



South Eastern Health
and Social Care Trust

Annual Report & Accounts 2014/15





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and Social Care Trust

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Annual Report and Accounts
For the year ended 31 March 2015

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South Eastern Health and Social Care Trust

Annual Report and Accounts

For the year ended 31 March 2015

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Department of Health, Social Services and Public Safety.

On

30 June 2015

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Chairman's Report



I am delighted to present to you the 8th Annual Report of the South Eastern HSC Trust at the end of another challenging but rewarding year.

In December, the Health Minister visited the Ulster Hospital site to perform the topping out ceremony on our new Ward Block which is well advanced and will provide superb facilities for our patients in the years to come. Earlier in the year, he opened the Quality, Improvement and Innovation Centre which will provide the training and tools to assist staff to channel their ideas into projects and initiatives that will lead to excellence in service provision.

This year also saw the official opening of two innovative supported living projects in Downpatrick. Ardcora which provides person centred care and support for people with learning disability, and English Street which provides accommodation for young people leaving care or who have experienced homelessness.

In November I hosted the 5th annual Chairman's Awards and was impressed, as in previous years, with the high standard of the entries. Congratulations to the overall winners, the Dialectical Behaviour Therapy Team based at Lagan Valley Hospital and to all our other finalists and award winners.

We are pleased that our volunteer workforce has increased with active volunteer placements currently at 550, and we are keen to encourage further involvement of volunteers. Volunteering opportunities are designed to benefit our patient/clients but also aimed at giving something back to the volunteer.

We have focused on supporting the development of young people through volunteering, and we are delighted that two of our younger volunteers achieved the prestigious 200 hour Millennium Volunteer Award. In June we held a recognition event for all our volunteers at La Mon Hotel & Country Club to demonstrate how much we value the involvement of volunteers throughout the Trust and are grateful for their commitment and goodwill.

We continue to support our Chairman's charity, Kiwoko Hospital in Uganda, through a series of fundraising initiatives and an annual visit by a number of colleagues who provide vital clinical and training support on the ground. The team just returned from Africa in February with many really inspiring stories to tell. This is an initiative of which we should all be very proud.

I would like to congratulate the many staff who won awards during the year, and I am pleased to see that the Trust has again been named as one of the top 40 performing CHKS acute hospital Trusts in the UK.

Looking back over the year we have seen unprecedented rises in the number of people seeking our care, and this has put significant pressure on staff. I would like to recognise the extraordinary contribution staff have made in continuing to provide high quality care in difficult circumstances and assure them that we will continue to press for the visionary political leadership which is necessary to sustain our health service, and move forward.

I would also like to thank my colleagues on Trust Board for their continued support and look forward to another fulfilling year.

A handwritten signature in black ink, appearing to read 'Colm McKenna'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Colm McKenna

Chief Executive's Report



We look back every year and highlight the pressures we have experienced, but the past year has been extraordinary in terms of the number of people needing our services, and I have to thank staff for continuing to respond to this demand.

We are now in the midst of two years of elections, and health faces two major strategic challenges: how we change the way we deliver services in response to this huge increase in demand, and how we can do better in helping people to stay healthy and live independent lives.

Sir Liam Donaldson recently suggested we need to take difficult decisions now to shape services which are sustainable for the future. It is vitally important that we concentrate on keeping people well and out of hospital. I and Trust Board, will continue our commitment to help do something to alleviate the growing demand which we know our services and staff are facing.

I have been heartened by the number of compliments received from patients and their families, who recognised the extreme pressure staff were working under but still praised the quality of the care they received, and the compassion with which it was delivered.

Going forward, our Safety, Quality & Experience programme, now in its fourth year, is more important than ever to create a culture where we constantly focus on ensuring services are delivered to the right standard, are continually improving and we care for people in the right way, the compassionate way.

It was with great sadness that we said goodbye to Ian Sutherland, Director of Children's Services and Executive Director of Social Work, who has left to take up a post in England. I would like to thank him for his excellent and innovative work, particularly in the field of child protection, his leadership of social care within the Trust and for being such a great colleague over the last few years.

Once again, my sincere thanks to our staff not just for your hard work but for your continued commitment to improving services and delivering care in the right way, evidenced by the many awards and accolades which have come to the Trust this year.

A handwritten signature in black ink, appearing to read 'Hugh McCaughey'. The signature is fluid and cursive, with a long horizontal stroke extending to the left.

Hugh McCaughey

Planning, Performance & Informatics

The Trust measures and reports its performance against a broad range of targets and standards. Many of these focus on hospital-based care, but there are also many targets and standards that focus on how we care for people in their own homes and communities, how we safeguard children, and the services we provide to those who have disabilities or mental health problems. The Trust's performance compares favourably with the other Trusts in Northern Ireland. The following gives a flavour and brief overview of some of the targets that are set for the Trust, and indicates the performance for March 2015, with a comparative position at March 2014.

Hospital Services			
Target 2014/15	Commentary	March 2014	March 2015
Inpatient & Daycase Waits: Minimum of 80% of inpatients and day cases to be treated within 13 weeks and no patient to wait longer than 26 weeks for treatment by March 14.	The 13 week target moved from 70% in FY13/14 to 80% in FY14/15. Compliance against the target has steadily decreased since April 14 with March 15 being at the lowest point in the year.	85.9% (13wk)	56.9% (13wk)
	The 26 week target reduced from 30 weeks during FY13/14 to 26 weeks in FY14/15. Cessation of Independent Sector transfers and waiting list initiative activity has impacted on the Trust's ability to achieve this target. This in conjunction with increased demand within unscheduled care and increase in red flag and urgent cases is impacting on routine waits. The Trust is regularly reviewing prioritisation categories to identify any change to patient's clinical conditions.	99.2% (26wk)	80% (26wk)
Outpatient Waits: Minimum of 80% of patients should wait no longer than 9 weeks for a first outpatient appointment.	The target moved from 70% in FY13/14 to 80% in FY14/15. Trust performance has steadily decreased against this target during the year. Again this is a reflection of the impact of cessation of Independent Sector/Waiting list initiative and the increase in red flag and urgent referrals.	80.3%	42.3%
Diagnostic Test Waits: no patient should wait longer than 9 weeks for the following diagnostic tests.	Imaging - ie.X-Rays.	100%	96.1%
	Physiological Measurement.	85.5%	63.2%
Diagnostic Reporting (Urgent): all urgent diagnostic tests should be reported within 2 days of the test being undertaken.	Performance has been consistent over the year only dropping to under 96% in 4 months out of the 12.	96.6%	95.9%
Hip Fractures 95% of patients to have inpatient treatment for hip fractures within 48 hours.	Escalation measures have been put in place at various points over the year with additional lists organised and transfer of patients to elective lists in Musgrave Park Hospital. The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak demand and due to the urgency of other complex fracture trauma cases.	88%	84%
Other Fractures 95% of patients to have inpatient treatment for fractures within 48 hours and no-one to wait more than 7 days.	% treated within 48 hours.	85%	70%
	The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak demand and due to the urgency of other complex fracture trauma cases. % treated within 7 days.	100%	98.8%

Planning, Performance & Informatics

Cancer Services			
Target	Commentary	March 2014	March 2015
From April 2014 all urgent breast cancer referrals should be seen within 14 days.	The Trust developed an action plan in June to address the 14 day target position. New breast clinics - low risk and triple assessment - were commenced and waiting list initiative clinics continued. Performance was 100% against the target from September to February, with March at 97.8% due to 4 breaches.	16.7%	97.8%
98% of cancer patients should commence treatment within 31 days of decision to treat.	Compliance against the 31 day target has improved over the course of 2014/15. The final position for March was 99%.	96.7%	99%
95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	Compliance against the 62 day target has decreased steadily over the year with this 55.6% in March 15 being the lowest point. The Trust has experienced another year of increased demand, with Red Flag referrals increasing by 20.3% in FY14/15 and total suspect cancer referrals increasing by 16.7%. The Trust has submitted improvement plans to the Health and Social Care Board to secure the resources required to meet this demand and to meet targets.	74.8%	55.6%

Community Services and Services for Older People			
Target	Commentary	March 2014	March 2015
Allied Health Professional Outpatient Waits: no patient should wait longer than 9 weeks from referral to commencement of treatment.	362 patients are waiting longer than 9 weeks for commencement of treatment. In the main this is within the specialties of occupational therapy and dietetics .	99.1%	95.2%
Assess & treat older people - older people with continuing care needs should wait no longer than 5 weeks (8 weeks in 12/13) for assessment to be completed.	In March, all older people needing this service had their assessment within the 5 week target.	100%	100%
Assess & treat older people - older people should have the main components of their care needs met within 8 weeks of the completion of assessment.	In March 2015, all older people had their care needs met within 8 weeks.	100%	100%

Planning, Performance & Informatics

Children's Services			
Target	Commentary	March 2014	March 2015
All children admitted to residential care should, prior to admission, have had their placement matched through the Children's Resource Panel Process.	All children admitted to residential care in March had their care needs assessed through the Children's Resource Panel process.	100%	100%
Care leavers in education, training or employed Ensure that at least 75% of all care leavers aged 19 are in education, training or employment.	The Trust is meeting this target.	86%	78%
Autism. No child to wait more than 13 weeks for assessment following referral.	Increasing demand and resource issues in the service have meant that some children are waiting over 13 weeks for assessment. There is a significant capacity/demand gap and the Trust is working with the Health and Social Care Board to address this issue. A baseline audit is to be carried out with a newly appointed Regional ASD co-ordinator and a new Trust co-ordinator took up post in January 15.	67%	53.9%
Autism. No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.		92.1%	100%

Adult Services			
Target	Commentary	March 2014	March 2015
Discharges: 99% of patients admitted to Mental Health services for assessment and treatment to be discharged within 7 days of the decision to discharge.	In March 2015 the target was almost met, but 2 patients were not discharged within the 7 days in Mental Health Services.	98.7%	98%
No patient to wait more than 9 weeks from referral to assessment and commencement of treatment for mental health issues, other than psychological therapies.	This target is being met.	100%	100%
No patient to wait longer than 13 weeks from referral to assessment and commencement of psychological therapies.	A paper developed by HSCB in December 2014 acknowledges the trust had a shortfall of 14 WTE posts within the Adult Mental Health Service based on current demand. Although some recruitment was made possible through demography funding there remains a 12.2 WTE shortfall.	69%	43.5%

Planning, Performance & Informatics

The Performance, Improvement and Commissioning Department is a division within the Planning, Performance and Informatics Directorate. It performs three key functions: Planning & Service Improvement, Performance & Information, and Contracting & Commissioning including Social Care procurement.

Planning and Service Improvement

The Planning and Service Improvement team act as business partners to the Operational Directorates, to consider the planning and delivery of clinical services which are patient centred, safe, efficient and high quality.

Throughout 2014/15 there has been a focus on reviewing the Trust's reform agenda and prioritising major reform projects in line with the Trust's strategic vision and objectives.

Key to the reform and improvement agenda has been to support operational directorates in the management of pressures in the system and adopt new models of service delivery as appropriate eg. Children's residential care, Unscheduled care agenda etc.

The Trust Continuous Improvement Strategy now forms a fundamental pillar of the Trust Quality Improvement and Innovation approach.

The Trust Improvement Programme continues to be delivered using various recognised improvement tools including the ISO 9001 programme. This team co-ordinates this activity across the Trust. There are currently over 40 service areas within the Trust being accredited. The re-accreditation rolling programme for audit continues. Following audits, Corrective Action Plans are generated and services deliver improvements on these through their governance and audit committees. The Planning and Service Improvement team is instrumental in making sure all recommendations are actioned and carries out internal audits to check. The team also provide significant input to the Investors in People programme.

During 2014 the Trust made a submission to the Ireland Excellence Award using the European Foundation for Quality Management model. The Trust has been awarded the EFQM Recognised for Excellence 4 Star Level of Recognition. This is a prestigious achievement in which the Trust has significantly improved its score from 2011. The process provides independent validation of the degree to which the organisation has implemented excellent approaches and achieved many excellent results, despite the challenging environment in which it operates. This result was only possible with the contribution from the high number of individuals and teams involved.



Planning, Performance & Informatics

Performance and Information

The team continued to manage the regular monitoring and performance review required as part of the Trust Operating cycle. Supported by the Information Department, the Performance Team produced the Trust's monthly Performance Scorecards which were presented at Trust Board.

During the year the Information Department continued to work to submit many hundreds of mandatory performance and activity returns to meet the deadlines set by the Health and Social Care Board and DHSSPS.

Clinical coding information is used to inform the future commissioning of services. The Clinical Coding team capture the clinical detail of our patients' hospital activity and have enabled the Trust to meet the Ministerial coding target. To the end of February the team had so far coded 110,195 episodes of hospital care for 2014/15.

Contracting and Commissioning

Following on from 2013/14 when a new process was implemented for the management of all Social Care contracts; including Domiciliary Care, Nursing and Residential Home and General Community services the Contracts team have made a significant contribution to the reform and modernisation agenda of the Trust. The team are supporting operational directorates to review and reconfigure services and to deliver against Trust financial plans. In November 2014, this contribution was recognised formally and the Team was shortlisted as a finalist in the Efficiency and Service Reform category of the Trust's Chairman's awards.



Work continues to improve on the monitoring of social care contracts focusing now on enhancing contract review and monitoring, augmenting support for operational Directorates and developing corporate oversight of governance issues through the development of an adult social care governance framework for the Independent Sector.

The team have focused Commissioner queries through to implementation and evaluation of new services. The department has established itself as the single point of contact for co-ordination of all service development proposals on behalf of the Trust.

Planning, Performance & Informatics

ICT

2014/15 was both a challenging and successful year for the ICT Department. Technology continues to be a key enabler for delivery of Health and Social Care. The demand for timely access to Patient and Client data by Health Care Professionals makes it more important than ever to have a robust technological infrastructure and an environment that promotes and supports its use.

In the past year the Trust has continued to develop and build an ICT infrastructure to meet this requirement and also commission new information systems.

Notable achievements in 2014/15 are:-

- Initiation of a programme in partnership with BT to upgrade the voice and data communications infrastructure across all facilities in the Trust
- Continued refresh of the PC and End User Device infrastructure to allow Trust staff to have ready access to ICT services
- The successful procurement of a Managed Print Service
- Continued rollout of a Single Sign On solution, enabling faster and easier access to ICT services for users
- Implementation of Virtual Desktop services giving users secure, fast access to their Trust desktop from any network or internet connected device. This has been successfully implemented in the Emergency Department at the Ulster Hospital, and has transformed how staff can access ICT and use it to be more effectively. This project was the successful recipient of a Chairman's Award.
- Delivery of "free" Wi-Fi services for ALL service users and visitors to any Trust facility.



Chairman's award for "MyDesktop" in the Ulster Hospital Emergency Department



Mum and member of Staff accessing "Free" Wi-Fi in the Maternity Unit at the Ulster Hospital

The Northern Ireland Electronic Care Record has continued to develop during 2014/15. This key information system gives users a view of interactions that a Patient or Client has had across all of Health and Social Care. It incorporates Hospital, Community, Social Work, and GP information and will be a major building block in the delivery of ICT enabled health care.

During the year the Health and Social Care Board launched an eHealth Strategy review. This is due to be published in 2015. The Trust is fully engaged in this process and views this as a major milestone in the effective delivery of ICT to support the Health and Care of citizens in Northern Ireland. The Trust will use this strategy as the basis to develop our own Trust eHealth strategy.

Strategic & Capital Development

The role of the department is to manage and deliver the Trust's Capital Programme through a process of capital planning, design, procurement, construction and commissioning of capital projects with a value over £500,000.

The Department also has a key role in the design and delivery of the Trust's Estates Strategy/asset realisation plans, which includes the identification of Trust owned/leased accommodation surplus to Trust requirements for disposal/non renewal. The Trust's Property Asset Management (PAM) Plan 2014/15–2019/20 sets out the key strategies and methodologies which ensure that property control, property asset management and property risk are incorporated into how the organisation runs its business. This Plan is agreed at the Capital Development Steering Group, Strategic Accommodation Group and Chief Executives Accountability Review meeting and Department Accountability meetings.

In addition, the Department manages the Corporate Planning Process, Consultation and Engagement, Personal and Public Involvement (PPI), Supporting People Programme and Corporate Leadership events Trustwide.

Successes/Achievements 2014/15

In 2014/15 the Department successfully managed a Capital Resource Allocation of circa £55m.

Notable successes and achievement in 2014/15 are:-

- Ulster Hospital Phase B Redevelopment:
 - Inpatient Ward Block - On programme and budget
 - Acute Services Block - Enabling Works commenced
- Tor Bank - 250 additional Car Parking Spaces
- Approval to progress LVH GP OOHs to construction
- Leadership Workshop June 2014 – new approach to development of Corporate Plan
- Provision of new Supported Living schemes/places in English Street, Downpatrick, Carmen Lane, Bangor and Cuan Court/Terrace, Newtownards
- Circle of Involvement Event – bringing together volunteers and service users to celebrate the individuals who are involved with our services and to consider how the Trust can further involve people in our services
- Key contribution to the development of new Department of Health Social Services and Public Safety (DHSSPS) standards for Personal and Public Involvement. Standards launched in March 2015
- Approval for a Replacement CT Scanner, Ulster Hospital.

Strategic & Capital Development

Ulster Hospital Phase B Redevelopment

Inpatient Ward Block

The new Inpatient Ward block will provide

- 288 single bedrooms with en-suite
- A new Day Surgery Department including 4 state of the art Operating Theatres
- Endoscopy Suite, Pharmacy, Support Services and Café.

Construction of the new Inpatient Ward Block is progressing well and remains on target to complete in August 2016.

On 3 December 2014, the Minister for Health, Social Services and Public Safety, Jim Wells MLA, and the Minister of Finance and Personnel, Simon Hamilton MLA, joined the Trust Design Team and Graham-Bam Healthcare Partnership (GBHP) to celebrate a 'Topping Out' ceremony to mark the pour of the final concrete floor of the new Inpatient Ward Block on the Ulster Hospital site.



Hugh McCaughey, Chief Executive SEHSCT,
Minister Jim Wells, Minister Simon Hamilton
and Peter Reavey, GBHP



Acute Services Block

The next stage of the Phase B Redevelopment programme includes the provision of a new Acute Services Block, which will provide:-

- Emergency Department
- Inpatient Radiology
- Assessment Unit
- Specialist Wards
- Support Services.

The Trust commenced a series of essential enabling works in August 2014:-

- Advanced Piling Works - Completed March 2015
- New Interim Mortuary - Operational March 2015
- Boiler Decentralisation Works. Nine month construction programme, commenced December 2014.

Construction of the new Block is anticipated to commence Autumn 2015 and the facility is scheduled to open to patients in 2019.

Strategic & Capital Development

Lisburn Primary and Community Care Centre (PCCC)

In May 2013 the Minister for Health, Social Services and Public Safety provided Ministerial Direction for two pathfinder Primary and Community Care Centre (PCCC) projects to progress at Lisburn and Newry. These projects will test the viability of third party development as an alternative procurement to traditional capital investment.

The development of a new integrated model of care for community and hospital services reflects the recommendations within “Transforming Your Care” 2011(TYC). This model will be a significant shift from the provision of services in hospitals to the provision of services within the community, in the GP surgery and closer to home, where it is safe and effective to do this. This will result in the delivery of a quality service which provides safe and effective care for the patient/client.

The proposed PCCC will be located on the Lagan Valley Hospital site to maximise integrated working between Secondary and Primary Care for the local population. The Trust is currently progressing plans for a series of decant and enabling works to clear an area to the east of the site for the development. Construction on the new PCCC is estimated to commence summer 2016.

Capital Projects in Planning

2014/15 was a period of significant planning for the Strategic and Capital Development Department, with substantial progress made on planning the second block of the Ulster Hospital Phase B redevelopment and the Lisburn Primary and Community Care Centre projects above.

Outline Business Cases for the following projects have also been developed and progressed in 2014/15:-

- Development of Day Opportunities for People with a Learning Disability in North Down and Ards (Capital cost: £13.2m)
- Rationalisation of Acute Inpatient Mental Health Services (Capital cost £31.015m)
- Ulster Hospital Maternity Extension (Capital Cost £5.55m)
- New High Voltage Supply and Amendment to the Electrical Infrastructure at the Ulster Hospital, Dundonald (Capital Cost £3.8k).

The following Strategic Outline Cases were submitted to DHSSPS and HSCB within 2014/15:-

- Refurbishment of Paediatric Theatres at the Ulster Hospital Site
- Colin Enhanced Health Centre (including Children’s Centre) and Learning Disability Centre
- Clinical Trials and Research Facility.

Strategic & Capital Development

Capital Programme 2015/16

2015/16 will be extremely constrained in terms of availability of capital funding to enable the Trust to progress its Capital Plan. The Strategic and Capital Development Team will work in close collaboration with our colleagues in DHSSPS and HSCB to progress as many projects as possible with a key focus on:-

- Ulster Hospital Phase B Redevelopment
 - Inpatient Ward Block - On programme and budget.
 - Acute Services Block - Commence on site
- Lisburn Primary Community Care Centre (PCCC)
- Mental Health 3:1 - Achieve OBC approval
- Learning Disability 3:2 - Achieve Outline Business Case (OBC) approval.

Supporting People

The Supporting People programme provides housing support services that will improve the quality of life and independence of vulnerable people.

A new Supported Living scheme, Cuan Court and Cuan Terrace, opened in September 2014 on the former Loch Cuan site in Newtownards. Cuan Court provides 24 tenancies for older people, including those with dementia, to live independently for as long as possible. Cuan Terrace provides 10 tenancies for people with learning disabilities.

A scheme for looked after children and young homeless in English Street, Downpatrick was completed in March 2014, and new tenants moved in April 2014. This project provides 8 places and is the first accommodation-based scheme for young people in the Downpatrick area.

An extension to Carmen Lane Supported Living welcomed four new tenants in December 2014.

A number of Supporting People business cases and proposals were completed in 2014 including:-

- Two additional schemes for Looked after Children/Young Homeless in Bangor and Lisburn, for a total of 20 tenancies
- Additional tenancies for people with a learning disability
- Floating support for people with mental ill health.

A number of proposals are in development for 2015/16 across the following programmes of care, providing a total of approximately 50 places.

- Learning disability
- Mental health
- Older people.

Strategic & Capital Development

Personal and Public Involvement (PPI)

Personal and Public Involvement (PPI) describes the process of involving all those who are affected by our services in the development and delivery of these services, whether as a service user, carer, patient, client, staff member or someone from the wider community. PPI is a commitment made by the Trust to ensure that people are involved in the decisions which affect their care.

PPI Leads

The PPI Leads Group promotes PPI activity and shares good practice and learning. This year the PPI Leads supported the development of a number of projects to improve involvement in the South Eastern HSC Trust, including improving training materials to enhance involvement and worked with the Patient Client Council to assess information available at ward entrances.

PPI Regional Forum

In 2014/15, service user/carers representatives and staff from the Trust contributed actively to the PPI Regional Forum.

The Trust contributed to branding Personal and Public Involvement to make PPI recognisable across the entire Health and Social Care Family. The Trust contributed to the development of standards. Every HSC organisation will be measured for effective PPI. Staff and service users from the Trust participated in a workshop to commence the development of outcomes standards for PPI. Five standards, were endorsed by the Department of Health, Social Services and Public Safety, which were formally launched in March 2015.

The Trust has also commenced the development of a new Personal and Public Involvement Strategy for the Trust, which will be a key focus for 2015/16.

Consultation and Engagement

The Trust presented its proposals for traffic management to the Trust Board meeting on 28 November 2014. Following this the Trust embarked on a formal consultation process which ran for 13 weeks, and concluded on 18 February 2015.

The Trust commenced a consultation on the review of Intermediate Care Services in the North Down and Ards area in January 2015, to conclude in April 2015.

The consultation process included engagement with staff and users, as well as the wider community and elected representatives.

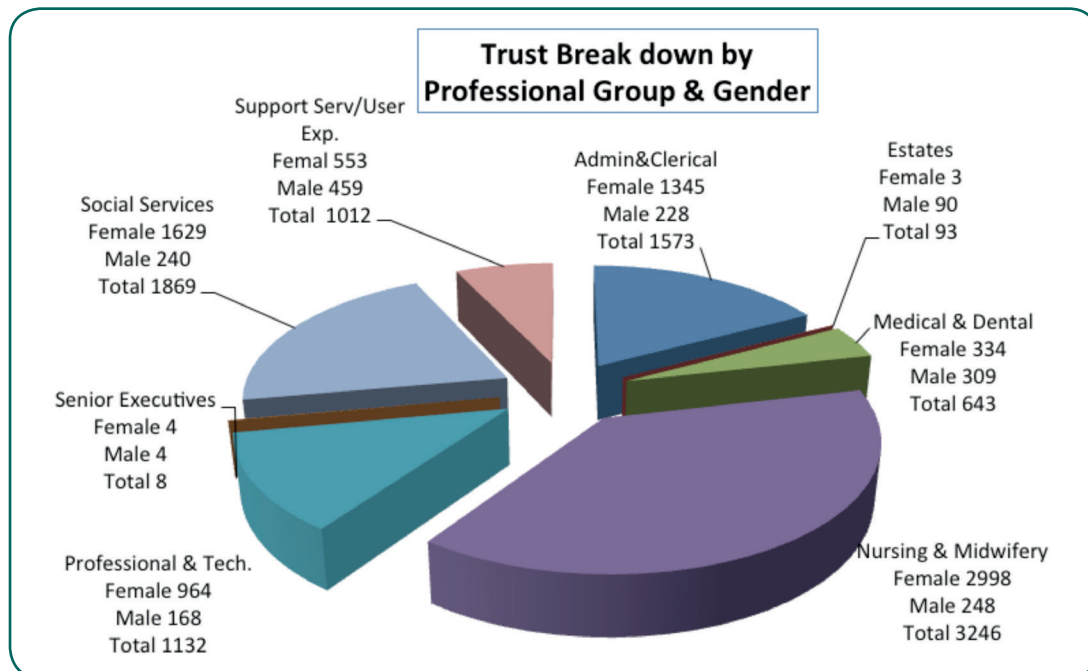
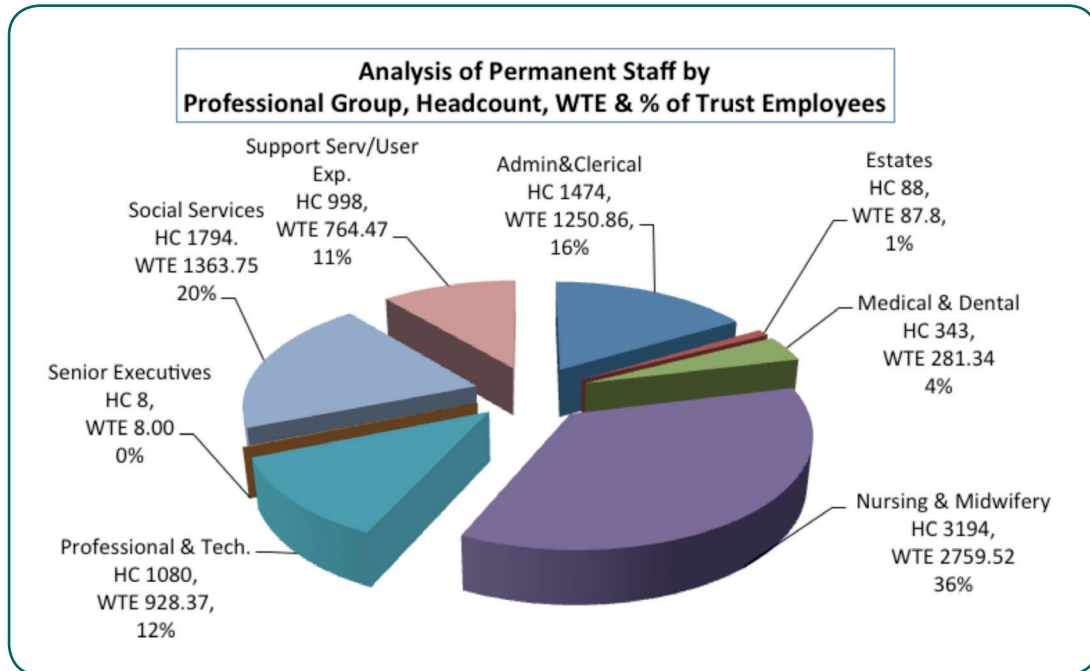
The outcomes of both these consultations is anticipated to be published during 2015.

The Trust has commenced engagement with new councils on the statutory community planning duty to enhance collaboration and partnership working to improve health outcomes. This work will be progressed with the new Councils during 2015/16.

Human Resources & Corporate Affairs

Human Resources

Our Staff



Human Resources & Corporate Affairs



Human Resources, Payroll, Travel and Subsistence System

Although the HRPTS system went live in December 2013, the roll out programme for Manager Self Service (MSS) and Employee Self Service (ESS) continued, as planned. By end of March 2015, 763 MSS and 5082 ESS users had been granted access and 5359 travelling claims had been processed through the system.

Occupational Health and Staff Wellbeing

The Trust re-tendered for its Occupational Health Consultant medical provision. As a result, it put in place a new contract to provide expertise to manage complex cases.

1559 front line Health Care staff were vaccinated against influenza-a 9% uplift from 2012/13 season.



Nicki Patterson
Director of Primary Care, Older People and
Executive Director of Nursing

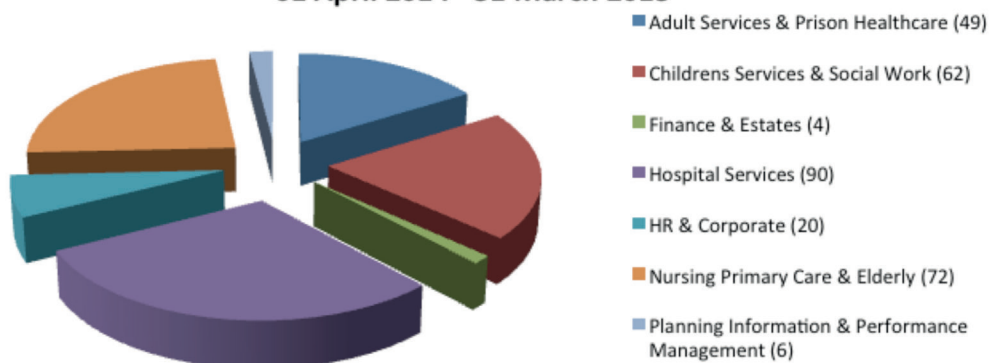
Year	Number of Front Line HCWs vaccinated	% Uptake of vaccine among HCWs
12/13	1096	15.5%
13/14	1403	19%
14/15	1559	24.3%

Human Resources & Corporate Affairs

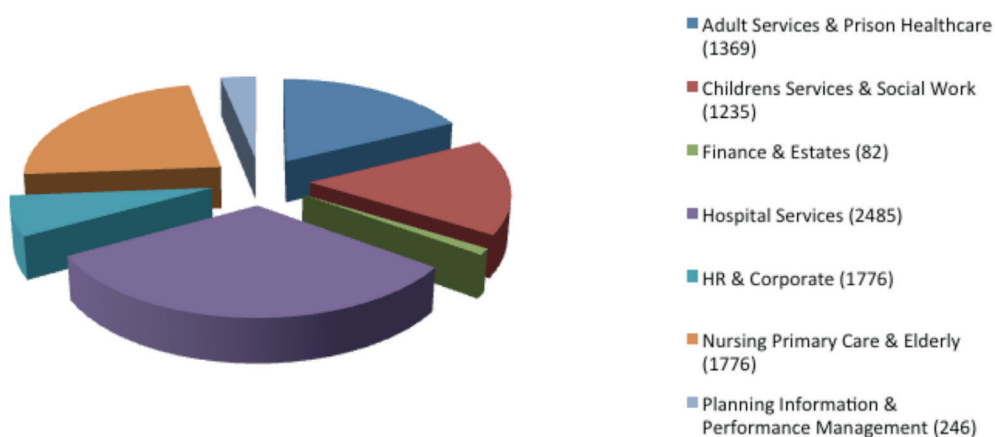
Recruitment

Recruitment initiatives taking place on Saturdays and evenings became a feature in 2014/15. This allowed many nursing/social work and AHP applicants to attend interviews outside normal working hours, reducing failure to attend rates considerably. Value based Recruitment was also piloted and as a result of its positive impact will be rolled out further across the organisation during 2015/16.

General Recruitment Episodes by Directorate from 01 April 2014 - 31 March 2015



Number Of Applicants from 01 April 2014 -31 March 2015

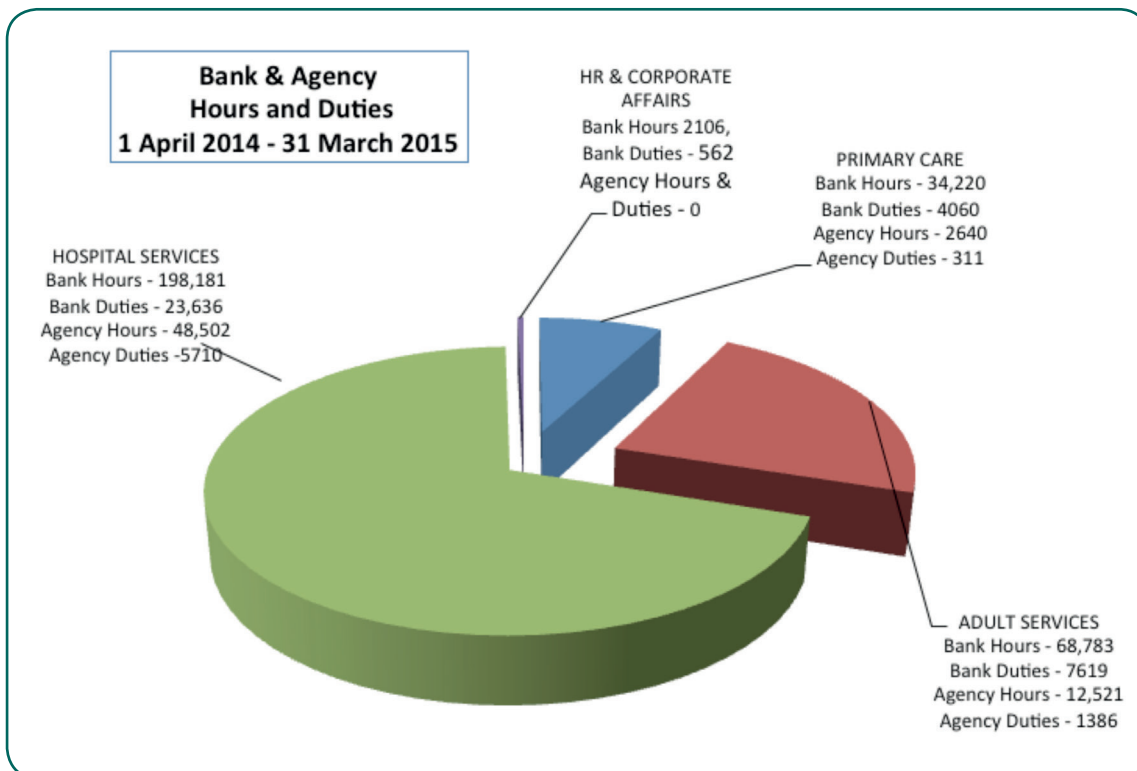


Human Resources & Corporate Affairs

Corporate Bank Office

43,284 bank and agency duties (shifts) equating to 366,953 hours were provided by the Trust Corporate Bank Office, mainly in Hospital Services. The cumulative Bank / Agency percentage for 2014/15 was 83% Bank/17% Agency.

In order to continue to respond to the needs of the Service, the Bank office opening hours were reviewed and as a pilot were opened from 8.00am - 8.00pm Monday - Friday and 9.00am - 1.00pm on a Saturday morning.



Raising Concerns

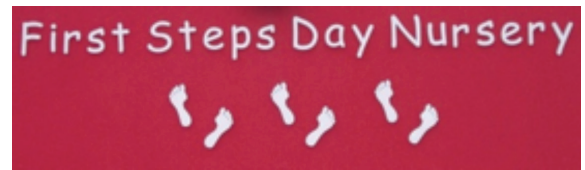
The Employee Relations team have been involved in a number of initiatives, the key one this year relates to Raising Concerns. The Trust is committed to fostering a climate of openness where staff feel safe to raise concerns about an issue, wrong doing, poor quality or risk which affects others (e.g. patients and/or clients) at any level in the organisation. As a consequence of this commitment, the Raising Concerns initiative was launched in conjunction with the Trust's Safe and Effective Care Department. Three ways to raise a concern were

adopted to suit the staff's preferred method of communication, namely via i-connect, completing a manual form or ringing the dedicated hotline which is manned Monday – Friday between 10.00am and 4.00pm. All concerns which fall within the scope of the Whistleblowing Policy will be fully investigated under this initiative by the appropriate Director or nominee.

Human Resources & Corporate Affairs

Childcare Facilities

The childcare facilities provided by the Trust continue to be maintained and developed. Both First Step Day Nurseries on the Lagan Valley and Ulster Hospitals sites have been inspected by the Early Years team and received excellent reports. The opening hours on the Ulster Hospital site has now been extended from mornings to full days to provide better choice for staff.



Additionally, the playgroup on the Lagan Valley Hospital site was inspected by the Education Board and graded as 'very good', which is a rarity on a first inspection and very encouraging for the staff and Trust as a whole.

Agenda for Change

The NHS Job evaluation process continues to be mainstreamed within the Trust. Employee Relations has undertaken and recently completed an extensive exercise to balance equity in identical jobs across the organisation in accordance with the regional "Clustering" partnership agreement.

Investing in our Staff

As an Investor in People employer, the Trust is fully committed to ensuring that all staff are engaged, developed and motivated in delivering and improving services to the people who use them.

Investing in Leaders at all Levels

The Trust recognises the commitment of its leaders in rising to the challenges facing the Trust. In return, the Trust has invested in leadership development programmes from Band 3 supervisors to Director levels. The Trust believes that this investment will help to create, develop and support a community of leaders that will continuously seek to improve the services that they deliver now and in the future. There are a range of initiatives that include management development programmes, ILM accredited courses, and post-graduate qualifications.

New programmes introduced in 2014/15 included the Succession Planning initiative, '*Our People... Our Future*' for senior and middle managers, Medical Leadership programme, '*Connecting New Consultants*' and a series of programmes on coaching, '*Developing a Coach Approach*'.



Human Resources & Corporate Affairs

Investing in Access to Learning

Our staff provide services seven days a week and often over a 24 hour period. At times this can inhibit access to learning opportunities. As a response to this, the Trust offers a suite of eLearning and blended learning through the use of technology. In 2014/15, the eLearning portfolio was extended to include courses on the new Human Resources, Payroll, Travel & Subsistence (HRPTS) system; Equality, Diversity & Human Rights; Point of Care Testing; and Allocating Walking Aids. Blended learning has been introduced in two high demand course ie. Corporate Induction and Practical Manager programme. In 2014/15, 13,870 courses were completed using an eLearning approach.

Investors in People

The Trust is the first organisation in Northern Ireland to have an 'organisation wide' Internal Review approach to Investor in People (IiP) assessment. This innovative approach has enabled the Trust to avail of a rolling programme of assessment against the Standard which reflects the continuous improvement philosophy within the Trust. This is a contrast to previous three-yearly external assessments which were viewed by some as an "event" rather than a "journey" of improvement and seen as an HR initiative rather than being an integral part of everyone's role.

The Trust had an initial Internal Review team of 12 people from across a variety of disciplines and departments. This team successfully led the organisation in maintaining its IiP status in May 2014. They were recognised as a finalist in the Chairman's Recognition Awards and the HPMA Regional Awards in 2014.



The IiP Internal Review team was extended in January 2015 by an additional 11 people. The team now has 23 members with representation from all Directorates across the Trust.

Human Resources & Corporate Affairs

Time to Read

As part of the Trust's Corporate Social Responsibility Action Plan the Trust has been working with Business in the Community for a number of years to support our commitment to helping the local community in which we live, work and study. As part of this commitment we offer our employees the chance to give something back by participating in a unique and rewarding initiative called 'Time to Read'. 'Time to Read' helps volunteers improve the basic skills, communication and self-esteem of children aged 8 - 11 years old within a primary setting.

Volunteers work with Key Stage II children (P5-P7) for one hour each week to promote and support their literacy and communication skills and their enjoyment of reading. The Trust has provided the commitment by releasing staff to attend a school and work with the children for one morning each week. These Trust volunteers have provided one to one support to the children, helping with fun reading activities while developing their confidence and skills in interacting with an adult.

Trust staff also benefit from the contact with the children and increasing their experience and skills base.

During 2014/15 the Trust recruited 12 'Time to Read' volunteers and placed them in schools throughout the Trust's geographical area including Brooklands Primary School, Dundonald, Christ the Redeemer Primary School, St Finian's Primary School and West Winds Primary School, Newtownards.

Three 'Time to Read' volunteers, six P5 (KS2) pupils and the Principal from West Winds Primary School visited Parliament Buildings on Thursday 26 June 2014.

The visit included a tour of Parliament Buildings. The children especially enjoyed their time in the Assembly Chamber when they had the opportunity to break up into two groups and have a debate regarding school uniform rules.

The volunteers in West Winds Primary School work with six P5 pupils every Thursday morning. The aim of the 'Time to Read' programme is to show children that reading is an enjoyable activity and it provides an opportunity for the volunteers to build the children's confidence and self-esteem. The volunteers have found the experience very positive and rewarding.



'Time to Read' visit to Parliament Buildings

Human Resources & Corporate Affairs

Patient Experience

Security

During the course of the year, the Security Policy and the Security Strategy have been renewed and updated and can be found on the Security section of i-connect. One important feature of the Security Policy includes reference to the Public Order (Northern Ireland) Order and the power that staff authorised by the Chief Executive have to request persons causing a nuisance to leave the premises.

Key Performance Indicators (KPIs) are now introduced that reflect at this stage excellent response to incidents where calls for assistance from Security are required. KPIs also monitor the performance of the Lisburn City Watch Scheme. This is a comprehensive retail package combining 2-way radios and CCTV monitoring which links participating businesses in Lisburn to each other via a CCTV control room in Lisburn Police station. This incorporates two large CCTV cameras on the Lagan Valley Hospital site with radio communication support at various locations. The Security Committee continues to monitor the KPIs and Action Plans for the year.

A Controls Assurance Security standard for the Trust requires to be substantially achieved and currently sits at an achievement level of 85%.

Car Parking

Pressure on Car Parks on all sites continues to mount as the access to motor vehicles by all increases.

In 2011 the Department of Health provided Policy for Trusts to follow for car parking management where it was deemed necessary. This Trust has entered into a Public Consultation process as it considers extending management measures to further sites to include Ards hospital, Lagan Valley Hospital and Downe/Downshire Hospital. It is hoped that a decision on which direction to follow will have taken place by mid summer 2015.

The acquisition of a new car park at the Ulster Hospital on the old Tor Bank school site for staff only has led to the considerable easing of accommodation pressures for public/patients through the transfer of staff pass holders. The car park also now has spaces for 110 staff who were taken off a waiting list for parking.

Human Resources & Corporate Affairs

Transport

Transport provision within the Trust provides for the movement of clients between home and day centres, the movement of goods around sites, between hospital stores and Trust facilities, and the movement of goods between hospital stores and client's homes.

The Transport Department operates a fleet of 160 vehicles, 55 of these vehicles are involved in directly transporting passengers who, between them, travelled 761,036 miles during 2014/15. A further 30 vehicles are used by our children's homes, fostering families, and GP Out of Hours services for emergency home visits, client and social work related transport. 72 vehicles are commercially orientated and travelled a total of 576,903 miles in the same period. The Trust also operates 3 agricultural type vehicles (Tractors) which are used for grounds maintenance and the movement of emergency generators around the sites.

Over the last four years the Trust has made a significant investment in the Transport Fleet, and has replaced 83 vehicles during this period.



The Trust Transport Department held a series of open days across the Trust in conjunction with the PSNI Road Safety Branch. The purpose of these events was to promote safer driving by Trust employees. This included free oil and tyre checks, advice on winter driving and answering any questions the staff had. This is something the Transport department intends to continue with, to help promote safer driving.

The fleet covered over 1,463,570 miles during the year and used 61,164 gallons of fuel!

Chaplaincy

Chaplaincy has partnered with the bereavement team to provide chaplaincy and bereavement awareness on the corporate induction training slots. Chaplaincy has also worked well with the palliative care team providing new training in spiritual care and multi-cultural awareness. Rev Don Gamble, our Lead Chaplain, provided multi-cultural awareness presentation at a lunch and learn slot in the innovation centre which was beamed live to Lagan Valley and Downe sites. Chaplaincy presented a multi-cultural awareness presentation with MacMillan during the Living Matters Dying Matters Week in May. This coming financial year the Chaplaincy service is working with Laundry to produce modesty garments for patients from minority ethnic and religious backgrounds.

Lagan Valley Hospital was recently honoured with a visit from the Moderator of The General Assembly of The Presbyterian Church in Ireland, The Right Rev Dr Michael Barry and his wife Esther. He was welcomed to The Trust by Rev Don Gamble and Mr Jeff Thompson Assistant Director of Patient Experience.

As a Hospital Chaplain in Newry's Daisy Hill Hospital, the Moderator was only too aware of the pressures on hospital staff and services in these challenging times.

Human Resources & Corporate Affairs

The Moderator was accompanied on a tour of the hospital by Right Rev Dr Jack Richardson, his wife Sally and senior managers. Rev Barry spoke at length to staff commending them for their work and encouraged patients by taking time to pray with them. In Ward 1B, he was particularly interested in The Bereavement Box, which the ward had developed as an SQE (Safety, Quality & Experience) Project. This has now been adopted by all the in-patient wards in the Trust as part of the Bereavement Service.

When visiting the Dementia Unit, Mrs Barry was interested to see how the colour coding of patient's rooms and use of symbolism in signage and soft lighting, had made a more comfortable and safe environment for dementia patients, enhancing their care.

The tour concluded with a visit to the new Day Procedure Unit, which will be opening at Lagan Valley in April. The Moderator's visit finished with lunch when he thanked the hospital management for organising the visit and commented on the Hospital's warm and friendly atmosphere, the dedication and commitment of the staff and the excellent care the patients are receiving.



Chairman's Recognition Awards

The 'Going the Extra Mile' award was given to William Walker & Billy Walsh. William Walker is responsible for the upkeep of the Cardiac Cath Lab, general Portering duties and helping with the day to day demands of the service. He takes all patients to the Lab and waits with them until they are taken for their procedure. It was evident from the start he was a hardworking member of staff who goes the extra mile to ensure that our patients have the best experience possible during their stay in hospital.

Billy Walsh has been working within Trust's Portering services for 6 years. During this time he has worked in various settings including Thompson House Hospital. Billy is an integral part of the team which provides a service to patients with complex needs as a result of an acquired brain injury or neurological conditions. The service provided by Billy in THH supports nursing staff to provide safe and effective care to patients and a high quality service to patients and their families. Billy goes above and beyond his duties to support colleagues, patients, family members and visitors to THH.

In addition to his normal duties Billy undertakes duties which he is not required to do. Billy recognises how this supports the nursing care staff, freeing them up to have more time with patients and to undertake their range of nursing duties.

Human Resources & Corporate Affairs

Laundry & Central Sterile Supply Department

There are 3 million pieces of linen processed through laundry every year - 3500 sheets every day providing 24 hour cover 7 days a week covering the full extent of the Trust while also providing a full linen service to a range of private hospitals and clinics.

Currently a plan for a proposed relocation to a new facility will enable the Ulster Hospital Central Laundry to create efficiencies in both costs and service provision allowing us to expand our services.

CSSD holds Medical Devices Registration and ISO 13485 accreditation. We produce over 835,000 sterile trays for theatres per year. CSSD in Ulster Hospital is the largest CSSD in Europe supplying sterile packs not only to our four main Trust sites but also around 48 independent Health Care Professionals including our first small group of community dentists which is proving very successful and will hopefully expand in the near future.

This year CSSD introduced an endoscope vacuum pack storage system called Surestore. This enables the Endoscopy Unit to store processed scopes for 35 days instead of the usual 72 hours therefore eliminating the need to over process. This also has the benefit of being able to transport clean scopes from site to site within the Trust to their point of use.

At present CSSD with the help of the Beeches Management Centre is embarking on a 'lean' project with managers and staff working alongside theatres to make an even more efficient service for our stakeholders.

Environmental Cleanliness

The new Environmental Cleanliness Policy was issued by the Department of Health in January 2015 and we have to be complaint with it; this will necessitate cleaning plans to be put in place initially across all Acute Hospital sites. The focus for the year ahead will be on Risk Assessment of Clinical Areas.

A full programme of Environmental Cleanliness audits took place at 4 levels throughout the year with frequencies determined in line with the Regional Risk Categories.

How did the Trust perform?

	2014/15
South Eastern Trust Overall Cleanliness Standard	90%
Regional Strategy Acceptable Standard	85%
Deviation	+5%

How did the Patient Experience Department perform?

Hospital Results for Very High Risk Functional Areas	2014/15
Downe Hospital	96%
Lagan Valley Hospital	97%
Ulster Hospital	94%
Hospital Results for High Risk Functional Areas	
Downe Hospital	94%
Lagan Valley Hospital	92%
Ulster Hospital	89%

Human Resources & Corporate Affairs

Quality, Performance and Training

The Quality, Performance and Training Team were successful in their bid for monies for the Improving the Clinical Environment for Care Delivery in Acute and Community Settings. The £25k allocated was used to create a bespoke training room which mirrors a ward setup, enabling staff to be trained in a fit for purpose dedicated training area therefore contributing to improved patient safety and improved staff working. This dedicated facility will enable practical training to be carried out with working equipment in a mock setting, ultimately leading to better training outcomes and therefore improved cleaning outcomes which will have a positive impact on patient safety.

Catering

All Trust facilities have achieved a Food Hygiene rating of at least 4 with half achieving the highest rating of 5.

Summary of Internal Average Scores

Hospital	2014/15
Downe Hospital	96%
Lagan Valley Hospital	96%
Ulster Hospital	96%
Target Score	92%

Lands and Leases

A Regional Working Group is presently producing a generic lease that will reflect the leasing arrangements between Trusts and GP Practices; a best practice document to support this work has been produced.

A substantial review of rates payable by the Trust has been undertaken and substantial refunds have been achieved; we await the outcome of the final 6 applications submitted during 2014/15.

Four surplus properties were disposed of during 2014/15:-

- Greyabbey Clinic
- The old Downe Hospital site (including St John's House and the Pound Lane HC site) Downpatrick
- Ravara House EPH site, Bangor
- Glenwood House site, Dunmurry.

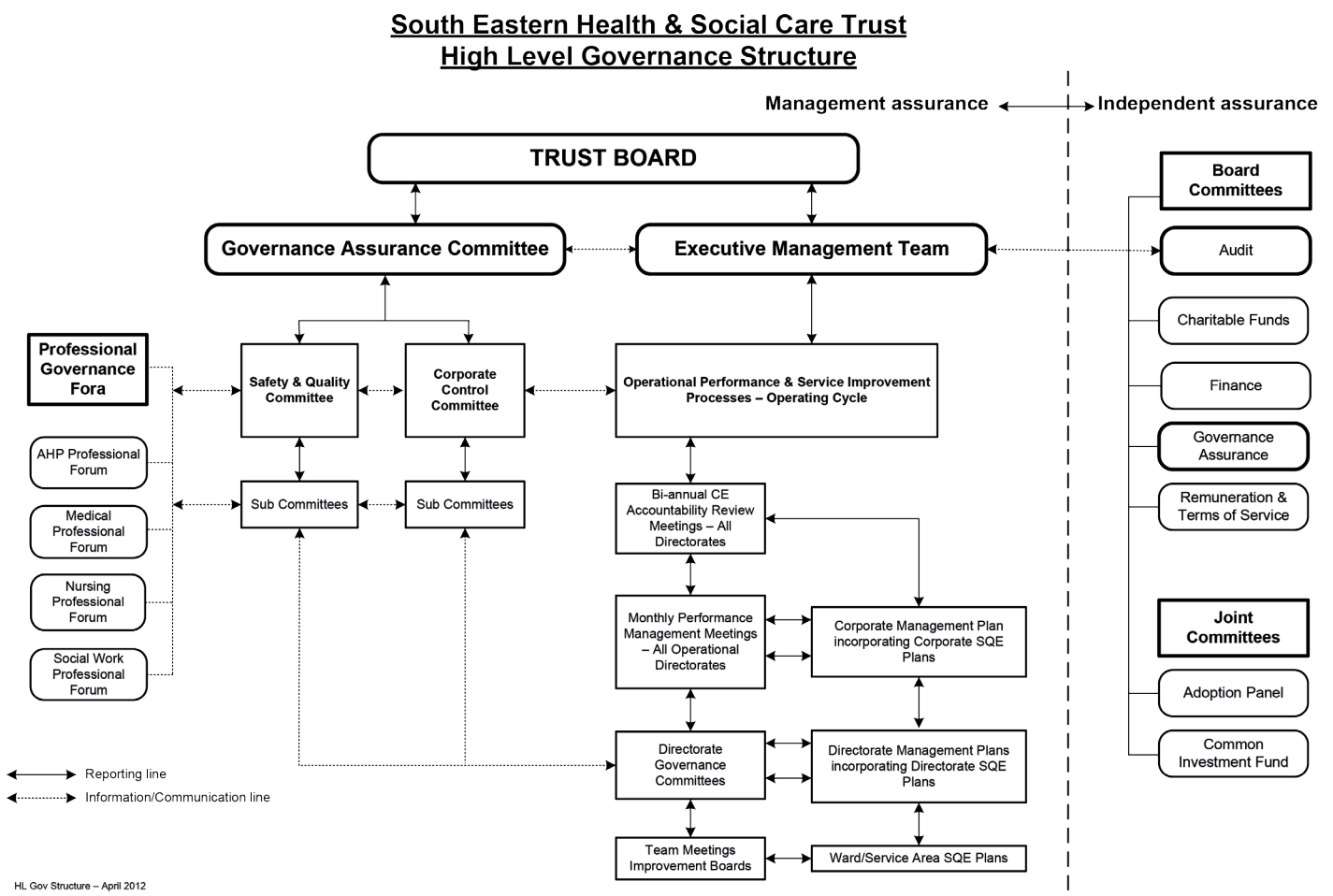
Governance

During 2014/15, the Trust continued to embed its arrangements for Governance through the operation of the Governance Assurance Committee and its two supporting committees - Corporate Control and Safety & Quality. The Governance Assurance Committee met on a quarterly basis during the year focusing on the key areas outlined in its agreed programme of work, which is reviewed and updated on an annual basis.

The Corporate Control Committee also met on a quarterly basis during the year. The outworkings of this committee included the further embedding and revision of the three year Governance Strategy (approved in March 2012) ensuring that the governance agenda was more clearly mainstreamed into the Trust's operating cycle and performance management framework. In addition, a new three year Board Assurance Framework and Risk Management Strategy (2014 - 2017) were approved by the Trust Board in June 2014. The Controls Assurance programme was further embedded throughout the organisation with all standards achieving substantive compliance during the year.

The Safety & Quality Committee also met on a quarterly basis during the year and through a programme of work and subcommittee reporting framework, continued to provide assurance on safety, quality and patient experience agenda across the Trust. Sub committees aligned to both committees continued to support the on-going work of the governance infrastructure during the year. Figure 1 below illustrates the high level Governance Structure.

Figure 1 – High Level Governance Structure



The Governance infrastructure was reviewed by the Corporate Control Committee in January 2015 and a revised model, including the addition of the Trust's approach to Quality Improvement and Innovation in the schematic diagram listed at figure 1, was agreed effective from 1 April 2015.

The Trust, as part of a Departmental directive, undertook a major review of all its Serious Adverse Incidents from 2009 to 2013 from April to September 2014, with an emphasis on family engagement, which was validated in November 2014 by the Regulation and Quality Improvement Authority. This work also informed the visit by Sir Liam Donaldson and his Review Team, in November 2014, and the subsequent publication of his report in January 2015 'The Right Time, The Right Place' which examined the governance arrangements for ensuring the quality of health and social care provision in Northern Ireland. Subsequent to this review, changes to policies and procedures for managing SAIs were undertaken.

Risk Management & Governance Directorate

Office of the Chief Executive

Staff within the Office of the Chief Executive continue to provide an efficient administrative and support service to the Chairman, Chief Executive, Directors, Non-Executive Directors and the Board Secretary/Assistant Director of Risk Management & Governance during very challenging times.

Under the direction of the Assistant Director, Risk Management & Governance, the Office of the Chief Executive staff commenced a very exciting project in February 2015 – "The Productive Leader". This was facilitated by the HSC Leadership Centre who were commissioned to undertake the programme with the Trust's Executive Team and their supporting staff. The programme is a systematic, evidence based strategy that entire leadership teams (and ultimately whole organisations) can adopt to make most of their leadership and management resources. It uses the principles of Lean Thinking and Six Sigma, to enable senior leaders to reduce waste and variation in their own personal and organisational work processes and productivity, saving time that can be reinvested in activities that can add value.

Work on the programme is well underway and outworkings of the programme are estimated to report circa June 2015.

Complaints Department

The Complaints Department continue to deal with complaints, enquiries and compliments that are sent to the Trust by its service users. There has been a reduction in the number of complaints received per year. In 2014/15, 838 complaints were received, which is a 10% decrease from the previous year. However, the importance of learning from complaints and improving our services remains a priority for the Trust.

During 2014/15, an online user survey has been ongoing to enable the Trust to receive feedback from complainants in relation to their experiences of using the complaints process. The Trust welcomes comments about our complaints process and uses these comments to make any changes / improvements identified.

Risk Management Department

The Risk Management Department continued to support the operational directorates in the provision of Risk Management services throughout the year ie. Corporate Governance and Risk Management including Health & Safety and Litigation Services. The framework for Corporate and Directorate Risk Registers was further embedded during the year and this process was augmented by the continued delivery of the general risk assessment training programme which clearly demonstrates the two way flow of risk information throughout the organisation.

In terms of Health and Safety, the Trust has continued to implement a comprehensive health and safety management system. Central to this has been the delivery of its existing suite of training courses over the period 2014/15. This training has been rolled out as per the Trust's annual risk training programme and on an ad hoc basis when required. In addition, to the "classroom based" courses, 750 staff members successfully completed the Trust's Health and Safety e-learning module over the period.

The Trust's Health & Safety Committee met twice within the period 2014/15. As part of its annual Programme of Work, the Committee reviewed its Terms of Reference and Programme of Work together with the overall effectiveness of the Committee.

Membership of the Committee comprises Management Representatives, Ex-Officio Members and Staff Side Representatives from within the Trust. The Committee continues to support the Corporate Control Committee in providing effective arrangements for the planning, organisation, control, monitoring and review of health, safety and welfare measures in the workplace. This is carried out as a partnership arrangement between management and staff side.

The Trust continues to be represented at the HSC Regional Health and Safety Group Forum and has nominated a representative to sit on the inaugural BSO Internal Audit Expert List (Health & Safety).

Litigation Services

Litigation Services continue to proactively deal with the busy caseload in respect of Employer and Occupier Liability and Professional Negligence claims and Coroner's cases. The Trust places great importance on learning lessons from all its activities with an active Lessons Learnt Sub Committee operating on a quarterly basis in terms of reviewing and monitoring trends in relation to incidents, complaints and litigation.

In terms of incident reporting with just over 17,000 incidents reported in 2014/15, an increase of approximately 1,000 since the previous year, it is evident that Trust staff are aware of the importance of reporting to enhance the Trust's learning from patient care and health and safety perspectives.

Provisional planning work was undertaken in the latter part of last year in the project for the implementation of the Datix Web Risk Management System which allowed the Trust to move closer in 2014/15 to the electronic reporting of incidents and the major advantages of the provision of live data.

Governance

Controls Assurance 2014/15: The Trust completed baseline assessments of the 22 controls assurance standards issued by the DHSSPS for 2014/15. 22/22 standards achieved substantive compliance. Each standard has an action plan in place to address any areas of non-compliance.

Table 1 below provides a summary of the expected and actual levels of compliance for the standards for 2014/15

Controls Assurance Standard	Expected levels of compliance	Actual Levels of Compliance with standards achieved by the organisation	Audited by Internal Audit
Buildings, land, plant and non-medical equipment	Substantive	82%	Yes
Decontamination of Medical Devices	Substantive	92%	No
Emergency Planning	Substantive	89%	No
Environmental Cleanliness	Substantive	90%	No
Environmental Management	Substantive	83%	No
Financial Management (core standard)	Substantive	86%	Yes
Fire safety	Substantive	83%	No
Fleet and Transport Management	Substantive	89%	No
Food Hygiene	Substantive	90%	No
Governance (core standard)	Substantive	97%	Yes
Health & Safety	Substantive	88%	No
Human Resources	Substantive	87%	No
Infection Control	Substantive	90%	Yes
Information Communication & Technology	Substantive	84%	No
Information Management	Substantive	79%	No
Management of Purchasing and Supply	Substantive	80%	No
Medical Devices & Equipment Management	Substantive	78%	No
Medicines Management	Substantive	84%	No
Research Governance	Substantive	91%	Yes
Risk Management (core standard)	Substantive	93%	Yes
Security	Substantive	86%	No
Waste Management	Substantive	83%	No

	Descriptor
Substantive 75 to 99	<ul style="list-style-type: none"> Substantive organisation-wide compliance with all requirements set by the standard Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the standard Only minor non-compliance issues requiring, in the main, minor action(s) High percentage of compliance by professional people as part of the self-assessment process.
Moderate 40 to 74	<ul style="list-style-type: none"> A moderate degree of organisation-wide compliance with the requirements set by the standard Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance, although some directorates or departments may be in the very early stages of compliance Medium percentage of compliance by professional people as part of the self-assessment process.
Minimal 1 to 39	<ul style="list-style-type: none"> A low degree of organisation-wide compliance with the requirements set by the standard Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation Low percentage of compliance by professional people as part of the self-assessment process.

Emergency Planning & Information Governance Department

Emergency Planning & Business Continuity

The Trust's Emergency Preparedness and Business Continuity sub committee reports to the Corporate Control Committee and is responsible for ensuring the delivery of the Trust's Emergency Planning and Business Continuity agenda. This sub committee meets on a quarterly basis and is jointly chaired by the Director of Human Resources & Corporate Affairs and the Medical Director with representation from each of the Trust's Directorates, Belfast HSC Trust, Northern Ireland Ambulance Service and the Business Service Organisation.

During the past year, the Trust responded to fourteen potential Major Incident Alerts and one declared Major Incident. The declared Major Incident was related to a GP14 international boating event which was being held on the Strangford lough near Killyleagh. The Maritime Coastguard declared the major incident on the information received from the Killyleagh Yacht Club. A major rescue effort got under way after 87 sailing dinghies were hit by a sudden squall. Initial reports suggested up to 100 people, including children, were in the water. Small numbers of people were taken to the Ulster Hospital with minor injuries. The majority of the injured were treated by the Northern Ireland Ambulance Service, who set up tents at the scene. The Trust held a debrief of the incident and lessons learned from the event have been incorporated into Trust plans.

Major Incident Plans were updated and tested via Exercise Satellite (live exercise) on 21 June 2014 and the real incident GP14 International boating event on 14 August 2014. Exercise Satellite was designed to rehearse the establishment of the Friends/ Relatives Reception area within the Outpatients Dept., Reception 1, Ulster Hospital, in a response to a major incident. During this exercise the opportunity to rehearse the Incident Control Team roles and responsibilities and the major incident call-out cascade to wards /departments via switchboard was tested. It provided an opportunity to practice individual roles. A Debrief Report was completed and actions carried forward and changes made to extant plans, as necessary.

Awareness training on Emergency Preparedness and Business Continuity continued to be provided to all staff and specific training for key staff involved in responding to major incidents was delivered during the year. The Trust has an e-learning module on Emergency Planning and Business Continuity awareness which compliments this training.

In June 2014, the DHSSPS requested that each Trust developed an Evacuation & Sheltering Plan for all Trust Facilities by 30 June 2015. A draft plan has been developed and is currently out for consultation. This plan describes the actions required to manage any incident requiring a planned or unplanned evacuation of hospital within the Trust, which will significantly affect the organisation's objectives, delivery of critical services, or impact on patient or staff safety and well-being (critical activities).

It is also planned to hold a live exercise in 2015/16 to test a range of plans ie. the Corporate Incident Management Plan, Major Incident Plan, and the new Evacuation & Sheltering plan.

Roll-out of the Directorate Incident Response Plans also commenced in June 2014 and is completed with the exception of 3 areas which are in draft stage for completion by the end of March 2015. The emphasis of these plans is that critical business services continue during a situation while the cause of the interruption is being managed to bring business back to normal.

During December 2014 and January 2015 an Emergency Planning & Business Continuity Awareness audit was carried out within the 3 Emergency Departments - Lagan Valley Hospital, Downe Hospital and Ulster Hospital. This audit highlighted good learning points which have been incorporated into an action plan for implementation by the relevant managers.

Information Governance

The Trust's well-established Information Governance Sub Committee (IGSC) continued, in conjunction with seven supporting working groups, to roll-out a challenging programme of work during 2014/15. The Information Management Controls Assurance Standard which includes 27 criteria spanning for example, the corporate agenda, data quality, data security, coding, pseudonymisation and, anonymisation of data, training, audit and the handling subject access and Freedom of Information requests had to achieve substantive compliance. This was a significant project co-ordinated by the Information Governance Department with input from a range of Directorates. Improvement plans have been prepared and are currently being implemented .

Each Directorate has developed an information asset register and in accordance with the IGSC's programme of work, each Directorate ensures that information risks are considered in conjunction with the Trust's Risk Management Strategy.

The Information Governance Department continued to inform managers and staff with regard to new areas of development in Information Governance / sharing including national and local initiatives. This is evidenced, for example, by the IG Department's participation in a number of Trust projects most notably the eDAMS project which is using technology to promote efficiencies in the management of the patient health record and LEAN projects to review the processing of Freedom of Information requests. These projects included managing a changing culture, new records management processes and the introduction of enabling technology to enhance the delivery of health & social care to the Trust population.

The Trust introduced an Information Governance Strategy incorporating a new framework and in line with the Trust Policy Review process reviewed a number of existing extant IG policies.

The Trust has continued to roll out learning in line with the annual Information Governance training programme. During 2014/15, there was an increased demand across Directorates for delivery of data protection training as a result of joint working between the Information Governance Department and each Directorate. There has been significant uptake in the Information Governance e-learning programme which includes training modules on Data Protection, Freedom of Information, Records Management and Information Security. Regrettably due to ongoing Trust contingencies, finance has not been made available to destroy closed records in accordance with Good Management; Good Records, 2011.

The Trust continues to actively contribute to the DHSSPS Information Governance Advisory Group to ensure that the Trust's Information Governance agenda is focused to meet the needs of the DHSSPS strategic agenda.

The Trust actively participated in a number of Information Commissioner's consultation documents for example, Freedom of Information Definitions document and the DHSSPS proposed changes to Secondary Uses legislation

The Information Governance Department processed 775 requests for information during the period 1 April 2014 to 31 March 2015 and provided statistical compliance data in regard to processing information requests to the Trust's accountability review meetings.

All reported incidents of data loss or confidentiality breaches in 2014/15 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. Two incidents were reported to the Information Commissioner's Office (ICO) and to date no decision has been received from the ICO.

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

Safety, Quality & Experience Work

Safety, Quality & Experience (SQE)

The Directorate undertook a baseline assessment of its SQE work using the Trust's SQE practice workbook launched in July 2014. This covers the key components of its integrated governance framework. An action plan has been developed and the out workings of this will be implemented post April 2015.

BSI Certificate of Registration, Quality Management System ISO 9001: 2008

The Directorate continued its journey to ISO Accreditation during 2014/15 with a final assessment by the External Auditor on 3 – 5 February 2015. The objective of the assessment was to conduct a certification assessment to ensure the elements of the proposed scope of registration and the requirements of the management standard were effectively addressed by the organisation's management system and to confirm the forward strategic plan.

The scope of the project included the provision of administrative, secretarial and clerical support services to the Chief Executive, Chairman and Non-Executive Directors and Board Secretary; Co-ordination of Parliamentary/Assembly Questions; Freedom of Information and Data Protection Requests; Information Governance; Emergency Planning and Business Continuity Management; Complaints Management; Management of Litigation Claims and Incident Reports.

Comments by the External Assessor

“The objectives of this assessment have been achieved. We are pleased to recommend that the scope of activities detailed in this report meet certification requirements. The recommendation will be independently verified within BSI. Upon verification your certificate of certification will be issued. I would like to thank all the assessment participants for their assistance and co-operation which enabled the audit to run smoothly and to schedule.”

There were no outstanding nonconformities to review from previous assessments.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.”

Subsequent to the February 2015 assessment, the Directorate received its certification certificate on 2 March 2015 and now is preparing for a follow up assessment in January 2016.

Nursing, Primary Care & Older People

Allied Health Professionals

2014/15 has been a busy year for Allied Health Professions. Highlights include:-

Occupational Therapy

Service restructure to support a needs led evidence based mental health occupational therapy provision for service users throughout the Trust.

OT joint winner of the Trust Dragons Den Award and the introduction of the choir within HMP Hydebank Wood.

Design and delivery of successful fracture rehabilitation model in collaboration with physio, social work and hospital services colleagues.

OT day where staff contributed creative ideas for the future and the Service Leads are on an annual plan for 2015/16 to include these ideas in innovative ways with working support from the Leadership Centre.

Podiatry

Podiatry finalist in the 1st AHP Advancing Healthcare Awards.

Podiatrist joined first cohort of AHP's to undertake Non medical Independent Prescribing course Technology used to support practice with online referral form designed for District Nurses to refer domiciliary ulcer patients to podiatry. This was a lessons learned initiative following an incident. Diabetic foot screening to be completed through ECR.

Physiotherapy

Since an amendment was made to the NI pharmaceutical services regulations in June 2014 to grant physiotherapists independent prescribing status, several physiotherapists in the Trust have trained as independent prescribers and will be able to prescribe medicines for their patients without a doctor's countersignature.

The addition of medicines management to the Physiotherapy toolkit will undoubtedly benefit patient care. It can result in a more responsive, streamlined, less costly clinical process for service users and will ensure that patients are able to access the right care, at the right time in the right location.

Nursing, Primary Care & Older People

Dietetics

Over the past year the Community Nutrition and Diet Therapy service has piloted the PAAT model, “Prevent, Anticipate and Avoid, Treat” for managing malnutrition in care homes. Benefits of the project have included:-

- A reduction in waiting times from 63 days to 28 days for new referrals
- A reduction from 84 days to 28 days for reviews.

Speech & Language Therapy

Speech and Language Therapy received funding from the PHA to design a universal promotional campaign to raise awareness of the importance of early language and communication development from birth - 2 years.

An evidence based programme has been developed with a series of 6 key messages eg. ‘Sing a Rhyme any time. Start your child learning for a lifetime’. ‘Play your part right from the start’.

Orthoptics

The service has introduced Thomson Vision Software which is a computerised Vision Testing System for use with all age groups. It has functions to allow the clinician to change from capital letters/lower case/ symbols /pictures very quickly thereby maintaining the interest of very young children and children with special needs. It has education properties and can display images of the anatomy of the eye, the visual system and refractive errors (longsight, shortsight) which is very helpful for explanations to patients/parents.

Primary Care Services

Tissue Viability

The tissue viability team developed a tool to help nurses in accurately grading/staging pressure damage and reporting facility acquired pressure ulcers. The project was short-listed for the Northern Ireland Health Care Awards within the Innovative Developments in Elderly Skincare Management.

Specialist Nursing Staff involved in Ministerial Visit to Telemonitoring NI

The Health Minister visited the Telemonitoring NI Centre in January 2015 to see how technology is helping to support patients to manage their long-term medical conditions. During the visit, he met with Specialist Nurses who described how Telemonitoring NI helps them care for their patients. Telemonitoring offers support and reassurance for some patients and for others it can be used as a motivational tool helping them recognise patterns and changes that are required in either diet or lifestyle.

Nursing, Primary Care & Older People

Sexual Health

A resource pack and training programme for GPs and practice nurses has been developed by the secondary care service to improve access to a Level 1 sexual health service in the community. The aim was to enable GPs to provide comprehensive asymptomatic STI testing to heterosexual patients over the age of 16 years of age.

Evaluation of the first six months of a pilot has been very positive and has increased capacity for the secondary care service to see symptomatic patients. The model has now been rolled out to a further 12 GP practices, with plans to include all GP practices in Trust localities.

Mental Health Services for Older People

Three facilitators from dementia wards have been trained through the Dementia Services Development centre to deliver a six part self-care study course for health care assistants in both acute and dementia wards to improve the care and experience for dementia patients. Further courses will continue to be run over the next year .

Community Nursing Developments

District Nursing is now allocating all District Nursing visits to their teams through an electronic allocation tool (Caseload Allocation). All activity is updated on the system by staff after completion of a visit. Unactioned allocation is monitored closely through a dashboard and is a KPI for District Nursing. This has ensured improved recording of District Nursing activity.

The electronic recording of MUST, Malnutrition Universal Screening Tool and Catheter Bundle was rolled out in November 2014 and is directly linked to SQE data collection. This ensures immediate access to monitor compliance and measuring improved outcomes.

District Nursing has undertaken a self-assessment against NICE IPC Guidelines for Primary Care and Community (139) and has found a high level of compliance across the Trust. With the increasing number of dependent patients with invasive devices in the community it is planned that a single outcome study of lines will be undertaken in 2015.

A Lean project was undertaken in Treatment Rooms in Lisburn Health Centre. As a result of this Project there has been a significant reduction in waiting times and resulting complaints. There has been an improvement in stock control resulting in a reduction in costs.

The District Nurses and GPs have been undertaking a Palliative Care project within the Peninsula. Outcomes have been very positive with 74% of Community patients known to the three District Nursing teams being able to be cared for and die in their place of choice.

Nursing, Primary Care & Older People

Safe & Effective Care Dept



SQE Approach

Over 2014/15 the Safe and Effective Care Dept continued to support the culture of quality improvement across the Trust. Through a focused framework, staff are involved at all levels, from the Board to bedside, in a system of enquiry, change and improvement. Through the SQE approach, staff challenge themselves regarding the safety, quality and experience of their service and SQE plans to improve practice and standards, have been developed in a wide range of operational areas, to measure and monitor compliance and progress. This supports continuous quality improvement, innovation and at all levels of the organisation and involves building capability and capacity through training programmes and coaching. The 4th SQE training programme commenced in September 2014 with 120 registered staff.

QIIC

In April 2014, the Trust opened the doors to their new Quality Improvement & Innovation Centre (QIIC), a centre that will serve as a hub for improvement and innovation and will lead to significant and sustainable improvement. The QIIC builds upon a range of organisational initiatives that currently focus on ensuring patient/client safety, improving quality and testing the patient/client experience on a Trust wide basis. The programme of work supports the Trust's Vision and core values to create a culture and environment where quality improvement will prosper. It is a cross directorate initiative and the centre encompassed the Trust Medical Education Centre as well as the Research Department. The work of the QIIC and SQE programme has supported a wide range and number of improvement projects including work to support staff to manage bereavement effectively:



Support with end of life and bereavement care.

During 2014/15 the Trust continued to implement a wide programme of work to support staff in their care of bereaved relatives. One project included the development of a bereavement box, which includes all the supporting information required when a patient dies. This has led to consistent, compassionate approach to supporting families through the death of a loved one.



Nursing, Primary Care & Older People

Patient Experience

Over 2014/15 the Trust continued to seek feedback on patient and client experience in order to inform improvement through a range of methodologies, eg. surveys, focus groups, comment cards, online surveys. We commenced bedside surveys at the start of 2015, this provided us with real-time feedback on the experience the patient/client, in order to make real-time improvement.

10,000 Voices initiative, led by the PHA, was well embedded over the year as an innovative way of capturing and responding to a large number of patient stories regarding their experience in our unscheduled care department, nursing and midwifery support and care in the patients own home. In February staff were invited to provide their stories in unscheduled care and make suggestions which will improve the patient experience.

Nutrition

The multidisciplinary Clinical Nutrition Sub-committee continued through 2014/15 to implement the standards of the regional 'Promoting Good Nutrition' strategy. The work is focused through four work streams and some of the main outcomes for the year include:-

- Acute work stream - compliance with nutritional screening using the MUST tool reached 95% as a nursing KPI across the Trust and user representatives were involved with the Governance and Patient Involvement Manager in looking at meal preparation from kitchen to ward and surveying the patient experience at mealtimes
- Patient Experience work stream - continued to work towards ensuring that patients have 24/7 access to food and drinks - snack boxes were rolled out in Downe and LVH and night fridge in UHD
- Community work stream - roll out of the 'Weigh to Health' in learning Disability, and the delivery of the 'Prevent, Anticipate, Avoid, Treat' (PAAT) model which is a virtual tool to manage nutrition needs in care homes
- Enteral/parenteral work stream - central line infection control audit and the updating of 21 separate enteral guidelines.

Nursing Workforce

Supporting Nursing Students

New placements have been developed for 3rd year community nursing students with the Community Specialist Nursing teams. With the support of the practice education facilitator the mentors developed a six week plan that helped the students achieve their essential skills.



The Trust also continues to support international students through the development of the ERASMUS placement in partnership with the University of Nancy, France and students from the University of Brunei were supported in partnership with Queen's University Belfast. All students evaluated their experiences as excellent.

Nursing, Primary Care & Older People

Recruitment

During the year the Team also launched Nursing and Midwifery Guidelines for undertaking work experience. Thirty careers teachers and nurse managers attended a joint workshop along with CHARTER, Allied Health Professionals, Volunteering Services and medical staff. New partnerships with local schools have been reignited. The team have helped with preparation for interviews, shared experiences with 25 young people interested in a career in the health service and mental health teams. Some feedback from the young people involved included:

'Respect for service users' 'the insight they gave me about their experience was so worthwhile Inspirational'

'Very helpful day, lovely people, reinforced my wanting to learn about mental health'

Following a review of value based literature, ward sisters/charge nurses were trained in Value Based interviewing techniques and a pilot was devised for selecting prospective new starts. Following an evaluation with the ward sisters/charge nurses and candidates it was agreed that Value Based selection measures would be introduced for staff nurse interviews from 2015.

Infection Prevention & Control

Throughout the year, the Infection Prevention & Control Team (IPCT) have continued to promote and prioritise the ethos that infection prevention and control is integrated into all practices carried out by staff providing healthcare to patients. To this end the team continued to forge links with many multidisciplinary teams and departments, and participated in a number of initiatives to further reduce healthcare - associated Infections.

Training remains a core feature of the IPCT's work and this year it has included the roll out of a programme specifically tailored for community nursing staff. This is provided in or close to their work base. The uptake of places has been steadily increasing and it has been well received by the staff. This has reduced the time spent by community colleagues travelling to hospital venues for training.

During the year support was given to the GP out of Hours teams on their project to provide up to date infection prevention and control information for their staff. A monthly theme was agreed and advice, posters and leaflets made available for display on notice boards.

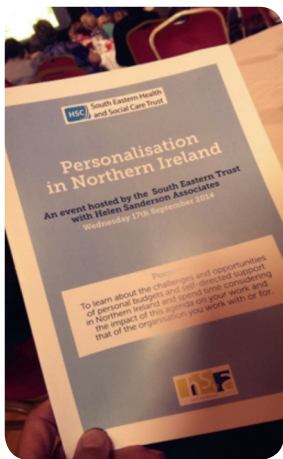
The threat of a potential Ebola case having to be managed within the Trust has focused attention to ensure our preparedness. Numerous training sessions were delivered on case management and the correct application and removal of personal protective equipment with staff. Simulated exercises were undertaken on acute hospital sites giving teams the opportunity to practice their skills and to test the Trust plans.

Part of a senior Infection Prevention and Control Nurse's time has been dedicated to working with augmented care areas and the Emergency Department in preparation for and following RQIA visits. This support continues to be provided in these areas in order to enhance practice.

Nursing, Primary Care & Older People

The IPCT worked closely with the Trust's Audit Department and a number of medical and nursing colleagues to measure compliance with best practice around the care management of indwelling short term urinary catheters and aseptic principles. Of particular note, was a multi-disciplinary audit involving Medical, Nursing and Dieticians where practice around the care of vascular access devices used to deliver parenteral nutrition to patients in the Surgical Directorate was surveyed. The audit results were excellent showing no infections associated with the devices during the period of the survey. There are plans to repeat this study in the incoming year to include wards in the Medical directorate.

Other initiatives have focused awareness on the prompt removal of vascular access devices and compliance with the Trust's Meticillin-resistant Staphylococcus aureus (MRSA) screening guidelines. All of which have contributed to a reduction in blood stream infections associated with such devices.



Reablement

The Reablement Model has been rolled out Trustwide within the Trust. A Regional Audit was undertaken by the HSCB in May 2014, which included a Trust self-assessment, meeting with Senior Managers and a follow up audit including interviews with staff and service users. The audit indicated that the Trust had a clear reablement model and outcomes. From March 2014 - 31 January 2015 1069 clients started reablement. The KPI returns indicate an average of 50% of clients discharged with no care package required and early indicator suggests an impact and reduction on the use of Nursing Homes and Residential Home placements.

In September over 100 key workers attended a conference to discuss how Self Directed Support, when implemented, could lead to greater choice, control and autonomy for service users and carers.



Brendan Whittle, Director of Adult Services and Prison Healthcare in the Trust, opened the day's events at the Downshire Hospital with an engaging and thought provoking presentation on how the model of delivering social care had adapted to reflect the changing socio-economic, cultural, demographic and political landscape of Great Britain during the last few decades. His presentation set the tone for a series of high energy and thought provoking sessions from Louise Close, an Associate with Helen Sanderson Associates, Sarah Browne, Assistant Director of Older Peoples Services South Eastern Health and Social Care Trust and Aiden McCullagh, SDS Implementation Officer, Southern Health and Social Care Trust.

Nursing, Primary Care & Older People

Self-Directed Support is a key area of reform for the Transforming Your Care programme - and a significant amount of work is being undertaken by the Health and Social Care Board and Trusts to implement and deliver Self-Directed Support both regionally and locally. Self-Directed Support in Northern Ireland is intended to establish a new way of working that empowers people to use a personal budget to obtain the support they need to enable them to live full and active lives. It will give them more choice and control over their support arrangements and more control over how their funding allocation is utilized to meet their assessed needs.

Carer Events

4 events were arranged in June 2014 to celebrate Carers Week 47 carers had lunch and an entertaining talk from Baroness May Blood in Newcastle; 28 carers enjoyed storytelling and lunch in Newtownards; 26 carers enjoyed an easy listening musical morning and lunch in Portaferry; and 67 carers enjoyed a dinner and disco in Dunmurry.

5 coffee mornings were arranged in October 2014 to raise awareness about World Mental Health Day and promote emotional wellbeing for carers and their friends and family. The coffee mornings were held in Bangor, Castlewellan, Greyabbey, Lisburn and Maghaberry and attended by 80 carers in total. These mornings attracted quite a few male carers and those carers who find it harder to get out to longer events.

2 events were arranged in February 2015 in Ballynahinch (82 carers) and Bangor (38 carers). The latter event had a number of cancellations due to heavy snowfall on the morning. Tony Macauley local author read entertaining extracts from his books charting his life as a paper boy, bread boy and university student. These events were particularly entertaining for carers who enjoyed the break from caring and meeting others in a similar situation.



Carer Payments

During the period April 2014 to end February 2015 486 individual payments were made to carers across all programmes of care valued £52,651. These payments are used by carers to enhance their own health and wellbeing or to make their caring role easier. Most carers choose to have complementary therapies, money towards short breaks or leisure activities such as gym membership.

Adult Services & Prison Health

DBT (Dialectical Behaviour Therapy) Team

The DBT team was set up 2 years ago to deliver evidence based treatment for clients with diagnosis of Borderline Personality Disorder (DBD) or Emotionally Unstable Personality Disorder (EUPD).

DBT embraces a range of therapeutic approaches including Cognitive Behavioural Therapy, Mindfulness and Behaviourism. Each service user receives a full year of comprehensive DBT therapy to include weekly individual sessions, weekly skills class, 24 hour telephone coaching, and weekly consult for staff.

Service users are referred by Consultant Psychiatrists and have a formal diagnosis of BPD/ EUPD. The referral criteria include current self-harming behaviour and active suicidal intention. Consultants are encouraged to refer those people with the most out of control behaviours.

Although it is still in relative infancy, the DBT Team is achieving significant therapeutic outcomes eg. the number of inpatient days used by patients receiving DBT dropped from 439 days to 39 days during treatment, in the previous year crisis contacts numbered 194 whereas during treatment this dropped to 9 crisis contacts. Service user feedback has been very positive

Service User Feedback

- *“Above all you gave me a life worth living – I can see a future – not sure what, but at least there is one and not blank numbness.”*
- *“I rarely look back and if I do it’s in Wisemind, I take more time, think and focus. I’m much more aware of me.”*
- *“My life has done a 360°, I want to live.”*
- *“It was tough at first but I had the greatest support from all staff involved.”*

The DBT Team was delighted to be shortlisted and subsequently win the Chairman’s Award under the category of ‘Safety, Quality & Experience’, and the overall winners of the Chairman’s Awards. The DBT team were also very honoured to be shortlisted as finalists in Regional Social Work Awards under the category of adult services.



Adult Services & Prison Health

Tier 4 inpatient addiction treatment service

Following the HSCB regional review of Inpatient Addiction Services and subsequent Public Consultation (which concluded in January 2014), the Trust's Addiction Facility (Ward 15) was successful in becoming designated as one of three regional inpatient units for the treatment and rehabilitation of individuals suffering from addictions. This achievement was gained through working in partnership with many agencies but, in particular, with our service user group, "The Friends of Ward 15". This very active group has been associated with the Ward 15 for the past 43 years.

The admission of patients from the Southern and Belfast Trusts to Ward 15 commenced in February 2015.

Carmen Lane

In partnership with Trinity Housing and PRAXIS, the Trust had submitted a proposal to Supporting People for the extension of Carmen Lane mental health supported housing scheme in Bangor. This work culminated in securing approval and funding within 2014 for an additional four supported living places within the North Down and Ards area. This now brings the total number of places offered by the scheme to ten.

The additional service has been operational from December 2014.

Mental Health Hospital Services

Mental Health Hospital Services have completed the year 2014/15 with a series of significant successes. One of the most notable successes was the very positive reports that all the mental health inpatient wards received from the regulator RQIA which completed an intense series of inspections across the inpatient wards.

Another positive success was the pilot of an Anti-Absconding Intervention in conjunction with the Public Health Agency. Absconding from wards can be a specific issue with inpatient psychiatric settings. Although it is early days, the pilot can already demonstrate that absconding rates have fallen by a statistically significant percentage. As a result of this study, the Trust is leading on the regional development of guidance on absconding.

Other notable successes include two acute inpatient wards, Ward 12, Psychiatry, Lagan Valley and Mental Health Inpatient Unit, Downe successfully achieving the Star Wards/Full Monty Award. This is a person centred award which was developed by a service user. To achieve the award there is a series of 75 objectives that must be evidenced.

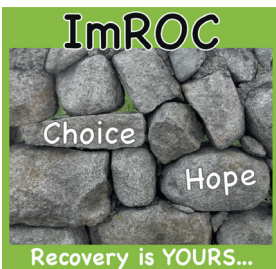
Mental Health Inpatient Wards have also embraced a recovery ethos with 2 staff nurses from Ward 12 being runner up at the RCN Nurse of the Year awards. Staff and service users from Ward 12 also show cased service user's art and poetry at the first Northern Ireland Mental Health Film Festival. This art now adorns the walls of the Trust Innovation Centre for all visitors to view.

Adult Services & Prison Health

Resettlement of Long Stay Patients

The Mental Health Team became one of the first services in the region to complete the resettlement of patients from its long-stay hospital wards. The last remaining patients from the long-stay wards made the successful transition to community based facilities in November 2014, four months ahead of schedule. All of these individuals were assessed as being medically fit for discharge from hospital having been provided with recovery oriented support and rehabilitation over many years. They now enjoy the independence and autonomy that goes with community living and this has had an extremely positive impact on their quality of life.

The project entailed considerable planning and preparation and involved working with Four Seasons Health Care NI CHD to develop individually tailored care arrangements for each of our patients, such as preparing for their physical, social, psychological and financial needs. Families and carers were also engaged in planning and one of the keys to success was the partnership working with Four Seasons Health Care.

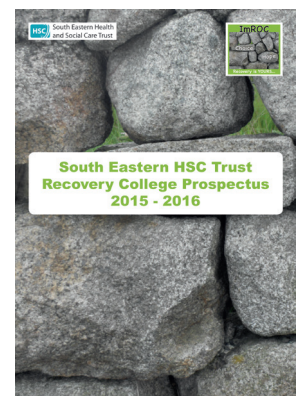


ImROC (Implementing Recovery through Organisational Change)

ImROC was introduced to the Trust in July 2012 and aims to change how the Trust and its partner organisations work, so that the key focus is on helping people with their recovery. 2014 was a busy year for ImROC in the Trust. Work over the past year has been on 3 main areas which are: to develop a Recovery College; to have people with lived experience of mental health working within our teams; and to be more person centred in everything we do.

In November our Inpatient Wards appointed our first four Peer Support Workers. The peer support workers are all people who have lived experience of mental health difficulties.

In December a Recovery College Co-ordinator was appointed to oversee and manage the set-up of the Trust's Recovery College. The Recovery College hub is based in the Trust's Quality & Innovation Centre, with outreach classrooms all over the Trust area. In the Recovery College service users, carers and staff come together to design, deliver and attend training in mental health and recovery, TOGETHER. There are now more than forty courses that people can attend. There is a full explanation of the Recovery College and the Prospectus on the 'Imroc in SET' Facebook page or on the Trust website <http://www.setrust.hscni.net/2960.htm>



Adult Services & Prison Health

During the week commencing 23 March 2015 mental health services also had the first ever 'Recovery Awareness Week'. During this week the Recovery College and prospectus were formally launched, there were staff sessions on developing team recovery plans, drops ins, coffee mornings, story-telling evenings. The ImROC steering group were also delighted to be shortlisted as finalists in the Chairman's Awards under the category of 'Stakeholder Engagement'.



ImROC isn't something the Trust is doing in isolation. There are many service users and carers and staff involved in all kinds of ImROC groups. Also we have community and voluntary partners like NIAMH, Mindwise, AMH, Praxis and CAUSE working alongside us. Now seems like a good time to say thank you to everyone involved to date and we look forward to see what 2015/16 will bring!

Learning Disability Services

Learning Disability services have continued its drive to resettle long stay patients from Muckamore Abbey Hospital into their local community. 2014/15 has been the final year of a 3 year project focusing on ensuring that no one should have hospital as their permanent home.

The Disability Programme has worked in partnership with Housing Associations and the Housing Executive to increase the provision of supported living for adults with a learning disability. A new scheme in the Bangor area has provided 10 additional homes.

The Direct Enhanced Service which provides annual health checks for people with a learning disability has gone from strength to strength in the last year; currently 99% of local GPs are involved in this initiative.

A new purpose built Horticultural Centre opened on the Downshire site in Downpatrick in 2014. It provides a day opportunity for 24 adults with a learning disability who have an interest in gardening, plants and furniture. Due to its central location on the Downshire site, business is brisk and the service users and staff look forward to continued support from members of the public and staff alike.

Adult Services & Prison Health

Physical Disability and Sensory Support Services

Sensory Support Services

Sensory Support services continue to input to the Regional Sensory Impairment Group and the Regional Sensory Support Network to progress the action plan under the Physical Disability and Sensory Impairment Strategy. The service has facilitated the development of the “Hear To Help” scheme in partnership with Audiology services and Action On Hearing Loss. Service user and family newsletters have been produced.

A Group was established in the Bangor area for deaf parents and their hearing children, to promote the use of sign language within families. This strengthens relationships, facilitates communication, and promotes the deaf culture.

Physical Disability Services

Working on the premise that quality in a service is not what staff put into it, but what the service user gets out of it, Disability Services worked with patients in Thompson House and their families to get their views on the patients’ experience of their transfer from acute settings to Thompson House, and their quality of life at Thompson House. Five key themes were identified: respect, attitude, behaviour, communication and privacy & dignity. As a result of listening to patients’ stories, an improvement plan was developed. Improvements identified included creating a new service user guide for the hospital, and further development of the sensory programme for 2015 to get the optimum use of existing rooms and equipment. This work has now been completed.

Disability Services have further developed their partnership working with the Trust Health Development Team and Lisburn City Council which culminated in the successful “Lisburn - Your Heart Your City” Conference held at the Island Centre in February 2015.

Hospital Services

Cancer Services

Peer Review

Last year Cancer Services participated in the National Peer Review Programme for Cancer Multi-disciplinary Teams. The aim of this programme is to support the development of safe, effective and well planned care for cancer patients. Reviewing Multi-disciplinary Team compliance with standards contained within the Manual of Cancer Services has enabled the Trust to identify good practice and any areas of concern. The Trust regionally performed well against the standards.

Health and Wellbeing

Health and wellbeing events have now been established in 2 tumour sites (Breast and Colorectal). The aim of these education events is to give the person affected by cancer all the information they need to enable rehabilitation and self-management. This may include the opportunity for advice about work or finance, physical activity and local services that offer help and support for people living with a long term condition. We hope to extend these events to other tumour sites in the future.

Holistic Needs Assessment

Patient Holistic Needs Assessment is now well established in cancer services. The aim of this assessment is to identify patient concerns and needs with the aim of early intervention, diagnosis, consequences of treatment, improved communication and equity of care. The HNA and care plan ensure that patients' physical, emotional and social needs are met in a timely and appropriate way.

Nurse Led Cancer Review

Nurse led cancer review has been developed and implemented with the aim of promotion of health and wellbeing and releasing consultant capacity to see more complex patients.

Achievements

- Dr Jennifer Elder, Consultant in Respiratory Medicine received the medical leader of the year award
- Transforming cancer follow up received the quality and Innovation award at the Institute of Health Service Management 2014
- The Breast and Endocrine Unit was awarded the Macmillan Quality Environment Mark. This is a detailed framework used for assessing whether cancer care environments met the standard required by people living with cancer.

Hospital Services

Radiology

Replacement CT

A 256 configuration CT system will be installed in the Ulster Hospital during March 2015, the first installation in Northern Ireland.

Downe Hospital

An extended range of ultrasound imaging examinations are now available in Downe Hospital. In addition, GP access for plain film imaging examinations is now available at weekends.

European Congress of Radiology, Vienna

Louise Robinson, CT radiographer, presented at the European Congress of Radiology, Vienna on Friday 6 March 2015 following a scientific study conducted on the Ulster Hospital site.

Orthopaedics

Virtual Fracture Clinic

In January 2015 a Virtual Fracture Clinic (VFC) redesign began as a pilot. VFC is an alternative way of managing fracture patients who do not need an operation. It is a protocol driven; evidence based service where patients with 5 common minor fractures can be discharged directly from ED. The remaining patients are viewed virtually at the VFC by a Consultant led VFC team where the decision is made to either discharge the patient with advice or schedule a traditional face to face appointment. In the pilot phase the 5 minor fractures are being reviewed at VFC to ensure confidence in decision making and safety for the patients.

To date there have been 15 clinics (running three times a week) with a total of 418 patients. There is a 13% discharge rate at ED of the five minor fractures, and a further 24% discharge rate for the remaining patients. This has resulted in a reduction of 136 patients who previously would have required to attend a face to face appointment in this 6 week period, and the remaining patients are seen within an appropriate timescale and referred to the most appropriate clinician.

Moving forward once the confidence is assured in the process the five minor fractures will no longer be reviewed at VFC and we will seek to move the VFC to run 5 days a week.

Hospital Services

Downe Hospital - Nurse Led Minor Injuries service

The weekend Minor Injuries service at the Downe Hospital commenced on Saturday 1 March, 2014. The opening hours of the unit are Saturday and Sunday, 9.00am - 5.00pm and the service is led by Nurse Practitioners who have extended skills and experience in dealing with minor injuries. They treat up to 30 patients per shift, therefore providing high quality, locally accessible service to those in the Downe locality.



The unit is suitable for a variety of less serious injuries such as limb injuries, sports injuries, minor head injuries, burns and scalds, bites and stings, cuts and grazes, sprains and strains, removal of foreign bodies from ears, eyes and nose, as well as dressing changes and removal of stitches. Children over 5 years of age can be treated.

Daily Call Team

The Daily Call was established to improve patient flows through our Emergency Department and connected services. It's a system wide approach using a daily conference call, bringing together Medical Specialties (Emergency Department and Medical Inpatients), Surgical Specialties, Social Work, Patient Flow and our colleagues in the Belfast Trust to share information and ease pressures.

Our simple, effective measurable quality indicators are updated daily with timely information. Early recognition of warning signs enables the whole system to adapt to the challenge and ultimately improve access to treatment, whatever the outcome.

Our in-depth knowledge of the hospital system in terms of numbers is clear and unambiguous. This directs our attention to areas of concern and bottlenecks and allows us to predict periods of pressures so that we can support staff and ensure that accessibility to any of the service is timely.

This improvement has also led to the development of the ED 4 hourly huddle involving senior ED Nurse, Patient Flow and NIAS Hospital Liaison Officer (HALO) and a Friday weekend planning meeting.

This whole system approach reduces delays in the Emergency Department, focuses clinicians at ward level and therefore patients are discharged to home / appropriate placement in a timelier manner. Increased focus ensures that the right patient is placed in the right bed at the right time and again improves the clinical outcome for the patient.

The success of this initiative benefits not only patients in our own local catchment area but also our partnership with the Belfast Trust allows us to improve the experience for those patients from the Belfast area, who previously we may have had little ability to influence on their journey.

The success in the Ulster Hospital has now been rolled out to the Downe and Lagan Valley Hospitals again ensuring that our quality indicators are standardised across all 3 sites. The initiative was recognised in the Chairman's Awards with the team winning the top prize for Efficiency & Service Reform.

Hospital Services

Emergency Department

The Chairman's Recognition Award, in the Access category, was presented to Darren Henderson and Patricia Adair for the MyDeskTop Single Sign On Project. The Emergency Department in collaboration with the IT Department successfully implemented this innovation in the Ulster Hospital ED to overcome the need for multiple passwords for various electronic information systems.

Each user now has one swipe card which enables access to all systems.

Palliative care

The Peninsula Project has been running in the South Eastern locality since August 2013, with the full project beginning in May 2014. The project was developed to test and embed the use of End of Life Operational System (ELCOS) in aiding primary care professionals to identify people with palliative and end of life care needs, consider where they are in their palliative journey and enable the District Nurse working with the GP to co-ordinate the required palliative care needs of the patient, their family or carer.

The project is being piloted by 5 GP practices working with 3 District Nursing Sisters and their teams working along the Ards peninsula. To date, 149 patients have been involved in the project with 78% of patients reaching the end of their lives in their preferred place of care. Hospital admission for this group of patients had also been reduced.

The Peninsula Project key components are:-

- Partnership working between GPs and District Nursing - dedicated/protected time for them to meet to stratify, discuss and review patients
- Use of ELCOS - recognising where on their palliative journey a patient may be and providing appropriate assessment and planning to meet their needs
- Communication - having appropriate conversations with patients and carers at appropriate times in order to proactively and realistically plan for what might lie ahead
- Training support - for professionals to be able to identify patients who may have palliative and end of life care needs and to equip those professionals to have difficult conversations with patients about their future needs
- Recording - a system for recording preferences, conversations and agreed plans and to be able to review that information if the situation changes
- Access to a Palliative Care Consultant - to support the GP/District Nurse in making decisions that are in the best interests of the patient and taking account of their preferences.

Hospital Services



Cardiac Cath Lab

The Cardiac Catherisation Laboratory (Cath Lab), opened 2 years ago, continues to grow from strength to strength. By April 2015, 2400 patients will have been treated by the Cath Lab team and this service has led to many successful outcomes such as improved access, reduced waiting times and better outcomes for Cardiology patients. The service continues to develop with the introduction of the new Reveal LinQ devices this year for patients with unexplained syncope.

2014 saw the implementation of the Myocardial Infarction National Audit Project (MINAP) in the Trust. MINAP is a national clinical audit of the management of heart attack and provides comparative data to help clinicians and managers to improve the quality and outcomes of their cardiology services. Gemma McAnirn has been appointed as Cardiac Pathway Nurse to lead this project across all sites.

Alamac Performance System

The eagerly awaited implementation of Alamac – Unscheduled Care Monitoring began in Lagan Valley and Downe Hospitals in May 2014. The results have demonstrated the benefits of cohesive team working, widespread communication, awareness of the patient flow pressure points and the rewards of efficient forward planning by all professionals.

Frail Elderly Project and Outreach

The learning from a visit to Birmingham and shared learning of the development of a Frail Elderly Medical Unit has encouraged both Lagan Valley and Downe to extend their current practices. In LVH the Bournemouth Criteria has been further modified to allow the early identification of patients in other wards as part of the outreach service.

Virtual Fracture Clinic

The introduction of the (pilot) virtual fracture clinic in the Ulster Hospital has already realised a significant percentage decrease (30%) in the number of patients having to attend the clinic, thus releasing clinic slots for other patients.

Closure of beds in Lagan Valley and Downe Hospitals

November and December was the beginning of a challenging winter period, which saw the closure of 6 beds in LVH Ward 14 and the closure of the Coronary Care Unit in the Downe, with cardiac beds relocated into Ward 2.

Cardiac Nurse Honoured

The news that Roisin Dorrian was awarded the Belfast Telegraph Woman of the Year for Health in March 2015 was warmly greeted by the staff in the Downe Hospital. Roisin, a former member of staff of the CCU and who is currently providing Cardiac Rehabilitation Services in the Downe had successfully resuscitated a gentleman who suffered a cardiac arrest in the midst of a boxing tournament.

Hospital Services

Maternity Services

Despite a regional fall in births figures the number of births within the Trust continues to rise. In the Ulster Hospital Consultant Led Obstetric Unit we have introduced an induction of labour bay which is a key patient safety initiative giving a dedicated 6 bedded space co-located to labour ward which is staffed 24/7. Maternity Services has had great success this year winning the Chairman's award in a collaborative venture with estates and our bereaved parents user group the 'forget me not' group to create a bereavement suite which provides a dedicated, purpose built facility for the small group of women and their families who experience the death of a child before, during or after childbirth.

The Trust was also very successful at this year's RCM national awards in London coming away with two awards, one for Zoe Menelly for her work around supervision of midwives and Jackie McClean won the Northern Ireland Mum's Midwife of the year award. We are incredibly proud of these 2 midwives who represent the great team within the Trust.

The service also said goodbye to Dr Elaine Madden MBE as Head of Midwifery after 44 years service, Elaine provided strong, dedicated leadership within maternity services and will be greatly missed by all of her colleagues. In her place we welcomed Zoe Boreland back from secondment at the DHSSPSNI.

The Midwifery Led services in Lisburn and Downpatrick continue to provide choice and local accessibility to women and continue to be the forefront of midwifery practice.

Within our gynaecology services, the Multi-disciplinary team have improved access to the early pregnancy services both in the UH and LVH.

Transforming Care at the Bedside has provided a framework for the Team in Neely Ward to focus on patient safety, better communication and involvement of patients and improvements in the care processes. Well done to the team for this innovative work.

Paediatric Services

Nursing staff on Craig Ward have continued their participation in the Paediatric International Nursing Study (PINS) with the research project due to finish in May 2015. Staff will be presenting some of their findings/experience at an international conference in Sydney in June 2015.

Rosie Kelly, Clinical Manager has led on a regional initiative supported by CCANNi to develop a Paediatric Dependency and Acuity Tool which is now in use in all the paediatric units in the Province.

Rosie and Teresa Mungur, Ward Sister Craig Ward are representing the Trust on a regional working group to develop a regional paediatric nursing assessment document with a pilot planned for April 2015.

Dr Anne-Marie McClean presented a poster at the European Academy of Paediatric Societies Conference in Barcelona in October 2014 on patient feedback in a paediatric ambulatory care setting.

Hospital Services

Work on medical and nursing handovers on Maynard Sinclair Ward continue as part of the regional Quality Improvement Programme.

The staff in the Paediatric Rapid Response Unit are included in the first cohort of the Person-Centred Practice Development Programme being run in the Trust.

The Neonatal Team are represented on the NI Neonatal network, the managed clinical network set up on the recommendation of the Troop Report into the Pseudomonas outbreak in NI. The key objectives of the network are:-

- To support the delivery of safe, high quality neonatal services
- To support the commissioning of safe, high quality neonatal services
- To monitor and evaluate the delivery of neonatal services.

ENT and Audiology Services

Audiology introduced a text service to allow patients to request hearing aid batteries by text. This has proved very successful and has helped improve the access to the service for this group of patients.

Pharmacy

- Pharmacy have been working to develop their SQE dashboards for each section and have agreed performance indicators
- Pharmacy continue to work with wards to manage the increased throughput of patients and have extended the issue of over labelled stock to Maternity Ward
- The Medicines Management LEAN project continues to be rolled out improving the storage and stock holding of medicines at ward level
- Within the Clinical Pharmacy service, the introduction of the use of i-pads on the Ulster site and the increased use of the Electronic Care Record (ECR) has helped improve the percentage of patients screened by a Clinical Pharmacist at admission and discharge despite increased numbers of patients through the system. Staff are also using the Electronic Pharmacy Intervention Clinical System (EPICS) to report all interventions made by a clinical pharmacist on one snap shot day each month. Additional ipads for the rest of the full clinical pharmacy team will be rolled out soon.

Hospital Services

Laboratory Services

The Laboratory has continued to support its clinical users in both Primary and Secondary care throughout 2014/15 and has received positive feedback from users that the services it provides continue to meet their needs.

This year the Laboratory service has been assessed by its accreditation and regulatory authorities. Each Laboratory department remains CPA accredited and Blood Bank remains compliant with MHRA and the Blood Safety Quality Regulations. Each Laboratory department is currently in transition and working towards achieving UKAS accreditation to ISO 15189. The transition has involved a great amount of work for our staff in preparation for the initial assessments and it is recognition of the hard work to the excellent progress the service is making towards ISO 15189 accreditation.

Laboratory Quality Co-ordinator, Darren Crawford, was nominated for the Chairman's awards and was selected as one of the finalists. It was certainly an exciting time for the Laboratory and those who attended thoroughly enjoyed the Chairman's award evening. Well done Darren and the Quality team.

The Laboratory welcomed a number of new staff who joined the team this year and said goodbye to a number of our longstanding senior staff namely David McBride (Head BMS Biochemistry) and Ken McLoughlin (Head BMS Haematology) who were well known across the organisation.

Two of the team were also appointed as Chair and Deputy Chair of the Microbiology Speciality Forum on the Regional Pathology Network and moving forward we continue to be involved in improving and shaping future laboratory services across the region.

In an effort to improve processes we continued to encourage our hospital users to avail of electronic requesting of Laboratory tests. Now approximately 75% of hospital users request this way which has streamlined the pre analytical stage of the laboratory process and helped improve turnaround times for laboratory tests. We also introduced new request forms reducing the number of forms from 9 to 5. This again hopefully simplified the process for users.

Throughout the year we continued to engage with our users and as part of that process we circulate our Laboratory newsletter and inform them of any changes.

A big help for our users this year was the implementation of the Northern Ireland Electronic Care record. This allowed them to access Laboratory results and other investigations under one point of access.

We also conducted a staff survey and are pleased to report that overall almost 75% of staff were happy with their job in the laboratory.

In all it has been a good year for the laboratory and we have continued to improve quality and our users experience and ultimately contribute to improving patient care and the service continues to work towards the implementation of 24/7 working.

Key areas of activity:-

1. Clinical Risk

Dr Ann Hamilton was appointed Clinical Director of Risk Management for the Trust and commenced in post in August 2014. She spends 50% of her time as a consultant in Obstetrics & Gynaecology and the remainder in Risk Management. There is an emphasis within this role on patient safety and experience, but most importantly, incorporating learning to reduce the risk of harm in future.

A 'Lessons from Litigation' newsletter is being sent to consultants quarterly picking up on themes evident from litigation cases involving the Trust. There is also individual contact with staff regarding cases to emphasize reflective learning but also offering support for court or Coroners cases.

Working with consultants responsible for Postgraduate training and Foundation doctors, a Forum for junior doctors to discuss incidents with their peers is being introduced, facilitated by a consultant. This will emphasize the importance of incident reporting, reflective learning and offer support at an early stage in their careers.

There is collaborative working between patient safety and risk management with themes identified from incidents, complaints and litigation being incorporated into quality improvement projects and multiprofessional audits.

2. Medical Education

The Medical Education Department continues to provide support to undergraduate medical student teaching, Foundation Programme doctors, specialty trainees and consultant educational supervisors.

The new facilities in Trust Headquarters have improved the delivery of these programmes. The improved IT and AV functionality has allowed medical students and trainees to watch webcasts and to teleconference into meetings held in other parts of the UK and Ireland. Simulation training is now part of the undergraduate paediatric and POEM attachments. The Department also now provides all training on-site that is required to be a named Educational/Clinical Supervisor.

Queen's University and NIMDTA regularly visit the departments to review the standards of training provided to students and trainees. These visits have been very successful and some areas for improvement have been implemented.

Medical

Consultant trainers continue to be heavily involved in the improvement and quality assurance of medical education in Northern Ireland. Dr Craig Renfrew now chairs the NI Postgraduate Medical Education Forum and Dr Kevin Maguire is Head of School for Emergency Medicine.

Drs Anita Smyth, Tony Tham, Sanjeev Sarup and Mr Robert Gilliland all act as Training Programme Directors in their respective specialties for NIMDTA.

Children's Services & Social Work

Social Services Learning Development and Research

The Trust Social Work Research Strategy was launched in April 2014 at an event to showcase our own resources and a range of conferences and events scheduled for later in the year. The event was attended by social workers from all programmes of care and featured presentations from our practitioners on their experience of gathering evidence and undertaking research and from our university partners on creating evidence in practice settings. This event provided a backdrop for introducing the regional social work research strategy which is currently out for consultation.

In June we acknowledged the training achievements of staff at the Pride in Care and Practice awards. Over 130 staff were recognised for vocational and professional awards, with the highlight of the presentations coming from candidates reflecting on their learning journeys. Certificates were presented by Colum Conway Chief Executive NISCC and Hugh McCaughey closed the event, commending staff on their work in achieving this recognition.



Our practice learning team were delighted to be finalists at two major events this year - The University of Ulster Placement Provider of the Year and the Social Work Awards 2015. Practice learning is core to the Trust and we are committed to supporting our future workforce by providing high quality practice learning for Social Work students so this recognition was appreciated



Children's Services & Social Work



Celebrating Social Work

A celebration of quality in social work practice in December brought social work and social care staff together to share safety, quality and service user experience initiatives from across all directorates. A range of presentations were given by staff, many of whom have undertaken the course in safety, quality and experience run by the Trust. They outlined a number of improvement projects with real positive outcomes, including the chairman's award winning mental health project "*A life worth living*", which has also been shortlisted for the regional Social Work Awards.

Other presentations included an update on the social work innovation fund's pilot on family group conferencing in adult safeguarding work in Thompson House, using service user stories to bring about quality improvement, the use of technology in innovation to improve the uptake of carers' assessments and young peoples' participation in their "*looked after*" reviews, and the use of the newly launched Safety, Quality and Experience workbook with teams.

Hugh McCaughey brought a very stimulating and motivating event to a close, acknowledging the accreditation of the Trust's Safety, Quality and Experience course for social workers through their post qualifying awards.



Children's Services & Social Work

Children's Services

Within the programme of Cared for Children is responsibility for looked after children who are in foster care and children's homes. This service is ensuring that children and young people have a care plan in preparing for education, health and well-being and stability. This is just a sample of some of the initiatives undertaken by staff and managers in 2014/15.

Adoption

The Health and Social Care Board successfully submitted a proposal for funding to the Early Intervention Transformation Programme to enable each Trust to provide a Concurrent Planning scheme. The aims of this project are to improve outcomes for children by increasing stability of placements in infancy as children may not have to move placement and reducing the time taken before children are placed with a permanent family. This is achieved through the approval of Concurrent Adopters, couples who are prepared to foster a young child in the first instance as assessments are being undertaken with the birth families regarding the possibility of rehabilitation. If rehabilitation is not feasible and the Courts agree to free the child for adoption the concurrent carers then adopt the child.

The Trust have embraced this concept fully commencing implementation in September 2015 and have approved one set of Concurrent carers. It is planned that the Trust will have the first Trust concurrent placement within the next 3-4 months.

Supported accommodation for Young People over 16 years old

During March 2014 the supported accommodation project in English Street within Downpatrick benefited from an official Ministerial opening ceremony. Minister Story from the Department of Social Development spoke very positively about the work being undertaken by the project and endorsed the on-going joint commissioning process (Trust, Housing Executive and Supporting People) which aims to expand the range of supported accommodation placements to care leavers and those young homeless. The Trust has now submitted two additional business cases with the objective of developing two supported accommodation facilities to be located in Lisburn and Bangor. It is anticipated that these projects will be opened by the summer 2016 and will provide an additional 17 placements for young people.



Regional Forensic Service for Children

A new regional service has been developed in partnership between the Trust and the Youth Justice Agency. The community forensic child and adolescent mental health service is a multidisciplinary team of professionals from health and justice and is principally a CAMHS Step 5 tertiary referral service. The team will assess an individual's risk and needs in the context of the difficulties the young person is experiencing together with evidence based mental health treatments/interventions on an individual, client orientated and time limited basis.

Children's Services & Social Work

Forensic Mental Health can be defined as an area of specialisation that involves both the assessment and treatment of those who are mentally disordered and whose behaviour has led or could lead to offending.

The aim of this service is to provide specialist forensic input to assist in addressing the mental health and risk management needs of young people who are presenting with high risk behaviours to others and who may or may not be known to the youth justice system. The team will meet these aims through the provision of advice, formal consultation, specialist assessments and interventions for young people presenting with significant risk to others and complex needs beyond that which can be provided by other services.

Therapeutic Services for Looked After Children

Therapeutic Services for Looked After and Adopted Children continue to provide services into fostering, residential, post adoption, Intensive Support Fostering and Lakewood Regional Secure Care services. There has been a significant increase this year in reflective practice & training support across all of these services, with the aim of increasing capacity and providing support for social work staff. An 18 week 'Nurturing Attachment Group' for fostering and adoption is due to reach completion at the end of March and this intervention group will be evaluated by a Trainee Clinical Psychologist in Queen's University, Belfast. Various strategies to increase collaboration with Fostering and Adoption and Therapeutic Services will be explored as an outcome of this intervention group.

Children with Disabilities – Parent and Carer Reference Group

Children's Disability Services have been proactively engaged with parents and carers across the Trust, establishing support groups for carers in some areas and strengthening existing support groups in others. An outcome from this development has been the establishment of a Carers Reference Group which meets on an ongoing basis with senior staff and management within Children's Services. Informed and empowered parents and carers are now enabled to become more actively involved in service planning and decision making. This initiative has led to the development of service information leaflets, targeted resource for short breaks, siblings project, a parent and toddler group for children with disabilities and the creation of a much required sensory programme for children with complex needs and sensory processing issues. The Children's Disability Service have fully embraced this carer support work, the outcomes of which were recognised in the 2014 Chairman's awards.



Children's Services & Social Work

Lakewood & NIACRO Partnership - Garden Mural Project

Lakewood Secure Care Children's Home based in Bangor accommodates up to 16 young people from across Northern Ireland. NIACRO Independent Representation scheme which works with the young people staying at the home was involved in a large scale mural design and painting project during August of last year. There are two gardens leading out from the living rooms with large arched boundary walls. Following feedback from the young people resident at Lakewood, the scheme felt that these walls would provide the perfect canvas for colourful murals for the young people to develop and express their ideas upon, whilst also being of great aesthetic benefit to the individual living areas.

The young people were central at each stage to both the design and creation of each mural. Design workshops were facilitated and mural designs were based on discussions with young people around their interests, hopes, aspirations, dreams and personal journeys for those in secure care.

The designs portray important key messages that the young people in Lakewood wanted to share with other young people who would be staying in the home after they had left. The majority of young people resident were able to participate fully in the project and took ownership and a real pride in seeing their ideas materialise on the wall – the end result looks fantastic. Lakewood and the IR scheme held a celebration event to recognise the hard work that all the young people in the centre put into the project which was attended by the Children's Commissioner, employees from the Trust and NIACRO staff.



Healthy Child Healthy Future

Healthy Child Healthy Future is the universal programme of care for health visiting and school nursing. The first contact of the programme for health visiting is the antenatal contact which is carried out after the 28th week of pregnancy at home. Child Health made this contact a priority in view of the wealth of evidence supporting the value of the contact. All mothers would be offered an antenatal contact with a particular emphasis on targeting first time mothers. A target was set at 50% for first time mothers being offered the contact, working towards 100% of first time mothers by 2016. There has been a month on month increase in this figure and currently the percentage sits at 60.1% of first time mothers across the Trust, with a total of 48.6% of all mothers being offered the contact. This has been achieved despite the current challenges in the recruitment of health visitors and the management of vacant caseloads

Children's Services & Social Work

Flu Programme

Between October and December 2014 the Trust school nurse team successfully delivered the flu programme to 29,000 children in 141 primary schools across the Trust area, exceeding the regional target. This was achieved through:-

- Successful collaboration with Education and Health ensuring effective partnership working.
- Seamless liaison with regional vaccine distributors and direct delivery to schools
- Timely and effective communication with children and parents to ensure optimum uptake based on informed choice resulting in greater protection for the community
- A school nursing team committed to achieving best outcomes for children, family and community to promote health and prevent ill health

The programme provides an evidence base to inform effective delivery of future programme.

'Shift Left' Agenda

The Family Support and Safeguarding sub-directorate continued with its strategy to provide preventive and early interventions services to vulnerable children and their families. In partnership with community and voluntary groups across the Trust area, there was additional investment into the number of packages of support for individual children. This is the fourth year in a row that the Family Support Hubs has reached out and supported more families. There were approximately 1400 families who benefitted from this support which includes practical help, emotional support and building resilience in families.

The Trust, which has a key role in leading the multiagency Outcomes Group supported existing local planning groups in the Colin and Lisburn area to assess the needs of the local population and provide services to meet some of those needs by putting in and maintaining vital services. In line with the Outcomes Group's three year plan, a locality planning group was set up and developed in the North Down and Ards area.

Early Years

During the year the Trust was charged with implementing new minimal Regional standards for the registration and inspection of early years services. The new standards resulted in additional requirements being placed on the early years social work services. Along with administration colleagues, a major review of the service was undertaken and radical new improvements were put in place. Members of the public now have easy access to information about early years services and can make contact with social workers through a single point of entry. The social workers, by using new technologies are improving their capacity to complete inspections and registrations in a more timely and efficient manner.

Children's Services & Social Work



Infant Mental Health

In October 2014, The Trust launched its educational DVD on Infant Mental Health. The DVD was developed by the Family Centres and it is used extensively with new parents who are anxious about their ability to parent due to their own adverse life experiences. After its launch the DVD is being used across many Trust services such as, maternity, family and child care, and psychological services.

More impressive has been the demand from other agencies to use the DVD. It is now being used by the Health Service in the Republic of Ireland, other Trusts in Northern Ireland and the Tavistock clinic in London. The DVD has been used in the Middle East and is being translated into Arabic.



Social Worker Recruitment

Children's Social Work embarked on a new method of recruiting new social workers. In July 2014 along with the Human Resources Department a social work assessment was held in Queen's University, Belfast. As a result of this approach over 100 social workers were successful on getting onto a list that was used to recruit temporary and permanent social work staff. This approach was successful not only because it made best use of resources but also due to the positive feedback that was received from applicants. When a vacancy became available within children's social work, a text message was sent out to applicants who passed the assessment and the highest ranked person on the list was offered the post. Again this minimised the use of resources but maximised the opportunity to fill vacant posts quickly.



Child Sexual Exploitation

This year a spotlight focussed on vulnerable children and young people who were at risk of becoming involved in child sexual exploitation. There was an extensive operation that was conducted by the PSNI and supported by Social Services. A Senior Manager from the Trust led the social work team for the region and a Senior Social Work Practitioner from Safeguarding joined a co-located team with the PSNI. The involvement of key personnel from the Trust has ensured that we are in a much better position to safeguard children and to minimise the risk of children becoming involved in sexual exploitation and maximise the ability of the police to secure convictions of perpetrators. The Trust has also worked with key statutory, community and voluntary organisations to review and improve current services that work with vulnerable children.

The South Eastern Trust's performance against its key financial targets is as follows:-

	Target	Actual
	£'000	£'000
1. Breakeven – Surplus/(Deficit)	0	(50)
2. Capital Resource Limit	54,911	54,909*

*Inclusive of receipts from sale of fixed assets

The Trust's Revenue Resource Limit represents the funding provided to it primarily by the DHSSPSNI, either directly or through the Health and Social Care Board. For the 2014/15 financial year this amounted to £560,868k.

The funding is used to provide a wide range of health and personal social care services to the population of the North Down, Down, Ards and Lisburn government districts – a population of approximately 330,000 people. In addition, the Trust provides to a further 110,000 people, mainly via the Ulster Hospital, Dundonald, due to its proximity to Belfast.

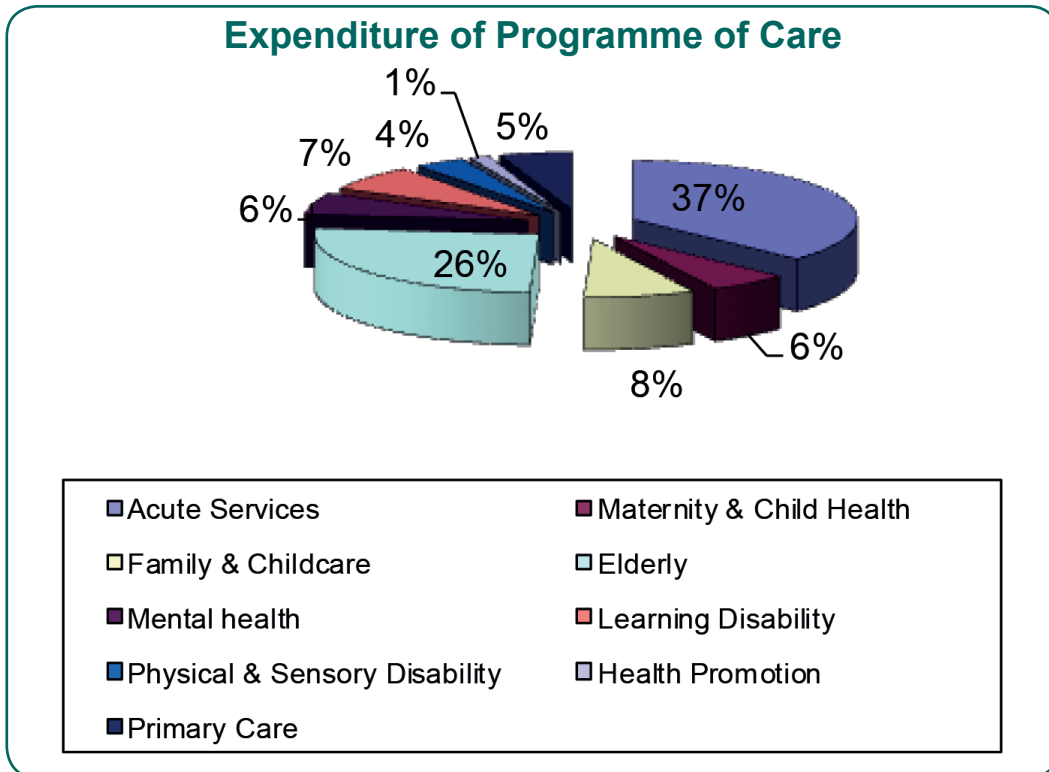
Finance Directorate

The Finance Directorate had a challenging year in 2014/15. The introduction of shared services (Income, Payments and Payroll) resulted in significant disruption (both personal and organisational) and resulted in new business processes being developed.

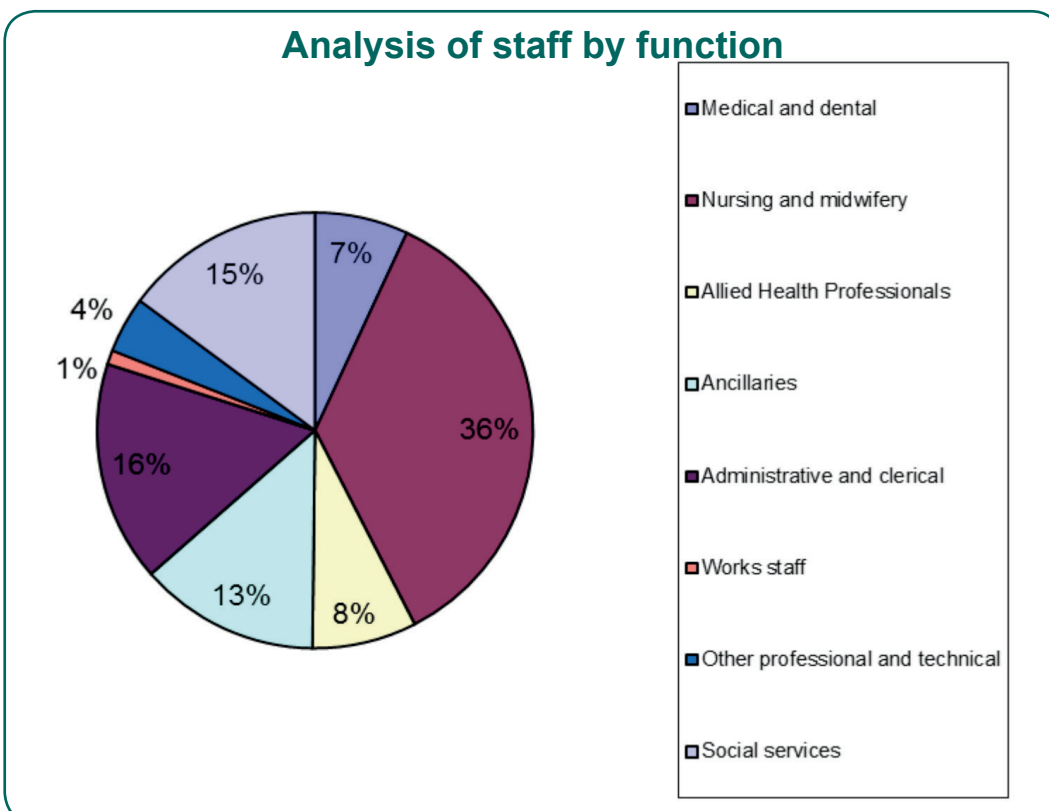
The financial position of the Trust, and the wider Health and social Care System, was under pressure throughout 2014/15. A Contingency Plan was co-ordinated by Finance, approved by Trust Board (and Minister) and implemented from November 2014 to year end. The Directorate has managed all of the pressures during 2014/15 and ensured the new arrangements (for financial services) are robust and will meet the current and future needs of the Trust. Finance staff also supported Operational Directorates in the delivery of the savings plans, Contingency Plans, Service Change and general financial control.

The significant capital investment is also controlled through business cases, financial and project management to maximise benefits for patients and clients, whilst addressing both the key risks of the Trust and the need to improve services.

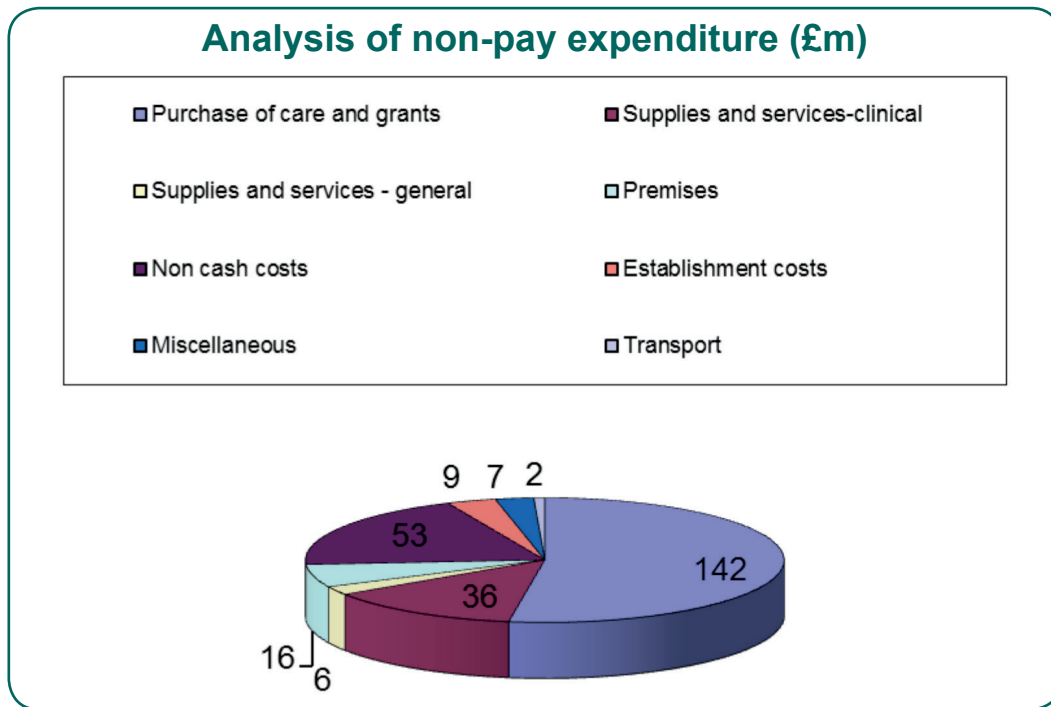
The services provided can be classified into different programmes of care, and an analysis of spend across these programmes is shown below:-



The South Eastern Trust is dependent on its skilled and dedicated workforce to deliver high quality services to patients and clients. In total we employ approximately 8,800 whole time equivalent members of staff, and spend £331m on salaries and wages. The types of roles carried out by our staff can be classified as follows:-



The Trust also spent £271m in the year on non-pay expenditure. This is analysed into the main areas of spend below:-



Non-pay expenditure covers things like payments to residential and nursing homes and private domiciliary care providers (purchase of care), as well as all the costs associated with running and maintaining all the Trust facilities including the hospitals (premises and establishment costs).

In addition to the yearly spend on paying staff and other expenses, the Trust is involved in a continuous process of improving its facilities and equipment. During the year £54.9m was spent on capital. The main elements of this are as follows:-

	£'000
Ulster Hospital Dundonald Redevelopment	36,784
Tor Bank Land	767
Lagan Valley Hospital GP Out of Hours	345
Decentralisation of Boilers Ulster Hospital	1,107
Information Communication Technology	5,236
Building Refurbishments and Maintaining Existing Services	5,854
Strategic Asset Management of Medical Devices	759
CT Scanner Ulster Hospital	880
Vehicles	956
Equipment	2,199
Total	54,887

Going Concern

Whilst 2015/16 will be a challenging year financially for the Trust, the Health and Social Care Board and DHSSPSNI are working with all stakeholders to develop a financial strategy which addresses all pressures and emphasises the need for continued efficiency.

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

Off Payroll Staff Resources

The Trust had one ‘off- payroll’ staff resource engagement as at the 31st March 2014 at a cost of over £58,200 per annum. This is in respect of a continuing Prison Healthcare medical service.

	Number of Staff
Off Payroll staff as at 1 April 2014	2
New engagements during the year	0
Number of engagements transferred to departments payroll	
Number of engagements that have come to an end during the year	(1)
Off Payroll staff as at 31 March 2015	1

Expenditure from Charitable Donations

In addition to the allocation that the Trust received from DHSSPSNI, the Trust also receives charitable donations from members of the public.

The Trust has established a Charitable Funds Committee which is responsible for ensuring 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.

The underlying principal of the management of the charitable donations is that they can only be used for the purpose for which they were donated. Expenditure in respect of the charitable funds for 2014/15 was £1.422m. Expenditure on charitable purposes can be summarised under the following categories:-

	£'000
Medical research	10
Purchase of new equipment	211
Staff education and welfare	343
Patient education and welfare	858
Total	1,422

Charitable donations are not used to fund core services. They are used to provide or purchase services that are not centrally funded. A separate audited set of Charitable Fund Accounts are published on the Trust's website and available on request from the Trust's Finance Department.

Directors' Report

Management Board

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

Executive members:

Hugh McCaughey (Chief Executive)

Neil Guckian

Charles Martyn

Charlotte McArdle on secondment to DHSSPSNI with effect from 3 April 2013

Nicki Patterson

Eamonn Molloy

Seamus McGoran

Roisin Coulter

Ian Sutherland (resigned 31 March 2015 to take up a new post)

Brendan Whittle

Non-executive members:

Colm McKenna

Peter Davison

Donal Flanagan - temporarily stood down with effect from September 2011

Francesca Graham

Deepa Mann-Kler

Nigel Mansley

Dermot O'Hara

John Trethowan

History of the South Eastern Trust

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

It is an integrated organisation, incorporating acute hospital services, community health and social services and serves a resident population of approximately 330,000 people.

Equal Opportunities

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

Directors' Report

Employment of Disabled Persons

The Trust Disability Action Plan (DAP) 2012- 2014, details a number of key actions to demonstrate how the Trust fulfils its duties to promote positive attitudes towards disabled people. Employment is one of the key areas, and actions and outcomes include a Regional Framework on the Employment of People with a Disability, a Reasonable Adjustments guide to help facilitate disabled staff in the workplace and a Disability Etiquette Guide to promote positive attitudes. Also, for the past five years the Trust has facilitated work placements for disabled people with groups such as Stepping Stones and Mencap.

The Trust promotes participation in employment for staff with a disability through various initiatives including accessible office space, identification of suitable work roles and provision of sign language interpreters for induction and professional development training sessions. All Trust staff have a responsibility to promote the Equal Opportunities Policy. Relevant legislation includes the Disability Discrimination Act 1995 and Section 75 of the Northern Ireland Act 1998.

The South Eastern HSC Trust Corporate Plan 2011-2015 sets out priorities and overarching key themes. One of these key themes is Access, which incorporates as an objective the promotion of equality of opportunity and good relations for both patients and staff. The Trust also produces an Annual Progress Report (APR) on its Section 75 and Disability Discrimination Order responsibilities, which details implementation and outcomes from the Disability Action Plan. This APR is submitted to EMT and Trust Board for approval prior to submission to the Equality Commission for Northern Ireland.

Employees and Social Community Issues

The Trust has in place a Corporate Social Responsibility (CSR) Action Plan 2011-2014, which has been approved by Trust Board. This Action Plan, which was written in partnership with Business in the Community, aims to develop initiatives that go further than normal services. It aims to utilise skills and resources within the Trust and to provide and improve development avenues for staff and the local community, in addition to improving outcomes for patients and clients. CSR works in conjunction with existing legislation and statutory duties, such as Section 75 of the Northern Ireland Act 1998.

The CSR Action Plan sets out clear initiatives, targets, responsibilities and timescales which include tackling disadvantage in local communities and developing alliances and partnerships with other organisations.

For South Eastern Trust staff the Action Plan addresses the needs and aspirations of existing and potential employees and aims to build a highly motivated and stable workforce that is committed to development of services for patients and clients.

Examples include work placement and a well developed Employability Scheme which provides career opportunities for Looked after Children, and South Eastern Trust staff working in partnership with local primary Schools as part of the 'Time to Read' Scheme.

Directors' Report

Staff Involvement

The Trust also seeks to communicate and involve its staff through mechanisms such as the Trust Intranet site, workshops on the Reform and Modernisation programme, and a regular Trust newsletter. In addition, our staff are encouraged to participate in a wide range of project groups, aimed at engaging those staff at front line, capitalising on their knowledge and shaping the reform solutions.

Accounts Preparation

The Trust's annual accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting manual (FREM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

Better Payments Practice Code

Details of the Trusts compliance with the code are given in note 15.1 of the Annual Accounts (page 157).

Late Payment of Commercial Debts Regulations 2002

Compensation in respect of late payments is disclosed in note 15.2 of the Annual Accounts (page 157).

Trust Management Costs

Details of the Trust management costs are detailed in note 3.6 (page 140).

Related party transactions

Details of Related Party Transactions are disclosed in note 23 of the Annual Accounts (page 166).

Directors Interests

Details of company directorships or other significant interests held by Directors where those directors are likely to do business, or are possibly seeking to do business with the South Eastern Health and Social Care Trust where this may conflict with their managerial responsibilities are held on a central register. A copy is available from Assistant Director, Financial Services, South Eastern Health and Social Care Trust, Lough House, Ards Hospital, Newtownards, BT23 4AS.

Charitable Donations

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

Directors' Report

Post Balance Sheet Events

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

Sickness Absence Information

The percentage figure for sickness absence for the 2014/15 year is 6.78% (5.3% 2013/14). This figure is subject to change as the regional Human Resources Payroll, Travel and Subsistence system reporting function for absence calculation is under review.

Personal Data Related Incidents

All reported incidents of data loss or confidentiality breach in 2014/15 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. Two incidents were reported to the Information Commissioner's Office (ICO) and to date no decision has been received from the ICO.

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 HSS Superannuation Scheme. Further details on the treatment of pension liabilities are disclosed in section 1.20 of the Statement of Accounting Policies.

Services

The Trust's statutory audit was performed by the Northern Ireland Audit Office. The notional cost of the audit for the year ended 31 March 2015 which pertained solely to the audit of the accounts was £57K. The notional cost of the audit of Trust Charitable Funds for the year ended 31 March 2015 was £6K.

Non Audit Services

During the year the South Eastern Trust purchased NFI services from its auditor the Northern Ireland Audit Office (£3K).

Statement on disclosure of audit information

All directors can confirm that they are not aware of any relevant audit information of which the South Eastern HSC Trust's auditors are unaware. All Directors, including the Chief Executive have taken all the steps necessary to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Directors' Report

Principal Risks and Uncertainties Facing the Trust

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

On 18 February 2014, the extant Corporate Risk Register (2013/14) was discussed by the Executive Management Team in terms of closure of each CRR pro forma and also which items would roll forward and remain on the register with updated action plans for the incoming year (2014/15).

Following the conclusion of the meeting, it was agreed that:-

- 16 of the existing 20 Corporate Risk Register (2013/14) topics should be carried forward into the 2014/15 Corporate Risk Register with new action plans developed, as appropriate;
- 4 items (ID1168 – Insufficient Joint Commissioning, ID1165 - Inability of Trust to comply with CA standard for Fleet & Transport, ID1166 – failure to comply with Food Hygiene and ID1151- Inability to meet existing and new standards of clinical & social care guidelines] were closed and removed from the register. Risk issues to be managed at Directorate Risk Register level, as appropriate;
- 2 items were reworded in terms of short and long descriptions:-
 - ID1159 (now ID1525) – expanded to include fire risk issues;
 - ID1160 (now ID1167) - reworded to reflect current issues with the BSTP Project;
- All forms were reviewed for accuracy and updated for scoring, control measures and new action plans inserted, as appropriate;
- 1 new item (ID1501 – GMS Out of Hours Funding) was added to the register; and
- A total of 17 items were on the Corporate Risk Register for 2014/15.

During the year, no new items were added to the register.

A total of 17 items were on the Corporate Risk Register 2014/15 as at 31 March 2015. There were a total of 68 action point items (across 17 CRR pro formas). The risks are further described below in Table 1 - by the Principal Risks broken down by Principal Objectives and Table 2 - by the Risk Sub Type during 2014/15.

Directors' Report

Table 1 - Risks by Principal Risk by Principal Objective - 2014/15

No	ID	Principal Objectives	Title
1	1503	Safety, Quality & Experience	Delayed Discharges in Disability & Mental Health Services
2	1505	Safety, Quality & Experience	Inability of Trust to provide full healthcare services within NIPS
3	1557	Safety, Quality & Experience	Child Sexual Exploitation
4	1558	Safety, Quality & Experience	The Historical Abuse Inquiry
5	1525	Safety, Quality & Experience	Risk posed to Trust due to ageing estate
6	1566	Efficiency & Service Reform	Management of savings and pressures to achieve breakeven
7	1567	Efficiency & Service Reform	Inability of systems/Shared Services to achieve required benefits, processes and effectiveness.
8	1568	Safety, Quality & Experience	Safe and effective care for emergency patients (Ulster Hospital)
9	1569	Safety, Quality & Experience	Inability to sustain Midwifery Led Units and Emergency Services in the Down and Lagan Valley Hospitals
10	1570	Safety, Quality & Experience	Inability to staff hospital wards and other key hospital departments at nights and at weekends
11	1388	Our Staff	Inability to plan and deliver for the workforce
12	1389	Safety, Quality & Experience	Inability to deliver an organisational wide risk management system
13	1390	Safety, Quality & Experience	Failure to develop and implement appropriate business continuity arrangements
14	1504	Efficiency & Service Reform	Inability to meet and maintain performance targets
15	1391	Safety, Quality & Experience	Risk of Healthcare Associated Infection
16	1501	Safety, Quality & Experience	GMS Out-Of-Hours funding
17	1502	Safety, Quality & Experience	Demand for Community Care packages

Directors' Report

Table 2 – Risk Sub Type/Total - 2014/15

	Total
Financial	1
Health & Safety	1
Legal/Statutory	1
Patient Safety/Clinical	8
Quality & Professional Guidelines/Standards	1
Service Continuity	3
Targets, Objectives & Service Provisions	2
Totals:	17

Progress reports were completed on a quarterly basis by the relevant Director and input into Datix under the direction of the Assistant Director, Risk Management & Governance.

A bi annual report on the Board Assurance Framework and CRR is presented to the Trust Board (May/November).

The Governance Assurance Committee is responsible for receiving reports on the Corporate Risk Register on a quarterly basis. At its meeting on 19 March 2014, it discussed and approved the Corporate Risk Register for 2014/15 for submission to the Trust Board on 28 May 2014, for endorsement. The Committee was satisfied that the action plans contained in the CRR were appropriate and arrangements were in place for the quarterly monitoring of progress in respect of action plans.

Compliance with the Corporate and Directorate Risk Registers is monitored on a regular basis via the Governance Assurance and Corporate Control Committees respectively. This process is also discussed at the monthly Performance Improvement & Monitoring Meetings.

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



Hugh McCaughey
Chief Executive



Date

Sustainability Report

With regards to sustainability within the South Eastern HSC Trust it has been identified that the major areas and KPIs of concern are those of gas/oil/electricity/water consumption, emissions to atmosphere of hydrocarbons and generation of various wastes; all manifesting themselves in the “Carbon Footprint” of the Trust.

Energy

The hydrocarbons are imbedded in our carbon footprint by the fuel (Gas/Oil) that we burn ourselves in our boiler plant and the electricity we import from the grid. Though the Trust electricity is supplied at 100% Green levels (Wind power) there is a national average carbon conversion of 0.5331kgCO₂e/kWh so grid electricity is also identified as an issue.

To mitigate these impacts, the Trust business & operations plans details per annum targeted reductions of:-

Electricity: 3%

Oil: 3%

Gas: 3%

Water: 3%

Carbon: 3.2% (To achieve a total 34% reduction by 2020 from 1990 baseline levels in line with UK mandated policy).

The Trust also adheres to and regularly reviews its Carbon management policy.

To pursue these reductions a number of schemes have been successfully implemented and are being looked at:-

Implemented 2014/15:

- Photovoltaic panels installations at:-
 1. Ulster Hospital – Critical Care building
 2. Ulster Hospital – Home 7
 3. Ulster Hospital – Trust HQ
 4. Ulster Hospital – Maternity
 5. Downshire Estates Buildings
 6. Downe Hospital
 7. Mount Alexander EPH
 8. Northfield House EPH
 9. Bayview Resource Centre.
- Management of Trust wide ISO14001 Environmental Standard
- Decentralisation works at the Ulster Hospital & Ards Hospital
- LED refurbishment projects Trust wide
- Fabric improvement works Trust wide
- CHP installed at the Care of the Elderly (Ulster).

Sustainability Report

Best practice in operations has incurred demand reductions in:-

- Gas: - 2.24%
- Electricity: - 3.82%
- Water: - 7%
- Overall total estate mWh consumption: - 2.96%
- CRC Core carbon emissions: - 5.36%
- Carbon Emissions: -1.55%

Environmental aspect via DECs KPI:

The following table indicates how energy hungry, relevant sites are, within the Trust Estate, with G being worst performing (Most energy hungry) and A being best (Most efficient).

	G		F		E		D		C		B		A															
	Worst														Best													
	09		10		11		12		13		14		15															
	10	11	12	13	14	15	16	17	18	19	20	21	22	23														
A	0	5	5	0	0	0																						
B	3	9	8	1	1	4																						
C	2	13	6	7	11	14																						
D	15	11	11	10	10	6																						
E	16	5	7	6	3	7																						
F	3	3	6	1	3	2																						
G	17	9	10	3	0	0																						

Via various building fabric refurbishment schemes, decentralisation projects and impact of infrastructure improvements; the Trust Estate is moving up the scale above with more sites in the B & C categories.

NIROCs: From 2015 onwards, the Trust will be able to receive additional payments from central government for on-site power generation from installed Photovoltaic Panels (500kW+). A site with certified PV receives payment in ROCs per mWh of power generated from the sun in addition to costs saved by being off grid. ROCs can vary in price from £44 - £48 depending on when received and traded. The Trust expects to receive up to £40k per annum with RPI increases up to 2035 on the now installed capacity.

Sustainability Report

South Eastern HSC Trust performance year on year was:

Utility		2013/14	2014/15	Variation
Gas	Expenditure	£2,532,840.64	£2,132,835.39	(-) 15.8%
mWh	Consumption	63670.511	62241.502	(-) 2.24%
Elec	Expenditure	£2,967,911.39	£2,735,842.55	(-) 7.8%
mWh	Consumption	25205.174	24242.034	(-) 3.82%
Oil	Expenditure	£614,479.78	£561,715.25	(-) 8.59%
mWh	Consumption	11976.642	13011.071	(+) 8.64%
Biomass	Expenditure	£143,898.30	£72,171.45	(-) 49.85%
mWh	Consumption	3482.130	1750.905	(-) 49.72%
Water	Expenditure	£549,083.54	£410,309.05	(-) 25.27%
	Consumption	223993m ³	140680m ³	(-) 37% #Note 1
Budget Expenditure		£6,808,213.65	£5,912,873.69	(-) 13.15%
Estate mWh Consumption		104334.457	101245.512	(-) 2.96%
Trust Carbon Emissions		28303TonnesCO ₂ e	27865.53TonnesCO ₂ e	(-) 1.55%
Degree Day Correlation		3208	3020	(-) 5.86%
CRC Regulated core emissions		22912TonnesCO ₂ e	21682.40TonnesCO ₂ e	(-) 5.36%
CRC Cost		£274,946.88	£355,591.34	(+) 29.3% #Note 2

Note 1: Figures are mains water demand. Ulster site also uses 67581m³ abstracted from borehole. Overall, water demand reduced by 7%.

Note 2: CRC scheme has moved from phase 1 to phase 2 where carbon unit costs have increased from £12/Tonne to £16.40/Tonne (+36.6%)

Sustainability Report

The reduction to gas consumption indicates a reaction to the decreased heating demand due to the warmer weather across the year and the impacts of decentralisation works to the Ulster and Ards sites.

Conversely, the increase to the heating oil demand relates to maintenance being required to the biomass plant leading it to be non-operational for most of 2014.

Projects for implementation 2015/16 to impact carbon & cost are:-

- No formal funding in place
- Biomass boiler to full operation
- 85kWe of PV to be powered up
- 80kWe CHP to be commissioned at COE (Ulster)
- On-going policy of LED lights to projects
- Harmonic filtration (Power) installs to complete at CCU (Ulster) and Downe Hospital
- Completion of wind speed testing for wind turbine at Downshire Estate.

With regards to sustainable water use, the Ulster site borehole is now operational and providing a site supply of 60/40 ratio to mains. Of an average daily use of 480m³, 288m³ is being derived from a managed sustainable source to a certified potable standard. Other areas within the Trust are being investigated for borehole abstraction, such as the Ards Hospital site.

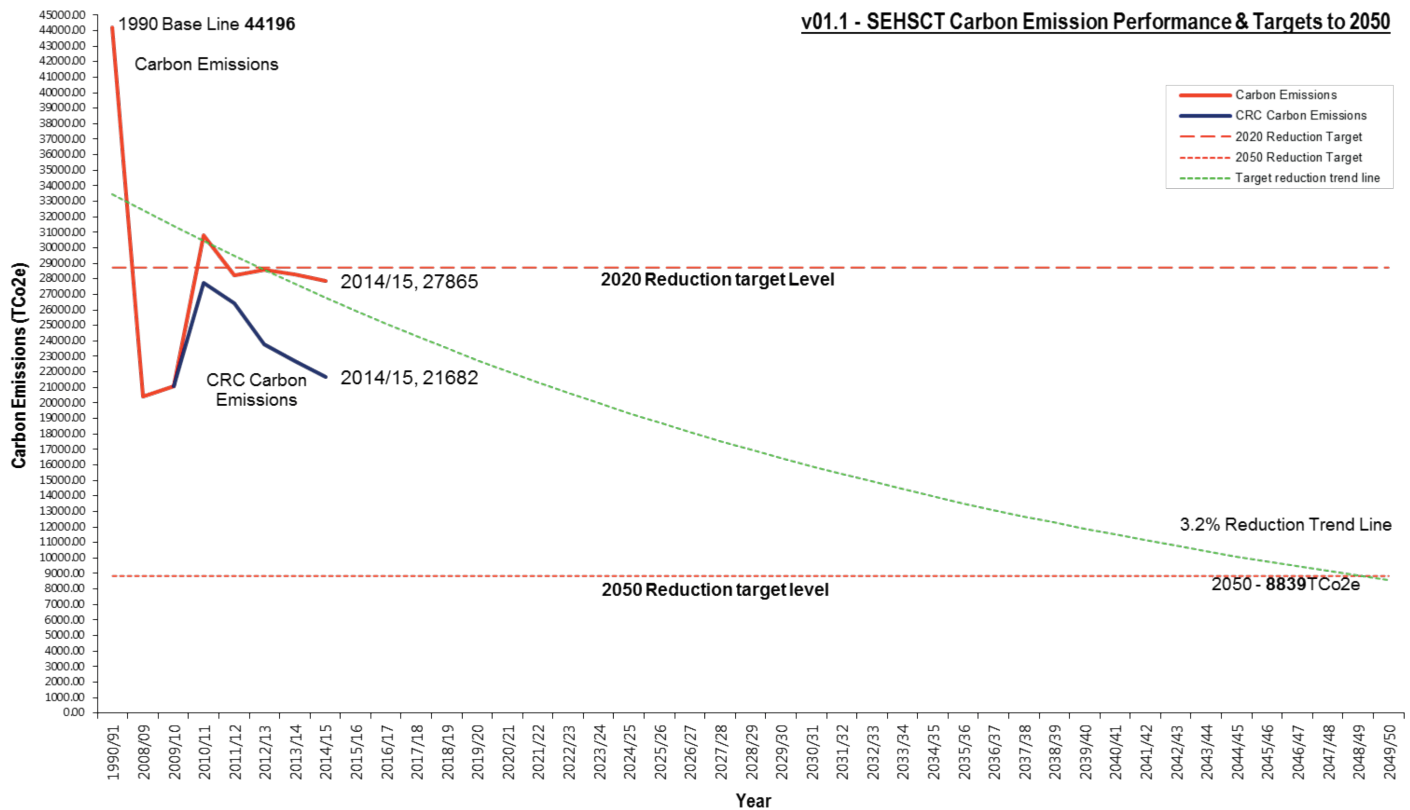
Although the actual carbon emissions of the Trust decreased only by 1.55% and core emissions by 5.36%, (Target met) the overall reductions by 2020 are on course.

Consult detail of following graph - v01.1

CRC Scheme

The trust publishes to the national CRC registry, all associated utility costs and overall emissions for inclusion to the UK league table on carbon emissions. Details can be gleaned from NIEA or from the CRC on line portal open to all members of the public at anytime.

Sustainability Report



Sustainability Accreditations & Compliance

- Controls Assurance Standards for Environmental Management & Waste Management: Trust is scored annually to ensure compliance checks are in place (2014/15: both Standards scored 83% - substantive compliance)
- ISO14001: Is a major contributor to continuing Controls Assurance compliance. Annual auditing of the ISO14001 process also takes place with regular site visits across all facilities to visually inspect:-
 1. Boiler house & switchroom conditions
 2. Fire safety (Training, equipment & monitoring)
 3. Boiler plant servicing & records
 4. Staff awareness of environmental impacts
 5. Display energy certificates where applicable
 6. Overall site and grounds condition
 7. Building defects
 8. Waste management processes & storage conditions
 9. Oil storage, delivery & compliance with oil storage regulations
 10. Condition of utility connections & defects for health/safety.

Sustainability Report

- EDMRS: Environmental Data Monitoring and Reporting System. Centralised system holding all reporting by HSC trusts on Energy Usage, Waste Production & Carbon Emissions
- Estates Business Plan (Operations & Targets): Environmental impacts are targeted for annual reduction and values noted in this document. (KPIs for assessment.)
- Compliance with NIEA legislation & reporting requirements: CRC, water abstraction licensing, discharge content and waste returns.

Awards within sustainability:-

1. 2014 – Building Better Healthcare, Highly commended (2nd in UK) Reducing carbon emissions using photovoltaics
2. 2013 – Business in the community, shortlisted finalist
3. Environmental improvement award
4. 2012 – Action Renewables Awards, 2nd place. *Most innovative renewables installation.*

Biodiversity

- The Trust ensures compliance for BREEAM biodiversity sections on all new build capital works pursuant of an “Excellent” rating as standard practice within the project
- Continuing compliance within a biodiversity strategy for existing sites is led by HEIG (Health Estates Investment group) and the Trust is awaiting direction on best practice.

Waste

Figures for clinical waste for the 2014/15 year and for comparison the previous financial year are listed below:-

Clinical Waste	2013/14	2014/15
Total Weight (Tonnes)	739	736
% change on previous year	+2.5%	-0.4%
Disposal Cost	£519,711	£529,587
% change on previous year	+4.6%	+1.9%
Community Collection Costs	£45,222	£42,724
% Change on previous year	-4.2%	-5.5%
Total Costs (Collection & Disposal)	£564,933	£572,311
% Change on previous year	+3.8%	+1.3%

Clinical waste is disposed of by SRCL using either steam sterilisation (approx. 90%) or incineration - for waste that cannot safely be treated by steam sterilisation (approx. 10%). The Steam Sterilisation process produces a reduced volume of dry, sterile ‘flock’ which had previously been sent to landfill. Since June 2014, the flock is now being sent to an Energy-from-Waste plant (‘Indavar’), thus contributing to the ‘Zero-to-Landfill’ aim of the NI Waste Strategy.

Sustainability Report

The clinical waste contract allows for an annual RPI price uplift. This was 2.75% in November 2013 and 1% in November 2014. As tonnage has remained virtually unchanged, the cost increase is largely due to the price rises.

The clinical waste contract is due to expire end October 2015 and the new regional contract has been tendered and again awarded to SRCL. The pricing structure of the new contract and the tendered prices, indicate that significant savings should be made, which will begin to be evidenced in 2015/16.

The community collection contract was re-tendered in 2012 and awarded again to Mediclean Hygiene Services. The new contract rates for price per bin collected were reduced and the collection schedule for the Down/Lisburn facilities made more efficient resulting in a significant price reduction in 2012/13. This refining of schedules has continued on an ongoing basis resulting in further savings. This contract is also due to expire late 2015 and the tendering process will commence shortly. The way in which the new SRCL contract has been let should have an impact on the community contract in terms of reducing the number of collection points. It is anticipated that this should result in cost savings in 2015/16 and beyond – however that will be dependent on the pricing of the successful tender bid.

The figures for non-clinical wastes are summarised below:-

Non Clinical Wastes	2013/14	2013/14
Domestic Waste & Recyclables		
Total Weight (Tonnes)	1336	1266
% change on previous year	-6.2%	-5.2%
Disposal Cost	£175,849	£177,518
% change on previous year	+1.1%	+0.9%
Bulky Skips		
Total Weight (Tonnes)	148.2	140.8
% change on previous year	-34%	-5%
Total Weight landfilled	90.1	84.34
Total Weight Recycled	58.1	56.45
Disposal Costs	£13,966	£13,924
% Change on previous year	-25.8%	-0.3%
Confidential Waste		
Disposal Costs	£16,343	£15,675
% Change on previous year	+30.4%	-4%
Non-Clinical Hazardous Wastes		
Disposal Costs	£2,367	£3,739
% Change on previous year	-55.5%	+58%
Total Costs	£208,525	£210,856
% Change on previous year	-0.99%	+1.1%

Sustainability Report

Domestic waste and recyclables are disposed off under a regional contract with Sita NI. There is a mixture of black bag waste and Mixed Dry Recyclables – however all the waste is sent to one of two MRF's for recovery, with the non-recoverable residue used for Refuse-Derived-Fuel so this waste is completely diverted from landfill.

Cardboard is also compacted and baled on the Ulster and Downe sites and we receive a rebate for this stream (based on the current market rate).

In 2014, Sita applied for and were awarded a 2% price increase (the first to be agreed since contract commencement in 2011). This increase came into effect in September 2014 which accounts for the slight rise in total costs.

Bulky skip items (furniture etc) are disposed off under a regional contract with MacNabb Bros – disposal charges are only applied to the waste which they cannot recycle. Recycling rates are around 40%. The overall tonnage and costs for this stream have remained fairly consistent with the 2013/14 figures following a significant reduction from the previous year. The amount of skip waste generated is largely dependant on clear-outs /facility closures etc so can be quite sporadic.

The regional Confidential Waste contract changed on 1Dec 2012 from Sita NI to Bailey Waste Recycling with a 65% increase in unit cost. This resulted in a significant increase in total costs for this stream in 2013/14. Collection schedules have been modified to try to contain the increase and a small cost reduction was achieved in 2014/15. As with bulky waste, this stream can be affected by clear-outs / facility closures.

A new regional contract for Non-Clinical Hazardous Wastes (WEEE, chemicals, oil etc.) was awarded in July 2014 to Avenue Recycling (WEEE), Enva (Waste Oil) & McQuillan Envirocare (Chemicals). Fluorescent tubes and waste oil are processed to recover valuable components. WEEE is broken down for recovery and chemicals are treated to either recover or safely destroy (according to legal /environmental requirements).

Under the previous contract, fluorescent tubes and waste oil were collected free of charge whereas under the new contract, there are costs attached to these items thus accounting for the cost increase – which will be on-going. However, these streams are very sporadic in nature and account for only a minor proportion of the total.

Sustainability Report

Acronyms

KPIs: Key performance indicators

HSC: Health & Social Care

KgCO₂e/kWh: equivalent kilogram of carbon per kilowatt hour (measure of energy)

UK: United Kingdom

CRC: Carbon reduction commitment government scheme

mWh: megawatt hour (1million watts) – measure of energy

m³: cubed metres – measure of water volume

TonnesCO₂e: equivalent tonnes of carbon emissions

CERI: Carbon emission reduction initiative

LED: Light emitting diode – energy efficient lighting

KW: kilowatt – measure of energy

PV: Photovoltaic array

NIEA: Northern Ireland Environment Agency

BREEAM: Building research establishment environmental assessment methodology

HEIG: Health Estates Investment Group

SRCL: Name of clinical waste disposal company

RPI: Retail price index

MRF: Materials recovery facility

WEEE: Waste electrical & electronic equipment directive

DECs: Display Energy Certificates

NIROCs: Northern Ireland Renewable Obligation Certificates

Remuneration Report

Membership of the Remuneration Committee

The Remuneration Committee of South Eastern Health & Social Care Trust includes the Chairman and 2 Non Executive Directors of the Trust. They are supported by the Chief Executive and Director of Human Resources & Corporate Affairs.

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, Social Services and Public Safety, Departmental Directives and Circulars on HSC Senior Executive Salaries.

Method used to assess performance

The Trust applies the Senior Executive Performance Management Scheme as set out within Departmental Circular HSS (SN) 1/2003 'Senior Executive Performance Management Scheme'. However one Senior Executive remains on protected terms and conditions of service and one is outside the purview of these arrangements and who is contracted under medical & dental terms and conditions.

The Trust Board

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

Remuneration Committee

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

Chair

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

Chief Executive

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

Performance Objectives

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

Remuneration Report

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 Paragraph 14 of the Departmental Circular detailed within the HSS (SN) 1/2003. The performance of each individual is assessed and rated each year in one of four bands according to how successfully objectives or targets have been met.

Individual Performance Review bands are as follows:-

- Fully acceptable
- Incomplete
- Unsatisfactory.

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

Duration of Contracts

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

Audited Remuneration Table

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

Remuneration Report

Remuneration (including salary) and pension entitlements

Name	2014-15					2013-14				
	Salary	Bonus Payments	Benefits in Kind (to nearest £100)	Pension Benefits (£000s)	Total (£000s)	Salary	Bonus Payments	Benefits in Kind (to nearest £100)	Pension Benefits (£000s)	Total (£000s)
Non-Executive Members										
C McKenna	30-35	0	0	0	30-35	25-30	0	0	0	25-30
P Davison	5-10	0	0	0	5-10	5-10	0	0	0	5-10
D Flanagan (1)	0	0	0	0	0	0	0	0	0	0
F Graham	5-10	0	0	0	5-10	5-10	0	0	0	5-10
D Mann-Kler	5-10	0	0	0	5-10	5-10	0	0	0	5-10
N Mansley	5-10	0	0	0	5-10	5-10	0	0	0	5-10
D O'Hara	5-10	0	0	0	5-10	5-10	0	0	0	5-10
J Trethowan	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Executive Members										
H McCaughey (Chief Executive)	125-130	0	1,200	12	135-140	120-125	0	900	11	135-140
R Coulter (Director of Planning / Performance)	70-75	0	4,000	9	80-85	65-70	0	2700	-26	45-50
N Guckian (Director of Finance/Estates)	85-90	0	2,300	11	100-105	85-90	0	2400	6	90-95
C Martyn (including clinical duties) (Medical Director)	210-215	0	800	16	225-230	180-185	0	300	29	210-215
N Patterson (Director of Elderly & Primary Care Services)	90-95	0	0	10	100-105	55-60 (fye 85-90)	0	0	97	155-160
S McGoran (Director of Hospital Services)	100-105	0	400	11	110-115	95-100	0-5	300	46	140-145
E Molloy (Director of HR & Corp Services)	100-105	0	0	9	110-115	95-100	0-5	0	29	125-130
BJ Whittle (Director of Adult Services & Prison Healthcare)	75-80	0	0	9	80-85	70-75	0	0	8	80-85
I Sutherland (2) (Director of Children Services)	70-75	0	0	8	75-80	70-75	0	0	12	80-85
Band of Highest Paid Directors Total Remuneration	210-215					180-185				
Median Total Remuneration	26,928					26,661				
Median Total Remuneration Ratio	7.9					6.8				

(1) D Flanagan temporarily stood down with effect from September 2011

(2) I Sutherland resigned on 31st March 2015 to take up a new appointment outside the Trust.

(3) The 2014/15 stated salary position is subject to final approval of the Remuneration Committee following the issue of the 2014/15 Senior Executive Pay Award Circular

Remuneration Report

The pensions of the most senior members of the Trust were as follows:-

Pensions of the most senior members of the Trust

2014-15					
Name	Real increase in pension and related lump sum at pension age	Total accrued pension at pension age and related lump sum £000s	CETV at 31/03/14 £000s	CETV at 31/03/15 £000s	Real increase in CETV £000s
Executive Members					
H McCaughey (Chief Executive)	0-2.5 plus lump sum 2.5-5	45-50 plus lump sum 135-140	759	836	77
R Coulter (Director of Planning / Performance)	0-2.5 plus lump sum 0-2.5	20-25 plus lump sum 65-70	335	359	24
N Guckian (Director of Finance/Estates)	0-2.5 plus lump sum 2.5-5	20-25 plus lump sum 65-70	367	400	33
C Martyn (Medical Director)	0-2.5 plus lump sum 7-7.5	60-65 plus lump sum 185-190	1326	1428	102
N Patterson (Director of Elderly & Primary Care Services)	0-2.5 plus lump sum 2.5-5	30-35 plus lump sum 90-95	496	531	35
S McGoran (Director of Hospital Services)	0-2.5 plus lump sum 2.5-5	30-35 plus lump sum 100-105	618	659	41
E Molloy (Director of HR & Corp Services)	0-2.5 plus lump sum 2.5-5	40-45 plus lump sum 130-135	884	933	49
BJ Whittle (Director of Adult Services & Prison Healthcare)	0-2.5 plus lump sum 2.5-5	20-25 plus lump sum 65-70	356	382	26
I Sutherland (Director of Children Services)	0-2.5 plus lump sum 2.5-5	25-30 plus lump sum 85-90	544	578	34

Salary is the gross salary paid/payable to the individual. Bonuses are based on performance levels attained and are made as part of the appraisal process. Bonuses relate to the performance in the year in which they become payable to the individual. The benefits in kind listed above related to leased cars. The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

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

Remuneration Report

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.


CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in South Eastern Health and Social Care Trust in the financial year 2014/15 was £210k- 215k (£180k-£185k, 2013-14). This salary includes significant remuneration in respect of Clinical (Non-Director) duties. This was 7.9 times (6.8, 2013-14) the median remuneration of the workforce, which was £26,928 (£26,661, 2013-14).

In 2014/15, 2 employees received remuneration in excess of the highest paid director. Remuneration ranged from £244k to £247k.

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



Hugh McCaughey
Chief Executive



Date

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For the year ended 31 March 2015

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

FOREWORD

These accounts for the year ended 31 March 2015 have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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, Social Services and Public Safety 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, of its income and expenditure, changes in taxpayers equity and cash flows for the financial year.

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

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- make judgements and estimates on a reasonable basis.
- state whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements.
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Trust will continue in operation.
- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust.
- pursue and demonstrate value for money in the services the Trust provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Hugh McCaughey of South Eastern Health and Social Care Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Trust assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 123 to 171) which I am required to prepare on behalf of the South Eastern Health and Social Care Trust have been compiled from and are in accordance with the accounts and financial records maintained by the South Eastern Health and Social Care Trust and with the accounting standards and policies for HSC bodies approved by the DHSSPS.



.....Director of Finance

8th June 2015

.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (page 123 to 171) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

8th June 2015

.....Date



.....Chief Executive

8th June 2015

.....Date

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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 Board, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety (DHSSPS).

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

- Service and Budget Agreements with the main Commissioning body, the Health and Social Care Board (HSCB), which establish clear specifications for the delivery of health and social care. Performance against these is monitored through a regular schedule of meetings and reporting.
- Ensuring compliance with statutory and other requirements set by the Department of Health, Social Services & Public Safety, Northern Ireland 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 determining the manner of delivery of their own treatment and care.
- 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 DHSSPS, and monthly meetings with HSCB.

Compliance with Corporate Governance Best Practice

The South Eastern Health and Social Care Trust applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements by undertaking continuous assessment of its compliance with Corporate Governance best practice. In March 2015, the Trust completed its third formal baseline assessment of the Department of Health, Social Services & Public Safety's (the Department) document entitled 'Board Governance Self-Assessment Tool (BGSAT)' which was issued in November 2014 with a submission date of 31 March 2015. The assessment covered the following 4 areas:-

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

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One Board Impact Case Study was also completed. This covered the area of organisational change and the Board's role in bringing about change.

Each section was broken down into individual criteria and a Red, Amber, Green (RAG) rating was applied. There were a total of 17 criteria – 15 were rated as Green with 2 rated as Amber/Green and 0 as Amber/Red. Amber/Green ratings related to section 2.1 – Board evaluation, learning and development in terms of engagement with staff and other stakeholders as to whether they believe the Board to be effective; section 2.3 – Board induction, succession and contingency planning – due to the ongoing recruitment process by the Department. A plan was developed detailing the action plans to achieve any areas of non-compliance with good practice and/or red flag areas on completion of the assessment. The assessment tool was formally approved by the Trust Board at its meeting on 25 March 2015 and submitted to the Department by the due date of 31 March 2015.

In addition, the Department required each Arms Length Body (ALB) in 2014/15 to complete an independent evaluation of its BGSAT in the format of a report back to the Board and subsequently to the Department. The report included the Independent Verifier's view on the appropriateness of the Board's ratings and where necessary, provided recommendations for improvement. The report on the Independent Evaluation of the BGSAT was carried out by an Associate Consultant, HSC Leadership Centre (Independent Verifier). The approach taken was based on a range of activities aimed at verifying the comments and ratings within the BGSAT. These included an initial review of the breadth and scope of the completed Self-Assessment Tool to identify particular lines of inquiry and options for gathering the required information for verification. This was followed by a sampling of information, interviews with key stakeholders and a formal Board Observation. The Board Observation enabled the Verifier to see the Board in action, providing a real time perspective on many of the areas covered in the BGSAT.

Based on the documentation provided, interviews with a number of key stakeholders and observation of the Board in action, the ratings submitted in the BGSAT were supported by an Independent Verifier. The BGSAT provides a useful assurance to the Board that it is conducting its business in line with best practice. Whilst a number of recommendations (7 in total) were made, these were aimed at further development of the Board. Some of the recommendations are about reflection. There were no material concerns identified through the Verification process.

Subsequent to this work, and in pursuance of its compliance with best practice for Corporate Governance, the Trust reviewed the National Audit Office compliance checklist in respect of the Corporate Governance Code for Central Government Departments: Code of Good Practice 2011 (published by HM Treasury and the Cabinet Office in July 2011) - in December 2014 to determine its applicability for use by the Trust. It concluded that whilst the content of the document was useful it was not appropriate for a HSC Trust.

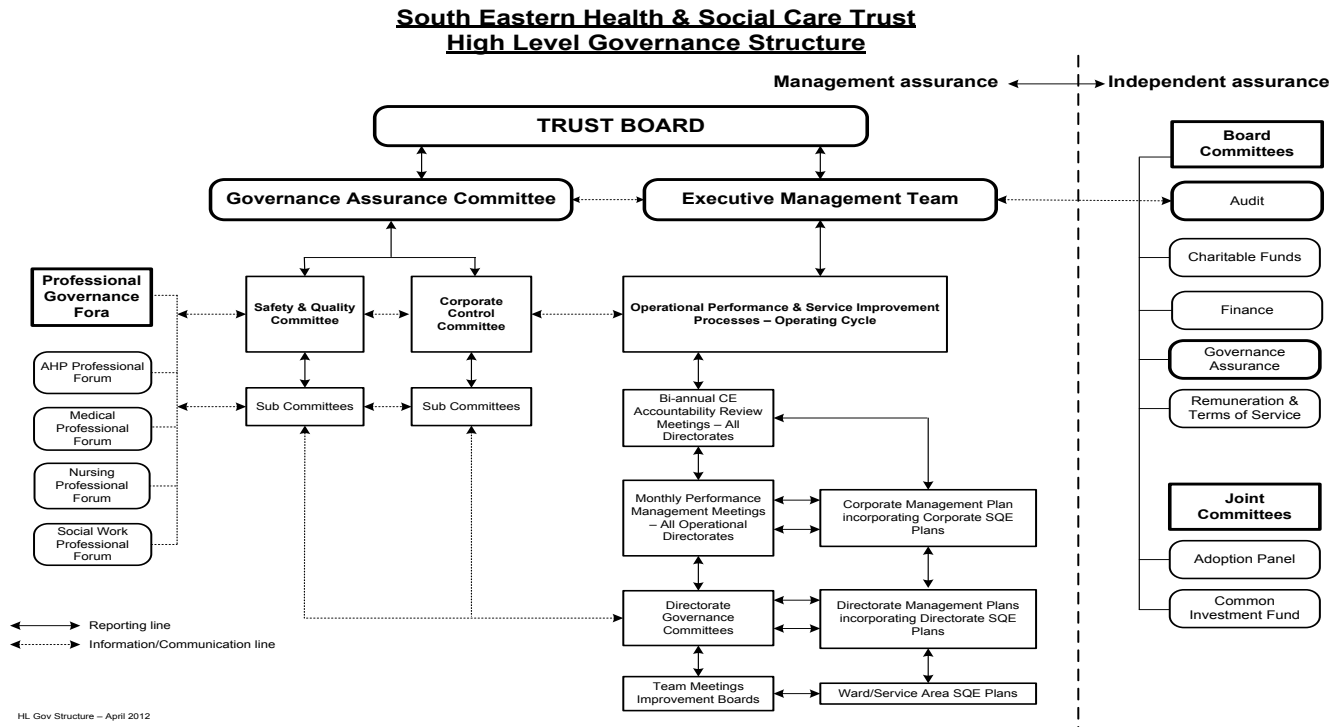
Governance Framework

The South Eastern Health and Social Care Trust has an integrated governance framework in place which links corporate governance (including risk management and organisational controls), safe and effective care (clinical and social care governance), and financial governance. This framework is closely aligned to the Department's Assurance Framework (April 2009). It operates on the four domains contained in this document namely, Corporate Control, Safety & Quality, Finance and Operational Performance and Service Improvement.

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This framework (see table 1 below) is further supported by the Trust's own Assurance Framework, Risk Management and Governance Strategies.

Table 1 – High Level Governance Infrastructure



The high level Governance infrastructure was reviewed by the Corporate Control Committee at its meeting on the 21 January 2015. It concluded that the infrastructure was fit for purpose and amended the Operational Performance & Service Improvement section to include recent work on the Quality Improvement and Innovation model which will take effect from 1 April 2015.

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

- Audit;
- Governance Assurance;
- Charitable Funds;
- Finance; and
- Remuneration.

Attendance records are maintained for all sub committees and these are detailed in the Table 2 below. Each sub-committee has an approved Terms of Reference and an agreed programme of work which are reviewed on an annual basis to ensure that the committee is discharging its role and performance responsibilities.

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Table 2 – Attendance records for Trust Board and Sub Committee meetings

Trust Board Meetings

Name	No. of actual meetings per year	No. of meetings attended	% attendance
Colm McKenna	9	9	100%
Deepa Mann-Kler	9	8	89%
Dermot O'Hara	9	6	67%
Francesca Graham	9	9	100%
John Trethowan	9	8	89%
Nigel Mansley	9	8	89%
Peter Davison	9	7	78%
Hugh McCaughey	9	8	89%
Brendan Whittle	9	8	89%
Charlie Martyn	9	7	78%
Eamonn Molloy	9	8	89%
Ian Sutherland*	9	8	89%
Nicki Patterson	9	9	100%
Neil Guckian	9	9	100%
Roisin Coulter	9	9	100%
Seamus McGoran	9	8	89%

*Note – Ian Sutherland left Trust at end of March 2015

Trust Board Workshops

Name	No. of actual meetings per year	No. of meetings attended	% attendance
Colm McKenna	5	5	100%
Deepa Mann-Kler	5	4	80%
Dermot O'Hara	5	0	0%
Francesca Graham	5	5	100%
John Trethowan	5	2	40%
Nigel Mansley	5	4	80%
Peter Davison	5	4	80%
Hugh McCaughey	5	4	80%
Brendan Whittle	5	5	100%
Charlie Martyn	5	3	60%
Eamonn Molloy	5	5	100%
Ian Sutherland*	5	3	60%
Nicki Patterson	5	5	100%
Neil Guckian	5	5	100%
Roisin Coulter	5	5	100%
Seamus McGoran	5	4	80%

Audit Committee

Name	No. of actual meetings per year	No. of meetings attended	% attendance
John Trethowan	5	4	80%
Francesca Graham	5	5	100%
Nigel Mansley	5	5	100%
Neil Guckian	5	5	100%

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Charitable Trust Funds

Name	No. of actual meetings per year	No. of meetings attended per year	% attendance
Nigel Mansley	3	3	100%
Deepa Mann-Kler	3	3	100%
Charlie Martyn	3	3	100%
Neil Guckian	3	3	100%
Nicki Patterson	3	3	100%
Paul Morgan	3	3	100%

Finance Committee

Name	No. of actual meetings per year	No. of meetings attended per year	% attendance
Dermot O'Hara	6	5	83%
Francesca Graham	6	6	100%
Peter Davison	6	5	83%
Neil Guckian	6	6	100%

Governance Assurance Committee

Name	No. of actual meetings per year	No. of meetings attended per year	% attendance
Francesca Graham	4	4	100%
Colm McKenna	4	2	50%
Dermot O'Hara	4	2	50%
John Trethowan	4	2	50%
Peter Davison	4	3	75%
Hugh McCaughey	4	3	75%
Brendan Whittle	4	1	25%
Charlie Martyn	4	3	75%
Eamonn Molloy	4	2	50%
Ian Sutherland	4	3	75%
Nicki Patterson	4	3	75%
Neil Guckian	4	2	50%
Roisin Coulter	4	4	100%
Seamus McGoran	4	3	75%

Remuneration & Terms of Service Committee

Name	No. of actual meetings per year	No. of meetings attended per year	% attendance
Colm McKenna	1	1	100%
Deepa Mann-Kler	1	1	100%
Peter Davison	1	1	100%
Dermot O'Hara	1	1	100%
Hugh McCaughey	1	1	100%
Eamonn Molloy	1	1	100%

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The Audit Committee, under the chairmanship of a Non-Executive Director, meets not less than - 4 times per year in line with its Terms of Reference and Programme of Work. Its main role focuses on the system of internal control and includes a range of functions about Governance and Internal Control, Internal and External Audit, Assurance Functions, Financial Reporting and Value for Money activities. It approves the Internal Audit programme of work which is risk based. It also receives the Head of Internal Audit's Opinion and recommends approval of the draft Governance Statement of the Board. In addition, it reviews progress on implementing internal and external audit recommendations. Following each meeting, the minutes of the Committee are submitted to the Trust Board for information/noting with the Chairman highlighting any specific governance issues for the attention of the Trust Board.

The Audit Committee, on an annual basis, undertakes a review of its effectiveness based on its Terms of Reference. This includes a section on attendance at committee meetings by members. The outcome of this work is reported to the Trust Board. It also provides an Annual Report on the effectiveness of the Committee to the Board.

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

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

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

In addition, the Safety & Quality Committee supports the work of the Governance Assurance Committee under the joint chairmanship of the Director of Primary Care, Older People and Executive Director of Nursing, the Medical Director and the Director of Children's Services. Its role is to be the main sub-committee of the Governance Assurance Committee responsible for leading the safe and effective care agenda across the Trust.

The Governance Assurance Committee, on an annual basis, also undertakes a review of its effectiveness based on its Terms of Reference. This includes a section on attendance at committee meetings by members. The outcome of this work is reported to the Trust Board. It also provides an Annual Report on the effectiveness of the Committee to the Board.

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

Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within the organisation.

The Trust's business planning process is carried out in accordance with DHSSPS guidance and results in the production of an annual Trust Delivery Plan (TDP). The plan is developed in response to the priorities set out in the Joint Commissioning Plan. Each Trust Director is accountable for delivering against the elements of the TDP that fall within his/her sphere of responsibility. A Corporate Plan (2011-2015) was approved in August 2011. This is delivered on an annual basis by Directorates who compile their annual Directorate Management Plans which then form the basis of the annual Corporate Management Plan; all plans are closely aligned to the objectives set out in the four year Corporate Management Plan. Monitoring of compliance with the Trust Delivery Plan is via the Operating Cycle which includes monthly Performance Monitoring and Improvement meetings for all Operational Directorates and Bi- annual Chief Executive Accountability Review meetings. This also includes compliance with the governance, risk management and safety, quality and experience agendas. A new four year Corporate Plan (2015-2019) is currently under development pending further guidance from the DHSSPS.

South Eastern Health and Social Care Trust's capacity to handle risk and its risk and control framework

During 2014/2015, the Trust continued to implement its Integrated Governance framework which links corporate governance and risk management (including organisational controls), safe and effective care (clinical and social care governance), and financial governance. A new three year Board Assurance Framework (2014-2017); Risk Management Strategy (2014-2017) and updated Integrated Governance Strategy (2013-2015) were developed and approved by the Trust Board in June 2014. These documents continue to be embedded ensuring a cohesive and integrated approach to the key building blocks of governance and risk management. The continued focus of these documents was to strengthen and improve the existing systems of internal control.

The Trust's extant Risk Management Strategy, is based on the principles of the AS/NZS 4360: 2004 (and subsequent amendments)., It is regularly reviewed on an annual basis by the Corporate Control Committee (taking account of problems and/or significant external developments that arise during the course of the year) and was last approved by the Trust Board at its meeting on 25 June 2014.

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. The responsibilities of the Executive Management Team, Trust Board, Audit Committee, Governance Assurance Committee and other relevant committees and sub committees are clearly defined. The document includes the identification of the Trust's Risk Management objectives and the leadership, accountability and working arrangements for risk management through the

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formation of appropriate organisational structures. It also details the application of the Trust's risk matrix and a definition of acceptable risk. All risks, whether resulting from accidents, incidents, adverse events, hazard reports or any form of risk assessment must be graded in accordance with the risk matrix and entered on the appropriate risk register/s.

There is a clear method of risk identification using the risk assessment and risk register tools/methodologies and upward identification and reporting of risks. Risk appetite/tolerance levels are included within the risk strategy and risk matrix which clearly demonstrates how to escalate risks from department, Directorate and Corporate levels. All significant risks are assessed and ranked and action plans developed to mitigate the risk. A risk owner (manager) is assigned to each risk and has the authority to allocate actions to specific staff.

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

Reports on Directorate Risk Registers are submitted and discussed on a quarterly basis by the Corporate Control Committee. A similar process is in place for the Corporate Risk Register with the Governance Assurance Committee. Regular reports on the Board Assurance Framework and Corporate Risk Register were submitted to the Trust Board during the year. In February 2014, the Executive Management Team reviewed the previous year's Corporate Risk Register and determined those items that would be closed off and those which would be carried forward into 2014/15 Corporate Risk Register. A total of 17 risks were on the register for the year. Details as listed below:-

- 16 of the existing 20 Corporate Risk Register (2013/2014) topics were carried forward into the 2014/2015 Corporate Risk Register with new action plans developed, as appropriate;
- 4 items (ID1168 – Insufficient Joint Commissioning, ID1165 - Inability of Trust to comply with CA standard for Fleet & Transport, ID1166 – failure to comply with Food Hygiene and ID1151- Inability to meet existing and new standards of clinical & social care guidelines] were closed and removed from the register. Risk issues to be managed at Directorate Risk Register level, as appropriate;
- 2 items were reworded in terms of short and long descriptions:-
 - ID1159 – expanded to include fire risk issues;
 - ID1160 - reworded to reflect current issues with the BSTP Project;
- All forms were reviewed for accuracy and updated for scoring, control measures and new action plans inserted, as appropriate;
- 1 new item (ID1501 – GMS Out of Hours Funding) was added to the register.

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

Staff are trained and equipped to manage risk in a way appropriate to their authority and duties. Risk management support and guidance is made available to staff both in paper format and via the intranet. Managerial staff are clearly accountable for ensuring that appropriate guidance, support and training is available for all their staff. There is on-going training provided by both the Risk Management Directorate and other specialist advisers to embed risk management concepts and tools into everyday business.

During the year the main focus on risk management training was on General Risk Assessment, Corporate and Directorate Risk Registers. In addition, a range of other training was delivered for e.g. Induction, Practical Manager, Serious Event Audit and Root Cause Analysis, Incident Reporting, Consent, Emergency Preparedness, Information Governance and NVQ courses. A range of other health and safety training was provided on an on-going basis by specialist advisers for e.g. fire, manual handling, display screen equipment and waste management, etc.

The Trust promotes an open, just, honest and participative culture in which errors or service failures can be admitted, reported and discussed openly. Incident reporting (including near misses) is the cornerstone of the risk management system. Trust staff are encouraged to undertake individual reporting of near misses, errors or mistakes, and to look critically at their own actions and those of their teams to ensure we can provide good quality services for our patients/clients, staff and visitors. Incident reporting is a key mechanism for quality improvement and is a key component of the governance programme. During the year the extant incident policies and procedures were updated.

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

The Trust, as part of a Departmental directive, undertook a major review of all its Serious Adverse Incidents from 2009 to 2013 from April to September 2014, with an emphasis on family engagement, which was validated in November 2014 by the Regulation and Quality Improvement Authority. This work also informed the visit by Sir Liam Donaldson and his Review Team, in November 2014, and the subsequent publication of his report in January 2015 'The Right Time, The Right Place' which examined the governance arrangements for ensuring the quality of health and social care provision in Northern Ireland. Subsequent to this review, changes to policies and procedures for managing SAIs will be undertaken in 2015/16.

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There is regular consultation with key stakeholders and partners on risk for e.g., the Department, Health and Social Care Board, Regulation Quality and Improvement Authority and the Northern Ireland Prison Service.

An annual internal audit of the Trust's risk management and governance systems is undertaken each year (circa January) - satisfactory assurance was confirmed. There were no Priority 1 findings, -2 Priority 2 findings and 0 Priority 3 findings.

Information Risk

In terms of risks to information, the Trust has a well-established Information Governance Sub Committee (IGSC) which reports to the Corporate Control Committee and is supported in its work by seven sub committees. The role of the Information Governance Sub-Committee is to lead, co-ordinate and direct the strategic agenda with regard to Information Governance issues within the Trust. It also supports the Trust's corporate and Directorate objectives and ensures that risks in this area are regularly identified and addressed. Information risks are identified at all levels in the organisation and, where appropriate, are included on the Directorate and/or Corporate Risk Registers. The Trust is a public sector information holder and is subject to the terms of the Freedom of Information Act, 2000.

The Director of Human Resources & Corporate Affairs and the Personal Data Guardians (i.e. the Medical Director and Director of Children's Services & Executive Director of Social Work) are the Trust leads for ensuring compliance with the Data Protection Act 1998 and the Code of Practice on Protecting the Confidentiality of Service User Information. The Director of Human Resources & Corporate Affairs is the nominated Senior Information Risk Owner (SIRO) and the Director of Planning, Performance & Informatics is the appointed deputy Senior Information Risk Owner. All Assistant Directors have been nominated to the roles of Information Asset Owner (IAO). The appointment of the SIRO and IAO were made under the direction of the DHSSPS as a result of its Data Protection Reviews 2007/08. The Deputy SIRO and nominated staff from the Planning, Performance & Informatics Directorate completed annual refresher SIRO training in February and March 2015 respectively.

The Information Governance Sub Committee continued, in conjunction with its seven supporting working groups, to roll-out a challenging programme of work during 2014/2015. The Information Management Controls Assurance standard which includes 27 criteria spanning for example, the corporate agenda, data quality, data security, coding, pseudonymisation and, anonymisation of data, training, audit and the handling of subject access and Freedom of information requests was implemented during the year. Attainment of the required level of substantive compliance was a significant challenge during the year. Action plans were developed and implemented to address any areas of non-compliance. The Information, Communication and Technology (ICT) Controls Assurance Standard was also progressed throughout the year and both the Information Governance (IG) (substantive compliance) & ICT Controls Assurance Standard achieved the required substantive compliance level as per Departmental guidance.

Each Directorate has developed an information asset register and in accordance with the IGSC's programme of work, each Directorate ensures that information risks are considered in conjunction with the Trust's Risk Management Strategy.

The Trust introduced a new Information Governance Strategy including a framework and in line with the Trust policy review process reviewed a number of existing extant IG policies.

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The Trust has continued to roll-out learning in line with the annual IG training programme. During 2014/2015, there was an increased demand across Directorates for delivery of data protection training as a result of joint working between the Information Governance Department and each Directorate. There has also been significant uptake in the Information Governance e-learning programme which includes training modules on Data Protection, Freedom of Information, Records Management and Information Security.

The Trust continues to monitor the off-site storage contract (awarded on 1 March 2012). It also continues to actively appraise archived records in accordance with Good Management, Good Records, 2011. Regrettably, due to ongoing Trust contingencies, finance has not been made available to destroy records which are eligible for destruction; however this will be reassessed in the 2015/2016 financial year.

The Information Governance Manager continues to participate in the DHSSPS Information Governance Advisory Group to ensure that the Information Governance agenda is focused to meet the needs of the DHSSPS strategic agenda. One continuing key focus is the continued implementation of the Information Management Controls Assurance Standard to ensure alignment with the NHS Information Governance toolkit.

The Trust actively participated in a number of Information Commissioner's consultation documents for example, the DHSSPS proposed introduction of Legislation in respect of Secondary Uses of Information and the Information Commissioner's Freedom of Information Definitions Document. All consultations were co-ordinated via the Strategic and Capital Development Department.

Staff are trained and encouraged to report all incidents including (Information Governance) incidents to ensure the Trust can investigate the reasons for an incident happening again. The Information Governance Steering Group receives quarterly reports on all information governance incidents. In addition, all reported incidents of data loss or confidentiality breach in 2014/2015 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. Two incidents were reported to the Information Commissioner's Office (ICO). The first related to a mobile phone incident (May 2014) – the ICO concluded its investigation and no action was taken in this regard. The second incident (November 2014) related to a report being emailed in error to an incorrect email address. The outcome of the ICO's investigation is currently awaited.

Any issues specifically identified by the IGSC are managed via the Risk Management & Governance Directorate Risk Register or are escalated to the Corporate Risk Register, if appropriate. Regular reports are made to the IGSC, as appropriate.

The Trust is also committed to ensuring the security of information held in electronic form in accordance with its ICT security Policy.

Public Stakeholder Involvement

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

- Via the Corporate and Directorate Risk Registers – these registers identify risks to the achievement of the overall objectives, including the provision of services, and the

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range of persons affected by specific risk issues. Summary information about both registers is presented on a bi-annual basis to the Trust Board.

- There are a number of sub committees aligned to the Trust's governance structures whereby both patients and clients attend and actively input to discussions about Trust specific issues i.e. the Personal & Public Involvement Sub Committee. The purpose of this engagement is to work with service users to design, deliver and improve services, which would include any associated risk issues. In addition, there is also a Trust-wide User Forum and specific Service User Forums in operation across the Trust which also provides active platforms through which service users engage in decision making, feedback processes and associated risk issues.

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

Assurance

The Trust has an Assurance Framework (June 2014) updated on an annual basis which is based on the Department's Assurance Framework (April 2009). This framework provides a strong basis for effective challenge and better informed decision-making at Trust Board level. The framework helps the Trust to improve its systems of internal control. It does this by showing how the evidence for adequate control can be marshalled, tested and strengthened within the Assurance Framework. It forms part of a series of strategies and systems for improving and strengthening practices and governance arrangements so that safe and high quality health and social care are provided to all that need them.

The framework work sits alongside the Corporate Risk Register system and the Controls Assurance process, which underpins all aspects of the business of Health & Social Care (HSC) – clinical and social care, financial and organisational – and which supports the Trust's governance arrangements.

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

A key source of assurance is the reports from Internal Audit. The annual Audit Plan is based on key risks and systems within the organisation. As part of its annual audit programme for 2014/15, Internal Audit reviewed the Trust's Risk Management and Governance arrangements and in January 2015 reported satisfactory assurance on the system of internal control for Risk Management and Governance.

Controls Assurance Standards

The South Eastern Health and Social Care Trust assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2014/15.

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The Organisation achieved the following levels of compliance for 2014/15.

Standard	DHSS&PS Expected Level of Compliance	Trust Level of Compliance	Audited by Internal Audit
Buildings, land, plant and non-medical equipment	75% - 99% (Substantive)	82% (Substantive)	Yes
Decontamination of medical devices	75% - 99% (Substantive)	92% (Substantive)	No
Emergency Planning	75% - 99% (Substantive)	89% (Substantive)	No
Environmental Cleanliness	75% - 99% (Substantive)	90% (Substantive)	No
Environment Management	75% - 99% (Substantive)	83% (Substantive)	No
Financial Management (Core Standard)	75% - 99% (Substantive)	86% (Substantive)	Yes
Fire safety	75% - 99% (Substantive)	83% (Substantive)	No
Fleet and Transport Management	75% - 99% (Substantive)	89% (Substantive)	No
Food Hygiene	75% - 99% (Substantive)	90% (Substantive)	No
Governance (Core Standard)	75% - 99% (Substantive)	97% (Substantive)	Yes
Health & Safety	75% - 99% (Substantive)	88% (Substantive)	No
Human Resources	75% - 99% (Substantive)	87% (Substantive)	No
Infection Control	75% - 99% (Substantive)	90% (Substantive)	Yes
Information Communication Technology	75% - 99% (Substantive)	84% (Substantive)	No
Information Management	75% - 99% (Substantive)	79% (Substantive)	No
Management of Purchasing and Supply	75% - 99% (Substantive)	80% (Substantive)	No
Medical Devices and Equipment Management	75% - 99% (Substantive)	78% Substantive	No
Medicines Management	75% - 99% (Substantive)	84% (Substantive)	No
Research Governance	75% - 99% (Substantive)	91% (Substantive)	Yes
Risk Management (Core Standard)	75% - 99% (Substantive)	93% (Substantive)	Yes
Security Management	75% - 99% (Substantive)	86% (Substantive)	No
Waste Management	75% - 99% (Substantive)	83% (Substantive)	No

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Sources of Independent Assurance

The South Eastern Health and Social Care Trust obtains Independent Assurance from the following sources:

Internal Audit

The South Eastern Health and Social Care Trust utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis.

In 2014-15 Internal Audit reviewed the following systems:

Audit Area	Level of Assurance
Human Resources, Payroll, Travel & Subsistence (HRPTS) – pre-transfer to BSO Shared Services	Limited
Non Pay Expenditure (FPL)	Limited
Bank and Cash (FPL)	Satisfactory
Adult Supported Living Client Monies(Trust and Independent Sector)	Satisfactory
Management of Client Monies in Independent Sector Homes	Satisfactory in respect of three homes Limited in respect of three homes
Year End Stocktake Review	Satisfactory
Directorate Risk Based Audit- Prison Service Health Care	Satisfactory
Efficiencies and Service Reform	Satisfactory
Performance Management	Satisfactory
Risk Management (focusing on the management of extreme risks)	Satisfactory
Information Governance	Satisfactory
Management of ICT Contracts	Satisfactory
Claims Management	Satisfactory

In addition, Internal Audit also reviewed the status of the implementation of recommendations arising from the 2013/14 audits in the following areas:-

- Review of Management of Contracts with the Independent and Voluntary Sector
- Review of Management of Pharmacy Contracts
- Review of Management of Independent Sector Work relating to Waiting List Initiatives

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, 319 (81%) recommendations out of the 393 examined have been fully implemented, 67 (17%) recommendations have been partially implemented and 7 (2%) recommendations have not yet been implemented.

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

“My overall opinion for the year ended 31 March 2015 is that there is a satisfactory system of internal control designed to meet the organisation's objectives. However, the use of the new financial systems requires further embedding”.

Management accept all of the audit findings and there are action plans in place to address all findings.

Internal Audit provide limited assurance in respect of the following audits

HRPTS

Limited Assurance was issued in respect of a number of priority one findings in respect of new system and Shared Services development, overpayments, sickness payments, reconciliation of control accounts, recording of cumulative mileage and access rights and segregation of duties. This audit was completed prior to go live and Trust management have made good progress in addressing the priority one findings. At year end, of the 13 priority one findings identified, 10 had been fully implemented, two partially implemented and one finding in respect of access rights and segregation of duties was not implemented. An action plan is in place to address this.

Non Pay Expenditure

Limited assurance was issued due to a number of priority one findings in respect of the Trust's management of BSO Shared Services, particularly in respect of agreeing Key Performance Indicators and signing the Service Level Agreement, super user access, checks in respect of trader amendments and additions and the functionality of the FPL system to monitor expenditure against contract

The payments function was transferred to BSO Shared Services during 2014/15 and through the work carried out locally and between both parties, all of the priority one findings had been implemented at year end with the exception that the Trust is to obtain regular assurances from BSO that regular checks are to be carried out in respect of trader amendments.

Shared Services Audits

During the year a number of audits have been conducted in BSO Shared Services. As the Trust is a customer of BSO Shared Services, the audit reports have been shared with the Trust and summary of the reports has been provided to the Trust's Audit Committee. The recommendations in these Shared Service audit reports are the responsibility of BSO Management to take forward and the reports have been presented to BSO Governance & Audit Committee.

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Shared Services Audit	Level of Assurance
Payments Shared Service (as at September 2014)	Limited
Payments Shared Service (as at March 2015)	Satisfactory – Overall Limited – Management of Duplicate Payments
Payroll Shared Service (as at September 2014)	Limited
Payroll Shared Service (as at February 2015)	Limited
Income Shared Service	Satisfactory
Business Services Team	Satisfactory
Shared Service Governance	Satisfactory

Across these audit reports, the need to define roles and responsibilities of the Shared Service centres and customer organisations including clarity over controls exercised is a common theme.

Limited assurance has been provided in respect of the Payroll Shared Service Centre and a significant number of priority one findings and recommendations have been reported. Improvement is required particularly in the following areas: variance checking; management and reporting of overpayments; authorisation and processing of additional payments; management of and assurance over supplier access and responsibilities; and HRPTS access controls and privileges.

Limited assurance was initially provided in respect of the Payments Shared Service Centre however following improvements in processes and controls, satisfactory assurance was provided in late 2014/15. Further improvement is still required particularly in respect of management of duplicate payments, for which Limited assurance is still specifically provided.

At 2014/15 year end, Internal Audit followed up on the implementation of priority one and priority two BSO shared service recommendations, where the implementation date had passed. 46 2014/15 shared service recommendations were included in the BSO year-end follow up. 61% of these 2014/15 recommendations were fully implemented at the time of review, 33% were partially implemented and 6% were not yet implemented. These figures exclude recommendations that were previously reported in an earlier audit report or where the implementation date is not yet due. In total, 221 BSO shared service/business services transformation programme recommendations were followed up at year end, from reports dating from 2012/13 onwards. 78% of these recommendations have been fully implemented, 18% partially implemented and 4% were not yet implemented at the time of review.

Other Sources of Independent Assurance

The Trust also receives independent assurance from the following bodies:-

- Northern Ireland Audit Office – Provides an independent opinion on whether the Trust's Public Fund Accounts and Charitable Trust Funds Accounts present a true and fair view in respect of the Trust's financial activities.
- Regulation and Quality Improvement Authority – On the extent to which the services provided by the Trust, or those commissioned from third party providers, comply with applicable quality standards.

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- Annual BSO Assurance Letter in respect of Shared Services functions.
- Social Services Inspectorate for older people and childrens' services.
- Medicines and Healthcare Products Regulatory Agency (MHRA) through regular inspections and reports.
- General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training Council (NIMDTA) and various Royal Colleges.

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

- Feedback from Directors (via Assessment of skills, etc) on whether information meets their needs.
- Open debate, via Workshops, on level of detail, format, coverage and prioritisation of papers to Trust Board.
- Use of Patient Stories to confirm/assure on standard of services.
- Internal Audit assurance on Finance (and other) information.
- External Audit opinion on Annual Accounts.

Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the relevant internal mechanisms, Audit Committee, Governance Assurance Committee, Corporate Control Committee and the Safety & Quality Committee, and a plan to address weaknesses and ensure continuous improvement to the system is in place.

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

The Trust Board regularly considers reports contained in the Assurance Framework/Corporate Risk Register faced by all areas within the Trust. This report contains information on levels of assurances, gaps in assurances and controls and actions plans to mitigate any shortfalls.

The Audit Committee met on 5 occasions during 2014/2015 and regularly considered the effectiveness of internal controls. It approves and endorses the Internal Audit programme of work which is risk based. Regular progress and follow up reports are provided to the Audit Committee. The Audit Committee provides an Annual Report on the effectiveness of the Committee to the Board. It also receives the draft Head of Internal Audit Opinion and recommends approval of the draft Statement of Internal Control to the Board. In addition, it reviews progress on implementing internal and external audit recommendations.

The Governance Assurance Committee met on 4 occasions during 2014/2015 and considers the effectiveness of the Trust's governance arrangements. The Chairman of this Committee is a member of the Audit Committee. Likewise, the Audit Committee Chairman sits on the

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Governance Assurance Committee. This committee reports to the Trust Board on a quarterly basis and provides assurances on all aspects of Governance (except financial controls). The Governance Assurance Committee provides an Annual Report on the effectiveness of this Committee to the Board.

The Audit Committee is responsible for the financial systems of internal control, and oversees the work and outputs of Internal Audit. It also reports directly to the Trust Board. The Corporate Control and Safety & Quality Committees and their associated committees form the main strands within the governance framework for the delivery of governance and risk agendas and report to the Governance Assurance Committee.

Non-Executive Directors sit on the Corporate Control and Safety & Quality Committees, Governance Assurance and the Audit Committees. The minutes of all sub committees are shared with the respective parent committee and the minutes of the Audit and Governance Committees are circulated to the Trust Board.

On 31 March 2015, the Trust submitted its self-assessment of the Board Governance Self Assessment Tool (issued in November 2014). An action plan has been developed to address any areas on non-compliance. The report of the Independent Verifier on the BGSAT supported the ratings in the Trust's self-assessment both of which were submitted to the Department on 31 March 2015.

The Trust has in place a process for reviewing receipt of external reports/inquiries to ensure that lessons are learnt and actions implemented, as necessary. During the year a number of key reports were received. Baseline assessments were completed and action plans prepared and tracked via the Safety & Quality Committee.

An Internal Audit programme was agreed at the outset of the year and its work plan was informed by an analysis of risk to which the Trust was exposed. Internal Audit undertook 6 Controls Assurance audits – the results are detailed in the table above. The Audit Committee agreed the internal audit plan for period April 2014 to March 2015 at its meeting on 12 May 2014.

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

In conclusion, as Accounting Officer, I am satisfied with the system of internal control within South Eastern Health and Social Care Trust.

Internal Governance Divergences

Update on Prior Year Control Issues which have been resolved

No prior year control issues have been fully resolved.

Progress on Prior Year Issues

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

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The Trust previously reported the significant increase in admissions (and complex discharges).

Whilst the financial implications of additional activity have been covered by some funding from HSCB, there remains the need to address capacity to safely provide services. The number of patients waiting longer than 12 hours continues to fall, however the number of uncommissioned/corridor beds increases.

The Trust believes this level of activity cannot be continued into the longer term, without new services/ capacity being commissioned. The timescales associated with this are outside the control of the Trust.

Ageing Condition of the Estate

The Trust previously reported the range of increased risks associated with the age of the Estate (particularly the Ulster Hospital). These range from the risk of infections such as Pseudomonas/Legionella and other water borne infections, to concrete cancer, fire, electrical and service risks. The age, condition and layout of the older Estate also hinders a fully robust approach to the eradication of Healthcare Acquired Infections. The Trust welcomes the commencement of the work on the Phase B construction. These risks will remain until after the completion of the Phase B and subsequent final Stage C that is required to replace the Ulster Hospital. The construction of the first block of Phase B is well advanced as at 31st March 2015 and the contract for the final element is due to be signed in July 2015. These new buildings will address the major element of the estates risk.

Prison Healthcare

The Trust has previously reported on the challenges (in conjunction with the NI Prison Service) of providing healthcare within the Prison Service. These related to staffing challenges, tensions between Security and Healthcare, and Pharmacy regimes. The Trust has made significant progress on its change programme focused on staffing, access to mental health services, committals and pharmacy. The Trust will continue to build on this progress and to implement the Prison Reform Team recommendations that relate to the Trust in line with the timescales agreed with the DHSSPS. Prison Healthcare has continued to present challenges during 2014/15 due to security and related implications for staff. The Trust continues to be committed to a long term improvement strategy.

Lagan Valley and Downe Hospitals Emergency Departments

The Trust previously reported on the significant challenges associated with Medical staff availability in the aforementioned hospitals. From 9 January 2014, as a result of the difficulties in recruitment of middle grade doctors, the Trust had to temporarily close the Emergency Departments of Lagan Valley and Downe Hospitals during weekends.

The Trust has been working closely with neighbouring Trusts, HSCB and DHSSPS to mitigate the impact of this change for local communities.

Mitigation measures implemented include:-

- Additional GP input to increase direct access.
- Recruitment of Emergency Nurse Practitioners to provide alternative MIU services (from 1 March 2014 in Downe Hospital).
- Additional nurses redeployed to Ulster Hospital.
- Additional beds opened in Lagan Valley Hospital
- Additional beds in neighbouring Trusts.
- Increased NI Ambulance input.
- Further recruitment campaigns (unsuccessful).

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The Trust continues to monitor the impact of the above changes closely – the temporary closure at weekends has continued throughout 2014/15.

The loss of a long term middle grade locum in the Downe has further reduced medical staffing there and this could potentially undermine the Trust's ability to continue providing an ED service at the Downe. ED Consultant staff are currently providing additional cover whilst the Trust pursues alternatives. The Trust would highlight that covering vacant shifts from the existing Consultant team is not a sustainable solution.

Business Services Transformation Project

The Trust previously reported on the challenges to the proposed implementation of the Finance and HR systems and Shared Services. As previously reported, the Trust continues to work with staff side, on a regional basis to reduce the number of payroll cycles required. This process is still ongoing. The issue in respect of the cumulative mileage threshold being incorrectly applied has now been resolved on a regional basis.

The Trust implemented new Business Systems in 2013/14; in 2014/15 Shared services were introduced for Income, Accounts Payable and Payroll Services. The Trust has successfully managed the difficult local implications, particularly given that there is no Shared Services Centre within South Eastern Trust.

The Payments function transferred to BSO Shared Services in 2014/15. Whilst compliance initially fell during transition, compliance has improved during the latter part of the financial year. We expect this position to further improve in 2015/16, as processes settle down.

At 31 March 2015, the Trust has not yet implemented Shared Services for Recruitment. This was due to transfer by autumn 2015, however this has now slipped and may not occur in 2015/16.

The Trust continues to be concerned that the introduction of Shared Services will not generate the required savings.

Urology Services

The Trust previously highlighted pressures on Urology Services.

Arrangements are now in place to ensure emergency Urology Services are appropriately covered 24 hours a day. Unfortunately this has reduced elective capacity and the Trust is working with HSCB colleagues to address the resource implications.

Increased Demand for Cancer Services

The Trust previously reported on Increased Demand for Cancer Services.

In respect of the target for breast cancer, significant improvement has been achieved by the Trust and a commitment to additional resources has been received from HSCB. The target to have 95% of patients begin their treatment within 62 days of referral continues to be a challenge to the Trust.

Childcare Pressures

In respect of childcare pressures previously identified in the 2013/14 Governance Statement, the update is as follows:-

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In respect of the investigations of historical allegations in relation to the staff previously employed in Rathgael, these have not yet been concluded. This continues to impact on the operational delivery of services and has financial implications for the regional secure care facility managed by South Eastern Health & Social Care Trust by reducing the available pool of experienced staff. The cost of replacing these staff have been included in the roll forward financial projections of the Trust.

The legal costs in child care cases continue to be a challenge for the Trust and are contributing to the Trust deficit. It is difficult to predict timescales for resolution of this as the actions are outside our control (i.e. lie with the PSNI/Public Prosecution Service).

Child protection referrals continue at high levels and this has impacted on the speed at which the Trust has been able to allocate family support services cases to social work teams, whilst we continue to prioritise child protection investigations.

With regard to the emerging concerns around child sexual exploitation, the Trust has been working to support Operation Owl, to co-operate with the Marshall Inquiry and with the Thematic Review being undertaken by Safeguarding Board for Northern Ireland (SBNI).

The Trust has needed to direct additional resources to co-operate fully with the Historical Institutional Abuse Inquiry, particularly around searches for records both on individual children and corporate governance. This has been particularly challenging due to the large number of individuals who have approached the inquiry where records have been requested, and the necessity to search extensively within archived materials.

Media Attention and Public Confidence

During 2014/15, whilst there has not been the same number of specific media reports into health and social care, reporting on public services has continued to be negative. This continues to have a negative impact on staff morale and public confidence.

Capital Resourcing 2014/15 and 2015/16

Whilst the general capital allocation was increased during the year (from an initial £3.2m), significant risks remain to be addressed through maintaining existing services/risk funding.

The initial allocations for 2015/16 are again much lower than previous years. This could impact on the following:-

- Ability to modernise and reform facilities to meet changing needs.
- Ability to improve energy efficiency.
- Ability to address risk as it arises.
- Ability to continually upgrade/maintain patient/client experience.
- Revenue costs to the Trust.
- Ability to deliver a Laundry Service for the Trust (due to ageing equipment which is in serious risk of irreparable breakdown). It should be noted that the replacement of the Laundry was approved as part of the Phase B Ulster Hospital Redeployment but the Trust is having difficulties in moving this project forward at this time.

Financial Breakeven Requirement

The financial position of the Trust continues to be a challenge. The financial strategy for the year identified a projected deficit of between £17.8m and £18.3m.

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The Trust submitted contingency plans in June, a breakeven plan in August and a final contingency plan was approved in October 2014. The final plan totalled £4.9m.

From 31 October 2014, the Trust has continually reported a deficit of approximately £2m. The main factors causing the deficit were:-

- Inability to implement all elements of the contingency plan.
- Increased activity, particularly in the Ulster Hospital and discharges.
- A range of unforeseen costs, such as additional equipment for supported living facility, specialist accommodation for children, Ebola preparations and payroll arrears.

In recognition of the above issues, especially contingency plan challenges and additional service costs, HSCB released funding of £1.8m in Month 12.

The Trust has diligently managed its resources, despite many pressures and robustly implemented savings plans.

For 2014/15, the Trust has achieved its statutory duty to breakeven.

The Trust has identified an opening deficit of £17.5m for 2015/16 which was communicated to HSCB and DHSSPS in early January 2015. This is in line with 2014/15 results. The Trust has a savings plan agreed (and approved by Trust Board) of £7.8m. The gap between the deficit and the savings plan will need to be addressed in the coming months by additional income, further savings plans or a combination of both.

New Control Divergences

Community Meals

The Trust has been working on tendering its Community Meals service over the last 12-18 months. As a result of this, and a review of the service being provided, the Trust made the decision to change to a frozen meal service. This received significant media attention locally, which the Trust addressed. Since this, however, the Provider has indicated that they will not provide the frozen meal service.

At 31 March 2015 the Trust is exploring its options to address this need. It was initially intended that this issue would be resolved by June 2015, however this has not been possible with a date of September 2015 more likely.

Children's Disability Transfers and High Cost Cases

The Trust is faced with an unprecedented number of complex children disability clients who are becoming adults in 2015/16. This has a high resource impact as funding can rarely transfer with the client due to investments in Children's Homes, etc.

In addition, the Trust is faced with significant numbers of High Cost Cases emerging over the last 4-5 months, which have no additional funding available.

The Trust is working with HSCB and Local Commissioning Group colleagues to identify resources to address these new service pressures and this will have to be resolved during 2015/16.

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Conclusion

The South Eastern Health & Social Care Trust has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI.

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal audit, I am content that the Trust has operated a sound system of internal governance during the period 2014 -15.



Hugh McCaughey
Accounting Officer



8 June 2015

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

I certify that I have audited the financial statements of the South Eastern Health and Social Care Trust and its group for the year ended 31 March 2015 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise the Consolidated Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash Flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the group's and South Eastern Health and Social Care Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the South Eastern Health and Social Care Trust; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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.

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.

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Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the group's and of South Eastern Health and Social Care Trust's affairs as at 31 March 2015 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Annual 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

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 part of the Remuneration Report to be audited are not in agreement with the accounting records; 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 Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.



KJ Donnelly

Comptroller and Auditor General

Northern Ireland Audit Office

106 University Street

Belfast

BT7 1EU

19 June 2015

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE For the year ended 31 March 2015

	NOTE	2015 £000s	2014 £000s
Expenditure		Trust	Consolidated
Staff costs	3.1	(330,714)	(330,444)
Depreciation	4	(22,314)	(22,314)
Other expenditures	4	(248,579)	(250,069)
		(601,607)	(602,827)
			(566,412)
			(567,497)
Income			
Income from activities	5.1	29,247	29,247
Other operating income*	5.2	11,442	11,595
Deferred income	5.3	0	0
		40,689	40,842
			40,400
		(560,918)	(561,985)
			(526,012)
			(526,899)
Revenue Resource Limit (RRL)	25.1	560,868	560,868
Add back charitable trust fund net expenditure*		1,067	1,067
			887
Surplus / (Deficit) against RRL		(50)	(50)
			(4,004)
			(4,004)
OTHER COMPREHENSIVE EXPENDITURE		2015 £000s	2014 £000s
Items that will not be reclassified to net operating costs:		Trust	Consolidated
Net gain/(loss) on revaluation of property, plant and equipment	6.1/10/6.2/10	20,732	20,732
Net gain/(loss) on revaluation of intangibles	7.1/10/7.2/10	0	0
Net gain/(loss) on revaluation of charitable assets		0	364
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of available for sales financial assets		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2015		(540,186)	(540,889)
			(508,675)
			(509,299)

The notes on pages 123 to 171 form part of these accounts.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF FINANCIAL POSITION as at 31 March 2015

	NOTE	2015		2014	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	6.1/6.2	471,535	471,635	440,004	440,104
Intangible assets	7.1/7.2	7,662	7,662	3,826	3,826
Financial assets	8.0	0	5,724	0	6,703
Trade and other receivables	12.0	0	0	0	0
Other current assets	12.0	0	0	0	0
Total Non Current Assets		479,197	485,021	443,830	450,633
Current Assets					
Assets classified as held for sale	9.0	539	539	970	970
Inventories	11.0	2,407	2,407	2,320	2,320
Trade and other receivables	12.0	22,079	21,735	20,772	20,022
Other current assets	12.0	1,517	1,517	686	686
Intangible current assets	12.0	0	0	0	0
Financial assets	8.1	0	0	0	0
Cash and cash equivalents	13.0	1,457	1,720	2,130	2,495
Total Current Assets		27,999	27,918	26,878	26,493
Total Assets		507,196	512,939	470,708	477,126
Current Liabilities					
Trade and other payables	14.0	(53,283)	(53,344)	(47,500)	(47,533)
Other liabilities	14.0	0	0	0	0
Intangible current liabilities	14.0	0	0	0	0
Provisions	16.0	(13,808)	(13,808)	(10,979)	(10,979)
Total Current Liabilities		(67,091)	(67,152)	(58,479)	(58,512)
Non Current Assets plus/less Net Current Assets / Liabilities		440,105	445,787	412,229	418,614
Non Current Liabilities					
Provisions	16.0	(25,231)	(25,231)	(22,926)	(22,926)
Other payables > 1 yr	14.0	0	0	0	0
Financial liabilities	8.0	0	0	0	0
Total Non Current Liabilities		(25,231)	(25,231)	(22,926)	(22,926)
Assets less Liabilities		414,874	420,556	389,303	395,688
Taxpayers' Equity					
Revaluation reserve		68,587	68,587	47,845	47,845
SoCNE reserve		346,287	346,287	341,458	341,458
Other reserves - charitable fund			5,682		6,385
		414,874	420,556	389,303	395,688

The financial statements on pages 119 to 122 were approved by the Board on 8 June 2015 and were signed on behalf by:-

Signed:  Chairman

Date: 8th June 2015

Signed:  Chief Executive

Date: 8th June 2015

The notes on pages 123 to 171 form part of these Accounts.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASHFLOWS

For the year ended 31 March 2015

	NOTE	2015 £000s	2014 £000s
Cash flows from operating activities			
Net expenditure after interest		(561,985)	(526,899)
Adjustments for non cash costs		52,682	19,354
(Increase)/decrease in trade and other receivables		(2,544)	(310)
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant and equipment			
Movements in receivables relating to the sale of intangibles			
Movements in receivables relating to finance leases			
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase)/decrease in inventories		(87)	94
Increase/(decrease) in trade payables		5,811	673
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant and equipment		5,178	(4,999)
Movements in payables relating to the purchase of intangibles		179	422
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions	16	(7,722)	(8,736)
Net cash outflow from operating activities		(508,488)	(520,401)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6	(55,270)	(42,114)
(Purchase of intangible assets)	7	(4,975)	0
Proceeds of disposal of property, plant & equipment		894	76
Proceeds on disposal of intangibles			0
Proceeds on disposal of assets held for resale		21	0
Drawdown from investment fund		1,500	1,500
Share of income reinvested		(157)	(189)
Net cash outflow from investing activities		(57,987)	(40,727)
Cash flows from financing activities			
Grant in aid		565,700	561,400
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements			
Net financing		565,700	561,400
Net increase (decrease) in cash & cash equivalents in the period		(775)	272
Cash & cash equivalents at the beginning of the period	13	2,495	2,223
Cash & cash equivalents at the end of the period	13	1,720	2,495

The notes on pages 123 to 171 form part of these accounts.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY For the year ended 31 March 2015

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2013		305,997	30,518	7,009	343,524
Changes in accounting policy		0	0	0	0
Restated balance at 1 April 2013		305,997	30,518	7,009	343,524
Changes in Taxpayers Equity 2013-14					
Grant from DHSSPS		561,400	0	0	561,400
Transfers between reserves		10	(10)	0	0
(Comprehensive expenditure for the year)		(526,012)	17,337	(624)	(509,299)
Transfer of asset ownership		8	0	0	8
Non cash charges - auditors remuneration	4	55	0	0	55
Movement - other		0	0	0	0
Balance at 31 March 2014		341,458	47,845	6,385	395,688
Changes in Taxpayers Equity 2014-15					
Grant from DHSSPS		565,700	0	0	565,700
Transfers between reserves		(10)	10	0	0
(Comprehensive expenditure for the year)		(560,918)	20,732	(703)	(540,889)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	4	57	0	0	57
Balance at 31 March 2015		346,287	68,587	5,682	420,556

The notes on pages 123 to 171 form part of these accounts.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety 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.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Trust. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The Trust's accounting policies have been applied consistently, unless otherwise stated, 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.

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling. The figures in the accounts are shown to the nearest £1,000.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000 (or less if so desired);
- Collectively, a number of items have a cost of at least £5,000 (or less if so desired) and individually have a cost of more than £1,000 (or less if so desired), where the assets are functionally interdependent, they had broadly simultaneous

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purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (Statement of Asset Valuation Practice) Appraisal and Valuation Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance and Personnel. The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the Trust’s services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use
- Specialised buildings – depreciated replacement cost
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

Modern Equivalent Asset

DFP has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services have included this requirement within the latest valuation.

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Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

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

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

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and 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. 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 – 25 years

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1.5 Impairment Loss

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

1.6 Subsequent Expenditure

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

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

1.7 Intangible Assets

Intangible assets comprise software and licences. 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. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. 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
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

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

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

1.8 Donated Assets

With effect from 1 April 2011, DFP guidance changed the policy on donated asset reserves. The donation reserve no longer exists. What used to be contained in the donated asset reserve has moved to the Statement of Comprehensive Net Expenditure Reserve (previously known as General Reserve) and to the Revaluation Reserve. Income for donated assets is now recognised when received.

1.9 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 profit/loss from sale of 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.

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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.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.11 Income

Operating Income relates directly to the operating activities of the Trust and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid

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

1.12 Investments

The Trust does not have any investments.

1.13 Other Expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the

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lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a Finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The Trust as lessor

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

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

1.16 Private Finance Initiative (PFI) Transactions.

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

1.17 Financial Instruments

- 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 derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

- 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

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received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial Risk Management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within 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 exposed too little credit, liquidity or market risk.

- Currency Risk

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

- Interest Rate Risk

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

- Credit Risk

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

- Liquidity Risk

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.18 Provisions

In accordance with IAS 37, Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DFP's discount

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rate. The rates for General Provision (covering provisions such as clinical negligence) are:

- short term (up to and including 5 years) (minus) - 1.50%
- medium term (after 5 and up to 10 years) (minus) – 1.05%
- long term (10 years and over) Plus +2.20%

The other main discount factor, which is only for Unfunded Public Service Pension Schemes

and Early Departure Costs, is + 1.30% in real terms (previous year was + 1.80%).

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

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

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 Contingencies

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.

Where the time value of money is material, contingencies are disclosed at their

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present value.

1.20 Employee Benefits

Short-term Employee Benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2014. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the Trust and has not been included.

Retirement Benefit Costs

Past and present employees are covered by the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 Value Added Tax

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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 non-current assets.

1.23 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 24 to the accounts.

1.24 Government Grants

DFP issued new guidance effective from 1 April 2011. Government grant reserves are no longer permitted. Income is generally recognised when it is received. In exceptional cases where there are conditions attached to the use of the grant, which, if not met, would mean the grant is repayable, the income should be deferred and released when obligations are met. The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.25 Losses and Special Payments

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.26 Charitable Trust Account Consolidation

From 2013-14 the FReM consolidation accounting policy requires the HSC Trusts and ALBs financial statements to consolidate the financial performance and accounts of controlled charitable organisations and funds held on trust. The HSC Trusts and ALBs has accounted for these transfers using merger accounting as required by the FReM. It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

All funds have been used by South Eastern Health and Social Care Trust as intended by the benefactor. It is for the Gifts and Endowments/Charitable Trust Fund Committee within Trusts to manage the internal disbursements. The

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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. Charitable Trust Funds Accounts continue to be prepared and laid separately before the Assembly.

1.27 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards are effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A review of the NI financial process, which will bring NI departments under the same adaptation, has been presented to the Executive, but a decision has yet to be made. Should the Executive agree to the recommendations, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 ANALYSIS OF NET EXPENDITURE BY SEGMENT

NOTE 2

The Trust is managed by the way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non Executive Directors, Chairman and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts.

All expenditure figures should be negatives e.g. non cash expenditure/total expenditure/net expenditure and then the final surplus/deficit figures would be the addition of the negative Net Spend figure and the positive Revenue Resource limit figure thereby arriving at (50k) deficit this year and (4,004k) deficit last year.

<u>Directorate</u>	2015		2014		Total Expenditure £000s
	Staff Costs £000s	Other Expenditure £000s	Staff Costs £000s	Other Expenditure £000s	
Hospital Services	(144,723)	(47,629)	(144,732)	(52,854)	(197,586)
Adult Services	(42,641)	(40,978)	(42,370)	(38,512)	(80,882)
Children's Services & Social Work	(36,346)	(21,092)	(35,631)	(21,026)	(56,657)
Primary & Elderly Services	(67,666)	(88,306)	(68,038)	(87,366)	(155,404)
Support Services & Other Trust Directorates	(37,542)	(19,301)	(38,629)	(18,809)	(57,438)
Unallocated Expenditure	(1,796)	(905)	44	865	909
		0			0
Expenditure for Reportable Segments net of Non Cash Expenditure	(330,714)	(218,211)	(329,356)	(217,702)	(547,058)
Non Cash Expenditure		(52,682)			(19,354)
Total Expenditure per Net Expenditure Account		(601,607)			(566,412)
Income Note 5		40,689			40,400
Net Expenditure		(560,918)			(526,012)
Revenue Resource Limit		560,868			522,008
Surplus / (Deficit) against RRL		(50)			(4,004)

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 NOTE 3 STAFF NUMBERS AND RELATED COSTS

	2015		2014	
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Staff costs comprise:				
Wages and salaries	273,507	10,788	284,295	282,368
Social security costs	19,506	0	19,506	20,115
Other pension costs	28,379	0	28,379	28,520
Sub-Total	321,392	10,788	332,180	331,003
Capitalised staff costs	1,466		1,466	1,647
Total staff costs reported in Statement of Comprehensive Expenditure	319,926	10,788	330,714	329,356
Less recoveries in respect of outward secondments			(4,518)	(4,774)
Total net costs			326,196	324,582
Total Net costs of which:			£000s	£000s
South Eastern HSC Trust			330,714	329,356
Charitable Trust Fund			0	0
Consolidation Adjustments			(270)	(174)
Total			330,444	329,182

Staff Costs exclude £1,466k charged to capital projects during the year (2014 £1,647k)

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.2 Average number of persons employed

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

	2015		2014	
	Permanently employed staff No.	Others No.	Total No.	Restated Total No.
Medical and dental	567	44	611	625
Nursing and midwifery	3,071	70	3,141	3,098
Professions allied to medicine	670	15	685	653
Ancillaries	1,176	4	1,180	1,315
Administrative & clerical	1,375	74	1,449	1,504
Ambulance staff	0	0	0	0
Works	93	0	93	96
Other professional and technical	368	0	368	348
Social services	1,264	48	1,312	1,193
Other			0	0
Total average number of persons employed	8,584	255	8,839	8,832
Less average staff number relating to capitalised staff costs	34		34	39
Less average staff number in respect of outward secondments	85		85	123
Total net average number of persons employed	8,465	255	8,720	8,670

Of which:

South Eastern HSC Trust	8,720	8,670
Charitable Trust Fund	0	0
	<u>8,720</u>	<u>8,670</u>

Others includes inward secondments to the Trust and agency staffing.

WTE figures for 2013/14 has been restated due to implementation of the new finance system and the way it captures whole time equivalent information.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

3.3 Senior Employees' Remuneration

Details of Senior Employees Remuneration are contained in the Remuneration Report within the Annual Report pages 85 to 89.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.4 Reporting of early retirement and other compensation scheme - exit packages

Exit package cost band	*Number of compulsory 2015	*Number of compulsory 2014	*Number of other departures 2015	*Number of other departures 2014	Total number of exit packages by cost band 2015	Total number of exit packages by cost band 2014
<£10,000	0	0	5	0	5	0
£10,001 - £25,000	0	0	1	1	1	1
£25,001 - £50,000	0	0	9	6	9	6
£50,001 - £100,000	0	0	2	0	2	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
£200,001 - £250,000	0	0	0	0	0	0
£250,001 - £300,000	0	0	0	0	0	0
£300,001 - £350,000	0	0	0	0	0	0
£350,001 - £400,000	0	0	0	0	0	0
Total number of exit packages by type	£000s	£000s	£000s	£000s	£000s	£000s
	0	0	17	7	17	7
Total resource cost	0	0	526	286	526	286

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 4. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

	2015 £000s	2014 £000s
3.5 Staff Benefits		
Staff benefits	0	0
3.6 Trust Management Costs		
	2015 £000s	2014 £000s
Trust management costs	20,080	19,429
Income:		
RRL	560,868	522,008
Income per Note 5	40,689	40,400
Non cash RRL for movement in clinical negligence provision	(12,283)	(2,754)
Less interest receivable	0	0
Total Income	589,274	559,654
% of total income	3.4%	3.5%

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

3.7 Retirements Due to Ill-Health

During 2014/15 there were 20 early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £60k. These costs are borne by the HSC Pension Scheme.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 4 OPERATING EXPENSES

Operating Expenses

4.0 Operating Expenses are as follows:-

	2015		2014	
	£000s		£000s	
Operating Expenses are as follows:-	Trust	Consolidated	Trust	Consolidated
Purchase of care from non-HPSS bodies	113,247	113,247	115,525	115,525
Revenue grants to voluntary organisations	10,831	10,831	11,024	11,024
Capital grants to voluntary organisations	0	0	0	0
Personal social services	8,391	8,391	8,579	8,579
Recharges from other HSC organisations	7,343	7,343	7,533	7,533
Supplies and services - Clinical	35,212	35,212	33,022	33,022
Supplies and services - General	5,954	5,954	5,937	5,937
Establishment	8,716	8,716	9,324	9,324
Transport	1,840	1,840	1,907	1,907
Premises	14,942	14,942	15,829	15,829
Bad debts	347	347	(420)	(420)
Rentals under operating leases	1,306	1,306	1,098	1,098
Rentals under finance leases	0	0	0	0
Finance cost of finance leases	0	0	0	0
Interest charges	0	0	14	14
PFI and other service concession arrangements service charges	0	0	0	0
Research & development expenditure	0	0	0	0
Clinical negligence - other expenditure	0	0	0	0
BSO services	3,082	3,082	2,463	2,463
Training	365	365	464	464
Professional fees	0	0	0	0
Patients travelling expenses	114	114	184	184
Costs of exit packages not provided for	526	526	286	286
Elective care	0	0	0	0
Other charitable expenditure	0	1,490	0	1,259
Miscellaneous expenditure	5,995	5,995	4,933	4,933
Non cash items				
Depreciation	21,354	21,354	19,897	19,897
Amortisation	960	960	542	542
Impairments	17,559	17,559	(4,843)	(4,843)
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(104)	(104)	(7)	(7)
(Profit) on disposal of intangibles	0	0	0	0
Loss on disposal of property, plant & equipment (including land)	0	0	0	0
Loss on disposal of intangibles		0		0
Provisions provided for in year	13,261	13,261	4,074	4,074
Cost of borrowing of provisions (unwinding of discount on provisions)	(405)	(405)	(364)	(364)
Auditors remuneration	57	63	55	62
Add back of notional charitable expenditure	0	(6)	0	(7)
Total	270,893	272,383	237,056	238,315

During the year the Trust purchased services in respect of NFI from external auditor (NIAO) £3k. BSO services costs increased for the recharge of the Shared Services provided functions (£1.007m)

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 5 INCOME

5.1 Income from Activities	2015		2014	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
GB/Republic of Ireland Health Authorities	0	0	0	0
HSC Trusts	43	43	619	619
Non-HSC:- Private patients	259	259	329	329
Non-HSC:- Other	1,914	1,914	2,121	2,121
Clients contributions	27,031	27,031	25,011	25,011
Total	29,247	29,247	28,080	28,080

5.2 Other Operating Income	2015		2014	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
Other income from non-patient services	6,925	6,925	7,516	7,516
Seconded staff	4,518	4,248	4,774	4,600
Charitable and other contributions to expenditure by core trust	(1)	(1)	4	4
Donations / Government grant / Lottery funding for non current assets	0	0	26	0
Charitable income received by charitable trust fund	0	266	0	209
Investment income	0	157	0	189
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	11,442	11,595	12,320	12,518

5.3 Deferred income	2015		2014	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
Income released from conditional grants	0	0	0	0
Total	0	0	0	0

TOTAL INCOME	40,689	40,842	40,400	40,598
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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE CONSOLIDATED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 NOTE 6.1 Property, Plant & Equipment - year ended 31 March 2015

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2014	47,694	319,242	36,271	38,923	54,130	4,469	31,164	4,361	536,254
Indexation	0	0	0	0	931	0	0	0	931
Additions	0	5,595	258	38,522	3,004	952	1,610	150	50,091
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0	0
Reclassifications	0	253	130	(383)	(17)	17	0	0	0
Transfers	(380)	3,599	0	(3,599)	0	0	0	0	(380)
Revaluation exercise accumulated depreciation adjustment	0	(50,940)	(4,596)	0	0	0	0	0	(55,536)
Revaluation	1,533	22,070	5,388	0	18	0	0	0	29,009
Impairment charged to the SoCNE	(8,777)	(11,617)	(2,836)	0	(1)	0	0	0	(23,231)
Impairment charged to the revaluation reserve	(3)	(6,959)	(1,699)	0	(1)	0	0	0	(8,661)
Reversal of impairments (indexn)	2,423	2,612	638	0	0	0	0	0	5,673
Disposals	0	0	0	0	0	(325)	0	0	(325)
	42,490	283,855	33,554	73,463	58,065	5,113	32,774	4,511	533,825
At 31 March 2015									
Depreciation									
At 1 April 2014	0	41,500	3,888	0	29,129	1,570	17,569	2,494	96,150
Indexation	0	0	0	0	547	0	0	0	547
Reclassifications	0	0	0	0	(11)	11	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation exercise accumulated depreciation adjustment	0	(50,940)	(4,596)	0	0	0	0	0	(55,536)
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	(325)	0	0	(325)
Provided during the year	0	11,582	1,113	0	3,905	535	3,843	376	21,354
	0	2,142	405	0	33,570	1,791	21,412	2,870	62,190
At 31 March 2015									
Carrying Amount									
At 31 March 2015	42,490	281,713	33,149	73,463	24,495	3,322	11,362	1,641	471,635
At 31 March 2014	47,694	277,742	32,383	38,923	25,001	2,899	13,595	1,867	440,104
Asset financing									
Owned	42,490	281,713	33,149	73,463	24,495	3,322	11,362	1,641	471,635
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 31 March 2015	42,490	281,713	33,149	73,463	24,495	3,322	11,362	1,641	471,635
Of which:									

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure in respect of assets held under finance leases and hire purchase contracts is £0, (2014 £0).
The fair value of assets funded from the following sources during the year was:

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

	2015 £000s	2014 £000s
Donations	0	26

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE CONSOLIDATED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.2 Property, Plant & Equipment - year ended 31 March 2014

Cost or Valuation	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
At 1 April 2013	48,871	284,464	33,509	23,409	45,951	4,522	23,431	4,133	468,290
Indexation	0	16,924	2,515	0	1,118	0	0	65	20,622
Additions	1,000	9,874	1,425	15,753	7,144	1,373	7,724	166	44,459
Donations / Government grant / Lottery funding	0	0	0	0	26	0	0	0	26
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	(827)	220	(125)	(239)	20	0	0	0	(951)
Revaluation	0	(5)	0	0	(7)	0	9	0	(3)
Impairment charged to the SoCNE	(1,349)	(136)	(1,270)	0	0	0	0	0	(2,755)
Impairment charged to the revaluation reserve	0	(68)	(243)	0	0	0	0	0	(311)
Reversal of impairments (index)	0	7,969	460	0	2	0	0	0	8,431
Disposals	(1)	0	0	0	(124)	(1,426)	0	(3)	(1,554)
Provided during the year	0	11,777	936	0	3,300	413	3,094	377	19,897
At 31 March 2014	47,694	319,242	36,271	38,923	54,130	4,469	31,164	4,361	536,254
Depreciation									
At 1 April 2013	0	26,738	2,839	0	25,220	2,569	14,475	2,081	73,922
Indexation	0	2,048	258	0	668	0	0	37	3,011
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	12	0	0	0	12
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(18)	(161)	0	0	0	0	0	(179)
Impairment charged to the revaluation reserve	0	(9)	(31)	0	0	0	0	0	(40)
Reversal of impairments (index)	0	964	47	0	1	0	0	0	1,012
Disposals	0	0	0	0	(72)	(1,412)	0	(1)	(1,485)
Provided during the year	0	11,777	936	0	3,300	413	3,094	377	19,897
At 31 March 2014	0	41,500	3,888	0	29,129	1,570	17,569	2,494	96,150
Carrying Amount									
At 31 March 2014	47,694	277,742	32,383	38,923	25,001	2,899	13,595	1,867	440,104
At 1 April 2013	48,871	257,726	30,670	23,409	20,731	1,953	8,956	2,052	394,368
Asset financing									
Owned	47,694	277,742	32,383	38,923	25,001	2,899	13,595	1,867	440,104
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 31 March 2014	47,694	277,742	32,383	38,923	25,001	2,899	13,595	1,867	440,104
Asset financing									
Owned	48,871	257,726	30,670	23,409	20,731	1,953	8,956	2,052	394,368
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 1 April 2013	48,871	257,726	30,670	23,409	20,731	1,953	8,956	2,052	394,368
Carrying amount comprises:									
Trust at 31 March 2015	42,390	281,713	33,149	73,463	24,495	3,322	11,362	1,641	471,535
Charitable Trust Fund at 31 March 2015	100	0	0	0	0	0	0	0	100
At 31 March 2014	47,594	277,742	32,383	38,923	25,001	2,899	13,595	1,867	440,004
Charitable Trust Fund at 31 March 2014	100	0	0	0	0	0	0	0	100
At 31 March 2013	48,771	257,726	30,670	23,409	20,731	1,953	8,956	2,052	394,268
Charitable Trust Fund at 31 March 2013	100	0	0	0	0	0	0	0	100
At 31 March 2012	48,871	257,726	30,670	23,409	20,731	1,953	8,956	2,052	394,368

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE CONSOLIDATED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.1 Intangible Assets - year ended 31 March 2015

Cost or Valuation	Software Licences £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Licences, Trademarks & Artistic Originals £000s	Patents £000s	Goodwill £000s	Payments on Account & Assets under Construction £000s	Total £000s
At 1 April 2014	4,988	0	0	0	0	0	0	0	4,988
Indexation	0	0	0	0	0	0	0	0	0
Additions	4,796	0	0	0	0	0	0	0	4,796
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2015	9,784	0	0	0	0	0	0	0	9,784
Amortisation									
At 1 April 2014	1,162	0	0	0	0	0	0	0	1,162
Indexation	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	960	0	0	0	0	0	0	0	960
At 31 March 2015	2,122	0	0	0	0	0	0	0	2,122
Carrying Amount									
At 31 March 2015	7,662	0	0	0	0	0	0	0	7,662
At 31 March 2014	3,826	0	0	0	0	0	0	0	3,826
Asset financing									
Owned	7,662	0	0	0	0	0	0	0	7,662
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 31 March 2015	7,662	0	0	0	0	0	0	0	7,662

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

	2,015 £000s	2,014 £000s
Donations	0	0
Government grant	0	0
Lottery funding	0	0

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE CONSOLIDATED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.2 Intangibles Assets - year ended 31 March 2014

Cost or Valuation	Software Licences £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Licences, Trademarks & Artistic Originals £000s	Patents £000s	Goodwill £000s	Payments on Account & Assets under Construction £000s	Total £000s
At 1 April 2013	2,781	0	0	0	0	0	0	0	2,781
Indexation	0	0	0	0	0	0	0	0	0
Additions	2,207	0	0	0	0	0	0	0	2,207
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2014	4,988	0	0	0	0	0	0	0	4,988
Amortisation									
At 1 April 2013	620	0	0	0	0	0	0	0	620
Indexation	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	542	0	0	0	0	0	0	0	542
At 31 March 2014	1,162	0	0	0	0	0	0	0	1,162
Carrying Amount									
At 31 March 2014	3,826	0	0	0	0	0	0	0	3,826
At 1 April 2013	2,161	0	0	0	0	0	0	0	2,161
Asset financing									
Owned	3,826	0	0	0	0	0	0	0	3,826
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount	3,826	0	0	0	0	0	0	0	3,826
At 31 March 2014	2,161	0	0	0	0	0	0	0	2,161
Asset financing									
Owned	2,161	0	0	0	0	0	0	0	2,161
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount	2,161	0	0	0	0	0	0	0	2,161
At 1 April 2013	7,662	0	0	0	0	0	0	0	7,662
Carrying amount comprises:									
Trust at 31 March 2015	7,662	0	0	0	0	0	0	0	7,662
Charitable Trust Fund at 31 March 2015	0	0	0	0	0	0	0	0	0
At 31 March 2014	7,662	0	0	0	0	0	0	0	7,662
Trust at 31 March 2014	3,826	0	0	0	0	0	0	0	3,826
Charitable Trust Fund at 31 March 2014	0	0	0	0	0	0	0	0	0
At 31 March 2013	2,161	0	0	0	0	0	0	0	2,161
Charitable Trust Fund at 31 March 2013	0	0	0	0	0	0	0	0	0
At 31 March 2012	2,161	0	0	0	0	0	0	0	2,161

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 8 FINANCIAL INSTRUMENTS

8 Financial Instruments

The Trust does not have any financial instruments, apart from note 12 Trade Receivables, note 13 Cash Balances and note 14 Trade Payables.

	Investments £000s	2015 Assets £000s	Liabilities £000s	Investments £000s	2014 Assets £000s	Liabilities £000s
Balance at 1 April	6,703	0	0	7,751	0	0
Net cash inflow/(outflow)	(1,500)	0	0	(1,500)	0	0
Share of income	157	0	0	189	0	0
Share of realised gains/(losses)	66	0	0	56	0	0
Share of unrealised gains/(losses)	298	0	0	207	0	0
Balance at 31 March	<u>5,724</u>	<u>0</u>	<u>0</u>	<u>6,703</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	5,724	0	0	6,703	0	0
	<u>5,724</u>	<u>0</u>	<u>0</u>	<u>6,703</u>	<u>0</u>	<u>0</u>

NOTE 8.1 Market value of investments as at 31 March 2015

	Held in UK £000s	Held outside UK £000s	2015 Total £000s	2014 Total £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	5,724	0	5,724	6,703
Investments in a Common Deposit Fund or Investment Fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total market value of fixed asset investments	<u>5,724</u>	<u>0</u>	<u>5,724</u>	<u>6,703</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

	Land		Buildings		Total	
	2015 £000s	2014 £000s	2015 £000s	2014 £000s	2015 £000s	2014 £000s
Cost						
At 1 April	827	0	143	0	970	0
Transfers in	380	827	0	143	380	970
Transfers out	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0
(Disposals)	(792)	0	(19)	0	(811)	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
At 31 March	415	827	124	143	539	970
Depreciation						
At 1 April	0	0	0	0	0	0
Transfers in	0	0	0	0	0	0
Transfers out	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0
(Disposals)	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
At 31 March	0	0	0	0	0	0
Carrying amount at 31 March	415	827	124	143	539	970

Non-current assets held for sale comprise those assets that are held for sale rather than for continuing use within the business. At 31 March 2015 non-current assets held for resale comprise:-

Fields 21, 22, 23 & 24, Ardglass Road, Downpatrick (37-38 acres), 70 Hillsborough Road Lisburn, and Seymour House, Dummurray Belfast

Disposals during the year

Glenwood House, 1 Dummurry Green Dummurry, Old Downe Hospital, 3 Pound Lane Downpatrick
Downpatrick Health Centre, 12-14 Pound Lane, Downpatrick, Greyabbey Clinic, 17 Main Street Greyabbey
Ravara EPH & Staff House, 13 Ravara Gardens, Kilcooley Estate, Bangor

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 10 IMPAIRMENTS

	2015		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	31,892	0	31,892
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(8,660)	0	(8,660)
Reversal of impairment	(5,673)	0	(5,673)
Reversal of impairment into revaluation reserve	0	0	0
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	17,559	0	17,559
	2014		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	2,847	0	2,847
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(271)	0	(271)
Reversal of impairment	(14,456)	0	(14,456)
Reversal of impairment into revaluation reserve	7,037	0	7,037
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(4,843)	0	(4,843)

The net impairment of £17,559k for 2014-15 has arisen from a complete revaluation of all Building and Land assets by LPS as per Note 1.3 statement of accounting policies.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 11 INVENTORIES

Classification	2015 £000s		2014 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	1,277	1,277	1,130	1,130
Theatre equipment	616	616	672	672
Building & engineering supplies	73	73	86	86
Fuel	163	163	205	205
Community care appliances	0	0	0	0
Laboratory materials	160	160	131	131
Stationery	0	0	5	5
Laundry	23	23	14	14
X-Ray	78	78	65	65
Stock held for resale	8	8	6	6
Orthopaedic equipment	9	9	6	6
Heat, light and power	0	0	0	0
Other	0	0	0	0
Total	2,407	2,407	2,320	2,320

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2015		2014	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
Amounts falling due within one year				
Trade receivables	2,376	2,376	2,385	2,385
Deposits and advances	0	0	0	0
VAT receivable	5,244	5,244	2,604	2,604
Other receivables - not relating to fixed assets	14,459	14,115	15,783	15,033
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	22,079	21,735	20,772	20,022
Prepayments and accrued income	1,517	1,517	686	686
Current part of PFI and other service concession arrangements prepayment	0	0	0	0
Other current assets	1,517	1,517	686	686
Carbon reduction commitment	0	0	0	0
Intangible current assets	0	0	0	0
Amounts falling due after more than one year				
Trade receivables	0	0	0	0
Deposits and advances	0	0	0	0
Other receivables	0	0	0	0
Trade and other receivables	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	22,079	21,735	20,772	20,022
TOTAL OTHER CURRENT ASSETS	1,517	1,517	686	686
TOTAL INTANGIBLE CURRENT ASSETS	0	0	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	23,596	23,252	21,458	20,708

The balances are net of a provision for bad debts of £1,451k (2014 £1,104k)

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.2 Trade Receivables and other current assets: Intra-Government balances

	Amounts falling due within 1 year 2014/15 £000s	Amounts falling due within 1 year 2013/14 £000s	Amounts falling due after more than 1 year 2014/15 £000s	Amounts falling due after more than 1 year 2013/14 £000s
Balances with other central government bodies	12,468	8,940	0	0
Balances with local authorities	84	0	0	0
Balances with NHS /HSC Trusts	740	1,623	0	0
Balances with public corporations and trading funds	0	0	0	0
Intra-government balances	13,292	10,563	0	0
Balances with bodies external to government	9,960	10,145	0	0
Total receivables and other current assets at 31 March	23,252	20,708	0	0

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 NOTE 13 CASH AND CASH EQUIVALENTS

	2015		2014
	£000s		£000s
	Core Trust	Consolidated	Core Trust Consolidated
Balance at 1st April	2,130	2,495	2,218
Net change in cash and cash equivalents	(673)	(775)	(88)
Balance at 31st March	1,457	1,720	2,130
			2,495
	2015		2014
	£000s		£000s
	Core Trust	Consolidated	Core Trust Consolidated
The following balances at 31 March were held at	1,457	1,720	2,130
Commercial banks and cash in hand			2,495
Balance at 31st March	1,457	1,720	2,130
			2,495

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2015 £000s		2014 £000s	
	Trust	Consolidated	Trust	Consolidated
Amounts falling due within one year				
Other taxation and social security	11,497	11,497	10,490	10,490
VAT payable	0	0	0	0
Bank overdraft	0	0	0	0
Trade capital payables - property, plant and equipment	11,750	11,750	16,928	16,928
Trade capital payables - intangibles	77	77	256	256
Trade revenue payables	9,117	9,117	7,460	7,460
Payroll payables	3,797	3,797	3,662	3,662
Clinical negligence payables	0	0	0	0
RPA payables	0	0	216	216
BSO payables	8,162	8,162	0	0
Other payables	5,152	5,213	5,779	5,812
Accruals and deferred income	3,731	3,731	2,709	2,709
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
Trade and other payables	53,283	53,344	47,500	47,533
Current part of finance leases	0	0	0	0
Current part of long term loans	0	0	0	0
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	0	0	0	0
Other current liabilities	0	0	0	0
Carbon reduction commitment	0	0	0	0
Intangible current liabilities	0	0	0	0
Total payables falling due within one year	53,283	53,344	47,500	47,533
Amounts falling due after more than one year				
Other payables, accruals and deferred income	0	0	0	0
Trade and other payables	0	0	0	0
Clinical negligence payables	0	0	0	0
Finance leases	0	0	0	0
Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	0	0	0	0
Long term loans	0	0	0	0
Total non current other payables	0	0	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	53,283	53,344	47,500	47,533

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 Trade payables and other current liabilities - Intra-government balances

	Amounts falling due within 1 year 2014/15 £000s	Amounts falling due within 1 year 2013/14 £000s	Amounts falling due after more than 1 year 2014/15 £000s	Amounts falling due after more than 1 year 2013/14 £000s
Balances with other central government bodies	12,677	10,960	0	0
Balances with local authorities	22	5	0	0
Balances with NHS /HSC Trusts	5,153	840	0	0
Balances with public corporations and trading funds	11	0	0	0
Intra-government balances	17,863	11,805	0	0
Balances with bodies external to government	35,481	35,728	0	0
Total payables and other liabilities at 31 March	53,344	47,533	0	0

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

NOTE 14.2 LOANS

The Trust did not have any loans payable at either 31 March 2015 or 31 March 2014.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 15 PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that Trust pay their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The Trust's payment policy is consistent with the Better Payments Practice code and Government Accounting rules and its measure of compliance is:

	2015 Number	2015 Value £000s	2014 Number	2014 Value £000s
Total bills paid	146,008	212,764	137,681	214,746
Total bills paid within 30 day target or under agreed payment terms	117,825	190,218	112,467	194,277
% of bills paid within 30 day target or under agreed payment terms	80.7%	89.4%	81.7%	90.5%
Total bills paid within 30 days of receipt of an undisputed invoice*	117,825	190,218		
% of bills paid within 30 days of receipt of an undisputed invoice	80.7%	89.4%		
Total bills paid within 10 day target	90,604	167,957	68,725	150,644
% of bills paid within 10 day target	62.1%	78.9%	49.9%	70.1%

15.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment(s) being late	160
Amount of interest paid for payment(s) being late	161
Total	321

This is also reflected as a fruitless payment in note 26

The payments function transferred to BSO Shared Services during 2014-15. Whilst compliance initially fell during the transition, compliance has improved during the latter part of the financial year.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES - 2015

	Pensions relating to former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000s	CSR restructuring £000s	Other £000s	2015 £000s
Balance at 1 April 2014	0	6,733	25,529	0	1,643	33,905
Provided in year	0	572	17,859	0	787	19,218
(Provisions not required written back)	0	(405)	(5,109)	0	(443)	(5,957)
(Provisions utilised in the year)	0	(340)	(7,031)	0	(351)	(7,722)
Cost of borrowing (unwinding of discount)	0	85	(467)	0	(23)	(405)
At 31 March 2015	0	6,645	30,781	0	1,613	39,039

CSR £000s

CSR utilised costs include the following:

	£0
Pension costs for early retirement reflecting the single lump sum to buy over the full liability	0
Redundancy costs	0
	<u>0</u>

Comprehensive Net Expenditure Account charges

	2015 £000s	2014 £'000
Arising during the year	19,218	12,313
Reversed unused	(5,957)	(8,239)
Cost of borrowing (unwinding of discount)	(405)	(364)
Total charge within Operating expenses	12,856	3,710

Analysis of expected timing of discounted flows

	Pensions relating to former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000s	CSR restructuring £000s	Other £000s	2015 £000s
Not later than one year	0	340	13,415	0	53	13,808
Later than one year and not later than five years	0	1,359	9,518	0	1,560	12,437
Later than five years	0	4,946	7,848	0	0	12,794
At 31 March 2015	0	6,645	30,781	0	1,613	39,039

Provisions have been made of 6 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Early Retirement, Injury Benefit, Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision based on professional legal advice.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015 NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES - 2014

	Pensions relating to former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000s	CSR restructuring £000s	Other £000s	2014 £000s
Balance at 1 April 2013	0	6,682	30,607	0	1,642	38,931
Provided in year	0	348	10,899	0	1,066	12,313
(Provisions not required written back)	0	(66)	(7,652)	0	(521)	(8,239)
(Provisions utilised in the year)	0	(386)	(7,832)	0	(518)	(8,736)
Cost of borrowing (unwinding of discount)	0	155	(493)	0	(26)	(364)
At 31 March 2014	0	6,733	25,529	0	1,643	33,905

Analysis of expected timing of discounted flows

	Pensions relating to former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000s	CSR restructuring £000s	Other £000s	2014 £000s
Not later than one year	0	386	9,088	0	1,505	10,979
Later than one year and not later than five years	0	1,545	11,250	0	138	12,933
Later than five years	0	4,802	5,191	0	0	9,993
At 31 March 2014	0	6,733	25,529	0	1,643	33,905

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 17 CAPITAL COMMITMENTS

	2015	2014
	£000s	£000s
Contracted capital commitments at 31 March not otherwise included in these financial statements		
Property, plant & equipment	45,546	71,822
Intangible assets		
	<u>45,546</u>	<u>71,822</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

	2015 £000s	2014 £000s
Obligations under operating leases comprise		
Land		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	<u>0</u>	<u>0</u>
Buildings		
Not later than 1 year	128	101
Later than 1 year and not later than 5 years	40	217
Later than 5 years	1	6
	<u>169</u>	<u>324</u>
Other		
Not later than 1 year	993	1,162
Later than 1 year and not later than 5 years	2,509	3,531
Later than 5 years		0
	<u>3,502</u>	<u>4,693</u>

18.2 Finance Leases

The Trust does not have any finance leases at either 31 March 2015 or 31 March 2014.

18.3 Operating Leases

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

	2015 £000s	2014 £000s
Obligations under operating leases issued by the Trust comprise		
Land & Buildings		
Not later than 1 year	111	34
Later than 1 year and not later than 5 years	92	114
Later than 5 years	0	3
	<u>203</u>	<u>151</u>
Other		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	<u>0</u>	<u>0</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 19 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

19.1 Off balance sheet (SoFP) PFI and other service concession arrangements schemes

The Trust has no off balance sheet (SoFP) PFI and other service concession arrangements schemes.

19.2 On balance sheet (SoFP) PFI Schemes

The Trust has no on balance sheet (SoFP) PFI and other service concession arrangements schemes.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 20 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2015, 31 March 2014.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 21 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 exposed to little credit, liquidity or market risk.

The Trust does not have any financial instruments, apart from note 12 Trade Receivables, note 13 Cash Balances and note 14 Trade Payables.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 22 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.

	2015 £000s	2014 £000s
Clinical negligence	2,662	2,778
Public liability	0	0
Employers' liability	24	0
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
Total	<u>2,686</u>	<u>2,778</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 23 Related Party Transactions

The South Eastern Health and Social Care Trust is an arms length body of the Department of Health, Social Services and Public Safety and as such the Department is a related Party and the ultimate controlling parent with which the Trust has had various material transactions during the year. The Trust has received income during the year of £543 million (£524million 2012/13). During the year the Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the other five HSC Trusts and the Business Services Organisation.

The Trust is required to disclose details of material transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 Related Party Disclosures. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

During the 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.

Mr Neil Guckian, Director of Finance and Estates, is the brother of the Chairman of the Western Health and Social Care Trust. During the 2014/15 financial year the Trust entered into £222k (£411k 2013/14) of material transactions for goods and services received from the Western Trust. The Trust also entered into £10k (£8k 2013/14) of material transactions for goods and services provided to the Western Trust. At 31 March 2015, the Trust owed £9k (£398k 2013/14) to the Western Health and Social Care Trust and was owed £71k (£143k 2013/14) by the same Trust.

NOTE 24 THIRD PARTY ASSETS

The Trust held £ 3,435,429 cash at bank and in hand at 31/3/15 (page 176) which relates to monies held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend

The Revenue Resource Limit (RRL) for Trust is calculated as follows:

	2015 Total £000s	2014 Total £000s
HSCB	496,627	491,577
PHA	3,539	3,247
SUMDE & NIMDTA	7,147	6,982
DHSSPS (excludes non cash)	873	874
Other Government Departments	0	0
Non cash RRL (from DHSSPS)	52,682	19,354
Total agreed RRL	560,868	522,034
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	0	(26)
Adjustment for PFI and other service concession arrangements/IFRIC 12 *	0	0
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	560,868	522,008

25.2 Capital Resource Limit

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

	2015 Total £000s	2014 Total £000s
Gross capital expenditure	54,887	46,666
Prepayment for Capital Scheme	833	0
Less charitable trust fund capital expenditure	0	0
Less IFRIC 12/PFI and other service concession arrangements spend *	0	0
adjustment to CRL from sale of fixed assets	(790)	(76)
Net capital expenditure	54,930	46,590
Capital Resource Limit	54,911	46,591
Overspend/(Underspend) against CRL	19	(1)

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 25.3 Financial Performance Targets

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25 % of RRL limits

	2014/15 £000s	2013/14 £000s
Net Expenditure	(560,918)	(526,012)
RRL	560,868	522,008
Surplus / (Deficit) against RRL	(50)	(4,004)
Break Even cumulative position(opening)	(3,726)	278
Break Even cumulative position (closing)	<u>(3,776)</u>	<u>(3,726)</u>

Materiality Test:

	2014/15 %	2013/14 %
Break Even in year position as % of RRL	<u>-0.01%</u>	<u>-0.77%</u>
Break Even cumulative position as % of RRL	<u>-0.67%</u>	<u>-0.71%</u>

The Trust implemented a robust Contingency Plan from October 2014 onwards. This was designed to address £4.9m of additional costs. Actual achievement was £3.8m by year end. The Trust received £1.8m additional income at year end to cover both additional activity and contingency measures which could not be implemented. The Financial Strategy, approved by Trust Board each year, outlines the financial risks to the achievement of the financial obligations of the Trust. These financial risks are actively managed and mitigated during the year through the full range of internal controls.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26 Losses and special payments

Type of loss and special payment	2014-15		2013-14
	Number of	£000	£000
Cash losses			
Cash Losses - Theft, fraud etc	9	0	0
Cash Losses - Overpayments of salaries, wages and allowances	0	0	0
Cash Losses - Other causes	5	1	0
	14	1	0
Claims abandoned			
Waived or abandoned claims	0	0	0
	0	0	0
Administrative write-offs			
Bad debts	28	46	51
Other	0	0	0
	28	46	51
Fruitless payments			
Late Payment of Commercial Debt	21	0	10
Other fruitless payments and constructive losses	1	2	4
	22	2	14
Stores losses			
Losses of accountable stores through any deliberate act	0	0	0
Other stores losses	0	0	0
	0	0	0
Special Payments			
Compensation payments			
- Clinical Negligence	108	7,031	7,832
- Public Liability	18	96	235
- Employers Liability	43	256	283
- Other	0	0	0
	169	7,383	8,350
Ex-gratia payments	21	6	11
Extra contractual	0	0	0
Special severance payments	0	0	0
	21	6	11
	0	0	0
	0	0	0
TOTAL	254	7,438	8,426

Five clinical negligence cases settled for in excess of £250,000 (including costs) in 2014/15. These cases settled for £1,681,375 and £883,592, £640,146, £536,736 and £272,242.

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

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26.1 Special Payments

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

NOTE 26.2 Other Payments

There are no other payments made in the year

NOTE 26.3 Losses and Special payments over £250,000

	Number of Cases	2014-15 £000	2013-14 £000
Losses and Special Payments over £250,000			
Cash losses	0	0	0
Claims abandoned	0	0	0
Administrative write-offs	0	0	0
Fruitless payments	0	0	0
Stores losses	0	0	0
Special Payments	5	4,014	5,936
	5	4,014	5,936
TOTAL	5	4,014	5,936

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 27 POST BALANCE SHEET EVENTS

There are no post balance sheet events having a material effect on the accounts

NOTE 28 DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 18 June 2015.

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**SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/ RESIDENTS MONIES ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015**

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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.

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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

I certify that I have audited South Eastern Health and Social Care Trust’s account of Patients’ and Residents’ Monies for the year ended 31 March 2015 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

Respective responsibilities of the Trust and auditor

As explained more fully in the Statement of Trust Responsibilities in relation to Patients’ and Residents’ Monies, the Trust is responsible for the preparation of the account in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. My responsibility is to audit, certify and report on the account in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the account

An audit involves obtaining evidence about the amounts and disclosures in the account sufficient to give reasonable assurance that the account is free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the South Eastern Health and Social Care Trust’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the South Eastern Health and Social Care Trust; and the overall presentation of the account. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited Patient’s and Resident’s Monies account and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the account conform to the authorities which govern them.

Opinion on account

In my opinion:

- the account properly presents the receipts and payments of the monies held on behalf of the patients and residents of South Eastern Health and Social Care Trust for the year ended 31 March 2015 and balances held at that date; and

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- 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, Social Services and Public Safety directions issued thereunder.

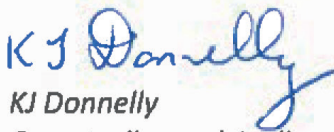
Matters on which I report by exception

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
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on this account.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

19 June 2015

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST PATIENTS'/ RESIDENTS MONIES ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

Previous Year	RECEIPTS		
£		£	£
	<u>Balance at 1 April 2014</u>		
912,825	1. Investments (at cost)	916,305	
1,481,641	2. Cash at Bank	1,996,358	
2,000	3. Cash in Hand	2,000	2,914,663
3,366,432	Amounts Received in the Year		3,872,025
3,480	Interest Received		2,434
5,766,378	TOTAL		6,789,122
PAYMENTS			
2,851,715	Amounts Paid to or on behalf of Patients/Residents		3,353,693
	<u>Balance at 31 March 2015</u>		
916,305	1. Investments (at cost)	918,739	
1,996,358	2. Cash at Bank	2,514,690	
2,000	3. Cash in Hand	2,000	3,435,429
5,766,378	TOTAL		6,789,122
Schedule of investments held at 31 March 2015			
	Investment	Nominal Value	Cost Price
		£	£
916,305		2,434	918,739

Cost Price	Schedule investements held at March 2015	Nominal value	Cost Price
£	Investment	£	£
916,305		2,434	918,739

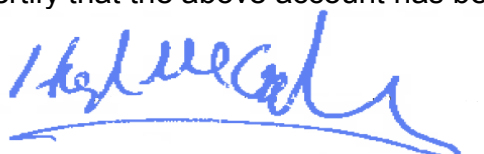
I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.


8th June 2015

Director of Finance

Date

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


8th June 2015

Chief Executive

Date

