse practitioners, mental health practitioners and pharmacists. MDT working has enabled more efficient triaging of calls to meet patient needs.

The service was successful in winning a SEHSCT quality award for its work on Point of Entry improvements for non-urgent calls to the GP OOH service. This award recognised the service's innovative approach to ensuring patients are directed to the most appropriate care pathway from the moment they make contact. By streamlining the process and integrating digital solutions for quicker signposting, the service has improved patient flow, reduced unnecessary waiting times and enhanced overall patient satisfaction.

Performance Overview
Primary Care and Older People

In January 2025, the OOH service hosted a highly successful Telephone Triage workshop which received outstanding feedback from participants. This workshop focused on enhancing telephone triage skills which is an essential component of urgent care services. The training covered effective clinical assessment over the phone, managing patient expectations and identifying further improvements that can be developed.

The Trust's urgent Primary Care GP OOH service is leading on a regional project to reduce medication waste within the OOH time period. This innovative work will not only reduce financial costs, but also contribute to environmental sustainability efforts within healthcare.

The achievements of the Urgent Primary Care GP OOH service this year stand as a testament to the dedication, innovation, and collaboration that drive its success. The accomplishments above reflect the service's ongoing commitment to enhancing patient experiences, improving operational efficiency and contributing to the wider healthcare community.

Physical Disability Services

Physical Disability Services comprises 3 Community Teams, Sensory Services, 2 Day Centres, a Disability Hub and the Community Brain Injury Team.

The Community teams provide both social work and care management support to an increasing number of service users with complex care needs. This includes those who require 24 hour nursing care in their own homes and within specialist care home placements.

In the last 12 months the service has encountered a number of challenges. These include a lack of appropriate supported living accommodation, care home placements and an agreed pathway for the assessment and treatment of individuals with Alcohol Related Brain Damage.

Two Team Leaders developed a comprehensive risk assessment tool for use by staff. The next step is to scale and spread the tools use across all Physical Disability teams.

Sensory Services continue to promote their ethos of rehabilitation, inclusion and service user involvement. In November 2024, the Lisburn Deaf Group received an award from 'Pride in Place Co-Operation', Ireland. The group focuses on equality, awareness and supporting service users.

Rowan and Ardarragh Day Centres play a pivotal role in supporting services users with complex needs to participate in meaningful activity and to engage with their local communities. Ardarragh received a very positive RQIA inspection in August 2024, with no areas for improvement noted.

The Disability Hub provides a range of community based opportunities for adults with a physical disability, sensory loss and/or brain injury. There are currently 110 individuals registered to attend. In December 2024, the Hub facilitated a very successful event during which crafts made by those who attend the Hub were available to purchase.

The Community Brain Injury Rehabilitation Team (CABIRT) is an interdisciplinary team which provides person centred, collaborative and goal orientated rehabilitation to individuals, carers and their families. These episodes of care can last from 3 months to 4 years. CABIRT have developed

a culture of self-management, psychological resilience, wellbeing and social participation. It is an outcomes based service which recently demonstrated positive outcomes for 32 service users. Over the past 12 months the service has performed well against its target to ensure service users wait no longer than 13 weeks from the date they are referred to having their initial assessment undertaken.

In October 2024 a rehabilitation coach from the service won the Excellence in a Supporting Role at the Advancing Health Care Awards (AHA).

Sexual Health and Sexual Health Reproductive Teams (SH SHR)

In October 2024, the Sexual Health and Sexual Health Reproductive teams began providing an integrated, mobile, nurse-led, sexual health and contraception clinic for people experiencing homelessness in the Trust's geographic area.

This quality improvement initiative was a joint project with the Inclusion Health service and aims to increase the number of people experiencing homelessness who are able to access Sexual Health and contraception services. The teams had noted high rates of non-attendance at clinics from this vulnerable client group and felt that it would be beneficial to deliver Sexually Transmitted Infection screening and to offer preventative treatments such as vaccines and effective contraception in a more accessible setting. It is hoped that in providing this mobile clinic, service users will feel more confident to come forward in the future.

The teams worked closely with colleagues in the Transport team to re-purpose a vaccination bus into a useful clinical space, enabling the nursing team to take the mobile clinic to local hostels. This project has already received excellent service user feedback; people have felt supported, respected and have felt that the service being offered ensures they have "one less thing to worry about".

Since the end of March 2025, the Sexual Health Service has started to provide outpatient clinics for those living with HIV in Bangor. This has improved access and we have already received positive feedback from those attending.

Community Dental

The 2024/25 year was another exciting and challenging year for the Community Dental Service. Two UK wide research projects to improve Oral Health in Care Homes are almost complete. A new programme targeted at older people's Oral Health was implemented across all Care Homes in the Trust's geographic area. Our ongoing Oral Health programme of targeted care, training and prevention has been further developed to include online training for Carers and Care Home staff. This resource has also been made available for domiciliary workers. Various members of the Dental team have been involved in awareness raising and training for Dieticians, Staff Nurses and Healthcare Assistants.

The Trust wide Digital Imaging project has been launched across all 5 sites. This means that all clinics now have access to modern, standardised imaging which will enhance patient care. Additionally, the service continues to work with professionals in the areas of Cardiac Services and Dietetics to highlight the importance of oral health in relation to good general health.

Performance Overview
Primary Care and Older People

We have worked with multi-disciplinary colleagues in the Ulster Hospital to expand our service both to children and to those with additional needs. This has led to an increase to the number of theatre sessions, which in turn, has enhanced timely patient care and helped reduce patient waiting lists.

Our refurbished, self-contained unit opened in James Street, Newtownards in August 2024. These 3 modern, fully equipped surgeries will improve patient care and access to services in the North Down and Ards area.

Primary Care Multi-Disciplinary Teams

The development of Primary Care Multi-Disciplinary Teams (MDT) has allowed GP practices to focus on not just managing ill-health, but also on the physical, mental and social wellbeing of communities. There is an increased focus on prevention and early intervention initiatives to ensure that patient's needs are met at the earliest possible opportunity. First Contact Physiotherapists, Social Workers, Social Work Assistants and Mental Health Practitioners work alongside Health Visitors, District Nurses and the GP practice team, to provide enhanced access to health and social care services within a primary care setting.

By 31 March 2025, Primary Care Multi-Disciplinary Teams (MDT) have been rolled out to all 13 GP practices in the Down area. By this same date, 16 of the 24 GP practices in the Ards and North Down (AND) area have an element of an MDT in place. Full rollout within AND has been slower than anticipated due to funding constraints. An implementation date for the Lisburn area is still to be confirmed.

South Eastern MDT has made every effort to raise the profile of MDTs and influence the narrative at regional and Ministerial level, which has no doubt contributed to the outcome of the recent announcement of £61m of transformation funds for the programme.

Full MDT rollout across the Trust requires recruitment of significant numbers of additional staff to work within GP practices. To accommodate them all a capital investment programme is underway. The Trust and GP Federations continue to work together to develop local implementation plans for rollout to the Ards and North Down and Lisburn areas whilst ensuring the stabilisation of workforce across the Trust.

Tissue Viability


Tissue Viability Team

The Tissue Viability Team continue to support staff and patients Trust wide in the management of all complex non-healing wounds.

The secondary care wound dressings procurement contract was updated in October 2024 and contains changes to familiar dressings held on previous contracts. The team launched the formulary in October 2024 with posters made available for each ward. An invite was extended to all ward managers, link nurses and ward staff to the launch event and all companies with products on the framework were represented to demonstrate the dressings.

Performance Overview
Primary Care and Older People

Wound assessment documentation within encompass continues to be a challenge for staff. As a result, the Tissue Viability team hosted thirteen Wound Assessment and Dressing Choice sessions to reinforce the accurate completion of the required documentation and to introduce the new dressings on the contract.

Facility acquired pressure ulcer incidence remains high within the Trust in many areas and is often reflective of patient acuity, corridor bed care and staffing levels. Unfamiliarity of the early signs of pressure damage and actions to be taken is also a contributing factor in most incidences of pressure damage. Therefore, mandatory pressure ulcer prevention and management training has been introduced. This training is supplemented with sessions to reinforce the learning from post incident reviews. Opportunities to share the message at 'You Said we Did', Newly qualified Nursing forums, and directorate training sessions has reduced the incidence of avoidable ulceration in the second half of the year by 50%.

Community Respiratory Team

The Community Respiratory teams continue to be an integral part of the wider multi-disciplinary teams supporting patients with chronic respiratory conditions and oxygen in the community. There is continued pressure on the service. Patients are very complex with multiple co-morbidities and the team provides a specialist level of support and management with the aim of preventing hospital admission.

In November 2024, the Down Community Respiratory team assisted the Trust by taking part in a communications video alongside a patient. This video and communications piece was broadcasted on Trust social media and was also aired on Belfast Live. By including a service user in the video we were able to hear from them how reassuring and beneficial the service is for them. In the future, the team hopes to work closer with other service users and provide more communications highlighting how to contact the service and the different specific elements of the service that are available.

Ards Community Inpatient Ward

Ards Community Inpatient Ward

The Ards Community inpatient ward implemented communication notice boards in the last 12 months. Their purpose is to ensure that all patients and families are aware of the clearly defined rehabilitation goals for the patient in the next week. These boards have been welcomed by families who visit in the evenings and do not always see a member of the community rehabilitation team. The boards are also a reminder to the staff on duty as to what the aims are on a weekly basis. The patients also see it as a great improvement tool that includes them in their rehabilitation journey.

Performance Overview
Primary Care and Older People

Hospital At Home (HAH)

The Hospital at Home Service continued to develop during 2024/25 within the Ards and North Down (AND) locality with all 24 GP practices referring patients. The service provides intensive, hospital level care on a short-term basis, to acutely ill, older and frail adults mainly over the age of 65. The service is delivered in the patient's usual place of residence. HAH is a medical Consultant led model of care which is delivered by a highly trained and skilled multi-disciplinary team.

During the latter half of 2024/25, planning took place for the next phase of HAH which commenced in April 2025. This will see the service expanding into the Down and Lisburn localities and will include expansion of the AND service from 10 to 20 beds. Lisburn will have 12 beds and the Down locality 8 beds.

The service has given staff within these Multi-Disciplinary Teams the opportunity to further develop their clinical skills in managing patients who have high acuity needs. This includes undertaking stand-alone university modules to longer courses that lead to advanced practice qualifications.

Within all of the localities the Enhanced Care At Home (ECAH) team has continued to provide their usual service. This includes delivering treatments such as venesections, blood transfusions and iron infusions as well as infusions for those patients who are immune-compromised. All of these treatments helps to reduce pressure within the acute hospital sector.

Allied Health Professionals (AHPs)

AHP services may be delivered as part of a professions specific service (Dietitians, Occupational Therapists, Orthoptists, Podiatrists, Physiotherapists, Radiographers and Speech & Language Therapist) or as part of a multidisciplinary team.

AHPs have a commitment to collaborate, innovate and develop new ways of working. Recent examples include the continued roll out of MDTs within primary care, working alongside MDTs within ambulatory hubs and supporting consultant waiting lists by providing enhanced face to face triage and clinical assessments. Within the past year we have also been able to progress rollout of the Regional AHP Plastics Service.

AHPs continue to work with key stakeholders to deliver a high quality service to children and young people with Special Educational Needs (SEN). Additionally, AHPs continue to deliver care at an advanced level opening up opportunities in advancing healthcare and clinical practice across all professions and programmes of care.

Research, innovation, quality improvement and patient centred care continue to be a key focus for AHPs. There have been many achievements across all levels and services highlighting the continuing commitment to providing the best outcomes for all.

Performance Overview
Adult Services & Healthcare in Prisons

Adult Mental Health Services

The Adult Directorate has welcomed a move of the Mental Health Services for Older People into the Mental Health subdivision allowing for full integration of mental health services across a patients lifespan. This year saw the continued success of the Dementia Behavioral Outreach Service (DBOS) pilot. This service offers a person-centered outreach service across care home facilities in the Lisburn area.

The DBOS service offers support to people with Dementia living in care homes who require increased intensity of support to avoid unnecessary admission to an acute or psychiatric hospital, or to support discharge from hospital. This service provides interventions to people presenting with behavioral and psychological symptoms of their dementia in their place of residence. The aim of the service is to prevent avoidable moves, which are evidenced by increased distress and poorer outcomes for this client group. The Trust is currently exploring an extension of this valuable service.

Our Mental Health (MH) In-patient wards have been working hard to implement the Building Safer Wards Standards to increase recovery focused patient care and ward environments. This work has led to the opening of a new gym in the Downe MH Inpatient Unit and the opening of a bespoke patient garden in Ward 12 at Lagan Valley Hospital. Both are welcomed spaces for patients to improve their wellbeing. The In-patient wards have secured funding to provide dedicated pharmacist cover across all our wards.

In February 2025, Mental Health services were delighted to launch the Personality Disorder Pathway which was developed to provide a structured, compassionate and evidence-based approach to supporting individuals with Emotionally Unstable Personality Disorder. The pathway ensures timely assessment, clear referral processes and access to appropriate interventions. The support offered includes Dialectical Behaviour Therapy (DBT), skills-based programmes and multi-agency support. It promotes early engagement, reduces reliance on crisis services and supports staff through training to work effectively with this client group. The pathway also aims to reduce stigma and improve outcomes by fostering consistency and collaboration across services.

Mental Health Services were proud to launch the Bereavement Support Service which was developed following learning from serious adverse incident (SAI) reviews. This service offers support to families who have been bereaved by suicide who are in connection with our Trust throughout the SAI process and as needed thereafter.

Healthcare in Prison (HIP)

2024/25 saw a continued rise in the numbers of people in prison and an increasing complexity and acuity of physical and mental health needs. These, combined with a persistently high remand rate and pressures within the community are leading to significant challenges for those awaiting transfer to acute psychiatric facilities or to be supported to transition into the community.

Despite these challenges, HiP continue to grow and innovate across a number of services. This was evidenced in the unannounced inspection of HMP Hydebank Wood College, who were provided with a score of full marks across the 4 elements of healthcare in a prison by the Criminal Justice Inspectorate and RQIA. This is the first time that this has been achieved across the UK.

Performance Overview
Adult Services & Healthcare in Prisons

Although there are pockets of vacancies, particularly within HMP Magilligan and in addictions services, there has been a significant reduction in overall vacancy rates across HiP and continued compliance with eradicating the use of off-contract recruitment agencies. Recruitment has been maximised through a recent recruitment drive using social media, recruitment fairs and a media campaign for 2025/26 is planned.

Services have been supported in their growth, through the appointment of a strategic Mental Health, Addictions and Engagement lead, with the 'ASK HIM' mentors success now being supported by a Peer Mentor Coordinator post. There has been a focus on supporting new staff achieving the fundamentals of good practice by embedding a Practice Education facilitator. The facilitator is building networks across peers within Adult Services. The Governance Lead, is now supported by the appointment of a Governance facilitator, with an increased focus planned for face to face governance activities with staff.

Medical recruitment has been very successful, with a series of GP appointments, alongside the addition of specialist GP roles in addictions and the permanent appointment of a further Consultant Psychiatrist. Future workforce across specialists is being prioritised, as HIP provide undergraduate placements for trainee GPs, Nurses, Pharmacists and Allied Health Professionals (AHP). The pilot projects being undertaken by the Discharge Liaison Coordinator and the HiP Practice based Pharmacists will continue to emphasise service innovation. HiP Pharmacy received a Chairman's Award to recognize their efforts in the face of ongoing pressures.

In the third quarter of 2024/25, successful recruitment to Learning Disability nursing posts saw the start of a HIP Learning Disability pathway. This leans on existing AHP services to provide support to those with associated needs as patients enter and exit prison. Support is provided to all staff who work on how to successfully communicate with and care for this increasing percentage of the prison population.

Continuity of care will be a focus for 2025/26 as HIP go live with encompass in November 2025.

Psychological Services

There has been significant recruitment to posts within Adult and Children's Learning Disability, Adult Psychological Therapy Services, Paediatric Psychology, Healthcare in Prison and Maternity Services. Further developments are planned for Clinical Health Psychology. We hope to widen the workforce in the coming year with the introduction of a Clinical Associate Psychologist role which has been developed regionally, following engagement with the Ulster University and the British Psycholgical Society.

The Positive Practices & Safe Interventions Service (formerly known as MAPPA) has successfully completed a management of change process to develop management and support roles on a permanent basis. Existing steering groups, for expanding access to psychological training, and implementing the regional restrictive practices policy have been reinvigorated with regional momentum.

In terms of psychological capacity building, Psychological Services have increased their offer of reflective practice to teams. The training and support offered in terms of 'hot & cold' debriefings following incidents which impact on staff has continued to be appreciated. The input of our staff to the Carrowdore bus crash incident in late 2024 along with our link to the multi-agency support was something we were glad to be part of. This supplemented the exemplary emergency services and acute hospital response by SEHSCT.

The evolution of Artificial Intelligence (AI) into the healthcare world is an advancement we wish to be part of and Psychological Services will commence a pilot project looking at how an AI tool can assist our assessment process. We continually look for innovative ways to tackle excessive waiting lists and working collaboratively with other services is key. A pilot project for the Ards Mental Health waiting list has been planned and will commence in the new financial year.

Unfortunately for many of our services, demand continues to outstrip our capacity to support all who need help in a timely manner. We remain committed to the Mental Health Strategy that could lead to significant enhancements of psychological provision if funding is allocated appropriately. We continue to engage with the SPPG and the Department of Health whenever possible to advocate for psychological services that could support people with both their physical and mental health regardless of difficulty, disability, diagnosis or developmental stage by improving availability and accessibility.

Psychological Services will continually strive to build and develop partnerships with community and voluntary groups in the South Eastern Trust area. We are promoting greater outreach into the community to tackle health inequalities more directly where possible and within our existing limited resources.

Adult Disability Services

2024/25 saw the continued strategic realignment of Disability services within the Trust. Services for people with Physical, Sensory and Neuro Disabilities moved to the Primary Care and Older Persons Directorate in April 2024 and Thompson House Hospital will move to Medical Specialties in May 2025.

Thompson House's vision, to create a Neurology outpatients / inpatients model of care within the footprint of the existing service, will be realised in 2025/26 when the Neurology Outpatient Service becomes operational. This Neurology Hub model of outpatient care will be developed throughout the coming year with partnership working from Community and Voluntary colleagues.

The closure of Muckamore Abbey Hospital (MAH), which is a Belfast HSC Trust facility, remains a strategic priority. The aim is to resettle service users in homes with wraparound support for their individual needs within a community setting. The team are working to create sustainable bespoke placements in partnership with both housing and independent care providers .The challenges of commissioning such placements and maintaining staffing levels remain, with the Trust keen to explore different ways of recruiting and retaining social care staff.

The closure of MAH provides an opportunity for the Trust to review and develop its Care, Assessment and Treatment services for people with Learning Disabilities (LD) who have mental

health or complex behavioral presentations. Plans remain in development for both a 6 bedded Care Assessment and Treatment unit (CATU) and a 3 bedded inpatient unit within the current Trust footprint. The number of patients, with a learning disability, being admitted to general mental health wards while small is difficult to manage in an acute setting. These developments will greatly enhance the quality of wraparound support the Trust is able to provide.

In recognition of the levels of patient complexity encountered, the Disability team have reconfigured and recruited three Senior Practitioner social workers to help support complex casework alongside progressing full implementation of the Mental Capacity Act. In tandem, the Carer's Lead has made great progress engaging with families, carers and service users to consult with them on the accessibility of day services, day opportunities and short breaks. The Disability team are keen to develop alternative community partnerships and explore options for day opportunities, step-up/ step- down beds and overnight short breaks.

2024/25 led to sustained improvements within the community LD nursing service, (CLDN) with the appointment of an Acute Liaison Nurse alongside our existing Mental Health Advanced Practitioner. Three of our Community LD Nurses are completing a Social Prescribing course and our Nurse Consultant will be fully operational from September 2025.

Together, they are working to improve health inequalities for people with a Learning Disability. A group of CLDN's and Community Childrens Nurses undertook a Quality Improvement (QI) project to improve outcomes for Children with Disabilities. This project focused on the children transitioning into adult services. The aim of the project is to increase multi-disciplinary working and enhance the experience and process for the young person with a learning disability, their family and staff.

The Trust, alongside regional and Department of Health colleagues, has contributed to the LD Framework document which is due to be consulted upon and will provide a framework for future Learning Disability service provision.

Mental Capacity Act

In 2024/2025, the Mental Capacity Act (MCA) service continued to hold the second highest number of live Deprivation of Liberty Safeguarding cases across the region. Having secured additional formal medical engagement and reconfigured the service delivery model, SEHSCT has implemented a Short-Term Detention (STD) pilot and has significantly increased the number of STD applications and authorisations across all of our general hospital sites. The Trust's MCA service has been commended as being the highest performing Trust regionally in relation to this work.

The service continues to roll-out bespoke MCA training to partners across a wide range of Acute and Community settings or organisations, including the NI Ambulance Service, GP Federations, Trust Directorates and Emergency Departments. Along with an increase in MCA medical provision, this has supported patient flow and has ensured that no delayed discharges are coded as MCA-related. Working with the suppliers of encompass and SET encompass Leads, the service has set up processes which will feed into the future roll out of MCA and will simplify the referral process with our hospital colleagues.

Performance Overview
Adult Services & Healthcare in Prisons

In acknowledgment of the volume of work and complex nature of the cases that are referred by the Attorney General to the Review Tribunal, the MCA service created a new Governance and Courts Section (GCS) in 2024/2025. Smooth and constructive relations and engagement with these two key external stakeholders is vital and the creation of the GCS has promoted this. There has been an overall reduction in the number of cases requiring adjournments and oral hearings and better monitoring and cascading of lessons learned and trends from Review Tribunal hearings to SEHSCT staff. This has resulted in better connectedness between the MCA service and other Directorates.

Performance Overview
Children's Services & Social Work

Lakewood, Residential and Leaving Care Services

The Trust has continued to deliver improvements across Children's Residential care in line with the corporate priority of providing safe, high quality services. This has been achieved through the implementation of the Children's Residential strategy 2022-2025 which has been underpinned by Quality Improvement methodology. Improvements continue to be made in relation to the environment of children's homes and the suite of accommodation offered to our children and young people (CYP). This ranges between two and eight bedded children's homes.

The Crisis Led Residential Outreach Support Service, aimed at preventing admissions to residential care, continues to sustain positive outcomes. Admissions have reduced from 40 in 2020/21 to 17 in 2024/25. This service is currently supporting 40 children to remain with their families at home. Consequently, this has reduced capacity across Children's Residential services to 71% which has enabled the service to deliver safe staffing to a smaller number of children and young people.

Leaving Care and Aftercare Services continued to respond to the increased need to provide care for separated and unaccompanied children. The Trust was accommodating 80 young people at 31 March 2025, which is an increase of 34 in the last 12 months.

Lakewood Regional Secure Centre and the Strategic Planning and Performance Group (SPPG) developed a commissioning framework for the service which went live in December 2024. This provides clear lines of accountability and escalation processes that will be reviewed annually alongside the allocated budget. The Trust has established a Partnership Panel with the Youth Justice agency. This has responsibility for the overseeing the harmonisation of services across Woodlands Juvenile Justice Centre and Lakewood Regional Secure Care Centre.

Fostering, Adoption, Permanence and Children's Disability

This sub-directorate continued to primarily deliver a service to those young people who require an alternative placement, either with a Family/Kinship member or with a Foster Carer. Similarly, the Children's Disability Service provide placement options which assist the care planning for young people who have a severe learning disability alongside supporting their families within the community.

Emerging from the 2023 Department of Health Independent Review of Social Work was a Strategic Reform Board. This forum and its 8 regional work streams have been designed to implement the recommendations of the review and to ensure our services are responsive to evolving need. Cross cutting themes and priorities have emerged in the form of early help, expanding the placement continuum for Looked after Children and identifying workforce requirements in order to deliver a safe and effective service. SEHSCT is represented on the work streams and is also rolling out local service developments and practice initiatives.

We continued to report on our delegated statutory functions via the Strategic Planning and Performance Group's performance and accountability mechanisms and followed up on our corrective action plan which arose from the twice yearly reporting cycle.

Performance Overview
Children's Services & Social Work

Among the successes of the last year was the launch of a dedicated Fostering Short Breaks service for children with severe disabilities. This service is on target to progress 5 new sets of carers through the fostering panel in 2025. The Disability service has completed a strategic plan to meet the identified priorities within the Children's Disability Framework, and the announcement of an additional investment of £2.4 million has enabled the significant expansion of services in line with the ministerial priorities. The service has planned the expansion of a further children's home, which will enable the opening of residential short breaks.

The Fostering Service supported 282 placements in year. The adoption panel successfully managed to deal with a high rate of case referrals within the specified timeframes. The number of 'best interest' recommendations made by the panel, in the last 12 months, was 24 with 23 children made the subject of adoption orders.

The 'Early Years' service continued to meet its statutory obligations to register and inspect child minding providers.

Safeguarding Children & Family Support

The Safeguarding, Family Support and Children in Care sub-directorate continues to actively work on improving case management for those cases, triaged as low risk, that remain on the Waiting List for a social work service (also known as 'unallocated'), or have been placed back on the Waiting List to create capacity to allocate Child Protection or Children in Care cases.

The sub-directorate continues to operate the Collaborative Unallocated Progress (CUP) model across all Safeguarding teams; with incremental improvements to the number of cases on the waiting list evident when workforce challenges improve.

Whilst efforts to recruit and retain social work staff remain ongoing and there have been newly qualified social work staff commencing in post over the last quarter of 2024/25, there remains significant vacancy rates across these services. This is compounded by a regional shortage of Social Workers and results in the need to continually re-prioritise caseloads. Therefore, the waiting list reflects demand exceeding service capacity, rather than a failure in control measures.

The 'Waiting List Oversight Group', chaired by 2 Assistant Directors, provides additional oversight to the monitoring and governance process to minimise any risk of harm coming to those waiting to be allocated a service.

Social Work and Social Care Learning & Improvement Team

The Learning and Improvement Team (LIT), delivered a celebration of achievement event in January 2025 which recognised staff who had been nominated for a regional social work award, those who gained a professional in practice (PIP) award and those who achieved a social work qualification through the Open University Degree pathway; the latter two areas are supported and mentored by LIT. The event saw 80 social workers and managers come together to connect and celebrate the 37 PIP award recipients, 28 individual and group nominees and 4 Open University graduates. The SEHSCT was proudly represented at the regional social work award event with five shortlisted entries; one social worker and one team successfully winning two of the award

categories. LIT has also facilitated the Trust's specific world social work day event and plans are in place to deliver a celebration of achievement event for social care staff across SEHSCT in June 2025.

Working with the awarding bodies, the LIT team are currently supporting 26 social care staff to achieve their diplomas. Twenty-four social care staff completed their qualifications across levels 2-5 with a number gaining promotions following their achievement.

There has been a continued commitment to the delivery of training despite the operational difficulties encountered when staff undertake courses at a time when vacancy and absence rates continue to impact availability. LIT has specifically focused on mandatory training alongside core training delivery and facilitated 282 training events across Adult and Children's Services to 4,463 staff. Supervision training has been updated in line with the new regional supervision policy. 78% of social work staff have been trained to date through forums, managers meetings and online awareness sessions.

The LIT continues to drive NI-wide inter-professional co-practice and innovation through the Regional Quality Improvement for Social Work Programme. In 2024/25, the programme has gone from strength to strength, with Social Work/Social Care participants leading on 20 new Quality Improvement (QI) projects that have directly enhanced practice and service delivery for service users, carers and staff. This year 22 new Social Work/Social Care QI Leaders and 6 new Social Work/Social Care QI Mentors have been developed, supporting a culture of sustainable innovation and continuous improvement across the profession.

A key focus for the LIT has been centred on retention and attraction of the workforce given regional acknowledgement of the issue. Whilst future planning is prominent, recent activity has spanned from mentoring activity to developing future leaders alongside attendance at careers fairs, employability events, recruitment information events and offering university interview support. The LIT has developed 9 mentors who were able to offer 41 newly qualified social workers support. LIT offered 16 social work practitioners sessions and mentoring to promote and develop their leadership ability. Following these support sessions, 100% of participants advised of interest and intention to apply for a Team Leader post in SEHSCT. LIT promoted careers in social work and social care at the SEHSCT careers fair. LIT also attended school/college careers fairs with one local career fair having 100 pupils in attendance.

LIT has been instrumental in supporting progress surrounding the effectiveness of social work bank staff and hold regular interviews to increase the pool of staff to support deficits in the workforce.

Performance Overview
Children's Services & Social Work

Children and Young People's Healthcare

This sub-directorate prioritises early help for children and families across a wide range of services. Many of these continue to see increased volumes of referrals and increased complexity of need within the context of finite human and financial resources. Waiting times across Emotional Health and Wellbeing services have significantly increased. Staff endeavour to help children, young people and their families to "wait well," with the introduction of support staff who provide advice and sign-post to a variety of supports, based on individual presenting need.

Public Health Nursing has delivered a wide range of services supporting pre-school and school aged children and their families. Breastfeeding support, baby massage and first aid sessions are always well received. Intensive Parenting courses continue to be delivered across the Trust. School Nurses continue to support children and have worked hard to successfully deliver large scale vaccination schedules and health screening, in line with the "Healthy Child, Healthy Futures" programme.

The ACORN Therapeutic Service continues to provide support to young people located within the Secure Care Unit at Lakewood and within the Juvenile Justice centre. This multi-disciplinary team works in partnership with other public sector agencies. This population of young people is further supported by the new and developing Primary Healthcare Service which provides assessment, individual support and health education.

The Forensic Child Adolescent Mental Health Service (CAMHS) is a regional service based in and managed by SEHSCT. They are a specialist tier 4 CAMHS service who provide liaison, consultation, risk assessment and risk management support to young people that present with high risk behaviours.

The Inclusion Health Team incorporates:

- A Homeless Health Nurse. This postholder provides a crucial service to young homeless individuals by assessing and treating acute and/or chronic conditions, promoting preventative care and addressing mental health concerns

- A Social Inclusion Worker. This individual networks with various statutory, community and voluntary partners as part of the Refugee Employability and Integration Project.

Performance Overview
Office of the Medical Director and Risk

Medical Corporate Governance, Safety and Quality Improvement

Dr Bob Darling continued to lead as Associate Medical Director for Corporate Governance, Safety and Quality Improvement. The Mortality & Morbidity (M&M) Oversight Review Group and Assurance Sub-Group met regularly throughout 2024. These groups work closely with the Trust's Risk Management team to ensure that patterns relating to mortality and patient safety are identified with lessons being learned and disseminated appropriately.

The Assurance Sub-Group provides confidence to the Trust in relation to mortality at a patient level by monitoring mortality pathway compliance, reviewing elective deaths, complaints, Serious Adverse Incident reports and disseminating lessons to be learned. At a corporate level the M&M Oversight Review Group considers and provides direction by independently reviewing hospital mortality statistics, studying regional pieces of work from the Independent Medical Examiner Service (IMES) and appraising death certification procedures. The IMES process was stood down in November 2023 and is due to restart in an enhanced form in Summer 2025

The review of hospital mortality statistics is primarily undertaken using the Comparative Health Knowledge System (CHKS) quarterly and annual reports for the Trust that comprise a review of risk adjusted and average mortality for all admissions. This analysis identifies a monthly Risk Adjusted Mortality Index (RAMI) rate for the Trust over a 12 month period, allowing the Trust to review trend changes on a monthly basis. This mechanism was been interrupted by the introduction of encompass and will hopefully return to normal in Summer 2025.

Medical Education

Education of medical students and resident doctors is mainly in person but we now allow trainees and students to attend remotely to improve attendance numbers. We offer training and teaching opportunities that enable trainees to achieve competencies which ensure they continue to progress in their chosen career.

We are in the process of introducing the new C25 curriculum for Queens University Belfast (QUB) medical students. New elements include case based learning, hospital at night experience, palliative care and acute care at home. These have all been introduced successfully, supported by both medical and nursing staff.

The first cohort of Ulster University (UU) medicine students started in July 2023 and the initial review by the students was that the teaching provided is of a high standard.

Collaboration between the Trust, Queens University Belfast (QUB) and UU continues in order to align placements and share learning opportunities. The main challenge to accommodating increased numbers of students is finding the dedicated teaching space. Student and trainee feedback remains positive but also reflects the pressures they encounter within our unscheduled care services.
Postgraduate resident doctor numbers continue to expand and this has resulted in an increased need for Clinical and Educational Supervisors to be recruited. These posts are open to all permanent members of staff and are regularly advertised throughout the Trust. A new 'Rest and Recover' facility, for the use of resident doctors out of hours, has recently opened on the Ulster Hospital site and is a great improvement on the previously available accommodation.

Performance Overview
Office of the Medical Director and Risk

Medical Appraisal & Revalidation

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. The role of medical appraisers is crucial to ensure the quality and consistency of doctor's assessments.

Revalidation is the process by which every licensed doctor who practices medicine, is supported to develop their skills, drive improvements in clinical governance and provide confidence to our patients that the doctor is up to date with the skills they require to practice.

The table below shows that 97.72% of all medics undertook the appraisal process in the 2023 calendar year.

Appraisal Period - 1 January to 31 December 2023

	Number of Prescribed Connections with GMC	Completed Appraisals	Incomplete or Missed
Consultants	293	288	5
SAS Doctors	113	112	1
Other Doctors	32	28	4
TOTAL 2023	**438**	**428 (97.72%)**	**10 (2.28%)**
TOTAL 2022	**431**	**415 (96.29%)**	**16 (3.71%)**

Summary of Revalidation Recommendations

The table below shows an increase, since the 2022 calendar year, in the number of medics who have been recommended to undertake revalidation activities to renew their licence to practice (up from 69 to 133). The Trust takes very seriously its work to support doctors to develop their skills which in turn provides confidence to our patients that the doctor has the skills they require to practice.

	2022	2023	2024
Revalidated	55 (79.71%)	88 (85.44%)	118 (88.72%)
Deferral Requested	14 (20.29%)	15 (14.56%)	15 (11.28%)
Non-Engagement Indicated	0	0	0
Recommendations Remaining in Year	0	0	0
TOTAL	**69**	**103**	**133**

SEHSCT appraisal and deferral rates are generally consistent with regional and national patterns. Public Inquiries have historically highlighted the importance of a timely and robust appraisal process.

Performance Overview
Office of the Medical Director and Risk

Research & Development

The Research, Development & Innovation Department (RDI) has had a strong focus this year on building resilience and extending our reach within the organisation. There have been extensive stakeholder engagement meetings within the trust and with our regional and national collaborators. The findings from these sessions will be reflected next year (2025/26) within our first 5-year research strategy which will be launched alongside the opening of the new Commercial Clinical Trials Centre.

RDI 2024/25 Snapshot

- We have made significant changes to our staffing model. We have appointed four new staff members with an additional 5 roles being added next year to support and develop our commercial portfolio. We have reviewed our research nurse workforce and have adopted a teams based approach that will increase our productivity and resilience
- The number of researchers within our organisation has increased with 75 members of staff now recognised as a Principal or Chief Investigator, with 49 medical professionals and 26 staff across other professional groups
- There are 100 active research studies with an additional 32 studies at the setup or expression of interest stage. We are now embedded within 10 of the 13 Northern Ireland Clinical Research Network (NICRN) research speciality groups, our main regional collaborator
- SEHSCT has been named in 110 research publications, presentations, review articles and poster presentations
- There are 1,565 participants actively involved in SEHSCT research projects this year.

In order to improve our research offer:

- We have agreed a national research contract tariff that we believe is competitive nationally and should allow greater research transparency and reduce the time it takes for research adoption
- We are developing within SEHSCT the first Patient, Public, Involvement Engagement group for research
- We have continued to compete and deliver successfully in Phase 2, 3 and 4 research studies and this year we successfully participated in our first Phase 1B commercial research study
- We commenced the first phase of the Research Academy, ensuring our staff have the confidence, knowledge and skills to develop, lead and deliver research
- We were the first site in Northern Ireland to help develop and implement the new encompass research module and the research nursing team have provided training and support to all other Trusts.

Our patient feedback has been excellent, with 97% of our research participants being new to research, with a wide age range between 25 – 85+. Feedback reflected that the most important reasons for patients to participate in research was:

- To help others; and
- To help researchers learn important new information about the conditions they treat.

Research participants consistently highlighted that research was important to them and that the care and support they received from research staff was the main reason they continued to take part.

Performance Overview
Office of the Medical Director and Risk

Risk Management & Governance

	2024/2025	2023/2024
Service User Complaints Received	1,087*	1,011
Service User Compliment Received	3,240*	2,908
Requests for Information Received	1,372	1,309**
Legal Claims opened	135	142
Legal Claims settled	141	129
Coronial Investigations opened	42	29
Incidents Reported	20,854	19,131
Serious Adverse Incidents Reported to SPPG	104	100

* Does not include Care Opinion figures

**Includes all requests (Freedom of Information, Subject Access Request, Form 81 and Access to Health Records) recorded on Datix for the reporting period

A breakdown of the 20,854 incidents reported in 2024/25 is provided below according to the type of incident. These incorporate both clinical and non-clinical events. Clinical incidents include those relating to violence and behaviour, medication, patient safety/care, accidents, falls and non- clinical issues which cover infrastructure, business continuity or security issues. They are logged according to the group that was affected by the incident or near miss. The table below shows the incidents reported during 2024/2025 broken down by incident type.

	2024/25	2023/24
Organisational Incidents	1,659	1,274
Patient Incidents	15,256	14, 748
Public / Visitors Incidents	225	169
Staff / Contractor / Vendor Incidents	3,714	2,940
Total	20,854	19,131

The majority of incidents occur within the hospital setting and would be reported mostly by nurses due to their nature. Incidents are reviewed and investigated in line with the policy and procedures for the Reporting and Management of Adverse Incidents by staff/managers within the Directorates who also provide a level of assurance on the information contained in the record. Incidents are also subjected to quality checks by staff within the Risk Management & Governance sub directorate (RM&G).

The RM&G team also provide a corporate support function for the Trust which includes, oversight and administrative process for Complaints & Patient Liaison, Information Governance, Litigation Services, Risk Management Advisory Services, the DatixWeb Risk Management system, Business Continuity & Emergency Planning and support for the Office of the Chief Executive.

The Northern Ireland Public Services Ombudsman (NIPSO) established Strategic and Operational Networks for development of the new HSC Model for Complaints Handling Procedure (MCHP) which will be published in July 2025, with full implementation by January 2026. SEHSCT is represented on both groups. RM&G have representation on the Operational Network and are a member of established workstreams to assist with the delivery and implementation of this new procedure.

Performance Overview
Office of the Medical Director and Risk

RM&G continued to support service areas across the Trust during 2024/25. Incident Control Rooms were established when both the Belfast Health and Social Care Trust and Northern Health and Social Care Trust went live with encompass. Business continuity support to service areas was also provided in response to Storm Eowyn in January 2025.

The Integrated Governance and Assurance Framework which was launched in May 2023 has been embedded within the Trust and provides guidance to all areas. The Risk Management Strategy 2023-2026 is in place and will be subject to a review in 2025 for any minor changes and a full review in 2026.

The Department introduced a further two modules on the DatixWeb Risk Management System to align themselves with the region. The new modules for Complaints and Claims offer greater transparency for Directorates and further development of the Complaints module is planned in response to the new HSC MCHP.

In relation to Serious Adverse Incidents (SAIs), engagement has continued over the year with the Strategic Planning and Performance Group (SPPG) within the Department of Health (DoH) in the form of bi-monthly meetings to address the completion of SAI reviews. Support and training was available from an external provider assisting Directorates with the completion of some reviews. As of 31 March 2025, there were 27 outstanding SAI review reports due to be submitted to SPPG which was a significant improvement over the year. The timeframes for delayed reports ranged between 2 to 82 weeks. The Trust has been working with SPPG to identify target dates for clearing the backlog of SAI reports. Delays in conducting SAI reviews have the potential to miss learning opportunities and so indirectly contribute to an increased risk of similar incidents occurring again. The responsibility to complete an SAI sits with the individual Directorates and SAI Performance Reports are presented to the Executive Management Team on a monthly basis. The RM&G continue to work with Directorates to improve the Trust's performance. Further information on addressing this issue is provided within the Internal Governance Issues section.

The Information Governance Department has worked in conjunction with our Information Technology colleagues to mitigate against the risk associated with increasing cyber security threats. The Information Governance Department also worked alongside the encompass Programme to ensure any information governance risks were mitigated and that services successfully transitioned to the encompass system. The encompass 'Release of Information' module has been successfully implemented across the Trust by the Information Governance Department.

The Trust has continued to deliver on its Health & Safety obligations in line with legislation. Health & Safety risks across the Trust have been mitigated against with the revision and development of policies and guidance for staff. Directorates continued to receive training in the completion of risk assessments and site visits were undertaken as required to provide advice and support in the management of any emerging risks.

We encourage service users, relatives and carers to share their experiences of the services they receive. An online Complaints User Survey enabled the Trust to receive feedback from complainants in relation to their experience of using the complaints process and the results have been used to inform service improvements and staff training.

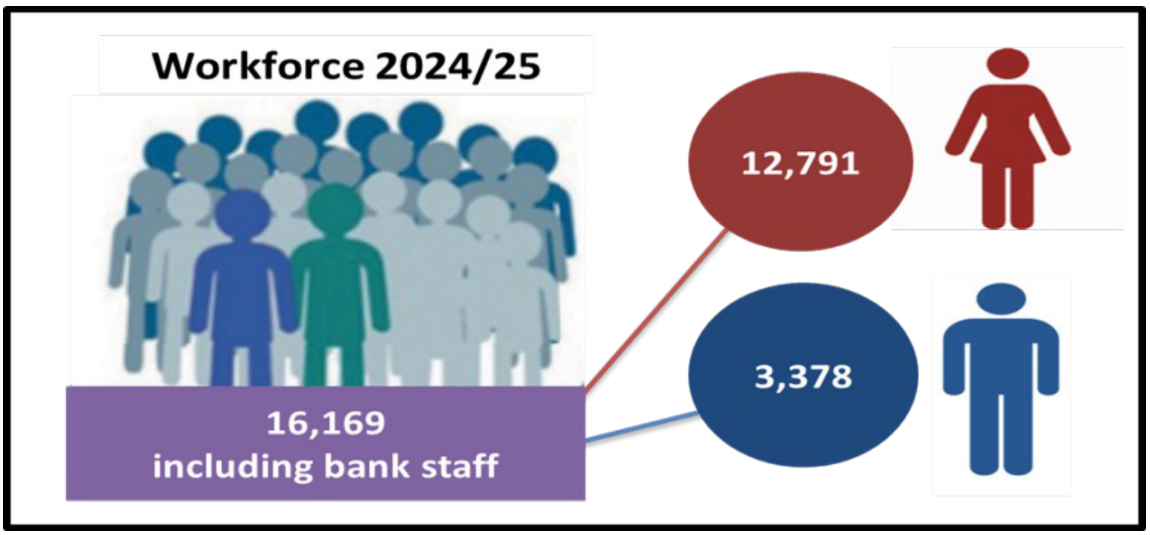
Performance Overview
People & Workforce Development

Human Resources

This Directorate provides a range of specialist HR services to just over 16,000 staff. The services offered include Employee Resourcing, Organisation & Workforce Development (including health and wellbeing services), Advisory Services and Employee Relations, all of which form part of the People and Organisation Development directorate.

Our people are at the heart of everything we do in the Trust. We strive to nurture a culture that is compassionate, where everyone is valued and where safe, high quality care is delivered. To do this, we support our employee's health and wellbeing, empower them and develop them to grow and foster a leadership culture that allows us to work together to deliver our shared purpose.

Workforce 2024/25



Recruitment & Employee Pay Related Activities

Activity	2024/25	2023/24
No of Job Vacancies raised	2,644	2,654
No of Applications received	16,660	11,558
Number of new starts processed (including Bank Staff)	3,059	3,116
Total no of pay related activities processed (New starts, Contract Changes, Employees Leaving the Trust)	10,448	10,835

Recruitment and pay processing work continues to be exceptionally busy with year round activity to ensure all employees are paid accurately. In the past year, six different pay awards were implemented alongside a number of other projects which recognised the contribution of staff. Work continues to maximize the existing functionality of the current HR, Pay, and Travel & Subsistence system (HRPTS). Alongside, work is currently being undertaken to prepare for the HRPTS replacement system to a new Oracle IT system in 2026. This will continue to be a significant programme of work for the Trust in 2025/26 and will involve a large scale cultural change for the entire workforce to transition existing systems and practices to a new way of working.

Performance Overview
People & Workforce Development

The challenges faced by all HSC Trusts recruiting key health and social care posts has previously created high levels of vacancies in some professions. In turn, this has led to front-line services being impacted.

In March 2025, the Trust embarked on hosting its biggest ever careers fair, marketing SEHSCT as a great place to work and showcasing the variety, diversity and breadth of roles within the Trust. Over 1,000 potential applicants attended on the day to obtain information on active roles and careers within in the Trust and expressed interest in a wide range of roles and services.
Early positive results from the careers fair have already shown a dramatic increase in applications to some key areas, which are traditionally challenging to recruit eg. service user experience.

Partial Retirement guidance was launched earlier this financial year to continue to promote flexible working options for our employees and ensure our workforce can remain in employment as long as they wish, having a blend of both retirement and working options. In addition, our flexible working practices are greatly appreciated by our workforce e.g. we received 154 applications in the first 6 months of 2024/25, the majority of which were approved.

Following the completion of a regional recruitment review across HSCNI, a number of regional work streams have started to implement the recommendations. The work streams focus on the recruitment process, use of technology, applicant experience and decreasing the timescales taken to recruit. As a result, various changes are now being implemented to improve recruitment efficiencies across the Trust.

Occupational Health and Wellbeing Service

New Management Referrals: 2,706 received, 2% decrease on previous year.

Pre-Appointment Health Assessments: 1,678 undertaken, 29% increase on previous year.

Staff Psychological Wellbeing Service: 124 referrals to the service with complex mental health presentations, 77% increase on previous year.

Occupational Health Physiotherapy Service: 843 staff had an initial referral for work related musculoskeletal issues (239 Management Referrals + 604 Self-Referrals), 24% increase from previous year.

Respiratory Mask Fit Testing: 1,613 staff fit tested against a suitable FFP3 respiratory mask, 30% decrease from previous year.

Performance Overview
People & Workforce Development

Corporate Bank Office

The Corporate Bank continues to play a pivotal role in the focus of the Trust on reducing agency spend and supporting services with skilled bank staff, particularly for nurses and healthcare workers.

There are 330 service areas within the Trust that avail of services from the Corporate Bank Office. **216,960** Bank and Agency shifts were filled by the Corporate Bank team which equate to over **1.8 million** hours (1,822,426). This was an increase of **14,294** filled hours compared to 2023/24. The ratio of hours filled was **68%** bank / **32%** recruitment agency. There has been a 5% swing from agency to bank compared with the previous year. This reflects the current market dynamics with higher than previous supply levels.

Raising Concerns (Whistleblowing)

The Trust reviewed and launched its local 'Raising a Concern in the Public Interest (Whistleblowing) Policy' in June 2024 in line with the framework issued by the Department of Health in March 2024. Additionally, each Directorate was asked to review their current raising concerns advocates and confirm or nominate a new representative to support the work of this policy. Eleven advocates were identified and awareness training took place in March 2025.

In the current year, fifteen concerns were raised and following triage, twelve of these were progressed under the policy. Any lessons learned as a result of these investigations have been actioned throughout the year, where applicable.

Staff Engagement

The Trust continues to engage with staff at different levels including corporately and locally. The main structured approach to staff engagement is our Internal Staged Review approach to our Investor in People (IiP) assessments. A new IiP Assessment Cycle commenced July 2024 and five Directorates were assessed within the 2024-25 financial year:

- Finance & Estates,
- People & Organisational Development (including Risk Management),
- Planning, Performance & Informatics,
- Surgery, Elective, Maternity & Paediatric Services,
- Unscheduled Care, Medicine & Cancer Services.

We surveyed 4,641 of our staff about the Trust's People Practices as part of the IiP Assessment process and 1,210 (26%) provided feedback. In addition, we met with 300 people to hold structured in-person conversations. Some key feedback points included:

- "The last few years have proved to be very challenging. Despite this, people have continued to work exceptionally hard and in a values-based way to deliver the best possible services"
- "People are clear about what they are expected to do and why this is important. They work in partnership to deliver and improve services"

- “Leaders and managers are focused on balancing what needs to be done today with preparing for the future”
- “People have been developing skills and knowledge through formal learning, shadowing and other methods of interaction with peers”
- “Identify and target inclusive development and retention opportunities to reduce the risk of critical skills gaps”
- “Enhance communications and make room for every voice to make valuable and constructive contributions, embracing diversity to shape and mould how people work and deliver.”

IiP Feedback Reports are produced at Directorate and Sub-Directorate levels and form the basis of Directorate and Corporate People Plans. These plans also feed into Trust formal governance structures, reporting to the People & Culture Committee, chaired by a Non-Executive Director.

The remaining four Directorates will be assessed in 2025/26.

Health & Wellbeing (H&WB)

Within SEHSCT, our people are encouraged and supported to prioritise their Health and Wellbeing. Our online platform, Livewell, has been revamped to highlight local and regional campaigns alongside resources on physical, psychological and financial wellbeing. This resource can be accessed from both work and home.

Through engagement sessions with teams and services we hear what is important to staff and source training and information to support both teams and individuals. Short sessions on self-compassion, self-care and working in a healthy workplace are provided in a range of formats. Individuals who require additional support can avail of our Occupational Health and Wellbeing Service, Staff Psychological Service or Inspire workplaces.

Reconnection and Appreciation initiatives continue to be supported by H&WB funding.

Feedback from teams has been extremely positive and the benefits connect with the Wellbeing and Belonging priorities within Our People Plan. The Regional Health & Wellbeing framework was launched in 2024 and the Health and Wellbeing Steering Group have been working towards its implementation. This will form a key programme of work in 2025/26.

First Steps Day Nurseries and Child Care Facilities

First Steps Day Nurseries at Lagan Valley Hospital and Ulster Hospital have continued to operate at close to full capacity throughout the year, providing high quality child care for staff.

The Trust ran two summer schemes in Downpatrick and Lisburn for a period of 7 weeks with approximately 50 children attending every week day

Performance Overview
Planning, Performance & Informatics

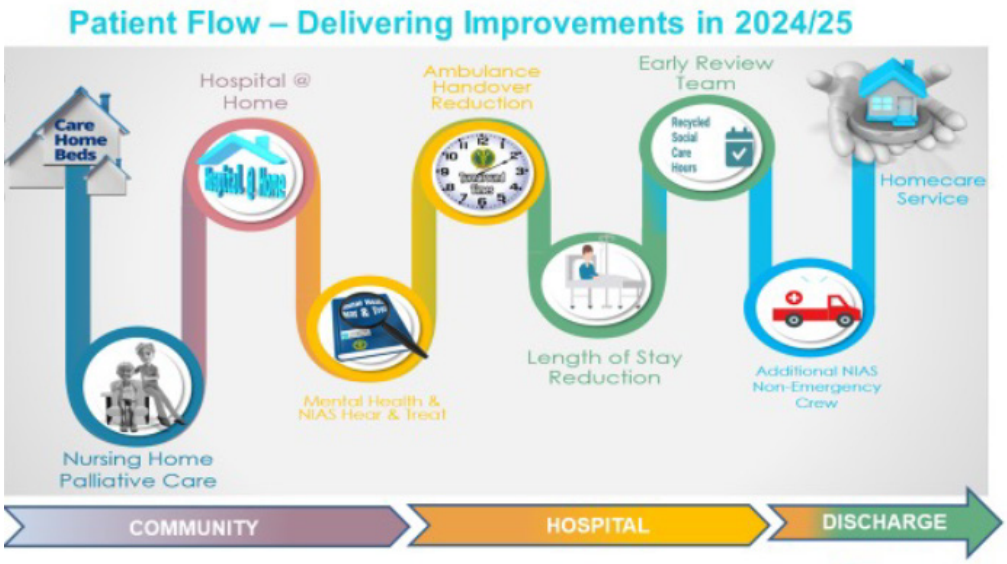
The Planning and Performance teams have been restructured to form two distinct teams: Strategic Planning and Performance & Improvement. All teams continue to work closely together to support Operational Directorates.

Strategic Planning

The Strategic Planning Team continued to offer advice, guidance and support to Operational Directorates in relation to the Trust's strategic planning processes and led in developing the Trusts response to the new Integrated Care System which includes the Department of Health's new planning approach - the Strategic Outcomes Framework (SOF), System Oversight Measures (SOMs) and the Support and Intervention Framework (SIF).

The Strategic Outcomes Framework and System Oversight Measures were issued to the HSC in July 2024 as part of the 2024/25 Strategic Priorities document. The SOF and SOMs have been developed following the stand down of the Commissioning Plan Direction and Commissioning Plan process which set the strategic direction to the system. The SOF sets out the long-term direction to the system and the SOMs convey the shorter-term priorities.

The team continued to support a number of strategic improvement and reform projects during 2024/25 across Adults, Children's, Primary Care and Older People and Hospital Services. One key project for the Trust was Hospital and Community Flow which aims to manage increased demand and facilitate improved patient flow into and out of our hospitals. Colleagues from Community and Hospital Services, Strategic Planning, Performance and Finance worked together to deliver the improvements set out in the table below.



Performance Overview
Planning, Performance & Informatics

In 2025/26 the focus for Hospital and Community flow will be:

- Community / admission prevention
- Same Day Emergency Care
- Improving Hospital Flow
- Further collaboration with NI Ambulance Service colleagues
- Nurse Led Discharge
- Improving Discharge Processes.

In partnership with colleagues in Finance and Operational Directorates, Strategic Planning secured investment of circa £35m for a wide range of Trust wide hospital and community services. This included establishing a Mental Health 'Hear and Treat' service in partnership with the Northern Ireland Ambulance Service and the transfer of the Neuromuscular service from Belfast HSC Trust to the South Eastern HSC Trust. Additionally, funding was secured for Caesarian Section provision and significant additional investment was obtained for Children with Disabilities to facilitate the provision of short breaks.

In addition, Strategic Planning continued to co-ordinate and participate in engagement activities with external stakeholders including Councils, political representatives and led on preparations for the regional health update from Chief Executives at the NI Committee of Health.

The team also commenced development of the Trust's new Corporate Plan, which will set out the Trust's key priorities for the next three years (2025-2028).

Quality Improvement and Innovation

The Quality team has the responsibility to implement the Quality 4 All Strategy bringing corporate support and capacity building across the organisation to apply quality management principles in the planning and delivery of services. The focus of 2024/25 has been supporting the Trust's Corporate Improvement Priorities; Frailty, People and encompass whilst still supporting Hospital and Community Flow and Homecare modernisation. The Quality Academy provides courses for staff from Trust Board training to Quality Fundamentals for support staff. A Quality Fellowship (senior leadership course) has commenced with 12 fellows from medicine and senior management.

The Quality Team teach on regional programmes including the MSc in Business Improvement, Scottish Improvement Leadership Programme and contribute to regional improvement programmes with HSCQI. The team runs the DoH commissioned Regional QI programme for Social Work, Nursing and Midwifery. In 2024/25, the Quality Team repurposed funds to develop an Innovation Team. Initial efforts focused on building collaborations with industry and academic organisations. A number of pilots have commenced including impact evaluation partnering with Queen's University Belfast and the Data Institute. A Delphi study is underway to define innovation across SEHSCT to support the building of structures and accountability to promote innovation.

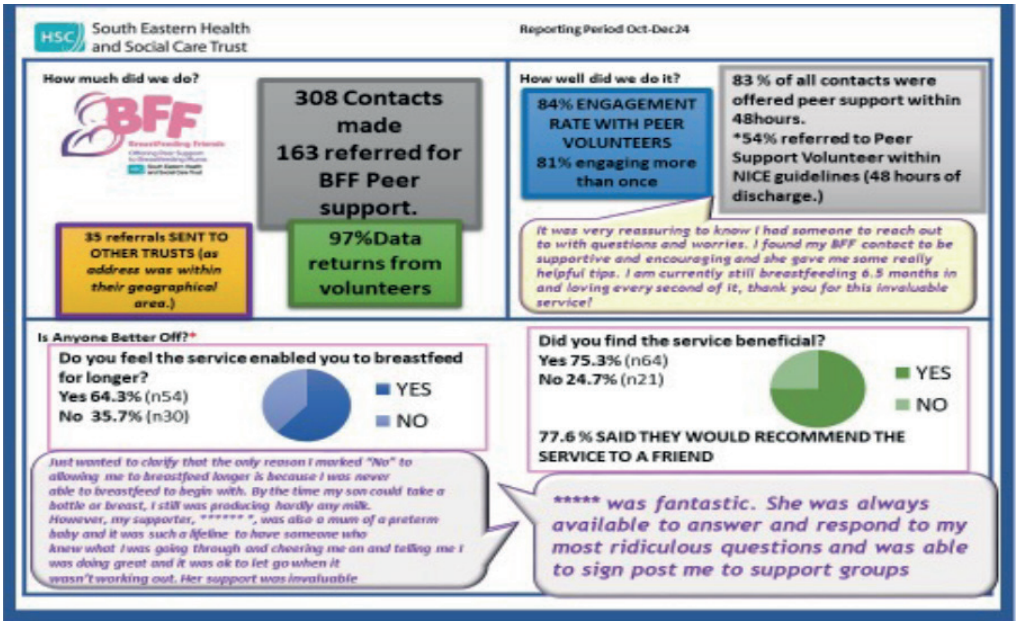
Performance Overview
Planning, Performance & Informatics

Prevention & Population Health

The team work in partnership internally across Directorates and externally with community, voluntary and statutory partners to contribute to the implementation of regional priorities at a local level. These priorities areas include Mental Health & Suicide Prevention, Older People, and Tobacco & Sexual Health. The services that the team coordinate and deliver focus on early intervention and prevention to improve health and wellbeing and contribute to reducing health inequalities.

Early Help / Early Treatment is provided to individuals and families by Safe & Well staff targeting social isolation and loneliness in older people. Services include volunteer befriending, signposting and making referrals to schemes such as the 'Good Morning' telephone service and Home Safety Checks. Sure Start and Family Support teams offer support, advice, programmes and initiatives to enable our children and young people to get the best start in life. The Diabetes Prevention programme and Smoking Cessation service provide early treatment to patients and clients thereby contributing to reducing preventable deaths.

Breastfeeding Peer Support volunteers involving mothers with breastfeeding experience provide support and encouragement to other mothers and is available to all breastfeeding mothers living in the Trust area.



Working in partnership with Council Community Planning Partnerships, the Department for Communities and the Area Integrated Partnership Board we aim to improve connections across community, voluntary and statutory sectors to deliver initiatives and programmes which jointly deliver better outcomes for everyone.

Performance Overview
Planning, Performance & Informatics

Volunteer Services

Volunteer Services continue to provide a high-quality service, enhancing user experience and outcomes, enriching the lives of volunteers and supporting the health and wellbeing of our population.

Carer Support Service

The Carer Support Service is a central point of contact for carers where advice and guidance can be given and where carers can be signposted to other relevant services. With consent, the service forwards requests for carers to speak to a health care worker about their caring role and the impact this has on their life. This can result in a carer being provided with support or could identify opportunities for carers to have a short break from the caring role.

The service links in with a wide range of carer groups and organisations in the voluntary and community sectors in order to pass on relevant information to carers and connect them with additional support. This includes young carers. Events, courses and information sessions are organised throughout the year.

Currently we have 3,994 carers on the Trust Carer Register (972 of them were added in 2024/25).

- 78 carers were provided with bespoke counselling sessions (up to 6 free sessions with a qualified practitioner)
- 136 information sessions, events or activities were organised, with 1,981 attending. We also organised 8 carer family events which was attended by 957 individuals and hosted 35 carer groups with 257 carers attending
- 1,135 people were given a carer payment to provide them with a break from the caring role and to help to maintain their health and wellbeing
- 195 'Take Care' packs were delivered in December 2024 to those on the postal register
- Carer Support hosted 54 stands at various community wellbeing events and presentations were made to 27 community groups and staff to highlight carer issues, familiarise carers with their rights and to promote the Carer Support Service.

Performance Overview
Planning, Performance & Informatics

Digital Services

The Digital Services Department has continued to support and empower Trust colleagues and services, ensuring the ongoing delivery of care to our community throughout the year. We are proud to have fostered innovation, introducing new ways of working that have enabled our staff to embrace more digital approaches, particularly during a period marked by significant challenges within Health and Social Care (HSC), which have impacted services across the Trust. Following the successful launch in November 2023 of encompass, an electronic health and care record system, the Digital Services Department has played a crucial role in assisting with the successful rollouts at Belfast and Northern HSC Trusts throughout the 2024/25 year.

In the post-encompass go-live era within our Trust, the Digital Services Department has focused on optimizing its support to Trust colleagues. This has included a recent restructuring, with an emphasis on recruitment, successfully reducing the overall vacancy rate in our department. Additionally, the department has introduced new avenues for staff to access support. These include a new walk-in service at both the Ulster and Lagan Valley Hospitals and the establishment of a Digital Services Outreach Programme for non-hospital based locations. These initiatives are successfully helping bridge the digital divide by extending Digital Services resources to colleagues across the Trust.

Other notable achievements include:

- **Successful implementation and delivery of both HSC Digital Regional and local initiatives:** Further advancements to the digitization of HSC care delivery, benefiting both staff and the community
- **Continued Strategic investment** in digital solutions, hardware, and infrastructure for staff
- **Ongoing investment in and development of cybersecurity defences:** This mitigates external threats and enhances data protection
- **Continued support for staff to work in a hybrid capacity:** Enabled approximately 4,896 staff to work remotely
- **Management of 24,438 devices by the Digital Services Department:** With 59% enabling mobile working and maintenance of approximately 16,521 staff accounts, all essential for care delivery.

The Digital Services Department was honoured with three awards at the 2024 Belfast Telegraph IT Awards, including IT Team/Department of the Year, Overall IT Team or Company of the Year and Best Public or Third Sector IT Project - recognition that we are incredibly proud of.

Technology remains an essential enabler to deliver safer, faster and more efficient Health and Social Care for our community. The Department remains committed to supporting service transformations through 2025/26 and we look forward to future opportunities to collaborate with Trust services to optimise digitally enhanced care pathways. The Department would like to express its sincere gratitude to our staff for their dedication, hard work and unwavering commitment. Without their invaluable contributions, these achievements would not have been possible.

Performance Analysis
Performance Informatics

The Performance Team co-ordinate performance monitoring and data analysis against targets, standards, key performance indicators (including progress against regional targets) as well as indicators of population outcomes. Many of these focus on hospital-based care, but there are also targets and standards that focus on how we care for people in their own homes and in other community settings. How we safeguard children and the services we provide to those who have a disability or mental ill-health are also monitored.

As noted previously, a Strategic Outcomes Framework (SoF) and System Oversight Measures (SoMs) will form the basis of a new Health & Social Care (HSC) performance management framework. Monitoring and reporting of the SOF/SOMs will be effective from 1 April 2025 and the current HSC Service Delivery Plan (SDP) and associated monitoring and reporting arrangements will cease.

As demonstrated in the tables below there has been an improvement in performance against the majority of metrics compared to the same month in the previous year.

Metric	February 2024	February 2025
Hospital Services		
14 Day Cancer All urgent breast cancer referrals should be seen within 14 days.	5%	8%
31 Day Cancer 98% of cancer patients should commence treatment within 31 days of decision to treat.	86%	96%
62 Day Cancer 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	23%	44%
4hr Unscheduled Care 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted within 4 hours of their arrival in the department.	48%	51%

Emergency Department Statistics		
Metric	**February 2024**	**February 2025**
Number of new and unplanned review attendances	12,932	12,498
Decisions to Admit Patients over 65 years old	1,295	1,368
Seriously ill Patients (Priority 1 and 2)	2,507	2,395
Ambulance arrivals	1,232	1,267

Performance Analysis
Performance Informatics

Metric	February 2024	February 2025
Primary Care and Older People		
Allied Health Professional Outpatient Waits No patient should wait longer than 13 weeks from referral to commencement of treatment.	49%	52%
Community Dental Contacts Total number of new and review community dental contacts	1,059	1,321
Children's Services		
Unallocated Cases - Gateway Total number of unallocated cases in the Gateway Team	73	143
Unallocated Cases - Family Support Total number of unallocated cases in the Family Support Team	175	133
Unallocated Cases - Disability Total number of unallocated cases in the Disability Team	353	469
Adult Services		
Adult Mental Health Non-Inpatient Contacts Total number of new and review Adult Mental Health Non-Inpatient contacts	3,735	5,046
Psychological Therapies Contacts Total number of new and review Psychological Therapies contacts	1,170	1,726

The reader is asked to note that figures coming from encompass should be considered official statistics in development and is also referred to page 87 (Inability to Deliver against the Commissioned Performance Volumes and Timescales) where detail is provided on the actions undertaken in 2024/25 to validation data obtained from encompass.

Management of Performance

The Trust has mapped and amalgamated all Board level risks relating to performance targets into one overall Board Assurance Framework risk management document and reports quarterly on the controls and assurance in place in respect of these risks to achievement of corporate aims and objectives.

Improving Ambulance Handover Times at the Ulster Hospital

SEHSCT has a joined-up approach to patient flow. A Hospital and Community Flow Oversight Group is co-chaired by the responsible Directors for Hospital Services and Community Care. Hospitals remain dependent on Community Care services provided by both the Trust and the independent sector to facilitate the timely discharge of patients from hospital and to provide care needed by patients in their own homes to minimise the need for hospital care.

Via the Hospital and Community Flow Oversight Group, a locality plan for Unscheduled Care has been developed. These plans and the actions contained within them remain vital in our approach to improving NI Ambulance Service handover times at Emergency Departments. This is where our continued focus will remain.

Whilst the Ulster Hospital handover times remain a concern, in the period 1 January to 31 March 2025, there has been a marked improvement in the time taken to handover patients from ambulance crews despite the number of daily ambulance arrivals increasing.

As noted in the table above performance in the Emergency Departments improved over the last year. Of particular note is:

- In February 2025, 51% of patients waited under 4 hours in an Emergency Departments before being either admitted or discharged (48% in February 2024)
- In February 2025, 1,751 patients waited over 12 hours in an Emergency Department before being either admitted or discharged (2,371 in February 2024)
- In February 2025, 32% of ambulance arrivals were triaged in less than 15 minutes (22% in February 2024).

Maximizing Productivity and Efficiency at Lagan Valley Day Procedures Centre

The Trust has developed a regional approach to monitoring performance at the regional Day Procedure Centre at Lagan Valley Hospital. This includes having signed Service Level Agreements in place with all HSC Trusts who use the facility and commencing a Getting it Right First Time surgical hub accreditation to support improvement, particularly in relation to utilisation and efficiency.

Performance Risk Profile and Mitigation Measures

The risks impacting on the activity performance of the SEHSCT during 2024/25 included:

- Stability of workforce either through increased sickness absence or permanent vacancies;
- Dealing with a period of challenging winter pressures;
- The ability to maintain safe services during periods of industrial action by Social Workers;and
- Stabilisation of the encompass system following implementation in November 2023.

The most significant impact that the above risks had was on the Trust's objective of providing timely access to care and support. The Trust attempted to mitigate the impact of these risks by taking the following measures:

- Utilising flexible staffing options and enhancing recruitment activities;
- Redeploying staff to critical services; and
- Early preparation of measures to address the anticipated pressure periods and the expected impact of implementing the encompass electronic patient care record system.

During 2024/25, the impact of the risk relating to the ability to maintain safe services during periods of industrial action, particularly relating to Social Work, escalated both in terms of its likelihood and its possible impact.

It is anticipated that the above risks and their mitigation measures will continue to impact on future performance unless significant recurrent funding is made available to increase capacity both within the hospital and community sectors.

The Trust welcomes the inclusion of lengthy waiting times as one of the 9 priority areas identified in 'Doing What Matters Most' Programme for Government 2024-27. Looking forward into 2025/26 the Trust welcomes the announcement of the Health Minister that £215m will be made available regionally to address the backlog of patients waiting to be diagnosed or treated through the Trust's Waiting List Initiative.

Performance Analysis
Strategic & Capital Development

There are no major capital schemes to report on over the last year following the conclusion, in 2023/24, of the Trust's major capital redevelopment programme. Going forward, strategic planners will continue to work with colleagues in the Directorate of Finance, Estates & Contracts on any business cases that are required to redevelop the Trust's community and/or hospital infrastructure.

Strategic planners will also work with Finance and Estates staff to develop future 10 Year Strategic Capital Plans.

The Estates Department are responsible for:

- The project management, design, construction and commissioning of above delegated limit capital works
- Completing gateway reviews for capital projects and managing the governance of them.

Estates Capital Works Undertaken in 2024/25

Examples of capital works started or completed in 2024/25 include:

- Refurbishment of Mitchel Ward and the Ulster Hospital Maternity Ward
- Refurbishment of Staff Accommodation & development of a Hot Desking Hub
- Works to a Steam Energy Centre at Ulster Hospital
- Works on a Community Assessment & Treatment Unit at Thompson House Hospital
- Commenced development of an Urgent Care Centre on the Ulster Hospital site
- Development of a Mental Health Garden at River House on the Lagan Valley Hospital site
- Works at the Crossgar Health Centre
- Works at the Bangor Health Centre
- Refurbishment of Drumlough Residential Home in Lisburn
- Works to the Gardens at Ards and Ravara Training & Resource Centres in North Down.

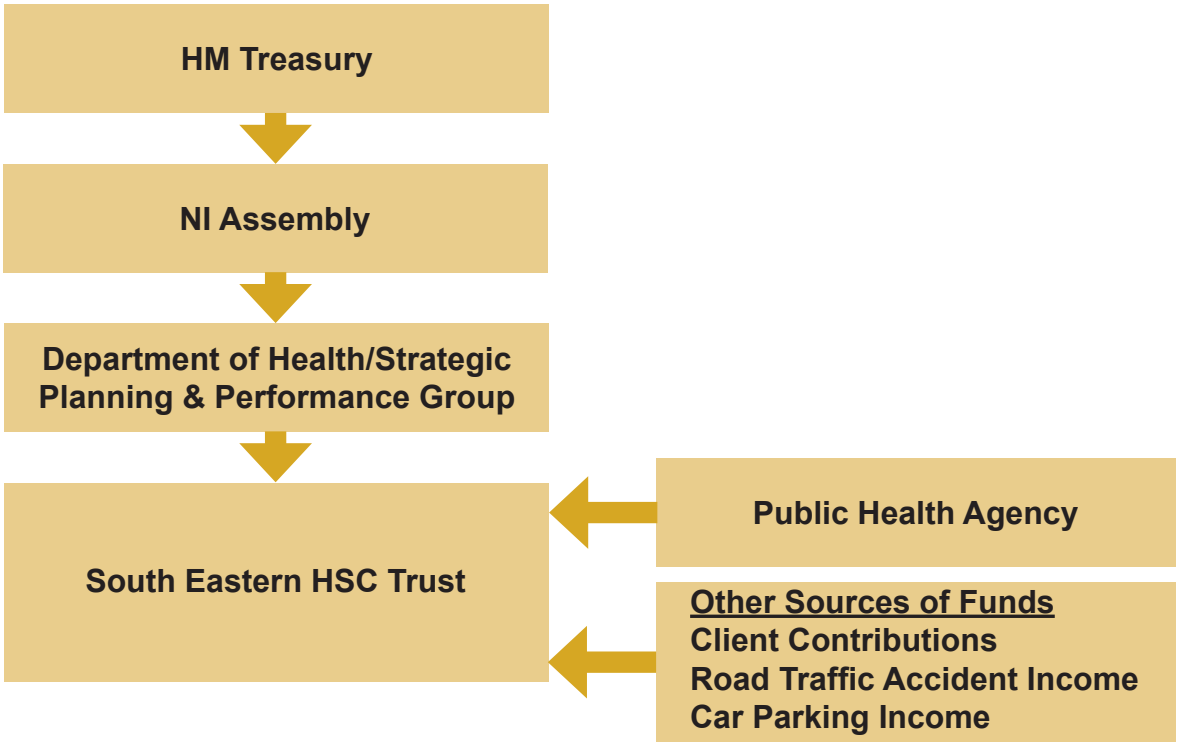
Trust's Capital Investment Plan

The Trust's capital priorities are contained within a 10 Year Strategic Capital Infrastructure Plan which was updated in 2023/24. The Trust awaits the outcome of the Department of Health's Regional Capital Plan which requires Ministerial approval. One key capital priority will be the provision of a new, single Acute Mental Health Inpatient Unit for our population.

Performance Analysis
Finance Report

Budgeting Framework

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



Accounts Summary

Financial Headlines for 2024/25	2023/24	2024/25
Surplus (+) / Loss (-)	+£0.05m	+£0.03m
Revenue Expenditure	£1,221m	£1,248m
Total Assets less Total Liabilities	£462m	£482m
Capital Expenditure - Building, Cars, IT Equipment	£29.2m	£27.3m
Money in the Bank	£5.7m	£6.3m

We had a small surplus of unspent money on the money we received from our Commissioner or generated ourselves

How much we spent running our Trust on items like staff costs and goods and services

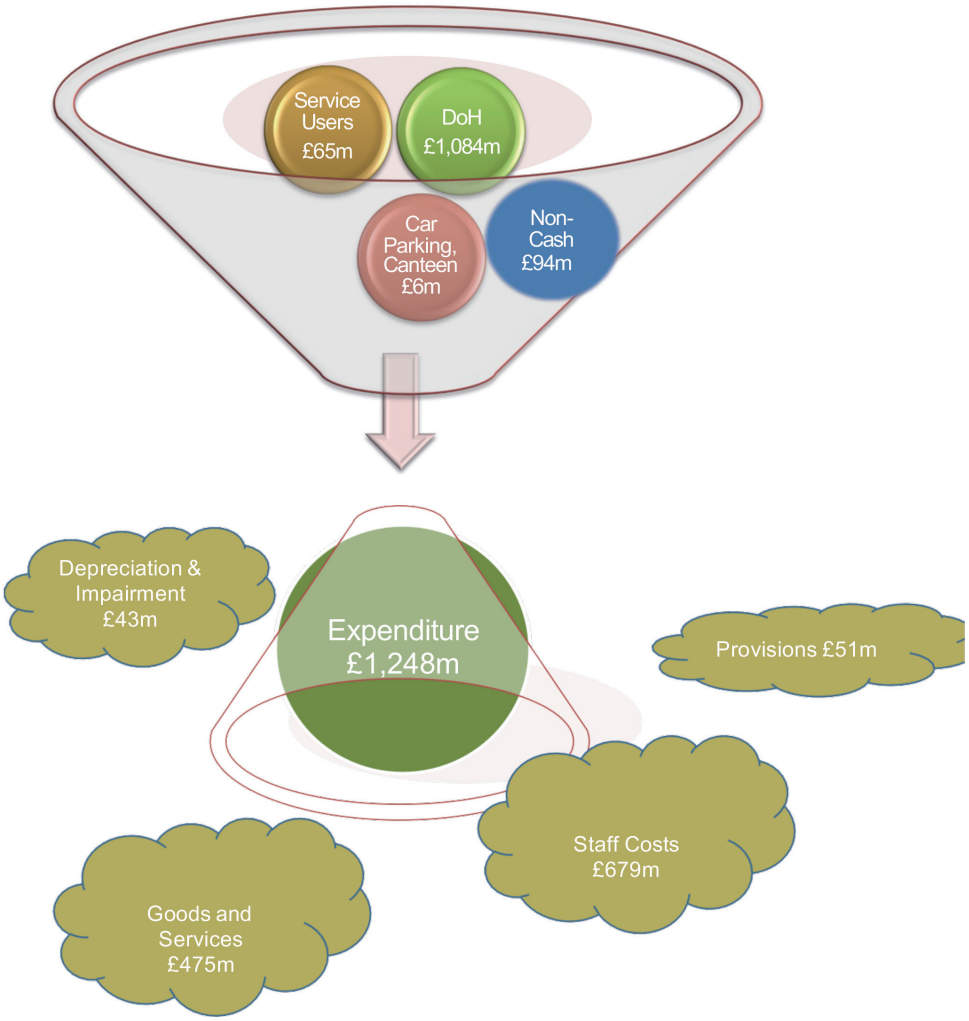
How much we are worth after we pay everything we owe

Performance Analysis
Finance Report

Income & Expenditure in 2024/25

How much income we received and how we spent it

Total Income - £1,248m Total Expenditure - £1,248m



Provisions – Recognising future costs we will have to pay eg. Clinical Negligence payments

Depreciation – Spreading the cost of assets over their useful life

Impairment – Costs reported when our assets reduce in value

Performance Analysis
Finance Report

How much Directorates spent in 2024/25

Surgery, Elective Care, Women and Child Health

£206m

Unscheduled Care, General Medicine & Cancer Services

£203m

Adult Services & Healthcare in Prisons

£174m

Childrens Services & Social Work

£103m

Primary Care & Older Persons Services

£327m

Nursing & Support Services

£58m

All Support Directorates (incl encompass & COVID-19)

£83m

Non Cash Costs

£94m

TOTAL

£1,248m

Performance Analysis
Finance Report

What the Directorates spent £1,248m on

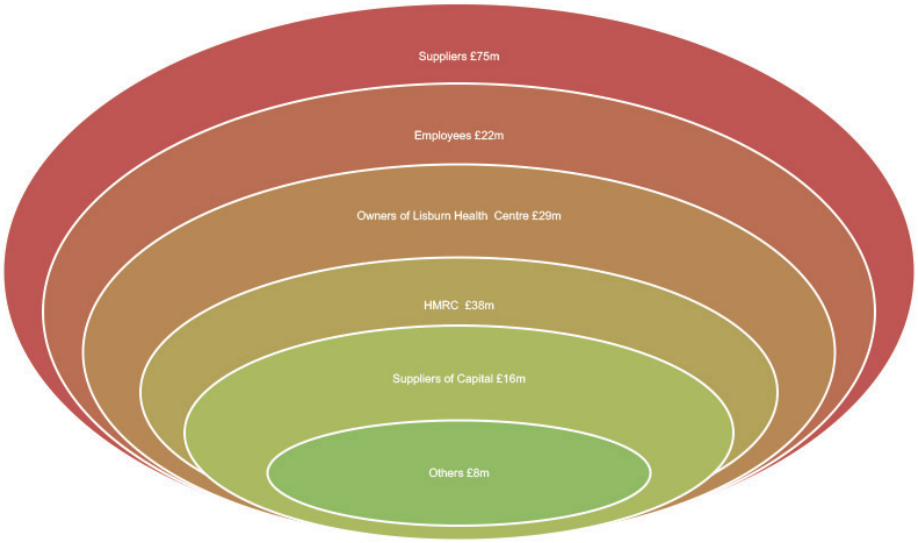
Capital Expenditure

How much we spent on our Estate & IT this year compared to last year

	2023/24	2024/25
TOTAL	£ 29.2m	£27.3m
Specific Projects	£9.7 m	£12.8m
Minor Capital Projects	£12.4m	£12.6m
IT	£ 6.4m	£1.9m
Ulster Hospital Acute Services Block	£0.7m	£0.0m

Who we own money to at the end of 2024/25

Total owed £188m

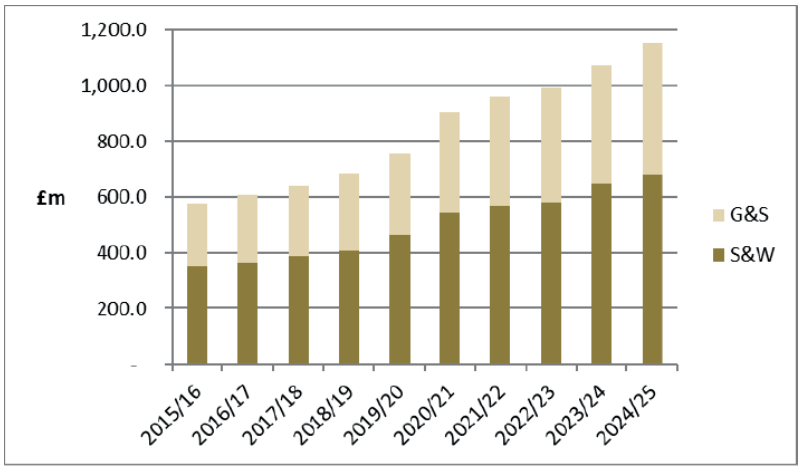


Performance Analysis
Finance Report

How our Expenditure has grown in the last 10 Years

The chart below shows actual revenue expenditure, broken down between salaries and wages (S&W) and goods and services (G&S), incurred by the Trust from 2015/16 to 2024/25.

Pay expenditure was 59% of these two categories in 2024/25 (61% in 2023/24). Overall, despite employing 139 (1.2%) more full time equivalent employees in 2024/25, pay costs as a percentage of these two categories reduced by 2%. Within Goods & Services there has been a £39m increase since 2023/24 in Care Home and Home Care expenditure. The majority of Independent Sector Care Homes are now setting their prices well above the funding which the Trust receives. Additionally, the Trust has seen an increased number of residents who require unfunded additional care costs and a doubling in the number of family members, for whom the Trust now pay their financial contribution, as they state they can no longer afford to pay due to the increased cost set by the Care Homes.



Financial Commentary

Income

In 2024/25 the Trust had cash and non-cash income to spend on its running costs of £1,248 million (m). It also received capital funding of £27.7m to spend on building projects or IT equipment.

The Trust received £1,084m of cash income from DoH, via the Strategic Planning & Performance Group (SPPG) or the Public Health Agency. It also received £94m of non-cash income. Finally, the Trust also used income received from service users who pay towards the cost of their care and money it generated itself from car parking fees, canteens or services to external organisations. This totalled £71m.

Expenditure

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, £679m which represented 54% of the total costs in 2024/25. Within this total, the Trust spent £133m on doctors and dentists (£117m in 2023/24), £229m on nurses & midwives (£227m in 2023/24), £114m on social work / social care and domiciliary home care staff (£129m in 2023/24), and £70m on Administrative/Management staff (£62m in 2023/24) and £133m on all other staff groups (£115m in 2023/24).

Goods & Services costs of £475m include £259m on residential/nursing care homes and home care, delivered primarily by private sector companies on the Trust's behalf. The £259m spent represented an 18% increase compared to 2023/24. The Trust also spent £94m on clinical and general supplies such as drugs and minor medical equipment. Expenditure on personal social services which includes Childrens Social Care and Adult Direct Payments was £44m (an increase of 12% since 2023/24). Finally, the amount spent on our premises, transport and the purchase of services from either voluntary or other HSC organisations was £78m.

Non-cash expenditure of £94m included items such as depreciation and the reduction in value (impairment) on assets expected to last more than 1 year. It also covers costs associated with providing for future expenditure on clinical negligence and employer liability litigation cases. This expenditure is met by separate funding from the Department of Health.

Overall Financial Performance

There is a financial implication behind nearly every decision made in the Trust. The Finance team provides an invaluable service each year, working with every Directorate and hundreds of internal and external colleagues, supporting them to make informed decisions. We are proud of the contributions they make. They in turn, appreciate and enjoy working with and supporting their operational and corporate colleagues.

The Trust has achieved its statutory duty to achieve a financial break-even position, reporting a surplus of £33,000. Had the Trust not received £30.8m of non-recurrent funding the Trusts would have been reporting a £30.8m deficit in 2024/25 as opposed to a small surplus. A significant proportion of funding which the Trust receives from the SPPG and PHA continues to be non-recurrent in nature. The level of demand for health and social care services continues to rise, and the level of recurrent funding required to financially stabilise our services has not kept pace with this. We begin each financial year in an opening deficit position and with a range of inescapable unfunded pressures. Within this environment, significant cash releasing savings are increasingly difficult to secure and sustain.

The Trust's performance against its 3 key financial targets is noted in the table below:

	Target	Actual
1. Financial Breakeven - Surplus / (Deficit)	-	£0.03m
2. Capital Resource Limit	£27.7m	£27.3m
3. Pay Invoices within 30 days	95.0%	96.5%

Capital Investment

In addition to the annual costs of paying staff and other expenses, the Trust is involved in a continuous process of improving its facilities and equipment.

The Trust continued to deliver on a significant capital expenditure programmes of £27.3m including £12.8m for specific ring fenced capital projects, £1.9m for ICT projects and replacement equipment and £12.6m on other estates projects. The Trust's expenditure on specific capital projects fluctuates each year depending on the ring fenced allocations received. Of the £12.8m incurred on specific ring fenced projects, £4.6m was for invest to save energy efficiency projects and £4.1m was in respect of backlog maintenance.

The ICT spend for 2024/25 has reduced significantly since 2023/24 when the Trust had a significant spend in relation to the implementation of encompass.

Looking Forward into 2025/26

The outlook for 2025/26 does not currently provide any potential for an improvement in the extremely challenging financial environment, and the Trust is working with SPPG and DOH to consider contingency and recovery options for the organisation.

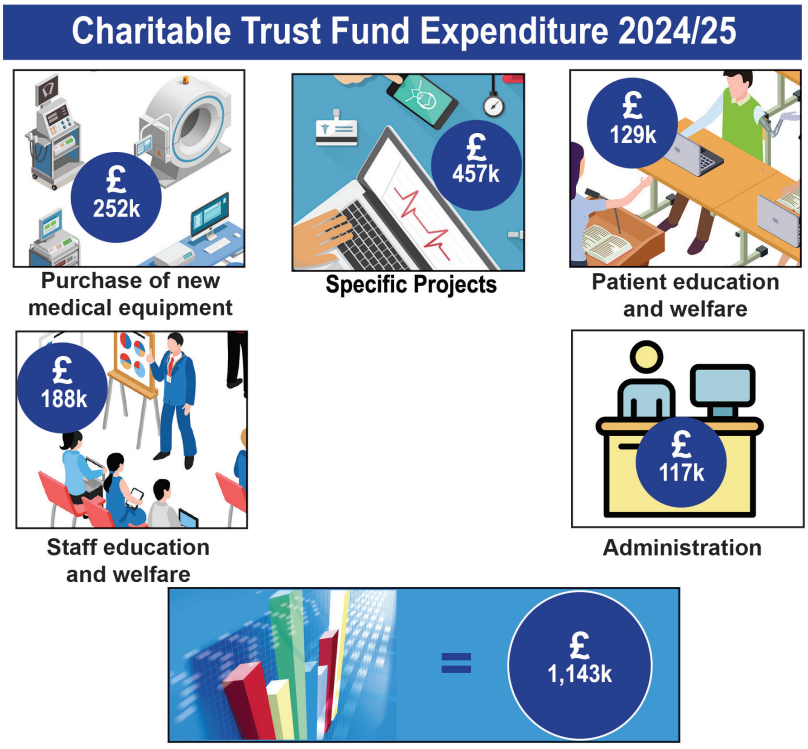
The Trust has already identified a range of measures which it is taking forward to reduce expenditure in 2025/26 and Directors believe that the Trust will continue to operate on a "going concern" basis.

Income & Expenditure from Charitable Donations

The Trust also receives charitable donations from members of the public. During the financial year 2024/25, the Trust received just over £0.2m in donations or grants (£0.4m in 2023/24). We are extremely grateful to all those who have donated to the Charitable Trust Funds throughout the year.

There is a Charitable Funds Committee which is responsible for ensuring that the donations received are appropriately managed, invested, spent and controlled, in a manner that is consistent with the purposes for which they were given.

In 2024/25 just over £1.14m was spent (£0.56m in 2023/24).This expenditure is categorised in the diagram below:



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

Waste

	2022/23	2023/24	2024/25	2 Year % Change	Commentary
Clinical Waste					Includes all potentially infected waste and pharmaceutical waste.
Tonnage	1047	1005	1014	-3.2%	Tonnages continue to fall, but are still markedly higher than pre-pandemic levels, particularly in the hospitals. This reflects both continuing high levels of activity but also potentially wrongful classification of non-infectious items as clinical waste. In 2024/25 there was a small increase on the previous year reflecting the increased number of non-designated beds. An audit programme commenced at end of 2024 with the aim of improving segregation practices.
% Change yr-yr	-2.5%	-4.0%	0.9%		
% Treated Waste Recycled	0.0%	0.0%	0.4%	N/A*	The flock resulting from the treatment process was all sent for Energy Recovery. A second outlet for the flock is used meaning that no loads are sent to landfill.
% Treated Waste: Recovered	100.0%	100%	99.6%		
% Treated Waste: Landfilled	0.0%	0.0%	0.0%		
Disposal Cost	£0.91m	£1.05m	£1.06m	17.2%	Unit costs of clinical waste approximately doubled following award of a new contract in August 22. So whilst tonnage has generally been reducing over the last number of years, costs are rising. The new contract has been let for a 5 year period so these higher costs will persist.
% Change yr-yr	75.3%	16.0%	1.0%		
Community Collection Cost	£0.05m	£0.04m	£0.04m	-20.6%	
% Change yr-yr	-18.3%	-17.1%	-4.3%		
Sub Total Clinical Cost	£0.96m	£1.10m	£1.11m	15.0%	
% Change yr-yr	64.6%	14.1%	0.8%		
Non-Clinical Waste					Includes non-hazardous recyclables and non-recyclables.
Domestic Waste					After several years of reduction, tonnages have risen slightly in 2024/25, most likely reflecting continuing high levels of activity. As this increase is higher than the increase in clinical waste, this may indicate that more non-clinical waste is being diverted out of the clinical stream.
Tonnage	1440	1331	1404	-2.5%	
% Change yr-yr	-9.4%	-7.6%	5.5%		
					Recycling rates remain fairly static but will have to increase in line with impending statutory targets.
% Recycled	46.2%	46.5%	47.2%	N/A*	
% Recovered	52.3%	52.0%	52.2%		The portion of this waste stream which is unsuitable for recycling is sent for energy recovery (Refuse Derived Fuel) with only 0.6% landfilled in 2024/25. In the last quarter of 2024/25 there was 0% landfilled, in line with the governments Zero to Landfill targets.
% Landfilled	1.5%	1.5%	0.6%		
Disposal Cost	£0.24m	£0.23m	£0.27m	15.3%	A new contract commenced in August 2024 with various unit price increases. These higher unit prices, combined with increased tonnage, have resulted in a cost increase for 2024/25.
% Change yr-yr	9.2%	-1.8%	17.4%		

Performance Analysis
Sustainability Report

	2022/23	2023/24	2024/25	2 Year % Change	Commentary
Bulky Skip Waste					Includes discarded furniture and equipment.
Tonnage	240	200	195	-18.6%	Tonnages in 2024/25 are now similar to pre Covid-19 volumes. The amount recycled depends on the nature of the waste and the availability of outlets for particular materials. For the non-recyclable content, the majority is landfilled however since November 2024, the contractor has started to send a portion of it for energy recovery thereby reducing the amount landfilled. A new regional contract was awarded in August 2024 with a different pricing model which has resulted in increased costs in 2024/25, despite reduced tonnage.
% Change yr-yr	-17.3%	-16.7%	-2.5%		
% Recycled	40.0%	36.0%	38.0%	N/A*	
% Recovered	0.0%	0.0%	7.8%		
% Landfilled	60.1%	64.0%	54.2%		
Disposal Cost	£0.03m	£0.02m	£0.04m	44.1%	
% Change yr-yr	1.7%	-7.7%	56.1%		
Food Waste					Includes preparation waste and uneaten food from meals
Tonnage	234	229	255	9.3%	After a period of reduction, in 2024/25 food waste increased significantly. In October 2024 a new contract agreed. Part of the increase may be due to increased activity and an increased service in the Ulster Emergency Department (ED). Catering will review the ED service in 2025/26. This waste is 100% recycled as it is sent either for composting or for anaerobic digestion, generating green electricity / biogas / compost. Disposal costs reduced in 2024/25, despite increased tonnage, as a new contractor was appointed with an average 30% unit price reduction.
% Change yr-yr	-2.2%	-2.1%	11.6%		
% Recycled	100.0%	100.0%	100%	N/A*	
Disposal Cost	£0.03m	£0.03m	£0.02m	-6.3%	
% Change yr-yr	17.5%	-0.3%	-6.0%		
Confidential Waste					Includes paper / other waste with sensitive information
Disposal Cost	£0.02m	£0.02m	£0.01m	-36.3%	Cost remains stable. This waste is 100% recycled following security shredding. The number of bags disposed of has reduced from 12,152 in 2022/23 to 9,282 in 2024/25. This downward trend is due to the introduction of the encompass system in Nov 23 and other paperless IT systems.
% Change yr-yr	2.2%	-17.4%	-22.8%		
% Recycled	100.0%	100.0%	100%	N/A*	
Other Waste					Includes electrical equipment, chemicals and garden waste
Disposal Cost	£0.00m	£0.00m	£0.00m	123.2%	Electrical waste is dismantled and recycled, chemicals safely disposed of and garden waste is composted. Quantities are small and arise sporadically.
% Change yr-yr	-37.7%	21.0%	84.4%		
Sub Total Non-Clinical Cost	£0.32m	£0.31m	£0.37m	14.0%	Despite volume reductions in general waste, skip waste and confidential waste, the unit price increases (following the issue of new non-hazardous waste contracts) has resulted in a cost increase in 2024/25.
% Change yr-yr	7.7%	-2.9%	17.4%		

	2022/23	2023/24	2024/25	2 Year % Change	Commentary
Totals for all Waste					
Tonnage	2960	2765	2868	-3.1%	Overall tonnages have risen slightly in 2024/25, predominantly general waste and food waste. This is to be expected given the continuing high levels of activity in hospitals.
% Change yr-yr	-7.2%	-6.6%	3.7%		
Total Cost for all Waste	£1.28m	£1.41m	£1.48	14.8%	The doubling of clinical waste unit prices in 2022 continues to be reflected in increased total costs and this has been exacerbated by the inflationary price increases awarded in 2023 for non-clinical waste and the higher unit costs for new contracts relating to domestic waste and bulky skips. Work to reduce the amount of waste classified as clinical waste and to increase recycling rates will be ongoing.
% Change yr-yr	45.2%	9.8%	4.5%		

*N/A - Not applicable - Trust is not required to show the 2 years % change.

Utilities

Utility		2022/23	2023/24	2024/25	2 Year % Change	Commentary
Gas	**Expenditure**	£6.14m	£4.50m	£4.58m	+1.8%	Gas market pricing remains very volatile.
	Consumption (kWh)	66,992,424	74,158,124	69,932,456	-5.7%	Benefitting from oil to gas conversions.
Elec	**Expenditure**	£8.68m	£6.09m	£6.79m	+11.5%	Electricity market pricing remains very volatile.
	Consumption (kWh)	35,406,571	35,937,558	34,774,358	-3.2%	Reduction in consumption
Oil	**Expenditure**	£2.24m	£1.22m	£1.23m	+0.8%	Decrease in oil prices over the year
	Consumption (MWh)	24,482	16,835	18,290	+8.6%	Major percentage of heating by natural gas for lower emissions
Biomass	**Expenditure**	£0.00m	£0.00m	£0.00m	0.0%	No biomass boilers used
	Consumption (MWh)	0	0	0	0.0%	
Water	**Expenditure**	£1.04m	£1.52m	£1.36m	-10.5%	Benefited from reduced consumption despite 7% increase in price per litre from 2023/24
	Consumption (l)	469,135	591,333	502,927	-15.0%	Leak detection and rectification resulting in reduced consumption
Total Expenditure		£18.14m	£13.34m	£13.92		
Estate Consumption (MWh)		126,881	126,881	123,827	-2.4%	Reduction since 2023/24
Trust Carbon Emissions (tonnes CO2e)		18,445	18,557	24,833	-5.0%*	Includes green electricity as required: 17.63 tonnes of CO2e with green electricity deducted. All include bio LPG. * If recorded like for like with 2023/24.

Accounting Officer
19 June 2025

Accountability Report
Non-Executive Directors' Report

The primary role of Non-Executive Directors is to provide support, challenge and an independent voice, at a corporate level, across all the work of the Trust. The seven Non-Executive Directors combine a wide range of expertise on private sector, public sector, community and voluntary sectors and commercial matters. Appointed by the Minister for Health and not as Trust employees we have again carried out the functions and duties of our role.

All Non-Executive Directors actively participate in the Trust's extensive governance infrastructure through membership of the Audit, Governance Assurance, Finance & Performance, People and Culture, Remuneration and Charitable Funds Committees. We, the Non-Executive Directors, chair these Committees and the minutes of the meetings are tabled at 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 within the Board Assurance Framework Risk Document and Corporate Risk Register. As committed advocates for quality improvement, we continually challenge processes to ensure they are fit for purpose.

Three new Non-Executive Directors joined during the year and we said farewell to our predecessors all of whom had come to the end of their eight-year tenure.

As Non-Executive Directors, we continued our work of promoting and maintaining corporate governance. Throughout another very challenging year, we have examined and had oversight on all aspects of the Trusts services but with a special focus on patient flow, the quality of care and of course the encompass by Epic patient record system.

We were involved in two Board development days during 2024/25. One to consider Cyber security and the other to consider the impact of the Renfrew report into Maternity Services. Additionally we refreshed our shared approach to Risk Appetite within the Trust.

Additionally, we were extremely exercised at every meeting about our duty to break-even financially and the levels of demand for care and support across each month of the year and not just during the winter months. Each year we are seeing significant increases in the number of people seeking help and support from our services and we recognise that with excessive demand come difficulties and tensions for our incredible staff and those seeking care.

We would like to go on record in thanking our fabulous staff, our volunteers, our independent and community sector partners for all that you do in partnership to deliver the vast array of services to our communities. Health and wellbeing extends way beyond the workings of the Trust.

In closing, we also thank our Executive Management Team for their continued energy and passion with which they carry out their roles. 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.

Accountability Report
Corporate Governance Statement

Introduction / Scope of Responsibility

The Board of the South Eastern Health and Social Care 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 organisations 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 Strategic Performance & Planning Group (SPPG) within the DoH, 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 SPPG
- Acting upon the findings of RQIA inspections/reviews.

The table below outlines various forums where its Executive members represent SEHSCT.

Forum	Purpose of Forum	SEHSCT Representative
Performance, Transformation & Efficiency Board (PTEB)	To provide strategic leadership to oversee and make decisions on the performance and transformation of the Health & Social Care sector.	Chief Executive
Children's Social Care Services Strategic Reform Programme	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
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	Directors 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 & Healthcare in Prisons
Central Nursing & Midwifery Advisory Committee (CNMAC)	To provide relevant, timely and resolved advice to the DOH	Deputy Chief Executive and Director of Nursing & Patient Experience

Senior Finance Forum	To collaborate & deliver the strategic finance agenda for the 5 HSC Trusts in NI along with resolved advice to the DoH	Deputy Chief Executive and Director of Finance, Estates & Contracts
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 & Informatics
Directors of HR Forum	To agree and deliver the strategic workforce agenda for Health and Social Care bodies in NI.	Director of People and Organisation Development

Compliance with Corporate Governance Best Practice

The Trust applies the principles of good practice in Corporate Governance and continually strengthens its arrangements though an on-going process of assessment against best practice. Each April, the Board Governance Self Assurance Tool (BGSAT) is completed. This provides assurance to the Board that it is conducting its business in line with best practice. BGSAT, for 2024/25 was independently verified by an associate of the Business Services Organisation's Leadership Centre in May 2025 with a final report made available in June 2025.

Trust Board devoted a number of development days for Board Governance Arrangements during the last financial year.

As Non-Executive Directors, we can provide assurance that the Board has complied with its Section 75 equality and good relations duties by ensuring any policies developed or renewed are subject to consideration of the groups that may be impacted. In practice, this requires all new or revised policies to be screened against each Section 75 group to ascertain if it should be subject to a full impact assessment. Policies are then endorsed by the relevant Director(s).

The Board has complied with the Corporate Governance Code in the key areas of leadership, ensuring that a clear vision for the Trust was articulated. When considering any significant new policies, we look to satisfy ourselves how they will contribute to achievement of the Trust's vision and objectives. In practice, this is achieved through:

- Discussion at Trust Board on how key policies will contribute to achieving the Trust's vision;
- Receiving regular updates on measures being taken to address key Corporate Risks which includes defining the Trusts risk appetite and managing risks;
- Using our wide ranging experience to challenge and scrutinise both the financial and performance activity of the Trust;
- Seeking assurances from both Directors, Independent and External auditors that reports and updates received are clear and transparent; and
- Considering the short, medium and long-term strategies proposed to meet the Trusts objectives and priorities.

Accountability Report
Corporate Governance Statement

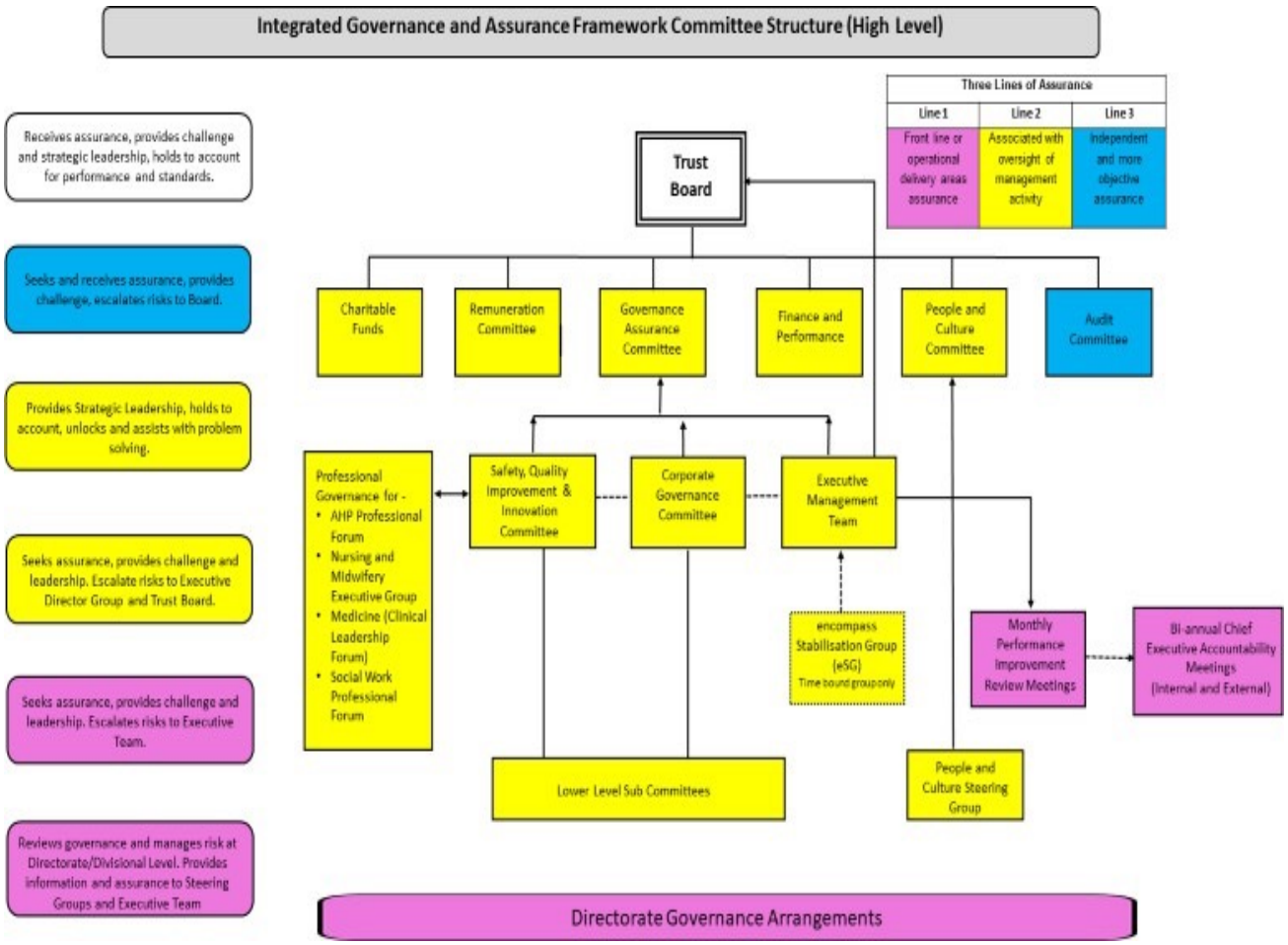
Integrated Governance and Assurance Framework

Strategic control, over SEHSCT's operations is achieved via a system of corporate governance. This 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;
- Standing Financial Instructions;
- Register of Interests;
- Code of Conduct & Accountability for Board members and staff; and
- Standards of Business and Gifts & Hospitality policies.

The Trust's Integrated Governance and Assurance Framework (IGAF) links corporate governance (including risk management and organisational controls), safe and effective care (clinical and social care governance) and financial governance. This framework closely aligns 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. Risk Management and Governance Strategies, Quality 4All, the People Plan and the Trust Corporate Plan also bolster the IGAF.

The diagram below depicts the Trust's high-level governance infrastructure.



Accountability Report
Corporate Governance Statement

The role of the **Board** is to establish the Trust's strategic direction and aims, ensure accountability to the public for our performance and ensure that the Trust is managed with probity and integrity. It has six sub committees:

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

Attendance at Trust Board and sub-committee meetings is recorded. The number of meetings held in 2024/25 is detailed below. Each sub-committee has an approved Terms of Reference in place to guide its work.

Meetings of Trust Board and Sub Committees held in 2024/25

Board/Committee	Minimum Number of Meetings Required	Actual Number of Meetings Held	% Attendance by NEDs	% Attendance by Executive Directors
Trust Board	8	8	92	78
Audit Committee	4	5	84	100
Charitable Trust Funds Committee	3	3	100	100
Finance & Performance Committee	5	5	79	100
Remuneration & Terms of Service Committee	2	3	100	100
Governance Assurance Committee	4	4	90	60
People and Culture Committee	4	4	87	70

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.

	Audit Committee	Charitable Trust Funds Committee	Finance & Performance Committee	Remuneration & Terms of Service Committee	Governance Assurance Committee	People & Culture Committee
Chaired by	NED	NED	NED	Chairman	NED	NED
Focus	• Trusts' system of internal control • Financial governance • Internal and external audits • Fraud • Scrutiny of the Annual Report and Accounts.	• Oversee the administration of Charitable Funds, their investment and disbursement.	• Ensure that the Trust breaks even financially each year • Review the financial strategy • Review performance information • Review financial monitoring information including Savings Plans.	• 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.	• Trust internal Governance excluding Financial Governance	• Embed the Trust's vision and values in conducting its business. • Provide assurance to the Board on the effectiveness of the Trust's arrangements for People and Culture. • Review the development of systems & structures in place to support delivery of the People Plan.
Minutes to be regularly sent to Trust Board?	Yes	Yes	Yes	No	Yes	Yes
Annual Programme of Work to be Prepared?	Yes	Yes	No	No	No	Yes
Requires Annual Update to Terms of Reference?	Yes	Yes	No	No	No	Yes
Annual Review of Effectiveness to be Undertaken?	Yes	No	No	No	Yes	Yes
Annual Report to be submitted to Trust Board?	Yes	No	No	No	Yes	No

Accountability Report
Corporate Governance Statement

Sub Committees of the Governance Assurance Committee (GAC)

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 by the Corporate Governance Committee (taking account of problems and/or significant external developments that arise during the course of the year) and updated on an annual basis (circa December each year).

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

It also includes the Trust's Risk Management objectives, 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 where relevant.

Risk tolerance levels are included within the risk management strategy and application of the risk matrix assists on how to escalate risks from Department to Directorate and, if necessary, to a Corporate level. Action plans, containing mitigation measures, are developed for all significant risks. Each risk is assigned a risk owner who has the authority to allocate actions to specific staff.

Both Directorate Risk Registers (DRR) and Corporate Risk Registers (CRR) are recorded and managed electronically via the Trusts Datix system. The Corporate Governance Committee and the Governance Assurance Committee receive reports on the Risk Registers on a quarterly basis. Risks that may impact on the Trust's corporate objectives are documented on the Board Assurance Framework (BAF) Risk Document. Each risk documented on the BAF is linked to one of the Trust's identified corporate objectives and in turn has an identified level of risk appetite. Regular reports on the BAF and CRR are submitted to the Governance Assurance Committee, which is a subcommittee of 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. The Trust will continue to mitigate against any 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.

SEHSCT Risk Appetite Statement

The South Eastern H&SC Trust recognise the importance of optimising risk in relation to the delivery of its strategic objectives, and also that the relationship with patients, staff, contractors, the general public and other stakeholders is key to the Trust's success. The Trust is committed to uphold a duty of care to ensure that safety is not compromised and therefore, taking into consideration that most risks cannot be completely eliminated, the Trust will have a low tolerance to risks that could result in a negative impact on the safety of patients, staff, contractors, the general public and other stakeholders.

Staff are trained to manage risk in a way appropriate to their authority and duties. Managers with staff reporting to them are accountable for ensuring that appropriate guidance, support and training is available to all their staff. A policy has been developed with an operational guide to assist those with the responsibility for risk registers and in addition 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 open and just culture in which Trust staff are encouraged to undertake individual reporting of incidents and near misses, and review to identify learning. 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. In addition, there is regular consultation with internal and key stakeholders and partners on risk.

Information Risk

The Accounting Officer and the Board receive assurances on information risk via reports to the Corporate Governance Committee. The Digital Health & Information Governance Sub Committee (DHIG) leads, 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 and/or Board Assurance Framework Risk Document.

The Trust ensures that information used for operational and reporting purposes is handled appropriately via the monitoring of any data breaches and the mandatory training of all staff on information governance. Trust staff are directed to ensure they adhere to the Trust's Information Governance & ICT policies and guidelines when operational information may need to be used by third parties or other parts of the public sector by ensuring data access and/or contractual agreements are in place in line with GDPR requirements.

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 Department of Health (DoH) regarding compliance with this Act. The role of SIRO is undertaken by the Director of Planning, Performance Improvement & Informatics with the Deputy SIRO role held by the Director of People and Organisational Development.

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

The Trust also has a Chief Clinical Information Officer (CCIO) and encompass Lead Professional Information Officers. All Assistant Directors undertake the role of Information Asset Owner (IAO).

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 & Litigation Services 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 so the Trust can investigate and learn from the reasons they occurred. All reported incidents in 2024/25 were assessed. While there were several small-scale episodes, the impact was limited and procedures put in place to minimise the chance of them re-occurring. Four incidents were reported to the Information Commissioner's Office (ICO) during 2024/25 (1 in 2023/24). The incidents were in relation to sensitive records being issued to the wrong applicant, sensitive data being seen by a service user inappropriately, unauthorised access to information by a staff member on a number of occasions and service user data being left in the public domain. The ICO has concluded their investigations for all cases with no further action taken based on the prompt remedial work undertaken by the Trust. A number of recommendations were set out in each incident to be addressed by the relevant services which have been completed and relevant lessons learned shared within the Trust.

Risk of Cyber Security Attacks

The Trust continues to be committed to ensuring the security of information held in electronic form in accordance with its ICT security policy and in line with the Regional Cyber Security Programme Board. The risks associated with cyber threats remain high, and the Digital Services Department continue to maintain robust cyber security through continued focus on technical security measures, governance and compliance. The Trust is committed to meeting the Network & Information Systems (NIS) Regulations and is utilising the Cyber Assessment Framework (CAF) to inform the ongoing Cyber Programme of work. The Trust continues to review its cyber related corporate risk to take account of local, national and global cyber developments and in respect to cyber incident responses has, in concert with regional partners, robust procedures to act swiftly to any alerts.

Business Planning

Business planning is at the heart of governance arrangements to ensure statutory obligations and ministerial targets are prioritised at all levels across the Trust.

In 2024/25 the Department of Health produced an HSC Service Delivery Plan (SDP). Contained within it is a range of metrics used by the Trust to monitor and report against baseline activity targets on a monthly basis. Regional activity is tabled at the Performance and Transformation Executive Board, chaired by the Permanent Secretary. Each Trust Director is accountable for delivering against the elements of the SDP that fall within their sphere of responsibility through their Directorate Management plans. All plans are aligned to the objectives and outcomes set out in the Trust Corporate Plan.

Monitoring of Performance is facilitated through accountability arrangements which include monthly performance meetings for all Operational Directorates and regular presentation of reports to the Finance & Performance sub-committee and Trust Board. This also includes compliance with the Governance, Risk Management and Safety, Quality & Experience agendas.
In 2024/25, the Trust refreshed its Corporate Plan setting out our priorities. The Trust also

responded to the new Strategic Outcomes Framework (SOF) and Systems Oversight Measures (SOM) which were issued by the Department of Health in July 2024. The SOF and SOMs are part of a new planning approach, which will commence in 2025/26. Essentially, they outline the priorities and outcomes HSC will be required to deliver. The SOF contains the long-term direction and the SOMs convey the shorter-term priorities.

Public Stakeholder Involvement

The Trust aims is committed to involving stakeholders, through its integrated Involvement and Experience arrangements, to ensure that Service Users, Carers and their representatives have opportunities to influence how services are delivered.

Personal and Public Involvement is a term used to describe:

- The involvement of service users, carers and the public in the planning, commissioning, delivery and evaluation of Health and Social Care services, in ways that are relevant to them;
- The process of empowering and enabling service users, carers and the public to make their voices heard, ensuring that their knowledge, expertise and views are listened to.

The Trust regularly interfaces with public stakeholders, where appropriate, with regard to risks that may impact them. The Trust Involvement team supports Service Users and Carers through leadership of the Trust Service User Network and through managing service user involvement opportunities.

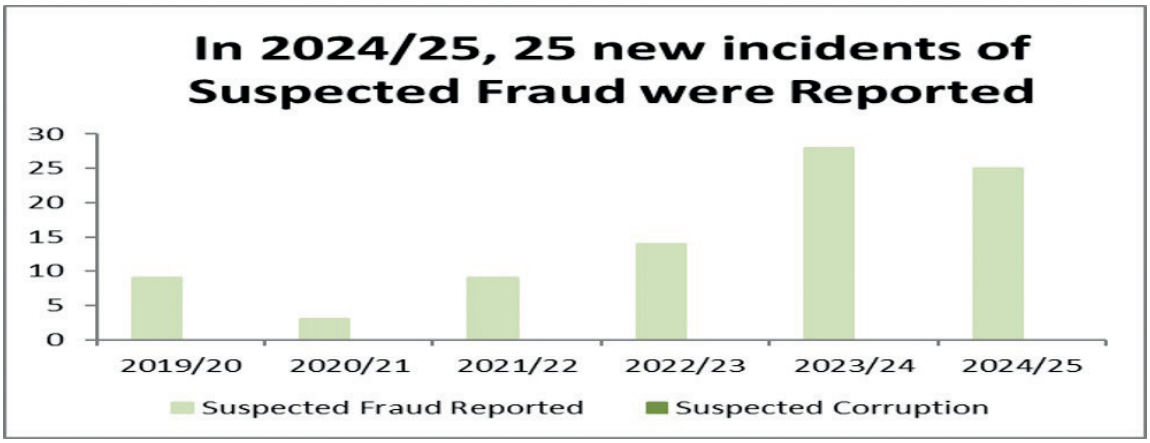
The agenda for the trust's Involvement and Experience Leadership committee is aligned to our governance structures whereby quarterly assurance, to confirm that statutory duties have been met, is provided to the Safety, Quality Improvement and Innovation Committee (SQIIC)

Further to this, the committee provides year-end assurance to SQIIC, through the provision of an assurance report, evaluation of the committee's effectiveness, and an updated Terms of Reference and Programme of Work. In turn, SQIIC provides year-round assurance to the Governance Assurance Committee and Trust Board. Finally, the Trust provides assurance on public stakeholder involvement to the Public Health Agency through participation in its forums and via the provision of evidence as part of the monitoring processes.

Fraud & Anti-Bribery

The Trust takes a zero tolerance approach to fraud and bribery in order to protect public funds. 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 have to undertake mandatory fraud awareness training in support of the Anti-Fraud Response Plan, which is kept under review and updated as appropriate. A fraud risk assessment was last completed in 2021/22. In late 2024/25, a refresh of the Trust Fraud Response Plan commenced and the fraud risk assessment will be refreshed in 2025/26.

The chart below depicts the numbers of suspected fraud cases reported. Some suspected fraud cases are not substantiated following preliminary investigation. The increase since 2022/23 is due to greater awareness raising on specific fraud threats via e-mail announcements made to all staff. To date there has not been any incidents of corruption suspected.



Counter Fraud and Probity Services

During 2024/25, 25 new cases of suspected fraudulent activity were reported to Counter Fraud Services (28 in 2023/24). The majority of suspected fraud cases relate to pay.

In total 41 fraud cases remained open at the end of 2024/25. Of all the active cases in this financial year, four were referred to PSNI. Of these four, one was reported to the Public Prosecution Service (PPS) for consideration of prosecution but was subsequently declined. Three cases are still being considered by PSNI for referral to PPS.

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.

Budget Position and Authority

The Budget Act (Northern Ireland) 2025, which received Royal Assent on 6 March 2025, together with the Northern Ireland Spring Supplementary Estimates 2024-25 which were agreed by the Assembly on 17 February 2025, provide the statutory authority for the Executive's final 2024/25 expenditure plans. The Budget Act (Northern Ireland) 2025 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2025/26 financial year.

Assurance

The Integrated Governance and Assurance Framework (IGAF) sets out the Board's arrangements for integrated governance, organisational structure and accountability, through which the Board's responsibilities are fulfilled. To this end, the Board is responsible for ensuring that the Trust has effective systems in place for governance which is essential for the achievement of the Trust's objectives and in line with the objectives set by the Minister of Health.

The Board are required to have in place structures and arrangements that will provide good governance and to ensure that decision-making is informed by intelligent information, covering the full range of aspects relating to corporate, financial, clinical and social care governance. This allows the Board to take a holistic view of the organisation, the Trust's capacity to meet its objectives as well as its legal and statutory responsibilities.

The Board has an overarching responsibility, through its leadership and oversight, to ensure and seek assurance that the organisation operates with openness, transparency, and candor, particularly in relation to its dealings with service users and the public. The IGAF aims to support the Board in the fulfilment of their statutory duties.

Assurance draws attention to the aspects of risk management, integrated governance and systems of internal control that are functioning effectively and, just as importantly, the aspects which need to be given attention to improve them. Assurance helps the Board to judge whether or not its agenda is focused on the issues that are the most significant in relation to achieving its objectives and whether best use is being made of resources.

The IGAF assists the Trust to improve its systems of internal control by showing how 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 IGAF sits alongside the Board Assurance Framework Risk Document, Corporate Risk Register and the Organisational Controls Assurance process that underpin all aspects of the Trusts business (ie. the 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 provides proportionate assurance to relevant policy leads in the DoH via the submission of a Mid-Year Assurance Statement. This was last submitted in October 2024.

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources:

Internal Audit

SEHSCT uses 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 2024/25 Internal Audit reviewed the following systems:

Audit Assignment	Level of Assurance**
Non-Pay Expenditure	Satisfactory
Service Users Monies in Independent Sector Providers	Satisfactory
Contracts: Estates Procurement & Management	Satisfactory
Risk Management	Satisfactory
Complaints Management	Satisfactory
Financial Assessments	Satisfactory
Payments to Staff	Part Satisfactory and Part Limited
Patient Journey: Management of Simple Discharges	Part Satisfactory and Part Limited
Management of Medical Locums	Part Satisfactory and Part Limited
Contracts with Voluntary / Community Organisations	Limited
IT audit	Limited
Management of Point of Care Testing Devices	Limited
Absence Management	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 affect the achievement of system objectives.*

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

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

Internal Audit provided less than satisfactory assurance on the following audits for the reasons stated below.

Payments to Staff

Limited assurance was provided on the element of the audit that related to the management of Enhanced Shift Payments (ESPs) to nursing staff. Whilst ESP use is regularly monitored and reported, there is a need to strengthen controls in the process.

Management of Medical Locums

Internal Audit provided Limited assurance on the element of the audit that related to approval for agency medical locums at commissioning stage, extensions to locum use and compliance with current contract rates. This was on the basis that approval processes are not consistently evidenced and effective. Whilst the majority of locum expenditure is with contracted agencies (88% in the test period), enhanced pay rates are regularly paid rather than contract rates. At the time of audit there was not an effective process to review locum usage/rates prior to extending the locum period.

Contracts with Voluntary / Community Organisations

Limited assurance was provided on the basis that payments made are not linked to reported activity and oversight / governance arrangements are not adequate. Invoices are approved without consideration of the activity delivered/performance against the contract. A significant proportion of contracts in 2023/24 under-delivered without impact on the contract payments made. In addition, the Trust does not undertake any checks to validate the accuracy of activity reported. Contract monitoring arrangements need to be strengthened. A number of the controls listed on the Directorate risk register to manage the current high risk of 'Failure to co-ordinate the monitoring of Independent Sector contracts' are not in operation or effective. This includes contract assurance processes (invoice processing checks and governance meetings).

Whilst providing limited assurance, Internal Audit noted that appropriately detailed contracts were in place for all 28 contracts sampled which clearly outline service specifications. All sampled contracts had designated Contract Managers and activity monitoring returns were consistently submitted for review as required.

IT Audit

Limited assurance was provided on the basis that governance, ownership, roles and responsibilities need to be formalised and improved. This relates to a small number of service owners out with Digital Services who are generally not considering supplier security when they contract with an external organisation.

In providing Limited assurance, it is important to acknowledge the existence and operation of good technical controls around suppliers with remote access to the Trust's network and information systems. IA also acknowledged for new or significantly changed systems that the suppliers proposed technical arrangements are subject to professional scrutiny by the Trust's Cyber Security team. Where these systems are likely to process personal data then these are subject to Data Protection Impact Assessment (an Information Governance facilitated role). In general, Internal Audit acknowledge recently improved governance, roles and responsibilities and specific processes over supply chain security.

Management of Point of Care Testing (POCT) Devices

Limited assurance was provided on the basis that the POCT governance and reporting structures need strengthened. There is no regular and formal reporting of POCT related issues within the Trusts Assurance Framework. The POCT Committee did not formally meet during 2023/24. There are gaps in of the required External Quality Assurance (EQAs) testing of POCT devices and a lack of assurance that devices are subject to the regular and required EQA testing and that corrective action is taken if an abnormal EQA result is received. Only 2 POCT audits, conducted by the POCT team, had been conducted during 2024. In terms of incident management, testing established that a significant number of incidents identified are not being reported on DATIX. In summary, the second line of defence within the Trust in respect of POCT device management is not operating effectively and there are gaps and non-compliance with the required process at the first line of defence.

Internal Audit physically verified a sample of POCT Devices across 17 locations and discussed the management and use of these devices with staff. We confirmed that procurement of devices is being done on a regional basis. Maintenance contracts are not required with faulty / broken devices being contractually replaced on a like for like basis as and when required. Appropriate arrangements are in place to train staff and training records are maintained. Access control is managed through 'DATA Managers' where devices are network connected although bar code sharing continues to occur meaning that both untrained staff and staff for whom their training has expired are able to use these devices. All devices have Standing Operating Procedures (SOPs) and there are overarching policies and procedures in place to provide instruction in respect to the management and use of POCT devices. Key Performance Indicators are in place covering key areas such as audits, incidents and EQA returns.

Absence Management

This audit received limited assurance on the basis that the sickness absence of 30 GP Out Of Hours (OOHs) staff in the Trust was not consistently and accurately recorded on the HR system (HRPTS) and overpayments occurred due to the set-up of payment processes for these employees. Internal Audit identified overpaid sickness absence payments made to 1 employee on long term absence estimated at £12k. Attendance at Attendance Management training was low at 21%. Return to Work Interviews were not consistently performed / recorded on HRPTS. It should be noted that appropriate action was taken when a trigger point was reached in the sampled absences and generally, sampled absences were recorded accurately on HRPTS.

Whilst providing limited assurance Internal Audit acknowledged the actions taken by the Trust to improve attendance rates / reduce absences. These include:

- Designated Human Resource Business Partners (HRBP) work alongside the Attendance Team Manager to identify hotspots and support that can be offered;
- Commencement of absence audits within teams to support and ensure consistent practice throughout the Trust;
- HR Business Partners (HRBPs) attend HR clinics and meet with managers to discuss issues including specific absence cases;

- Occupational Health staff, the Attendance Manager and HRBPs meet bi-monthly to discuss collectively the on-going progress with teams, individuals and any potential hotspots; and
- The roll out of HR clinics across the Trust allow managers and staff to drop-in and chat with any HR team (including the absence team) who are present for the day. HRBPs are also in attendance during the clinic to support these discussions.

Patient Journey: Management of Simple Discharges

Limited assurance was provided on the reporting element on the basis that reliable summary level reports are not yet available from the encompass system. This means the Trust is unable to monitor and report performance in terms of speed for simple discharges, including performance against the DoH 4-hour target. Internal Audit's review of encompass data evidenced that Medical staff are not consistently recording when a patient is medically optimised, meaning that the time to discharge the patient cannot be measured, monitored and reported. Where a medical optimisation time was recorded, current raw data on encompass showed a low compliance rate (52%) with the DoH 4-hour simple discharge target. The integrity of the data and specifically the coding for delayed discharges cannot be fully relied on in the absence of appropriate quality control mechanisms. Delays in recording medical optimisation, rather than real time recording at ward rounds, reduces the discharge time and will inaccurately inflate performance against the 4-hour discharge target – once reporting commences.

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, 99.5% of recommendations had been either fully or partially implemented (fully implemented 89% & partially implemented 10.5%). This left 0.5% (1) recommendation not yet implemented.

Shared Services Audits

A number of audits, summarised below, were conducted in 2024/25 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
Business Services Team	Satisfactory
Accounts Payable	Satisfactory
Recruitment Shared Services	Satisfactory
Payroll Services	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 2025, I can provide satisfactory assurance on the adequacy and effectiveness of the organisations' framework of governance, risk management and control.

Satisfactory (or mainly Satisfactory) assurance has been provided in the majority of the audits conducted in 2024/25, including the core area of Risk Management. I note the continued strong performance of the Trust in implementing previous audit recommendations.

Although I am content to provide overall satisfactory assurance, it is important to note that limited assurance has been provided in a considerable proportion of audit areas during the current financial year. This includes areas such as IT Supply Chain Security, Management of Contracts with Voluntary Organisations and Absence Management. I advise the Trust to sustain regular Management attention on the implementation of outstanding audit recommendations, particularly the significant audit recommendations'.

Other Sources of Independent Assurance

The Trust also receives independent assurance from the following bodies:

- Regulation and Quality Improvement Authority
- Northern Ireland Audit Office
- 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 information it receives 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;
- External Audit opinion on the Annual Accounts.

Accountability Report
Corporate Governance Statement

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 considered. I have been advised on the effectiveness of the system of internal controls by the Audit Committee and the Governance Assurance Committee.

The Trust's system of internal control 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. In 2024/25 the Trust received the highest number of satisfactory internal audit assurance ratings for a number of years (7 out of 13 audits). Notable improvements were implemented, in the last 12 months, to internal controls surrounding medical job planning, risk management and the management of complaints.

Trust teams have worked relentlessly over the last 12 months to improve on issues identified in all audit reports. It is encouraging that this has allowed the Head of Internal Audit to provide a satisfactory level of assurance overall in 2024/25 on the adequacy and effectiveness of the Trust's framework of governance, risk management and control. The Trust will continue the strong focus on addressing all outstanding internal audit recommendations and in continuing to improve its governance, risk management and control systems and processes.

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 & action plans to mitigate any shortfalls.

In the section covering 'Compliance with Corporate Governance Best Practice' the Trust has outlined the infrastructure in place for reviewing receipt of external reports from reviews or inquiries to ensure that lessons are learned and actions implemented. The Audit Committee approved a programme of internal audit assignments, informed by an analysis of risk to which the Trust is exposed, alongside discussions with members of the Executive Management Team and the Head of Internal Audit.

The Register of Declaration of Interests is maintained by the Board Secretary and 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 to provide the direction needed to ensure that sustained improvements are being made to ensure that a sound system of internal control is in place.

Internal Governance Issues

Update on prior year governance issues now resolved and are no longer considered to be an issue:

The Trust reviewed the governance issues listed in the 2023/24 Governance Statement against ten factors included within the Managing Public Money NI guidance to determine whether they should continue to be included in this Governance Statement. These factors included what the opinion of Internal Auditors was on the issue and whether the issue had hindered achievement of a key priority of the Trust.

All prior year issues continue.

Update on prior year governance issues which continue:

Cyber Security

Description of Issue	Cyber security arrangements required strengthening
Identified Internal Governance Procedure Failure	Numerous ICT-managed operating systems and software were not being patched. Processes for identifying and remediating vulnerabilities across the SEHSCT ICT estate whilst in place, were not robust, systematic or mature. This meant that there were high numbers of vulnerabilities without formal, prioritised risk management actions.
Potential Impact on Services, Service Users, Staff etc	Increased risk for loss of digital infrastructure which could have impacted on patient treatment and access to systems by staff following a cyber attack.
Summary of Action Taken to Date	Cyber risk was added to the Corporate Risk register in 2022-23 and is monitored quarterly by the Governance Assurance Committee A comprehensive range of actions have been undertaken and the Trust has and continues to invest in cyber security defences in concert with the regional cyber security programme. Mock phishing exercises continue Very high compliance rate for mandatory cyber training achieved. Cyber Security Oversight Group (CSOG) in place. Continuing towards full compliance with Network Information System Regulations.
Summary of Further Proposed Action & Timescales	Continued monitoring of cyber threat landscape.

Management of Medical Devices

Description of Issue	An internal audit assignment in 2021/22 identified that improvement was required to the systems and processes used to record, track and manage the delivery of servicing and maintenance to 30,000 medical devices within the Trust.
Identified Internal Governance Procedure Failure	Monitoring system for the location of assets not in place.
Potential Impact on Services, Service Users, Staff etc	Increased risk to patient safety if servicing of devices were to be delayed or overlooked.
Summary of Action Taken to Date	Geo-tagging of assets continues. Medical Equipment policy revised. Appointment of 2 new senior managers to the Estates Medical Devices Technical Team Regular asset validation reports are issued to wards. Procurement of a dedicated medical devices asset management system underway. This will function as an asset register, which will contain associated servicing / repair information. Work continues to identify contract owners for the range of medical device maintenance contracts in place
Summary of Further Proposed Action & Timescales	Complete geo-tagging of all medical devices (31 August 2025) Completion of an up to date medical devices register (31 August 2026) Ensure sufficient Departmental Equipment Controllers are trained in their responsibilities (31 August 2026) Strengthen Contract Management for Medical Devices (31 August 2026)

Inability to Deliver against the Commissioned Performance Volumes and Timescales

Description of Issue	The Trust has a variety of metrics that focus on how we care for people. In a number of areas due to a combination of workforce pressures and demand exceeding current capacity, the Trust is not meeting volumes and timescales set.
Identified Internal Governance Procedure Failure	Inability to secure sufficient funding and workforce to meet demand.
Potential Impact on Services, Service Users, Staff etc	Delays in diagnosis and/or treatment/service
Summary of Action Taken to Date	The Trust has been focused on three main tasks in 2024/25: Firstly, the continued validation of data on the digital patient health and social care system (encompass) to ensure that all performance data is accurate. The Trust is now included in all Department of Health statistical publications and is now working to complete and validate all statutory submissions. Secondly, monitoring performance to ensure that all services have achieved the average levels of activity achieved in the comparable months in the two years prior to encompass go live. The Trust achieved these levels of activity across inpatients, outpatients, daycase and community services by July 2024, when the focus moved back to monitoring performance against the Service Delivery plan. Finally, the Trust is monitoring closely all areas which have been challenged in achieving Service Delivery Plan targets. Performance is tabled, discussed in detail and actions agreed at the monthly Director led performance improvement meetings. Dedicated groups have been established for any ongoing areas of concern, for example, Hospital and Community flow and a dedicated Cancer Task and Finish Group, to agree detailed action plans and to monitor progress against key indicators.
Summary of Further Proposed Action & Timescales	The Trust will continue to monitor areas of challenge and will implement actions accordingly.

Improving our Reporting Times for Serious Adverse Incidents

Description of Issue	On 21 March 2024, there were 67 Serious Adverse Incident (SAI) review reports due with SPPG. The timeframes on delayed reports range from 2 to 82 weeks, with the average delay being 20 weeks.
Identified Internal Governance Procedure Failure	Work pressures are the key factor causing delays
Potential Impact on Services, Service Users, Staff etc	Delays in reporting have the potential to affect the prompt dissemination of learning within the Trust.
Summary of Action Taken to Date	Reduction in SAI review reports due with SPPG (27 as of 31 March 2025). Timeframes on delayed reports now range from 2 to 83 weeks, with the average delay being 18 weeks. Weekly governance meetings are held with Assistant Directors / Governance Leads which includes discussion of those incidents reported in the last week that have the potential to meet the SAI criteria. Reminders are issued to Directorates requesting they prioritise submission of SAI reports which are the most overdue. The Trust has been working with SPPG to identify target dates for clearing the backlog of SAI reports. At 31 March 2025, the Trust had submitted all of the 27 reports on the most recent target list.
Summary of Further Proposed Action & Timescales	Bi monthly performance meetings between SPPG and Risk Management staff continue. Targets will continue to be agreed at intervals with SPPG for submission of SAI reports to clear the backlog. There are currently no reports >6 months overdue. A further target has been set for 13 reports in the 3 – 6 month category to be submitted by 31 May 2025 and the Trust also continues to work to submit in date reports. Risk Management team continue to support Directorates and engage to assist with submission of reports.

Job Planning for Medical Staff

Description of Issue	Unacceptable assurance received in 2023/24 from Internal Audit on the Management of Job Planning. This was on the basis that 74% of Consultants and Specialist/Associate Specialist (SAS) Doctors did not have an up-to-date job plan in place
Identified Internal Governance Procedure Failure	Increased risk of under or overpayment of medics salaries, should they increase or reduce their hours without their job plan being updated in a timely manner. The content of the job plan is what drives the salary payments to medics.
Potential Impact on Services, Service Users, Staff etc	No impact to patient safety has been identified.
Summary of Action Taken to Date	Enhanced corporate oversight and direction to drive the improvement necessary. Clinical Leaders Group now responsible for monitoring the completion of consultant /SAS job plans. Reduction from 74% to 17% (at 31 March 2025) of Consultants and SAS doctors who do not have an up to date and signed job plan in place. Job plans signed off for new starts within 3 months A checklist to aid completion of job plans has been produced along with a revised job plan template Approval process has been revised to speed up processing times for changes to Programmed Activity Process flow change for Medical HR to be able to immediately amend the HR system to stop overpayments continuing when a job plan is submitted which reduces Programmed or Additional Programmed Activities ahead of the job plan being signed off. Job Plans are returned if they do not detail agreed personal objectives which are also SMART (Specific, Measurable, Achievable, Relevant and Time bound.
Summary of Further Proposed Action & Timescales	Operational Assistant Directors to implement monitoring and approval arrangements to ensure that Waiting List Initiative / Locum / Consultant Extra Duties do not take place on the same day / time that Consultants and SAS Doctors are contracted to deliver PA's as per their job plan (2025/26) Medical HR to remind all Consultants and SAS doctors, working in excess of 12 PAs per week, of the need to complete a Working Time Directive form before their job plan is signed off (2025/26). Update the Job Planning Guidance for Consultants following implementation of a new electronic job plan system (2025/26)

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

No new issues have been identified.

Conclusion

The Trust is pleased to report continued improvements to our systems of internal control in the last 12 months. As Accounting Officer, one of my priorities is to continually improve the system of accountability, which I rely on, to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI).

Further to considering the Trust's accountability framework, the breadth of Internal Governance Issues that exist and feedback received from both the Governance Assurance and Audit Committees, as Accounting Officer I am content that the Trust has operated a sound system of internal governance during the period 2024/25.

Accountability Report
Statement of Accounting Officer Responsibilities

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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 must provide a true and fair view of the state of affairs of the South Eastern Health and Social Care Trust and of its income and expenditure, changes in taxpayer's equity and cash flows for the financial year.

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

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

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Roisin Coulter of South Eastern Health and Social Care Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer include ensuring there is regularity and propriety of public expenditure for which they are answerable, keeping proper records and safeguarding the Trust's assets. Their responsibilities 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 have taken all steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the auditors of South Eastern Health & Social Care Trust are aware of that information. As far as I am aware, there is no relevant audit information of which the auditors are unaware.

Accountability Report
Directors Report

Management Board

In 2024/25, the Management Board, responsible for setting the direction for the South Eastern HSC Trust, was made up of the following individuals:

Executive Members

Name	Post	Dates
Mrs Roisin Coulter (E)*	Chief Executive	Throughout 2024/25
Dr Charlie Martyn (E)*	Medical Director	Throughout 2024/25
Mrs Wendy Thompson (E)*	Director of Finance, Estates & Contracts and Deputy Chief Executive	Throughout 2024/25
Mrs Helen Moore	Director of Planning, Performance & Informatics	Throughout 2024/25
Ms Claire Smyth	Director of People & Organisation Development	Throughout 2024/25
Mrs Lyn Preece (E)*	Director of Children's Services/Social Work	Throughout 2024/25
Mrs Rachel Gibbs	Director of Adult Services & Healthcare in Prisons	Throughout 2024/25
Mr David Robinson (E)*	Director of Nursing & Midwifery, AHP & Support Services & Deputy Chief Executive	Throughout 2024/25
Mrs Maggie Parks	Director of Surgery, Elective Care, Maternity and Paediatrics	Throughout 2024/25
Mr Marc Neil	Director of Unscheduled Care, Medicine & Cancer	Throughout 2024/25
Ms Clare-Marie Dickson	Director of Primary Care, Older People & Community Nursing	Throughout 2024/25

* (E) Executive Director

Non-Executive Members:

Jonathan Patton (Chairman)	Anne Quirk
Noel Brady (to 30/09/2024)	Raymond Havlin
Joan O'Hagan (to 31/12/2024)	Sheryl Henderson (from 01/12/2024)
Helen Minford (to 31/12/2024)	Siobhan McCauley (from 01/01/2025)
Norman McKinley	Kevin McMahon (from 01/01/2025)
Kieran Donaghy	

Registered Address of the South Eastern Health and Social Care Trust

Chief Executive's Office
Trust Headquarters
Ulster Hospital
Upper Newtownards Road
Dundonald
Belfast
BT16 1RH

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 96.5% overall compliance in 2024/25 for paying its suppliers within 30 days, thereby meeting the 95% target.

Late Payment of Commercial Debts Regulations 2002

£647.52 compensation in respect of late payments was paid in 2024/25 (£0 in 2023/24).

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.

During the 2024/25 year Mr Noel Brady, a Non-Executive Director, declared his interest as Chairman of the firm Continu Ltd whom the SEHSCT paid £2,726.

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, impacting materially on the accounts.

Personal Data Related Incidents

All reported incidents of data loss or confidentiality breach in 2024/25 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 4 incidents to the Information Commissioner's Office (ICO) during this period (2023/24; 1). The ICO has concluded their investigations for all four incidents and no further action was taken based on the prompt remedial work undertaken by the Trust. A number of recommendations were set out in each incident to be addressed by the relevant services which have been completed and relevant lessons learned shared within the Trust.

Public Sector Information Holder

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

Treatment of Pension Liabilities

The Trust participates in the HSC Superannuation Scheme. Further details on the treatment of pension liabilities are disclosed in section 1.18 of the Statement of Accounting Policies.

Fees and Charges

The Trust's statutory audit was performed by NIAO. The fee for the year ended 31 March 2025, which pertained solely to the audit of the public accounts, was £67,200. The fee for auditing the Charitable Trusts Funds was £6,800.

Non-Audit Services

During the year the South Eastern Trust purchased non-audit services from its auditor, the Northern Ireland Audit Office in respect of the 2024/25 National Fraud Initiative at a cost of £1,830, (£0 in 2023/24).

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 2024/25, 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 is detailed within HSC (SE) Circulars.

Remuneration Committee

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

Chairman

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

Chief Executive

The Chief Executive agrees, in conjunction with the Deputy Chief Executives 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, is fully conversant with the Trust's performance via monthly reports issued to the Trust Board. The aspects taken in to account when evaluating performance include financial management, patient/service user access, governance matters and service developments implemented. These are reflected in individual performance objectives. The method used does not include formal comparisons with outside organisations.

Senior Executive Pay Structure Reform

With effect from 1 April 2023, the Department of Health introduced, in 2025, Senior Executive Pay Structure reform, which affects all Senior Executives in post at 1 April 2023. An incremental scale has been introduced, initially an 8-point scale, annually reducing by 1 point to achieve a 5-point scale by year 4 (1 April 2026). All incremental progression is subject to satisfactory performance, as considered by the relevant Remuneration Committee applying the standards as set out in the revised Performance Management Framework. The Department will introduce a new performance framework, setting expectations of organisational and personal objectives, which must be met to merit a satisfactory rating. There shall be no further individual performance related pay elements or bonuses. The estimated impact of these changes are reflected within the table of Executive Directors Remuneration on page 97. It should be noted that these figures are accrued and not yet paid.

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 Non-Executive Directors of the Trust were as follows:

Table of Non-Executive Directors Remuneration and Pension Benefits:

	2024-25					2023-24				
Non-Executive Members	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
J Patton (Chairman)	30-35	0	0	0	30-35	30-35	0	700	0	30-35
N McKinley	5-10	0	0	0	5-10	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10
K Donaghy	5-10	0	0	0	5-10	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10
A Quirk	5-10	0	0	0	5-10	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10
R Havlin	5-10	0	0	0	5-10	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10
S Henderson (from 1st Dec 2024)	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10	N/a				
S McCauley (from 1st Jan 2025)	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10	N/a				
K McMahon (from 1st Jan 2025)	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10	N/a				
N Brady (to 30th Sep 2024)	0-5 WTE 5-10	0	0	0	0-5 WTE 5-10	5-10	0	0	0	5-10
J O'Hagan (to 31st Dec 2024)	5-10 WTE 5-10	0	0	0	5-10 WTE 5-10	5-10	0	0	0	5-10
H Minford (to 31st Dec 2024)	5-10 WTE 5-10	0	0	0	5-10 WTE 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) 23-2024 - The Payment of Remuneration of Chairs and Non-Executive Members Determination (NI) 2024 is reflected in 2024/25 figures.

Audited Table of Executive Directors Remuneration and Pension Benefits

	2024-25					2023-24					2024-25				
Executive Members	Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)	Total £000	Restated Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)	Restated 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 31/03/24 £000s	CETV at 31/03/25 £000s	Real increase in CETV £000s
R Coulter (Chief Executive)	140-145	0	0	27	165-170	125-130	0	300	26	150-155	0-2.5 plus lump sum 0	50-55 plus lump sum 135-140	1,403	1,227	242
C Martyn (including clinical duties) (Medical Director)	240-245	0	0	39	280-285	230-235	0	0	31	260-265	2.5-5.0 plus lump sum 0	40-45 plus lump sum 0	733	759	26
W Thompson (Deputy Chief Executive & Director of Finance/Estates)	140-145	0	900	32	170-175	120-125	0	800	36	155-160	0-2.5 plus lump sum 0-2.5	30-35 plus lump sum 35-40	561	604	43
D Robinson (Deputy Chief Executive & Director of Nursing & Patient Experience)	105-110	0	100	36	140-145	95-100	0	0	78	170-175	0-2.5 plus lump sum 0-2.5	35-40 plus lump sum 95-100	783	834	50
M Neil (Director of Unscheduled Care, Medicine & Cancer)	100-105	0	400	27	125-130	90-95	0	0	38	125-130	0-2.5 plus lump sum 0	15-20 plus lump sum 0	196	211	20
R Gibbs (Director of Adult Services & Healthcare in Prison)	100-105	0	1,200	21	120-125	90-95	0	1,100	51	140-145	0-2.5 plus lump sum 0-2.5	30-35 plus lump sum 45-50	552	581	28
CM Dickson (Director of Primary Care & Older People's Services)	95-100	0	0	54	150-155	85-90	0	0	93	175-180	2.5-5.0 plus lump sum 2.5-5.0	30-35 plus lump sum 90-95	777	853	76
C Smyth (Director of People & Organisational Development)	100-105	0	1,100	20	120-125	90-95	0	1,100	18	105-110	0-2.5 plus lump sum 0	20-25 plus lump sum 55-60	510	541	31
L Preece (Director of Children Serv & Social Work)	100-105	0	400	36	135-140	90-95	0	3,600	45	135-140	0-2.5 plus lump sum 0-2.5	20-25 plus lump sum 55-60	526	576	50
H Moore (Director of Planning, Performance & Informatics)	105-110	0	0	21	125-130	95-100	0	0	29	125-130	0-2.5 plus lump sum 0	35-40 plus lump sum 85-90	894	933	39
M Parks (Director of Surgery & Elective Care, Maternity & Paediatrics)	100-105	0	100	22	120-125	90-95	0	0	62	150-155	0-2.5 plus lump sum 0-2.5	35-40 plus lump sum 95-100	845	883	39

- *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 values in the tables above for 2023/24 and 2024/25 reflect the content of circular HSC (SE) 1 – 2025 – Revised Pay Arrangements for Senior Executives. The 2023/24 values have been restated to reflect the revised values that result following issue of the aforementioned circular which apply from 1 April 2023.*

Salary is the gross salary and any allowances paid/payable to the individual. The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument. The benefits in kind listed above relate to leased cars and business mileage. 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. From 1 April 2024 to 31 March 2025 there were 6 rates of member contributions, ranging from 5.2% of pensionable pay for the lowest earners to 12.5% of pensionable pay for the highest earners as outlined in the following table.

Actual Annual Earnings	Gross Contribution Rates from 1 April 2024
£0 to £13,259	5.2%
£13,260 to £26,831	6.5%
£26,832 to £32,691	8.3%
£32,692 to £49,078	9.8%
£49,079 to £62,924	10.7%
£62,925 and above	12.5%

From 1 April 2025, employee contributions will be amended to those outlined in the table below.

Actual Annual Earnings	Gross Contribution Rates from 1 April 2025
£0 to £13,259	5.2%
£13,260 to £27,288	6.7%
£27,289 to £33,247	8.5%
£33,248 to £49,913	10.0%
£49,914 to £63,994	10.9%
£63,995 and above	12.7%

The HSC Pension Scheme is governed by rules laid down in 3 separate regulations. 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 a statutory one. As such, 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 Directors do not receive pensionable remuneration, there are no entries in respect of pensions for these colleagues.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the

pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouses' pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement that the individual has transferred to the HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of them purchasing additional years of pension service in the scheme at their own cost. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025. HM Treasury published updated guidance on 28 April 2025; this guidance was used in the calculation of 2024-25 CETV figures.

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

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced 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 directors' remuneration and that of other SEHSCT employees is provided in the table below:

Highest Paid Director	2024-25	2023-24
Actual Remuneration	£240k - £245k	£230k - £235k
Increase/Decrease compared to prior year	4.30%	6.03%
Ratio to the average employees remuneration	5.49 times the average earnings of £44,135	5.91 times the average earnings of £39,324
Ratio to the 25th percentile of pay & benefits of SEHSCT employees	8.37 times pay & benefits of £28,956	7.79 times pay & benefits of £29,865
Ratio to the Median of pay & benefits of SEHSCT employees	6.35 times pay & benefits of £38,184	5.98 times pay & benefits of £38,868
Ratio to the 75th percentile of pay & benefits of SEHSCT employees	4.87 times pay & benefits of £49,807	4.70 times pay & benefits of £49,490
Range of Staff Remuneration	£23,615 - £323,639	£22,789 - £320,453

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

Workforce	2024-25	2023-24
Average Remuneration	£44,135	£39,324
Increase/Decrease compared to prior year	12.23%	7.74%

In 2024/25, 7 employees (Medical Consultants) received remuneration in excess of the highest paid director. Remuneration ranged from £259k to £324k.

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 12.23% increase in the average remuneration since 2023/24 is primarily driven by the medical and dental pay award. Excluding salaries for medics, dentists and Executive Directors the average remuneration was £39,556 in 2024/25. Agenda for Change staff who make up the majority of Trust employees received a 5.5% increase in March 2025. The 2024/25 pay awards for all staff were paid in 2024/25 with the exception of Resident Doctors and Senior Executives. These outstanding elements have been included as an adjustment in the accounts, but will not be physically paid until 2025/26.

Total remuneration includes salary and non-consolidated performance related pay but excludes benefits in kind, severance payments, and the value of pension benefits, employer pension contributions and the cash equivalent transfer value of pensions.

Audited Staff Costs

	2025			2024
Staff costs comprise:	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	476,770	64,095	540,865	530,526
Social security costs	43,810	2,272	46,082	39,790
Other pension costs	90,861	2,666	93,527	81,040
Sub-Total	611,441	69,033	680,474	651,356
Capitalised staff costs	(1,066)	0	(1,066)	(1,004)
Total staff costs reported in Statement of Comprehensive Expenditure	610,375	69,033	679,408	650,352
Less recoveries in respect of outward secondments			(7,039)	(4,507)
Total net costs			**672,369**	**645,845**

Total Net costs of which:	£000s	£000s
South Eastern HSC Trust	679,408	650,423
Charitable Trust Fund	0	0
Consolidation Adjustments	(110)	(71)
Total	679,298	650,352

The £110k consolidation adjustment for 2024/25 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 £29m in 2024/25 to £679m and is largely attributed to the cost of pay awards for medical, dental, agenda for change staff and Senior Executives. Of the £679m staffing costs incurred in 2024/25, £133m was spent on Doctors & Dentists, £229m on

Nurses/Midwives and £114m on Social Work/Social Care/Domiciliary Staff, £70m on Administrative/Management staff and £133m on all other staff groups.

Staff Costs are inclusive of the Apprenticeship Levy but exclude £1,066k charged to capital projects during the year (2023/24 £1,004k).

For 2024/25, employers' contributions of £93.5m were payable to the HSC pension fund (2023/24 £81m) at 23.2% of pensionable pay (22.5% in 2023/24).

Staff Turnover

The table below shows the trend in the staff turnover rate since 2021/22. 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.

Year End	2024/25	2023/24	2022/23	2021/22
Staff Turnover %	8.43%	8.79%	9.51%	8.50%

Audited Average Number of Persons Employed

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

	2025			2024
	Permanently employed staff No.	Others No.	Total No.	Total No.
Medical and dental	740	113	853	876
Nursing and midwifery	3,985	338	4,323	4,202
Professions allied to medicine	0	0	0	0
Ancillaries	916	18	934	901
Administrative & clerical	1,531	74	1,605	1,648
Ambulance staff	0	0	0	0
Works	102	1	103	92
Other professional and technical	1,453	39	1,492	1,457
Social services	2,265	58	2,323	2,301
Other	0	0	0	0
Total average number of persons employed	10,992	641	11,633	11,477
Less average staff number relating to capitalised staff costs	15	0	15	15
Less average staff number in respect of outward secondments	23	0	23	6
Total net average number of persons employed	**10,954**	**641**	**11,595**	**11,456**

Of which:

South Eastern HSC Trust	11,595	11,456
Charitable Trust Fund	0	0
	11,595	11,456

Others includes inward secondments to the Trust and agency staffing

Whilst the full time equivalent number of staff employed within the Trust in 2024/25 was 11,595 (11,456 2023/24), many staff worked part-time. The Trust actually employed 16,169 individuals (16,197 2023/24). This figure is also inclusive of approx. 4,300 bank workers as reflected in the People and Workforce Development section of the Performance Report.

Sickness Absence Information

The Trust's sickness absence value for 2024/25 was 8.38%.

To address continued high levels of absence, the Trust has increased staffing in the absence team to oversee compliance with attendance management procedures & to support managers. An intensive training course is currently running monthly for Managers to help them address absence issues more proactively. There is also a focus on short-term absence to try to minimise cases becoming long term.

Year End	2024/25	2023/24	2022/23	2021/22
Sickness Absence Information	8.38%	7.99%	8.04%	7.44%

Gender Composition

Below is the percentage of employees of each gender who were senior managers in the Trust in 2024/25. They are defined as non-medical staff at band 8c or above (excluding Non-Executive Directors and Clinical Psychologists).

Staff Gender Breakdown Senior Managers

Senior Management (excluding Non-Executive Directors & Clinical Psychologists)	2024/25	2023/24	2022/23	2021/22
Female	71%	76%	70%	78%
Male	29%	24%	30%	22%
Total Headcount	51	52	43	46

Non-Executive Directors and Clinical Psychologists are excluded from the Gender Breakdown of Senior Managers in the table above as they are not directly involved in the line management of staff.

Staff Gender Breakdown Overall (including Senior Managers)

The following table reflects the overall staff composition by gender, demonstrating that the workforce is predominantly comprised of females.

All Staff	2024/25	2023/24	2022/23	2021/22
Female	79%	80%	81%	78%
Male	21%	20%	19%	22%

Equal Opportunities

The Trust has in place an Equality Diversity and Inclusion 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. This is 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 based on ability, qualifications, values and aptitude for work.

Equality Responsibilities

As part of its Section 75 Responsibilities, and as detailed in its 2024 Approved Equality Scheme, the Trust produces an Annual Progress Report (APR) and Newsletter, which demonstrates progress against key targets. This APR is presented to the People and Culture Committee 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 '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'.

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 revised Disability Action Plan 2024-2029 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 'Making a Difference', which focuses specifically on staff and management 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. All our staff are also encouraged to complete the regional 'Cultural Competency' e-learning module.

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

There were no early retirements or compensation exit packages agreed in 2024/25 (NIL in 2023/24). 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.

Retirements Due to Ill Health

During 2024/25, there were 22 early retirements from the Trust agreed on the grounds of ill-health (23 employees at a cost of £35k in 2023/24). The estimated additional pension liabilities of these ill-health retirements will be £43k. These costs are borne by the HSC Pension Scheme.

Trust Management Costs

	2025 £000s	2024 £000s
Trust management costs	45,401	42,247
Income:		
RRL	1,084,070	1,006,256
Income per Note 4	71,099	64,261
Total Income	1,155,169	1,070,517
% of total income	**3.9%**	**3.9%**

Management costs as a percentage of the Trust total income remained unchanged since last year at 3.9%. The £3.2m rise overall in Trust management costs is due to a combination of both an increased number of posts and costs (Pay Awards for both Agenda for Pay Staff and Senior Executives). 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 2024/25 (NIL in 2023/24).

Off Payroll Staff Resources

The Trust had no ‘off-payroll’ staff resource engagements as at 31 March 2025 (2023/24: NIL) which cost more than £245 per day, lasted longer than six months, and were in place during 2024/25.

Staff Engagement

An update on the engagement undertaken in the last 12 months is provided in the People and Organisational Development update within the Performance Overview section of this report.

Compliance with regularity of expenditure guidance

The Partnership Agreement 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 Partnership Agreement 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.

AUDITED STATEMENT OF LOSSES AND SPECIAL PAYMENTS

Losses and Special Payments

Losses statement	2024-25	2023-24
Total number of losses	101	555
Total value of losses (£000)	204	295

Individual losses over £300,000	2024-25	2023-24
	£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	2024-25	2023-24
Total number of special payments	194	174
Total value of special payments (£000)	17,418	7,125

Individual special payments over £300,000	2024-25	2023-24
	£000	£000
Compensation payments		
- Clinical Negligence	12,751	2,707
- Public Liability	0	0
- Employers Liability	0	0
- Other	0	0
Ex-gratia payments	0	0
Extra contractual	0	0
Special severance payments	0	0
Total special payments	12,751	2,707

Total Special Payments increased by £10.3m in 2024/25 compared to 2023/24 and is due mainly to the settlement of cases in excess of £300,000 (including costs) of which there were 12 clinical negligence cases. The payments on these cases in 2024/25 were £3,552,954, £2,819,183, £1,074,910, £1,055,439, £1,014,651, £682,281, £539,743, £491,651, £425,844, £384,477, £369,156 and £340,407.

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

Audited Remote Contingent Liabilities

The Trust has no remote contingent liabilities.

Audited 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
19 June 2025

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 2025 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

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 the South Eastern Health and Social Care Trust's affairs as at 31 March 2025 and of the group's and the South Eastern Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

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 my 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 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 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 Financial 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 certificate.

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;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud of error;
- ensuring the annual report, which includes the Remunerations and Staff Report, is prepared in accordance with the applicable financial reporting framework; and
- 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 examine, 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: 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.

Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU

1 July 2025

South Eastern Health and Social Care Trust

Annual Consolidated Accounts

For the year ended 31 March 2025

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

FOREWORD

These accounts for the year ended 31 March 2025 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.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE
For the year ended 31 March 2025

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2025 £000s		2024 £000s	
		Trust	Consolidated	Trust	Consolidated
Income					
Revenue from contracts with customers	4.1	65,258	65,148	57,830	57,759
Other operating income	4.2	5,841	6,074	6,431	6,871
Total operating income		71,099	71,222	64,261	64,630
Expenditure					
Staff costs	3	(679,408)	(679,298)	(650,423)	(650,352)
Purchase of goods and services	3	(473,962)	(475,098)	(418,432)	(418,982)
Depreciation, amortisation and impairment charges	3	(42,967)	(42,967)	(42,615)	(42,615)
Provision expense	3	(50,558)	(50,558)	(107,997)	(107,997)
Other expenditures	3	(67)	(67)	(66)	(66)
Total operating expenditure		(1,246,962)	(1,247,988)	(1,219,532)	(1,220,012)
Net operating expenditure		**(1,175,863)**	**(1,176,766)**	**(1,155,271)**	**(1,155,382)**
Finance income	4.2	0	144	0	142
Finance expense	3	(1,381)	(1,381)	(1,444)	(1,444)
Net expenditure for the year		**(1,177,244)**	**(1,178,003)**	**(1,156,714)**	**(1,156,684)**
Adjustment to net expenditure for non cash items	22.1	93,207	93,207	150,506	150,506
Net Revenue funded from RRL		**(1,084,037)**	**(1,084,796)**	**(1,006,208)**	**(1,006,176)**
Revenue Resource Limit (RRL)	22.1	1,084,070	1,084,070	1,006,256	1,006,256
Add back charitable trust fund net expenditure		0	759	0	(32)
Surplus against RRL		**33**	**33**	**48**	**48**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2025 £000s		2024 £000s	
Items that will not be reclassified to net operating costs:		Trust	Consolidated	Trust	Consolidated
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2	33,303	33,303	21,765	21,765
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	72	0	985
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 2025		**(1,143,941)**	**(1,144,628)**	**(1,134,949)**	**(1,133,934)**

The notes on pages 119 to 161 form part of these accounts.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF FINANCIAL POSITION as at 31 March 2025

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

		2025		2024	
	NOTE	Trust	Consolidated	Trust	Consolidated
Non Current Assets		£000s	£000s	£000s	£000s
Property, plant and equipment	5.1/5.2	856,009	856,009	837,065	837,065
Intangible assets	6.1/6.2	4,324	4,324	5,884	5,884
Financial assets	8	0	7,694	0	8,498
Total Non Current Assets		**860,333**	**868,027**	**842,949**	**851,447**
Current Assets					
Assets classified as held for sale	10	160	160	0	0
Inventories	11	4,983	4,983	5,215	5,215
Trade and other receivables	13	28,595	28,809	29,125	29,187
Other current assets	13	3,533	3,533	1,449	1,449
Cash and cash equivalents	12	6,292	6,436	5,706	5,894
Total Current Assets		43,563	43,921	41,495	41,745
Total Assets		**903,896**	**911,948**	**884,444**	**893,192**
Current Liabilities					
Trade and other payables	14	(158,650)	(158,662)	(189,117)	(189,138)
Other liabilities	14	(2,282)	(2,282)	(2,338)	(2,338)
Provisions	15	(28,477)	(28,477)	(70,805)	(70,805)
Total Current Liabilities		(189,409)	(189,421)	(262,260)	(262,281)
Total Assets less Current Liabilities		**714,487**	**722,527**	**622,184**	**630,911**
Non Current Liabilities					
Provisions	15	(205,100)	(205,100)	(131,941)	(131,941)
Other payables > 1 yr	14	(27,283)	(27,283)	(27,832)	(27,832)
Financial liabilities	8	0	0	0	0
Total Non Current Liabilities		(232,383)	(232,383)	(159,773)	(159,773)
Total Assets less Total Liabilities		**482,104**	**490,144**	**462,411**	**471,138**
Taxpayers' Equity and Other Reserves					
Revaluation reserve		283,892	283,892	250,592	250,592
SoCNE reserve		198,212	198,212	211,819	211,819
Other reserves - charitable fund		0	8,040	0	8,727
Total equity		**482,104**	**490,144**	**462,411**	**471,138**

The notes on pages 119 to 161 form part of these accounts.

The financial statements were approved by the Board on 19 June 2025 and are signed on behalf of SEHSCT by:

Chairman
19 June 2025

Chief Executive
19 June 2025

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASHFLOWS
For the year ended 31 March 2025

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	2025 £000s	2024 £000s
Cash flows from operating activities			
Net operating expenditure		(1,178,003)	(1,156,684)
Adjustments for non cash costs	3	93,659	150,679
(Increase)/decrease in trade and other receivables	13	(1,706)	(6,135)
(Increase)/decrease in inventories	11	232	(65)
Increase/(decrease) in trade payables	14	(31,083)	17,071
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant and equipment	14	90	4,767
Movements in payables relating to the purchase of intangibles	14	0	0
Movements in payables relating to finance leases	17	(167)	220
Movements in payables relating to PFI and other service concession arrangement contracts	18	772	736
Use of provisions	15	(19,728)	(7,486)
Net cash inflow/(outflow) from operating activities		(1,135,934)	(996,897)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(26,607)	(32,761)
(Purchase of intangible assets)	6	(758)	(1,288)
Proceeds of disposal of property, plant & equipment		0	41
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund	8	1,020	0
Share of income reinvested	8	(144)	(142)
Net cash outflow from investing activities		(26,489)	(34,150)
Cash flows from financing activities			
Grant in aid		1,163,570	1,030,430
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements	18	(605)	(957)
Net financing		1,162,965	1,029,473
Net increase (decrease) in cash & cash equivalents in the period		542	(1,574)
Cash & cash equivalents at the beginning of the period	12	5,894	7,468
Cash & cash equivalents at the end of the period	12	6,436	5,894

The notes on pages 119 to 161 form part of these accounts.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS EQUITY
For the year ended 31 March 2025

This statement shows the movement in year on the different reserves held by the Trust.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2023		**338,037**	**229,080**	**7,710**	**574,827**
Changes in Taxpayers Equity 2023-24					
Grant from DoH		1,030,430	0	0	**1,030,430**
Other reserves movements including transfers		0	(253)	0	**(253)**
(Comprehensive net expenditure for the year)		(1,156,714)	21,765	1,017	**(1,133,932)**
Transfer of asset ownership		0	0	0	**0**
Non cash charges - auditors remuneration	3	66	0	0	**66**
Balance at 31 March 2024		**211,819**	**250,592**	**8,727**	**471,138**
Changes in Taxpayers Equity 2024-25					
Grant from DoH		1,163,570	0	0	**1,163,570**
Other reserves movements including transfers		0	0	0	**0**
(Comprehensive net expenditure for the year)		(1,177,244)	33,300	(687)	**(1,144,631)**
Transfer of asset ownership		0	0	0	**0**
Non cash charges - auditors remuneration	3	67	0	0	**67**
Balance at 31 March 2025		**198,212**	**283,892**	**8,040**	**490,144**

The notes on pages 119 to 161 form part of these accounts.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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 that is judged to be most appropriate to the particular circumstances of the Trust for 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, Building Leases, Dwellings, Transport Equipment, Plant and Machinery, Leases, 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*

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.

1.5 **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.

1.6 **Intangible assets**

Intangible assets include any of the following held - software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Assets Under Construction (AUC)

Assets 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. They are carried at cost, less any impairment loss. Assets under construction 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 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 depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

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.

1.5 **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.

1.6 **Intangible assets**

Intangible assets include any of the following held - software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised whilst 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.

1.7 **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.

1.8 **Inventories**

Inventories are valued at the lower of cost and net realisable value and are included exclusive of VAT. This is considered a reasonable approximation to fair

value due to the high turnover of stocks.

1.9 **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 on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Income is stated net of VAT.

Grant in aid

Funding received from other entities, including the Department of Health and SPPG, are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.10 **Investments**

The Trust does have investments and the Charitable Trust Fund investments have been consolidated.

1.11 **Research and Development expenditure**

Research and development (R&D) expenditure is expensed in the year it is incurred in accordance with IAS 38.

Following the introduction of the 2010 European System of Accounts (ESA10), and the change in budgeting treatment (from the revenue budget to the capital budget) of R&D expenditure, additional disclosures are included in the notes to the accounts. This treatment was implemented from 2016-17.

1.12 **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.

1.13 **Leases**

Under IFRS 16 Leased Assets which the Trust has use/control over and which it does not necessarily legally own are to be recognised as a 'Right-Of-Use' (ROU) asset. There are only two exceptions:

- short term assets – with a life of up to one year; and
- low value assets – with a value equal to or below the Trust's threshold limit, which is currently £5,000.

Short term leases

Short-term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short-term lease. The lessee must not exercise an option to extend the lease beyond 12 months. No liability should be recognised in respect of short-term leases, and neither should the underlying asset be capitalised. Lease agreements, which contain a purchase option, cannot qualify as short-term.
Examples of short-term leases are software leases, specialised equipment, hire cars and some property leases.

Low value assets

An asset is considered "low value" if its value, when new, is less than the capitalisation threshold. The application of the exemption is independent of considerations of materiality. The low value assessment is performed on the underlying asset, which is the value of that underlying asset when new.

Examples of low value assets are tablet and personal computers, small items of office furniture and telephones.

Separating lease and service components

Some contracts may contain both a lease element and a service element. The Trust can, at its own discretion, choose to combine lease and non-lease components of contracts, and account for the entire contract as a lease. If a contract contains both lease and service components IFRS 16 provides guidance on how to separate those components. If a lessee separates lease and service components, it should capitalise amounts related to the lease components and expense elements relating to the service elements. However, IFRS 16 also provides an option for lessees to combine lease and service components and account for them as a single lease. This option should help the Trust where it is time consuming or difficult to separate these components.

The Trust as lessee

The ROU asset lease liability will initially be measured at the present value of the unavoidable future lease payments. The future lease payments should include any amounts for:

- Indexation;
- amounts payable for residual value;
- purchase price options;
- payment of penalties for terminating the lease;
- any initial direct costs; and
- costs relating to restoration of the asset at the end of the lease.

The lease liability is discounted using the rate implicit in the lease.

Lease payments are apportioned between finance charges and reduction of the lease obligation 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.

The difference between the carrying amount and the lease liability on transition is recognised as an adjustment to taxpayers' equity. After transition, the difference is recognised as income in accordance with IAS 20.

Subsequent measurement

After the commencement date (the date that the lessor makes the underlying asset available for use by the lessee) a lessee shall measure the liability by:

- Increasing the carrying amount to reflect interest;
- Reducing the carrying amount to reflect lease payments made; and
- Re-measuring the carrying amount to reflect any reassessments or lease modifications or to reflect revised in substance fixed lease payments.

There is a need to reassess the lease liability in the future if there is:

- A change in lease term;
- change in assessment of purchase option;
- change in amounts expected to be payable under a residual value guarantee; or
- change in future payments resulting from change in index or rate.

Subsequent measurement of the ROU asset is measured in same way as other property, plant and equipment. Asset valuations should be measured at either 'fair value' or 'current value in existing use'.

Depreciation

Assets under a finance lease or ROU lease are depreciated over the shorter of the lease term and its useful life, unless there is a reasonable certainty the lessee will obtain ownership of the asset by the end of the lease term in which case it should be depreciated over its useful life.

The depreciation policy is that for other depreciable assets that are owned by the entity.

Leased assets under construction must also be depreciated.

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 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.

The Trust will classify subleases as follows:

- If the head lease is short term (up to 1 year), the sublease is classified as an operating lease;
- Otherwise, the sublease is classified with reference to the right-of-use asset arising from the head lease, rather than with reference to the underlying asset.

1.14 **Private Finance Initiative (PFI) transactions**

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

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

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

Services received

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

PFI Asset

A PFI Asset will be measured in one of two ways:

a) Where the contract is able to be split between the service element, the interest charge and the infrastructure asset, the asset will initially be measured in accordance with IFRS 16 with the interest charge and the service element recognised in the Statement of Comprehensive Income over the term or the lease; or

b) Where there is a unitary payment stream that includes infrastructure and service elements that cannot be separated, the service element of the payments must be estimated by obtaining information from the operator or by using the fair value approach. The fair value of the asset will determine the amount to be recorded with the offsetting liability. The total unitary payment will then be split into three elements, the service charge, the repayment of capital and the interest expense.

Where the interest rate cannot be determined, the rate provided by HM Treasury will apply.

PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the capital value of the lease in accordance with IFRS 16. The liability does not include the interest or service charges, these elements are charged within the Statement of Comprehensive Net Expenditure.

Indexation linked payments in PPP liabilities should be recorded in accordance with IFRS 16. Under IFRS 16, the liability must be re-measured if there is a change in future lease payments resulting from a change in the rate/index used to determine the lease payments.

The two elements required are:

a) Initial measurement - the future PPP liability at 1 April 2023 will include the indexation linked changes to the capital element, which have taken effect in the cash flows since the PPP arrangement commenced.

b) Subsequent measurement of the PPP liability for index linked changes will happen when there is a change in cash flows such as when adjustments to the lease.

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.

1.15 **Financial instruments**

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

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

Financial assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade

receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the Trust's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

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

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial liabilities

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

Financial liabilities are initially recognised at fair value.

Financial risk management

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

There are limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing its activities. Therefore, the Trust has limited exposure to credit, liquidity or market risk.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The HSC bodies have no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

Liquidity risk

Since the Trust receives the majority of its funding through its principal Commissioner, which is voted through the Assembly, there is low exposure to significant liquidity risks.

1.16 **Provisions**

In accordance with IAS 37, provisions are recognised when there is a present legal or constructive obligation because of a past event. If 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, then the sum is recognised as a provision. The sum included 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 the relevant discount rates provided by HM Treasury. 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.

1.17 **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 NI Assembly is separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the NI 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.

1.18 **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 2025. It is not anticipated that the level of untaken leave will vary significantly from year to year. Flexible leave not taken is estimated to be immaterial to the Trust and has not been included.

Retirement benefit costs

Past and present employees are covered by the provisions of the HSC Pension Scheme.

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and

updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation will be used in the 2024-25 accounts. The 2020 valuation assumptions will be retained for most demographic assumptions apart from the assumption for future longevity improvements. GAD have recommended that the future longevity improvement assumptions are updated to be in line with the 2022-based population projections for the United Kingdom published by the Office for National Statistics (ONS) on 28 January 2025. Financial assumptions are updated to reflect recent financial conditions.

1.19 **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.

1.20 **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.

1.21 **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.

1.22 **Government Grants**

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

1.23 **Losses and Special Payments**

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made

good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.24 **Charitable Trust Account Consolidation**

The Trust is 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 Trust has accounted for these transfers using merger accounting as required by the FReM.

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.

1.25 **Accounting Standards issued but not yet adopted**

IFRS 17 Insurance Contracts:

IFRS 17 replaces the previous standard on insurance contracts, IFRS 4. The standard will be adapted for the central government context and updates made to the 2024-25 FReM, with an implementation date of 1 April 2025 (with limited options for early adoption).

Application guidance has been published and is available at:

https://www.gov.uk/government/publications/government-financial-reporting-manual application-guidance.

Management currently assesses that there will be minimal impact on application to the South Eastern & Social Care Trust's consolidated financial statements.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non-Executive Directors, Chairman and Chief Executive form the Trust Board, which coordinates the activities of the Trust and is considered 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. In the accounts for the year ending 31 March 2024, costs relating to Transformation and Safe Services were disclosed as a separate line. This year, expenditure relating to these areas is now included within their relevant Directorate. Therefore, the values for 2024 in the table below have been restated. Overall, across all Directorates there was a £33k surplus this year compared to a £48k surplus last year.

		2025			Restated 2024	
Directorate	**Staff Costs £000s**	**Other Expenditure £000s**	**Total Expenditure £000s**	**Staff Costs £000s**	**Other Expenditure £000s**	**Total Expenditure £000s**
Surgery, Elective, Maternity & Paeds	(154,147)	(52,427)	(206,574)	(144,400)	(47,074)	(191,474)
Unscheduled Care, Medicine & Cancer	(153,791)	(49,408)	(203,199)	(150,528)	(45,742)	(196,270)
Adult & Prison Services	(89,659)	(84,682)	(174,341)	(86,663)	(70,343)	(157,006)
Childrens Services & Social Work	(64,064)	(38,638)	(102,702)	(61,616)	(36,502)	(98,118)
Primary Care & Older People	(121,444)	(205,210)	(326,654)	(119,865)	(176,614)	(296,479)
Nursing & Support Services	(47,011)	(11,499)	(58,510)	(45,089)	(11,505)	(56,594)
Corporate Directorates	(37,778)	(29,876)	(67,654)	(31,212)	(28,451)	(59,663)
COVID 19 / No More Silos	(8,812)	(3,579)	(12,391)	(7,138)	(3,371)	(10,509)
Encompass	(2,704)	(21)	(2,725)	(3,911)	(272)	(4,183)
	(679,410)	**(475,340)**	**(1,154,750)**	**(650,422)**	**(419,874)**	**(1,070,296)**
Non Cash Expenditure			(93,592)			(150,678)
Total Expenditure per Net Expenditure Account			(1,248,343)			(1,220,976)
Income Note 4			71,099			64,261
Net Expenditure			**(1,177,244)**			**(1,156,714)**
Adjustment to net expenditure for non cash costs			**93,207**			**150,506**
Revenue Resource Limit			**1,084,070**			**1,006,256**
Surplus / (Deficit) against RRL			**33**			**48**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 3 EXPENDITURE

	2025 £000s		2024 £000s	
Operating Expenses are as follows:-	**Trust**	**Consolidated**	**Trust**	**Consolidated**
Staff costs[1]:				
Wages and salaries	539,799	539,689	529,522	529,451
Social security costs	46,082	46,082	39,790	39,790
Other pension costs	93,527	93,527	81,040	81,040
Purchase of care from non-HSC bodies	259,223	259,223	220,285	220,285
Personal social services	44,377	44,377	39,664	39,664
Recharges from other HSC organisations	12,330	12,330	8,375	8,375
Supplies and services - Clinical	83,494	83,494	74,476	74,476
Supplies and services - General	10,236	10,236	10,772	10,772
Establishment	5,190	5,190	6,921	6,921
Transport	4,587	4,587	4,238	4,238
Premises	29,104	29,104	28,121	28,121
Bad debts	360	360	238	238
Rentals under operating leases (short term & low value leases)	1,527	1,527	1,740	1,740
Interest charges - PFI	1,381	1,381	1,444	1,444
PFI and other service concession arrangements service charges	970	970	901	901
Research & development expenditure	37	37	11	11
BSO services	7,487	7,487	7,024	7,024
Training	1,003	1,003	1,005	1,005
Patients travelling expenses	44	44	59	59
Other charitable expenditure	0	1,136	0	550
Miscellaneous expenditure	13,993	13,993	14,602	14,602
Non cash items				
Depreciation - Owned	39,816	39,816	39,614	39,614
Depreciation - PFI	812	812	698	698
Amortisation	2,318	2,318	2,303	2,303
Loss on disposal of property, plant & equipment (excluding profit on land)	21	21	0	0
Increase/Decrease in provisions (provisions provided for in year less any release)	48,278	48,278	107,002	107,002
Cost of borrowing of provisions (unwinding of discount on provisions)	2,280	2,280	995	995
Auditors remuneration	67	74	66	72
Add back of notional charitable expenditure	0	(7)	0	(6)
Total	**1,248,343**	**1,249,369**	**1,220,906**	**1,221,385**

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

During the year, the Trust purchased the National Fraud Initiative (NFI) non-audit services from the Northern Ireland Audit Office (NIAO) at a cost of £1,830.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 4 INCOME

4.1 Revenue from contracts with customers	2025 £000s		2024 £000s	
	Trust	Consolidated	Trust	Consolidated
Non-HSC:- Private patients	264	264	260	260
Non-HSC:- Other	1,945	1,945	1,972	1,972
Supporting People Income - NIHE	1,939	1,939	1,959	1,959
Clients contributions	45,462	45,462	39,501	39,501
Seconded staff	7,039	6,929	4,507	4,436
Research and development	781	781	667	667
Revenue from non-patient services	7,828	7,828	8,964	8,964
Total	**65,258**	**65,148**	**57,830**	**57,759**

4.2 Other Operating Income	2025 £000s		2024 £000s	
	Trust	Consolidated	Trust	Consolidated
Other income from non-patient services	5,319	5,319	6,118	6,118
Charitable and other contributions to expenditure by core trust	147	147	252	252
Donations / Government grants for non current assets	373	373	19	19
Charitable income received by charitable trust fund	0	233	0	440
Investment income	0	144	0	142
Profit on disposal of transport	2	2	42	42
Interest receivable	0	0	0	0
Total	**5,841**	**6,218**	**6,431**	**7,013**
TOTAL INCOME	**71,099**	**71,366**	**64,261**	**64,772**

Refer to accounting policy note 1.9 for further information.

NOTE 5.1 Consolidated Property, Plant and Equipment - year ended 31 March 2025

	Land £000s	Buildings (excluding dwellings) £000s	Building leases £000s	Dwellings £000s	Plant and Machinery (Equipment) £000s	Plant and Machinery (Equipment) leases £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation										
At 1 April 2024	49,871	770,574	529	46,847	145,135	715	8,700	72,195	7,247	1,101,813
Adjustment to Opening Balance	0	(42)	0	0	0	0	0	0	0	(42)
Indexation	0	0	0	0	826	0	306	0	189	1,321
Additions	0	18,028	3	833	4,882	367	579	1,449	3	26,144
Donations / Government grant / Lottery funding	0	257	0	0	112	0	0	0	4	373
Transfers	0	(160)	0	0	0	0	0	0	0	(160)
Reclassifications	0	0	0	0	(15)	0	0	15	0	0
Revaluation	755	(50,284)	0	(6,273)	(3)	0	0	0	0	(55,805)
Impairment charged to the revaluation reserve	0	(12,249)	0	(665)	0	0	0	0	0	(12,914)
Reversal of impairments (indexn)	3,958	0	0	0	0	0	0	0	0	3,958
Disposals	0	0	0	0	(7,778)	0	(141)	(4,339)	(1,900)	(14,158)
At 31 March 2025	**54,584**	**726,124**	**532**	**40,742**	**143,159**	**1,082**	**9,444**	**69,320**	**5,543**	**1,050,530**
Depreciation										
At 1 April 2024	0	75,131	330	5,195	117,535	72	5,204	55,534	5,747	264,748
Indexation	0	0	0	0	707	0	202	0	142	1,051
Reclassifications	0	0	0	0	0	0	0	0	0	0
Revaluation	0	(91,479)	0	(6,273)	0	0	0	0	0	(97,752)
Disposals	0	0	0	0	(7,778)	0	(141)	(4,335)	(1,900)	(14,154)
Provided during the year	0	21,604	128	1,327	11,003	84	893	5,361	228	40,628
At 31 March 2025	**0**	**5,256**	**458**	**249**	**121,467**	**156**	**6,158**	**56,560**	**4,217**	**194,521**
Carrying Amount										
At 31 March 2025	**54,584**	**720,868**	**74**	**40,493**	**21,692**	**926**	**3,286**	**12,760**	**1,326**	**856,009**
At 31 March 2024	**49,871**	**695,443**	**199**	**41,652**	**27,600**	**643**	**3,496**	**16,661**	**1,500**	**837,065**
Asset financing										
Owned	54,584	692,291	0	40,493	21,692	0	3,286	12,760	1,326	826,432
Finance leased	0	0	74	0	0	926	0	0	0	1,000
On B/S (SoFP) PFI and other service concession arrangements contracts	0	28,577	0	0	0	0	0	0	0	28,577
Carrying Amount										
At 31 March 2025	**54,584**	**720,868**	**74**	**40,493**	**21,692**	**926**	**3,286**	**12,760**	**1,326**	**856,009**
Of which:										
Trust	54,584	720,868	74	40,493	21,692	926	3,286	12,760	1,326	856,009

At 31 January 2025, the Land & Property Service carried out a 5-year valuation of the Trust's Land, Buildings & Dwellings in compliance with the Royal Institution of Chartered Surveyors; (RICS) 'Red Book' (RICS Valuation - Professional Standards). The effects of this can be seen in the Revaluation and Impairment lines above. Plant & equipment are valued using indices with the exception of short life assets, which are defined as having a useful life up to 5 years.

The South Eastern H&SC Trust uses Producer Price Indices published by the Office for National Statistics (ONS) in order to apply indexation to the value of non-property assets at year-end. In line with previous years, the December indices have been applied in 2024-25. Ordinarily, an assessment is carried out after the year-end, following the publication of the March indices by ONS, to ascertain that the impact of the movement in the indices between December and March is immaterial. However, in March 2025, ONS issued a statement indicating that they had identified a problem with the chain-linking methods used to calculate these indices, affecting the years from 2008 onwards, and that they would consequently be pausing publication of Producer Price Index data while the issue is rectified. At the time these accounts are being prepared, it has not been possible to ascertain the potential impact of this issue. However, given the value of the non-property assets potentially affected. The Trust does not expect an adjustment to indexation to have a material impact on the 2024-25 accounts. It is anticipated that ONS will recommence publication of the Producer Price Indices at some point during the 2025-26 financial year and the indexation of non-property assets will be brought up to date in the 2025-26 accounts

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

	2025 £000s	2024 £000s
Donations	373	19

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 5.2 Consolidated Property, Plant and Equipment - year ended 31 March 2024

	Land £000s	Buildings (excluding dwellings) £000s	Building leases £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Plant and Machinery (Equipment) leases £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation											
At 1 April 2023	49,869	731,729	0	45,317	0	137,352	0	8,866	66,245	6,718	1,046,096
Indexation	0	19,634	0	1,270	0	5,997	0	60	0	356	27,317
Additions	0	18,095	0	216	0	2,972	0	66	6,179	175	27,703
Donations / Government grant / Lottery funding	0	0	0	0	0	19	0	0	0	0	19
Transfers	0	0	0	0	0	0	0	0	(229)	0	(229)
Reclassifications	0	(529)	529	0	0	(715)	715	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	1,645	0	44	0	64	0	4	0	(2)	1,755
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	(554)	0	(296)	0	0	(850)
At 31 March 2024	**49,871**	**770,574**	**529**	**46,847**	**0**	**145,135**	**715**	**8,700**	**72,195**	**7,247**	**1,101,813**
Depreciation											
At 1 April 2023	0	52,841	0	3,796	0	101,406	0	4,558	50,125	5,246	217,972
Opening balance adjustment	0	0	0	0	0	0	0	0	0	0	0
Indexation	0	1,817	0	131	0	4,836	0	35	0	280	7,099
Revaluation exercise accumulated depreciation adjustment	0	11	0	0	0	(79)	0	(28)	111	(13)	2
Transfers	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	(165)	165	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0	0	0
Reversal of Impairment charged to the revaluation reserve	0	152	0	5	0	52	0	0	0	(1)	208
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	(554)	0	(291)	0	0	(845)
Provided during the year	0	20,475	165	1,263	0	11,874	72	930	5,298	235	40,312
At 31 March 2024	**0**	**75,131**	**330**	**5,195**	**0**	**117,535**	**72**	**5,204**	**55,534**	**5,747**	**264,748**
Carrying Amount											
At 31 March 2024	**49,871**	**695,443**	**199**	**41,652**	**0**	**27,600**	**643**	**3,496**	**16,661**	**1,500**	**837,065**
At 1 April 2023	**49,869**	**678,888**	**0**	**41,521**	**0**	**35,946**	**0**	**4,308**	**16,120**	**1,472**	**828,124**
Asset financing											
Owned	49,871	666,094	0	41,652	0	27,600	0	3,496	16,661	1,500	806,874
Finance leased	0	0	199	0	0	0	643	0	0	0	842
On B/S (SoFP) PFI and other service concession arrangements contracts	0	29,349	0	0	0	0	0	0	0	0	29,349
Carrying Amount											
At 31 March 2024	**49,871**	**695,443**	**199**	**41,652**	**0**	**27,600**	**643**	**3,496**	**16,661**	**1,500**	**837,065**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 6.1 Consolidated Intangible Assets - year ended 31 March 2025

	Software Licenses £000s	Total £000s
Cost or Valuation		
At 1 April 2024	29,171	29,171
Indexation	0	0
Additions	758	758
Disposals	0	0
At 31 March 2025	**29,929**	**29,929**
Amortisation		
At 1 April 2024	23,287	23,287
Indexation	0	0
Disposals	0	0
Provided during the year	2,318	2,318
At 31 March 2025	**25,605**	**25,605**
Carrying Amount		
At 31 March 2025	**4,324**	**4,324**
At 31 March 2024	**5,884**	**5,884**
Asset financing		
Owned	4,324	4,324
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
Carrying Amount		
At 31 March 2025	**4,324**	**4,324**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 6.2 Consolidated Intangibles Assets - year ended 31 March 2024

	Software Licenses £000s	Total £000s
Cost or Valuation		
At 1 April 2023	27,669	27,669
Indexation	0	0
Additions	1,273	1,273
Transfers	229	229
Disposals	0	0
At 31 March 2024	**29,171**	**29,171**
Amortisation		
At 1 April 2023	20,984	20,984
Indexation	0	0
Disposals	0	0
Provided during the year	2,303	2,303
At 31 March 2024	**23,287**	**23,287**
Carrying Amount		
At 31 March 2024	**5,884**	**5,884**
At 31 March 2023	**6,685**	**6,685**
Asset financing		
Owned	5,884	5,884
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
Carrying Amount		
At 31 March 2024	**5,884**	**5,884**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 8 INVESTMENTS

NOTE 8.1 Investments

	2025			2024		
	Non Current Assets £000s	Assets £000s	Liabilities £000s	Non Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	8,498	0	0	7,371	0	0
Net cash inflow	(1,020)	0	0	0	0	0
Share of income	144	0	0	142	0	0
Share of realised gains	702	0	0	88	0	0
Share of unrealised gains	(630)	0	0	897	0	0
Balance at 31 March	7,694	0	0	8,498	0	0
Trust	0	0	0	0	0	0
Charitable trust fund	7,694	0	0	8,498	0	0
	7,694	0	0	8,498	0	0

NOTE 8.2 Market value of investments as at 31 March 2025

	Held in UK £000s	Held outside UK £000s	2025 Total £000s	2024 Total £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	7,694	0	7,694	8,498
Investments in a Common Deposit 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	7,694	0	7,694	8,498

Note 8.3 Analysis of expected timing of discounted flows

	2025			2024		
	Non-Current Assets £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	0	0	0	0	0	0
Later than five years	7,694	0	0	8,498	0	0
	7,694	0	0	8,498	0	0

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 9 IMPAIRMENTS

	2025		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	0	0	0
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(12,914)	0	(12,914)
Reversal of impairment into revaluation reserve	3,958	0	3,958
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	0	0	0
Total value of impairments for the period	**(8,956)**	**0**	**(8,956)**

	2024		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	0	0	0
Reversal of impairment into revaluation reserve	1,547	0	1,547
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	0	0	0
Total value of impairments for the period	**1,547**	**0**	**1,547**

A net impairment value of £8,956k resulted from the Land & Property Services valuation of the Trusts Land, Buildings and Dwellings.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

There is 1 asset classified as held for sale in 2024/25. Land & Property Services valued it as an asset in non-operational use, (£0 in 2023/24).

	Property	
	2025 £000s	2024 £000s
Non Operational value of Asset	160	0
	160	0

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 11 INVENTORIES

	2025 £000s		2024 £000s	
Classification	**Trust**	**Consolidated**	**Trust**	**Consolidated**
Pharmacy supplies	3,366	3,366	3,522	3,522
Theatre equipment	673	673	471	471
Medical & Surgical equipment	77	77	208	208
Fuel	480	480	517	517
Community care appliances	0	0	27	27
Laboratory materials	373	373	122	122
Staff Uniforms	0	0	7	7
Laundry	0	0	0	0
X-Ray	14	14	341	341
Personal Protective Equipment	0	0	0	0
Total	**4,983**	**4,983**	**5,215**	**5,215**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 12 CASH AND CASH EQUIVALENTS

	2025 £000s		2024 £000s	
	Trust	Consolidated	Trust	Consolidated
Balance at 1st April	5,706	5,894	6,979	7,468
Net change in cash and cash	586	542	(1,273)	(1,574)
Balance at 31st March	**6,292**	**6,436**	**5,706**	**5,894**

The following balances at 31 March were held at	2025 £000s		2024 £000s	
	Trust	Consolidated	Trust	Consolidated
Commercial banks and cash in hand	6,292	6,436	5,706	5,894
Balance at 31st March	**6,292**	**6,436**	**5,706**	**5,894**

NOTE 12.1 Reconciliation of Liabilities arising from Financing Activities

	2024 £000s	O'Bal Adj £000s	Cash Flows £000s	Non-Cash Changes £000s	2025 £000s
Capital Element of Payments - Leases	820	0	(202)	370	988
Capital Element of Payments - On-Balance Sheet (SoFP) PFI and Other Service Concession Arrangements	29,349	0	(772)	0	28,577
Total Liabilities from Financial Activities	**30,169**	**0**	**(974)**	**370**	**29,565**

	2023 £000s	O'Bal Adj £000s	Cash Flows £000s	Non-Cash Changes £000s	2024 £000s
Capital Element of Payments - Leases	1,042	0	(222)	0	820
Capital Element of Payments - On-Balance Sheet (SoFP) PFI and Other Service Concession Arrangements	30,085	0	(736)	0	29,349
Total Liabilities from Financial Activities	**31,127**	**0**	**(958)**	**0**	**30,169**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 13 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2025 £000s		2024 £000s	
Amounts falling due within one year	**Trust**	**Consolidated**	**Trust**	**Consolidated**
Trade receivables	3,736	3,736	9,126	9,126
Deposits and advances	1	1	1	1
VAT receivable	6,567	6,567	5,711	5,711
Other receivables - not relating to fixed assets	18,291	18,505	14,287	14,349
Other receivables - relating to property plant and equipment	0	0	0	0
Other receivables - relating to intangibles	0	0	0	0
Trade and other receivables	28,595	28,809	29,125	29,187
Prepayments	3,533	3,533	1,449	1,449
Accrued income				0
Contract assets		0	0	0
Current part of PFI contract and other service concession arrangements receivable	0	0	0	0
Other current assets	3,533	3,533	1,449	1,449
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	28,595	28,809	29,125	29,187
TOTAL OTHER CURRENT ASSETS	3,533	3,533	1,449	1,449
TOTAL INTANGIBLE CURRENT ASSETS	0	0	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**32,128**	**32,342**	**30,574**	**30,636**

The balances are net of a provision for bad debts of £3,348k in 2024/25 (£2,988k 2023/24).

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 14.1 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2025 £000s		2024 £000s	
Amounts falling due within one year	**Trust**	**Consolidated**	**Trust**	**Consolidated**
Other taxation and social security	37,819	37,819	19,212	19,212
Trade capital payables - property, plant and equipment	16,055	16,055	16,145	16,145
Trade capital payables - intangibles	0	0	0	0
Trade revenue payables	34,957	34,957	29,135	29,135
Payroll payables	21,738	21,738	69,949	69,949
Clinical negligence payables	4,216	4,216	2,134	2,134
Voluntary Early Retirement payables	0	0	0	0
BSO payables	2,405	2,405	2,408	2,408
Other payables	787	799	753	774
Accruals	39,762	39,762	48,719	48,719
Deferred income	911	911	662	662
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	158,650	158,662	189,117	189,138
Current part of lease liabililities	129	129	185	185
Current part of long term loans	0	0	0	0
Current part of capital and interest lease elements of PFI contracts and other service concession arrangements	2,153	2,153	2,153	2,153
Other current liabilities	2,282	2,282	2,338	2,338
Carbon reduction commitment	0	0	0	0
Intangible current liabilities	0	0	0	0
Total payables falling due within one year	160,932	160,944	191,455	191,476
Amounts falling due after more than one year				
Lease liabililities	859	859	636	636
Capital and interest lease elements of PFI contracts and other service concession arrangements	26,424	26,424	27,196	27,196
Long term loans	0	0	0	0
Total non current other payables	27,283	27,283	27,832	27,832
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**188,215**	**188,227**	**219,287**	**219,308**

The Trust owes £31m less at the end of 2024/25 than it did at the end of 2023/24. This is largely due to the Payroll payables reducing because the 2024/25 pay awards for the majority of Medical & Dental and Agenda for Change staff were paid in March 2025.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2025

	Pensions relating to other staff £000s	Clinical negligence £000s	Holiday Pay Liability £000s	Other £000s	2025 £000s
Balance at 1 April 2024	1,309	142,529	55,457	3,451	202,746
Provided in year	786	44,547	57,187	2,357	104,877
(Provisions not required written back)	(50)	(55,809)	0	(740)	(56,599)
(Provisions utilised in the year)	(194)	(18,636)	0	(898)	(19,728)
Cost of borrowing (unwinding of discount)	(44)	721	1,550	54	2,281
At 31 March 2025	**1,807**	**113,352**	**114,194**	**4,224**	**233,577**

Comprehensive Net Expenditure Account charges	2025 £000s	2024 £000s
Arising during the year	104,877	114,542
Reversed unused	(56,599)	(7,540)
Cost of borrowing (unwinding of discount)	2,281	995
Total charge within Operating expenses	**50,559**	**107,997**

Analysis of expected timing of discounted flows

	Pensions relating to other staff £000s	Clinical negligence £000s	Holiday Pay Liability £000s	Other £000s	2025 £000s
Not later than one year	27	24,446	0	4,004	28,477
Later than one year and not later than five years	103	49,738	114,194	220	164,255
Later than five years	1,677	39,168	0	0	40,845
At 31 March 2025	**1,807**	**113,352**	**114,194**	**4,224**	**233,577**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2025

Provisions have been made for seven types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Employment Law, Holiday Pay, Pay Modernisation and Senior Executive's pay. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision, for each individual case, based on professional legal advice. These estimates are discounted to present day values. Further detail is provided below in respect of the calculations for liabilities relating to Clinical Negligence, Holiday Pay along with Pay Modernisation and Senior Executives Pay.

The total liability to be provided is estimated at £233m for SEHSCT.

Clinical Negligence

Any Periodic Payment Order (PPO) calculation that the Trust solicitors advise will be payable based on the estimated life expectancy data provided by the Trust's solicitors.

A discount rate is applied by courts to any lump-sum award of damages for future financial loss in a personal injury case, in order to take account of the return that can be earned from investment. In accordance with the provisions of Schedule C1 to the Damages Act 1996, the Government Actuary has reviewed the discount rate for Northern Ireland and determined that the rate should be +0.5% with effect from 27 September 2024, having previously been set at -1.5% from 22 March 2022. The next planned review of the rate will commence in July 2029. Estimated settlement values provided by DLS as at 31 March 2025 wholly reflect the updated rate where applicable.

Holiday Pay Liability

On 4 October 2024, the Supreme Court handed down the decision in the case of the Chief Constable of the PSNI v Agnew and others. The judgement confirmed that the claimants are able to bring their claims under the 'unlawful deductions' provisions of the Employment Rights (Northern Ireland) Order 1996 and can thus claim in respect of a series of deductions potentially going back to the beginning of their employment or the implementation of the Working Time Regulations in 1998.

At the point that the Supreme Court judgement was provided, the PSNI had accepted the principle, established by a number of cases in both the European and domestic courts, that the claimants were entitled to be paid their normal pay during periods of annual leave, and that "normal pay" is not limited to basic pay but could include elements such as overtime, commission and allowances.
The outcome of this case has widespread implications for all public sector bodies in Northern Ireland in respect of both the pay elements that must be included in holiday pay calculations and the period of retrospection which means that some employees may be able to bring claims to be rectified as far back as 1998.

With effect from 1 April 2025, HSC employers have implemented an interim arrangement for the calculation of holiday pay to ensure employees are paid appropriately for periods of annual leave. This interim arrangement has been agreed with trade unions pending the introduction of the new HR and payroll system in 2026/27.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2025

However a provision in respect of the retrospective payment is still required for the period 1998/99 to 2024/25. The Trust provision at 31 March 2025 reflects this retrospective time frame. In calculating the provision, the Trust has used payroll data available, for all eligible staff, within the current HRPTS system back to 2014 with averaging applied for the prior years and changes in staffing numbers. Actual staffing numbers are available for 2014/25 through to 2024/25. Staffing numbers prior to this have been estimated based on an assumed 1% increase per annum.

Revised Working Time Directive (14.5%) and Employer costs rates have been factored in, and compound interest applied. A settlement year of 2026/27 has been used and as such the overall value of the provision has been discounted to determine the net present value.

The key areas of uncertainty include:

- The reliability of the data used.
- The terms of the settlement which is subject to a number of factors including:
  - the determination of a very significant number of cases currently progressing through the Industrial Tribunal;
  - the number of further Industrial Tribunal claims lodged by employees;
  - any settlement of these claims agreed with the claimants or their legal representatives;
  - the number of grievances already lodged by employees in respect of the underpayment / incorrect payment of holiday pay which require to be resolved and any settlement negotiations with trade unions;
  - the number of further grievances received; and
  - any potential requirement to include additional numbers of employees within any settlement.
- The uptake rate for current or past employees.
- The extent of attrition in the workforce.
- Delays in the time it will take to administer the payments, once agreed.
- The extent to which interest will apply.

No sensitivity analysis has been undertaken to assess how much the value of the provision would change if the assumptions used were to differ. The reason for this is the possible permutations for any sensitivity analysis are numerous and the value of the provision is already subject to the key areas of uncertainty identified above.

The overall impact has been to increase this provision from £55.5m in 2023/24 to £114.2m. The increase in 2024/25 is largely interest driven due to the inclusion of 8% compound interest in the calculations.

Due to the material nature of the Holiday Pay Liability this is now disclosed separately in the Provisions for Liabilities and Charges Note for 31 March 2025 and the table for the financial year ending 31 March 2024 has been restated.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2025

Pay Modernisation and Senior Executive Pay

A number of staff have challenged the banding of their job and the Trust has reflected any anticipated liability as a mix of accruals and provisions based on actions and outcomes in-year in individual cases and their consequential impacts.

Senior HSC Executives raised a legal challenge to their pay arrangements. Senior Executive Pay Circulars for both 2023/24 and 2024/25, which reflect new salaries based on pay scales, were issued prior to the.

submission of the 2024/25 year end accounts. As such, accruals have been included in the accounts for both these years based on known actual pay for current Senior Executives or those who were in post in 2023/24.

A provision remains for non-current Senior Executives who were in post prior to 2023/24 whilst the legal case remains on going. The provision has reduced from £0.4m in 2023/24 to £0.3m in 2024/25.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2024 Restated

	Pensions relating to other staff £000s	Clinical negligence £000s	Holiday Pay Liability £000s	Other £000s	2024 £000s
Balance at 1 April 2023	1,483	81,023	17,293	2,436	102,235
Provided in year	80	73,659	37,815	2,988	114,542
(Provisions not required written back)	(146)	(6,761)	0	(633)	(7,540)
(Provisions utilised in the year)	(75)	(6,050)	0	(1,361)	(7,486)
Cost of borrowing (unwinding of discount)	(33)	658	349	21	995
At 31 March 2024	**1,309**	**142,529**	**55,457**	**3,451**	**202,746**

Analysis of expected timing of discounted flows

	Pensions relating to other staff £000s	Clinical negligence £000s	Holiday Pay Liability £000s	Other £000s	2024 £000s
Not later than one year	73	67,609	0	3,123	70,805
Later than one year and not later than five years	301	46,978	55,457	328	103,064
Later than five years	935	27,942	0	0	28,877
At 31 March 2024	**1,309**	**142,529**	**55,457**	**3,451**	**202,746**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 16 CAPITAL AND OTHER COMMITMENTS

	2025 £000s	2024 £000s
Property, plant & equipment	930	4,772
Intangible assets	0	0
	930	4,772

The capital commitments relate to work to refurbish buildings.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 17 LEASES (IFRS16 DISCLOSURES)

17.1 Quantitative disclosures around right-of-use assets

	Buildings £000s	Equipment £000s	Total £000s
Cost or valuation			
At 1 April 2024	488	715	1,203
Additions	3	367	370
At 31 March 2025	**491**	**1,082**	**1,573**
Depreciation expense			
At 1 April 2024	(321)	(72)	(393)
Charged in year	(128)	(84)	(212)
At 31 March 2025	**(449)**	**(156)**	**(605)**
Carrying amount at 31 March 2025	**42**	**926**	**968**
Interest charged on IFRS 16 leases	**2**	**25**	**27**

17.2 Quantitative disclosures around lease liabilities

Maturity analysis	31 March 2025 £000s	31 March 2024 £000s
Buildings		
Not later than one year	26	131
Later than one year and not later than five years	26	45
Later than five years	0	0
	52	**176**
Less interest element	0	(3)
Present Value of obligations	**52**	**173**
Equipment		
Not later than one year	131	85
Later than one year and not later than five years	523	340
Later than five years	459	332
	1,113	**757**
Less interest element	(177)	(108)
Present Value of obligations	**936**	**649**
Total present value of obligations	**988**	**822**
Current portion	**129**	**186**
Non-current portion	**859**	**636**

17.3 Quantitative disclosures around elements in the Statement of Comprehensive Net Expenditure

	31 March 2025 £000s	31 March 2024 £000s
Variable lease payments not included in lease liabilities	661	763
Sub-leasing income	0	0
Expense related to short-term leases	0	0
Expense related to low-value asset leases (excluding short-term leases)	866	977
	1,527	**1,740**

17.4 Quantitative disclosures around cash outflow for leases

	31 March 2025 £000s	31 March 2024 £000s
Total cash outflow for lease	**1,360**	**1,961**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 Off balance sheet (SoFP)

The Trust has no off balance sheet PFI contracts or other service concession arrangements schemes (£0, 2023-24).

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 £970k (2023-24: £901k). This PFI scheme relates specifically to a 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

Capital elements in future periods:	**2025 £000s**	**2024 £000s**
Minimum lease payments:		
Due within 1 year	2,153	2,153
Due later than 1 year and not later than 5 years	8,612	8,612
Due later than 5 years	34,539	36,691
Total	45,304	47,456
Less interest element	(16,727)	(18,108)
Present value	**28,577**	**29,348**

	2025 £000s	**2024 £000s**
Service elements due in future periods:		
Due within one year	1,010	981
Due later than one year and not later than five years	4,299	4,173
Due later than five years	22,215	23,216
Total service elements due in future periods	**27,524**	**28,370**
Total Commitments	**56,101**	**57,718**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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.

	2025 £000s	2024 £000s
Clinical negligence	985	1,072
Public liability	40	23
Employers' liability	209	186
Accrued leave	0	0
Injury benefit	0	0
Other	41	18
Total	**1,275**	**1,299**

Unquantifiable Contingent Liabilities

Clinical Excellence Awards

The Clinical Excellence 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 the HSC. There were 12 levels of award; lower awards made by local (employer) committees, and higher awards were recommended by the NI Clinical Excellence Awards Committee (NICEAC). Self-nomination was, however, the only method of application within the scheme. After consultations, the DoH decided from the 2013/14 award round and onwards, no new clinical excellence awards would be made to medical and dental consultants. This decision has been subject to legal challenge. An agreement was reached through mediation for the design and implementation of a future scheme. A public consultation was completed and DoH are currently considering the response. Any scheme will require Ministerial approval. Whilst the current litigation has been paused, it has not been withdrawn, and therefore the legal case has continued to be treated as a contingent liability at 31 March 2025. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

Continuing Healthcare

The DoH Continuing Healthcare (CHC) Policy relates to the assessment of whether a person's care needs can be met outside of an acute hospital setting and whether they may be liable to be assessed in respect of contributing towards the costs of their care. A Judicial Review, brought by a service user in a nursing care home, against Belfast Health and Social Care Trust challenged the BHSCT application of the policy. The High Court judgement highlighted that the criteria and threshold for when a person should pay for their care is unclear and operates differently between Health Trusts. The judicial review also challenged a change to the policy, introduced in February 2021, and instructed that all decisions on eligibility for the last three years should be reviewed.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 19 CONTINGENT LIABILITIES

The DoH lodged an appeal against the Judicial Review findings and were successful in November 2024. All Trusts are awaiting further guidance from DoH in order to be able to address service users who have raised similar challenges to the policy. The potential for any liability for this is currently unclear and any financial impact unquantifiable.

Public Sector Pensions - Injury to Feelings Claims

The NI Civil Service's Department of Finance (DoF) is a named respondent in a class action affecting employers across the public sector and is managing claims on behalf of the NI Civil Service (NICS) Departments. This is an extremely complex case and may have significant implications for the NICS and wider public sector. However, given the complexities, the cases are still at an early stage of proceedings and until there is further clarity on potential scope and impact, a reliable estimate of liability cannot be provided.

Holiday Pay Liability

The Trust has made provision of the potential liability, back to 1998, for claims for shortfalls to staff in holiday pay. However, the extent to which the liability may exceed this amount remains uncertain as the calculations will rely on the outworking of the Supreme Court judgement and will have to be agreed with Trade Unions.

Employment Tribunals

HSC Trusts may have open Tribunal Cases where a liability has not yet been established and cannot be quantified. In particular the Trusts are aware of a number of linked employment tribunal cases lodged by Trade Unions on behalf of their members in respect of remuneration for 'Sleep-ins'. These are night shifts where staff sleep at a Trust premises and work on an 'as-called-upon' basis throughout the night. A single test case in respect of the NHSCT was heard during 2023/24. Whilst the action failed and the majority of cases were withdrawn, there are still a number of cases yet to be withdrawn. This matter will be kept under close review during 2025/26.

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.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 20 RELATED PARTY TRANSACTIONS

The South Eastern Health and Social Care Trust is an arm's length body of the Department of Health. 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 £1.084 million (£1.006 million 2023/24). During the year, the Trust had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the SPPG, 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 £5,449k cash at bank and in hand at 31 March 2025, which relates to monies held by the Trust on behalf of patients (£5,203k, 2023/24) 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.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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

	2025 Total £000s	2024 Total £000s
RRL Allocated from:		
DoH (SPPG)	1,066,844	989,604
DoH (Other)	1,355	1,423
PHA	6,363	6,149
SUMDE & NIMDTA	9,508	9,080
RRL to be Accounted For	1,084,070	1,006,256
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	1,177,244	1,156,714
Adjustments - areas not funded by RRL		
Research and Development under ESA10	(781)	(583)
Depreciation/Amortisation	(42,134)	(41,917)
Impairments	0	0
Notional Charges	(67)	(66)
Movements in Provisions	(50,558)	(107,997)
Adjustment for income received re Donations for non-current assets	373	19
PFI and other service concession arrangements/IFRIC	(40)	38
Profit/(loss) on disposal of fixed asset	0	0
Other (Specify)	0	0
Total Adjustments	(93,207)	(150,506)
Net Expenditure Funded from RRL	1,084,037	1,006,208
Surplus/(Deficit) against RRL	33	48

Department of Health Bodies are required to contain non-cash expenditure within agreed limits. The non-cash items included are depreciation, amortisation, impairments, notional charges and provisions. The South Eastern Health & Social Care Trust has remained within the budget control limit it was issued. The materiality threshold limit excludes non-cash RRL.

Had the Trust not received £30.8m of non-recurrent funding the Trusts would have been reporting a £30.8m deficit in 2024/25 as opposed to a surplus of £0.03m.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 22 FINANCIAL PERFORMANCE TARGETS

22.2 Financial Performance Targets less deficit funding

For the year ended 31 March 2025 the Trust received non-recurrent funding from the Department of Health to address the deficit held by the Trust.

	2025 £000s	2024 £000s
The Revenue Resource Limit (RRL)	1,084,070	1,006,256
Less deficit funding received	(30,800)	(25,523)
	1,053,270	980,733
Net Expenditure Funded from RRL	1,084,037	1,006,208
Surplus/(Deficit) against RRL	(30,767)	(25,475)

22.3 Capital Resource Limit

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

	2025 Total £000s	2024 Total £000s
Gross capital expenditure	27,273	29,211
Less charitable trust fund capital expenditure	(373)	(18)
Less IFRIC 12/PFI and other service concession arrangements	0	0
(Receipts from sale of fixed assets up to NBV)	0	0
Net capital expenditure	26,900	29,193
Capital Resource Limit	27,697	29,771
Disposals - Other Asset Sales	0	5
Adjustment for Research and Development under ESA10	(781)	(583)
	26,916	29,193
Overspend/(Underspend) against CRL	(16)	0

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 22.4 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.

	2025 £000s	2024 £000s
Net Expenditure	(1,084,037)	(1,006,208)
RRL	1,084,070	1,006,256
Surplus / (Deficit) against RRL	33	48
Break Even cumulative position(opening)	(3,303)	(3,351)
Break Even cumulative position (closing)	(3,270)	(3,303)

Materiality Test:

	2025 %	2024 %
Break Even in year position as % of RRL	0.00%	0.00%
Break Even cumulative position as % of RRL	-0.30%	-0.33%

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 7 July 2025.

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

PATIENTS/ RESIDENTS MONIES ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2025

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 the South Eastern Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2025 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 the South Eastern Health and Social Care Trust for the year ended 31 March 2025 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 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 account section of my 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.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

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 kept; 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; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made.

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;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error; and
- 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 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 account

My responsibility is to examine, 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;
- 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; and
- 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.

Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU

1 July 2025

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2025

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

Previous Year	RECEIPTS	£	£
£			
	Balance at 1 April 2024		
-	1. Investments (at cost)	-	
5,247,331	2. Cash at Bank	5,201,236	
2,000	3. Cash in Hand	2,000	5,203,236
4,665,034	Amounts Received in the Year		5,366,497
-	Interest Received		-
9,914,365	**TOTAL**		**10,569,733**

	PAYMENTS	£	£
£			
4,711,129	Amounts Paid to or on behalf of Patients/Residents		5,120,472
	Balance at 31 March 2025		
-	1. Investments (at cost)	-	
5,201,236	2. Cash at Bank	5,447,261	
2,000	3. Cash in Hand	2,000	5,449,261
9,914,365	**TOTAL**		**10,569,733**

Cost Price	Schedule of investments held at 31 March 2025	Nominal Value	Cost Price
£		£	£
	Investment		5,449,261

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, Estates & Contract and Deputy Chief Executive
19 June 2025

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

Chief Executive
19 June 2025

Designed by Communications Department