



Annual Report & Accounts 2017 / 2018



South Eastern Health
and Social Care Trust

South Eastern Health and Social Care Trust
Annual Report and Accounts
For the year ended 31 March 2018

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South Eastern Health and Social Care Trust

Annual Report and Accounts

For the year ended 31 March 2018

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On

29 June 2018

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Chairman's Report

I am delighted to present to you the 11th Annual Report of the South Eastern HSC Trust, at the end of my last full year as Chairman.

The year got off to an exciting start as the first patients moved into our new Inpatient Ward Block, a significant milestone in the redevelopment of the Ulster Hospital. The final part of the £261m Phase B redevelopment, the Acute Services Block, is now under construction, with an opening date of early 2020.

We have had another successful year supporting my Chairman's charity, Kiwoko Hospital in Uganda. Some of the highlights in fundraising were the static cycle ride in the Ulster Hospital foyer, the Belfast Marathon run by teams and individuals, our annual Golf Classic in Clondeboy Golf Club, the Gala Dinner in Clondeboy Lodge Hotel, the summer and Christmas sales, and a generous donation from Graham-Bam Healthcare. These events plus individual donations means we are able to send £2,000 a month and this is more important than ever with the hospital requiring more donor funding in these days of economic difficulty. There are also plans for a team of staff to visit shortly.

In October, I hosted our eighth annual Chairman's Awards, which were held at La Mon House, following a very successful Leadership Conference. The categories changed this year to reflect the themes of our new Corporate Plan and, as ever, the standard of entries was exceptional, providing the judges with some difficult decisions. Congratulations to the very worthy overall winners, the Fostering Service, who also won the '*Engage with You*' category for their Safeguarding App.

I would like to thank all staff for their commitment and dedication and I would also like to thank my colleagues on Trust Board for their support throughout the year.

As I step down from Health and Social Care I hope that the tremendous work of our HSC system continues to thrive and gets the support necessary for a full planned transformation. Over the last 10 years, I have had the honour of Chairing a very progressive organisation which contains so many amazing staff at all grades and disciplines. The staff of the HSC need to be recognised and supported to allow them to continue to serve our community in the future with the compassion and professionalism they have always shown.

I will miss HSC but I am satisfied that it is in good hands and ready to get much better. I am honoured to have been given the opportunity to serve the people who rely on the services of the South Eastern Health & Social Care Trust. It has been the greatest privilege of my professional life.



Colm McKenna



Chief Executive's Report

The first of April was a landmark day - (and no April's Fool!!!) not just the start of another financial year but the day the first patients moved into our new Inpatient Ward Block at the Ulster Hospital. The ward accommodation they were wheeled out of that morning was built almost 60 years ago and the contrast with the 288 brand new, single en suite rooms spread across 12 wards was remarkable. I would like to pay tribute to staff who have overcome the many challenges of moving to a new environment (and to those who continue to wait for the next phase!) and all those who contributed in giving us a building we can be so proud of. We should always remember the quality of the service we provide is determined by what staff do, however this new building will support them by providing a better environment in which to deliver that care.

We published our new Corporate Plan, which sets out the strategic direction for the Trust and our commitment to the public over the next four years. The plan reflects our need to move beyond simply treating illness to supporting and empowering people to stay healthy and well. Our challenge is how we bring life to this and how we work in partnership with people to do so. We will work with our local Councils' to help deliver their Community Plans aimed at improving the lives and outcomes for the public in our area. We want this to be [a good place to live](#) (because we help people to stay well and independent; [a good place to work](#) for all our staff; and when you need us, [a good place to receive care and support](#).

It is important for me that we have a culture within the Trust which supports and actively promotes the health and wellbeing of our staff to enable them to recognise and deal with the challenges they may face both at work and outside of work. Already, we have an exciting programme of physical, leisure and wellbeing activities in place across the Trust and we should continue to build upon this.

It has been another year of relentless pressure on our staff, in hospitals and in the community, yet outcomes continue to improve. This is a reflection of the commitment and dedication of our staff towards their patients and clients. I believe the only way to ease this burden is to implement the transformation as signposted in the Bengoa Report and Delivering Together. It is imperative for our staff, our patients and our clients that we transform our services so that they are sustainable into the future.

I would like to thank each and every one of our staff for their continuing commitment to deliver high quality and compassionate care. What you do is appreciated, valued and recognised by me and by the Community as a whole.



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

Hugh McCaughey

Performance Overview

Hospital Services

Prestigious UK Award for Cardiac Team

Congratulations to the Trust Cardiac Rehabilitation Team who have been awarded BACRP / NACR certification status for a period of three years. This is a prestigious award and the Cardiac Rehabilitation Team at the Ulster Hospital have worked hard consistently to deliver and improve the quality service to their patients in order to meet these standards.



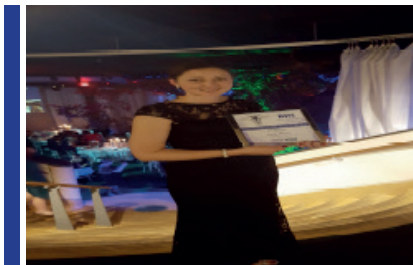
Great News for Palliative Care



The Palliative Care Team are delighted with the success of a recent application made by two members of the Palliative Care Team, Carolyn Murdock, Specialist Occupational Therapist and Denise Cranston, Clinical Nurse Facilitator to the Martha McMenemy Memorial Scholarship. They have received funding to support a service development within palliative care.

Renal Unit is 10 years old

The Renal Unit at the Ulster Hospital has been celebrating its 10th birthday, a decade in which 160,000 treatments have been delivered.



IBD Nurse Awarded by British Journal of Nursing

Gayle Martin is the Specialist Nurse Inflammatory Bowel Disease Nurse (IBD) in the Trust. Gayle was nominated by a patient for the British Journal of Nursing, Gastrointestinal / IBD Nurse of the Year award 2017.

Ambulatory Care

Ambulatory Care Models have continued to develop within Medical Specialities during 2017 across the full range of medical specialities.

The **Respiratory** Hub provides multi-disciplinary rapid assessment, diagnosis and treatment for respiratory patients presenting to the Emergency Department, equivalent to inpatient care, reducing the need for inpatient admission. From November 2017, the Respiratory Hub reviewed on average 10 patients per day, 5 days per week. The hub also provides an outreach service to those patients admitted to the Ulster Hospital who require a respiratory assessment resulting in a reduced length of stay for a number of patients.

Performance Overview

Hospital Services

The **Gastroenterology** Ambulatory Service has also commenced in the Ulster Hospital, providing an alternative to inpatient admission for conditions including inflammatory bowel disease, abnormal liver function tests, low risk GI bleeds and ascites.

A new **Dermatology / Rheumatology** and **Neurology** specialist outpatient centre was established in the Ulster Hospital in December 2017 and is currently developing new ways of delivering outpatient management.

During 2018 it is planned to establish a new **Diabetes** Centre. The Diabetes Centre will transform the delivery of diabetes services to those patients currently attending the Ulster Hospital.

Palliative care is also developing an ambulatory service which will be located on the Ards Hospital site.

Lagan Valley

The Rapid Access Arrhythmia Service was established in Lagan Valley during 2017. The aim of the Cardiac Physiologist led arrhythmia clinic is to promote timely diagnosis, treatment and onward referral if appropriate for patients referred to secondary care with symptomatic palpitations reducing the need to be assessed in a traditional medical led clinic.

World first for Cardiac CT

A new cardiology scanner arrived on site in January 2018. It is the first purpose built heart CT scanner in the world. In just a fraction of a second this technology can evaluate the coronary arteries, heart function and heart valves. At present we are using it at our Rapid Access Chest Pain clinic for patients that present with chest pain to our Emergency Department. This allows us to rapidly detect cardiac disease and implement early prevention or medical intervention programmes.



HEMS NI

Emergency Medicine Consultant Darren Monaghan is Clinical Lead for the new Helicopter Emergency Medical Service in NI. The service is a partnership between the charity, Air Ambulance Northern Ireland and the NI Ambulance Service, and provides a Doctor Paramedic Team to respond to patients injured as a result of major trauma anywhere in Northern Ireland. Ultimately this service will save lives and significantly improve the outcomes of patients who have been severely injured.

Performance Overview

Hospital Services

SQE Winner of Post Award - **Improving patient flow in Downe and Lagan Valley**

Catch them before they fall - finalist - **Downe Hospital**

Improving the Management of the Patient. **Presenting to the Emergency Department with a Wound** - finalist

Right info @ Right time. **eReferral to Specialist Palliative Care Team** - shortlisted

Direct admission to Stroke Unit - shortlisted

Shortlisted Chairman's Awards

- Empower Our Staff - LVH / Downe
- Going Extra Mile - **Downe Emergency Department**
- Outstanding Team - **Downe Emergency Department**
- Engage with You - **Ulster Emergency Department.**

Day of Surgery Admission - DOSA

The DOSA Unit opened in April 2017 in Ward 8, Ulster Hospital. This model of care optimises bed use and improves patient flow by facilitating patients to arrive on the day of their surgery instead of being admitted the previous evening. To date 1,659 inpatients and 466 day cases have been admitted via the DOSA Unit which equates to 66% of all elective admissions.



Urology Laser

Wednesday 7 March 2018 marked the first ureteroscopic laser case undertaken in the new Ulster Day Procedure Unit. It will transform the pathway of care for patients presenting with upper urinary tract stone disease. This will modernise the management of care towards enhanced daycase surgery providing a highly efficient and effective model.



Virtual Fracture Clinic Roll Out to Downe

The Virtual Fracture Clinic has been rolled out at the Downe Hospital to facilitate equitable access for orthopaedic patients with a confirmed or suspect fracture. This service ensures standardisation of care and treatment for all fractures and timely follow up with the right clinician, at the right time for their injury, thus improving patient outcomes, reducing clinic overbooking and improved patient experience.

Performance Overview

Hospital Services

Local Urology Cancer MDM

Urology established their own local Urology Cancer Multi-disciplinary weekly meeting in November 2017.



**CANCER
RESEARCH
UK**

Partnership

The Trust has partnered with Cancer Research UK (CRUK) facilitator programme to engage GP Practices regarding cancer prevention, screening and earlier detection.

MBE Award

Dr Cherith Semple, Macmillan Head & Neck Clinical Nurse Specialist has been awarded an MBE in the Queen's Birthday Honours List for services to nursing as Macmillan Head and Neck Clinical Nurse.



RCNI Finalist

Jenny Foreman, Clinical Trials Nurse was one of 4 finalists in the RCNI Nurse of the Year Awards in the category Excellence in Nursing Research.

Director of Nursing Award Winner

Paula Watterson, Ward Manager, MacDermott Unit won the Leadership Award at the Director of Nursing Awards at the Innovation Centre, Ulster Hospital as part of the International Nurses Day Celebrations.



RCN NI Nurse of the Year 2017 Awards

Caitlin McCoy received the runner up award for Cancer Nursing at the RCN NI Nurse of the Year Awards.

Chairman's Award Cancer Services

The Cancer Services Team were finalists in the Helping You to Stay Well category.



SQE Winner

The Acute award was won by Lisa Cozzo and Richard Earney with their project using education and simulation to improve identification of the deteriorating patient.

Performance Overview

Hospital Services

Maternity Services

In 2017 we celebrated the 10th Anniversary of the opening of the Ulster Maternity Unit by holding a conference. The conference provided a terrific platform for world renowned speakers from the UK and Germany to share their knowledge alongside representatives from across the Trust who talked to their innovative practice including outpatient induction of labour, water birth for higher risk women in the Labour Ward and the key contributions made by Maternity Support Workers.



The Team have further rolled out the '*Getting Ready for Baby*' (GRFB) programme across all sites. The programme combines antenatal healthcare assessment as well as group education on issues such as attachment and positive infant mental health.

Midwife, Heather Campbell was awarded RCM Regional Winner of Midwife of the Year, nominated by a GRFB Mum. They attended the event hosted by the RCM in London in March 2018.



Ears, Nose and Throat (ENT) and Audiology Services

ENT and Audiology Services continue to work closely with colleagues across NI to review ENT Outpatient services. Of particular note is the recent transfer of Paediatric Direct Access Audiology to Acute Services which enables the Trust to comply with the Public Health Agency recommendations for testing children aged less than 3 years. Also, the Adult Audiology successfully piloted a '*one stop*' diagnostic / hearing aid fitting service and plan to roll this out to all sites from April 2018.

Pharmacy Services

Pharmacy moved to the Inpatient Ward Block on the Ulster site in April 2017.

Medicines Optimisation in Older People (MOOP) teams were appointed in April 2017. The Team consists of a Consultant Pharmacist, an Intermediate Care Pharmacist and a Clinical Technician. The Team undertake medicines optimisation reviews for patients in care homes and provide advice and assistance to patients who are having difficulty managing their medicines in their own homes.

In August 2017, Stuart Johnston took up the post of Discharge Hub Pharmacist. Stuart has been working with the Discharge Hub Team to help ensure safe and timely patient discharges and improve patient flow.



In February 2018, Nicola Maybin, Gastroenterology Pharmacist along with Gayle Martin, Inflammatory Bowel Disease Specialist Nurse and Dr Patrick Allen, Consultant Gastroenterologist, won the NI Healthcare Award for Innovative Developments in the Management of Inflammatory Bowel Disease (IBD). Nicola is responsible for prescribing of all biologic infusions and the monitoring of concomitant immunomodulators and corticosteroids. She also prescribes iron infusions and is able to identify and treat patients with anaemia in a timely manner. This is the first service in Northern Ireland where the IBD Pharmacist has direct patient

management responsibility.

Performance Overview

Hospital Services

Acute Paediatrics

The Paediatric Team continue to provide a range of services - both Inpatient and Outpatient - to children and their families across the Trust.

The Team have focused on improving the experience of parents in the Neonatal Intensive Care Unit through a programme entitled '*Parents in Partnership*'. Parents have been supported to undertake some duties including temperature monitoring and feeding. They are also actively involved in nursing handover.

Nurse Stef McInnis was awarded Neonatal Nurse of the Year in 2017 for her palliative care work with families.



Laboratory Services

In 2016/17, the Team received over 1 million samples, generating over 5.5 million test results. We also achieved and maintained UKAS Accreditation in all disciplines - Microbiology, Biochemistry and Haematology - and introduced over 600 new '*Point of Care*' Glucose analysers across the Trust and Community.

The Team continues to invest in staff learning and development; and in May 2017 was highly commended as a placement employer in the Public Sector Category at the University of Ulster Impact Excellence Awards.

In November 2017, the Laboratory held an 'Open Day'; which was attended by almost 70 people from within and outside the Trust. The Day gave those attending an insight into the world of Laboratory Medicine.

Medical Illustration

This year, the Medical Illustration Department introduced a new and innovative database to store patient photographic and video images. The database allows clinical teams to safely and effectively access images at the patient bedside and as a result, continue or introduce new treatments. The images can also be used for staff learning and development.

Performance Overview

Nursing, Primary Care & Older People

Adult Safeguarding

The Trust continues to promote the message that *'adult safeguarding is everyone's business'* and with the introduction of the new Regional Policy, Adult Safeguarding: Prevention and Protection in Partnership, the Trust has engaged with staff as well as with the private, voluntary and faith groups within its sector to raise awareness of new roles and responsibilities. This has included the roll out of significant training for all staff in the Trust. The Trust has established an Adult Safeguarding Champion Network to support contracted Providers in the development of their own Internal Policy and Procedures and to ensure clarity around reporting pathways for referrals into the Trust.

The Adult Protection Gateway Team was established in October 2017 creating a single point of access and a clear pathway for the reporting of concerns that an adult is, or may be, at risk of being harmed or in need of protection from abuse, exploitation and neglect from a third party. The team is committed to providing effective quality interventions with positive outcomes for the service user and their families.

Domiciliary Care Recruitment

During 2017 the Trust Domiciliary Care Team held three Open Recruitment Days across the Trust to recruit Domiciliary Care workers.

Pictured at one of the Recruitment Days with the Mayor of Lisburn and Castlereagh City Council, Councillor Tim Morrow, are Jane Kennedy, Domiciliary Services Manager and Martina Kearney, Domiciliary Area Manager.



Domiciliary Care Staff Engagement



During 2017, four Engagement Days for domiciliary care staff took place in four localities (Peninsula, Downpatrick, Lisburn and Newtownards). Many of the staff working in the service work either alone or in pairs and to ensure they feel part of the Trust team, Engagement Days were arranged to supplement existing forums such as team meetings and supervision sessions.

The purpose of the days was to engage with the staff teams about the service and the future direction and also to find out from staff how they feel we can improve the service for Service Users and the staff team.

This year we are continuing with these forums to feedback about how we are shaping the service in response to their feedback.

Performance Overview

Nursing, Primary Care & Older People

Discharge Hub & Discharge to Assess Teams

The focus of these teams is to achieve timely, safe and effective care for patients with ongoing needs leaving the hospital.

The Discharge Hub works hand-in-hand with a community based Discharge to Assess team enabling patients to have further assessment and support planning in their own home environment.

Due to the successful outcomes of both the Discharge Hub and Discharge to Assess processes it is planned that during 2018 both will be rolled out to the Lisburn and Down localities.

Carers

Carer support has continued to grow over the past year through a number of different initiatives. There were 11 different carer events organised across the entire Trust area which reached a total of 493 carers. Events included coffee mornings on World Mental Health Day, Scams Talks, and events focused on Carers Week.

The Trust Carer Database has provided 3100 carers with information about events, information relevant to carers' issues and advice. This provides carers with an invaluable source of support in what can oftentimes be isolating situations.

During 2017 a Pharmacy initiative with the intention of reaching carers, not known to the Trust was taken forward. This provides information regarding the range of sources of support available. This project has been successful in reaching carers, mainly male carers, who would not have otherwise sought support. During 2018 we will continue to develop this work and seek to introduce it to many more pharmacies within the Trust area.

Access to Allied Health professions Services

Allied Health Professions (Physiotherapy, Occupational Therapy, Podiatry, Orthoptics, Speech and Language Therapy, Nutrition and Dietetics) have assessed and treated 97% of referrals within 13 weeks.

Physiotherapy

The Trust's Physiotherapy services are increasing access to services and helping streamline access to services in a number of ways.

Direct Access to Musculoskeletal Physiotherapy services is now well established with circa 3500 patients (over 16 years) referring themselves to outpatient physiotherapy services without seeing their GP. A further 3189 referred themselves after seeing their GP.

The Trust is trialling a model where an extended scope physiotherapist with independent prescribing and peripheral joint injection skills who is able to see, advise and discharge a significant number of appropriate patients, reducing referrals to secondary care and Physiotherapy services, which in turn enables GPs to see other more complex patients.

Performance Overview

Nursing, Primary Care & Older People

Community Dentistry Services

Over the past 12 months Community Dentistry has begun a programme of service-wide modernisation and reform. This has included the implementation of central decontamination and sterilisation of equipment, review of governance arrangements and staff development through training, clinical audit, supervision and the Trust's quality improvement programme. The service continues to provide dental care for an increasing elderly and medically complex population, as well as provision of paediatric General Anaesthetic Extraction Clinics.

Enhanced Care at Home (ECAH)

The Enhanced Care at Home Service continues to grow. Operating within Ards and Down sectors for the last 2 years it is currently being rolled out across the rest of the Trust. The model has been refined with the development of a defined team and the development of 3 tiers to manage more acutely ill patients supported by the introduction of a Community Early Warning Score (CEWS). Referrals continue to increase with a high satisfaction rate from patients and stakeholders.

Safe & Effective Care

Over the past year the Trust has continued the focus on ensuring safety, improving quality and testing the patient / client experience.

Ensuring Safety

Systems and structures have been established within the Trust to monitor and measure compliance with best practice standards and guidelines, a SharePoint site has been established to track implementation of the NICE guidelines that will develop in time to incorporate all safety letters etc. Work has continued to develop with the safety priorities, for example, falls prevention, pressure area care and good nutrition. In addition, improvement work has been implemented to further assure safety in specific areas such as Sepsis, Deteriorating Patient and Pain Management. Ward champions have been identified to support the work with Sepsis and falls.

Quality Improvement (QI)

The QI Academy is now well established and able to offer programmes across 3 of the levels of the Q2020 Attributes Framework. Our aim is that our structured programmes will contribute to the development of a culture of continuous quality improvement within our Trust, where staff at all levels have the confidence to highlight areas for improvement and then have the skills, knowledge and support to be able to implement improvements.

Testing the Experience

The Trust continues to use a range of methodologies to gain feedback from those who use our services. We use this information to inform design, development and delivery of care and treatment. We have rolled out a comprehensive programme of engagement using the 10,000 Voices initiative and a programme of surveys.

Performance Overview

Nursing, Primary Care & Older People

Mental Health Service for Older People (MHSOP)

MHSOP has had a particularly successful year; winning a Dementia Champion of Champion award; commencing innovative new initiatives and improving dementia knowledge and skills in staff and carers across the Trust.

The Mental Health Care Management Team are now aligned within the MHSOP and a new Team Leader, Fiona Rooney, has been appointed. Dementia Navigator teams are now well established and cover all Trust areas and 4 Dementia Companions have commenced a 'new' role to support people living with dementia in our acute hospital wards.

The Virtual Dementia Bus toured to 9 locations across the Trust. Staff, carers, service users and partner groups visited with 96% of the 1207 attendees stating it was an '*excellent training experience!*'

Developing non pharmacological approaches to care has been at the forefront for the service this year with 84 hospital and community staff undertaking training in the CLEAR Dementia Care Model and a further 38 in '*Living Life to the Full*' methodology, providing increased choice and alternatives for MHSOP service users.

The Virtual Dementia Tour bus and Dementia Companions (below)



Performance Overview

Adult Services & Prison Health

The Adult Services and Prison Healthcare Directorate continues to focus on a number of initiatives to drive cultural and transformational change, which include Outcomes Based Accountability (OBA) approach to services, building will and capability of staff in quality improvement & outcomes and the development of co-production and extension of the Recovery College across all programmes of care.

Adult Disability Services



During the last year, staff in Physical Disability Services have been working closely with service users, families, a range of organisations, and the local community to help improve health and quality of life. The Ardarragh Hub has now been established and already is offering activities, information and support for people who have physical or sensory disabilities and their carers in the Down area. Feedback from those involved has been very positive.

Adult Disability Services are very proud to have been awarded this year's Chairman's Prize for *'Empowering our staff'* for work done in the Rowan Centre in Lisburn with staff to develop their skills in supporting people with a disability.



This year has seen the opening of a new Supported Living Scheme for people with a Learning Disability in the Lisburn area. This service was developed in partnership with Cedar Foundation and Triangle Housing Association and provides a home for 8 individuals.

Adult Disability Services held a very successful Acquired Brain Injury Conference in October 2017 attended by 114 delegates.

Clinical Psychology and Psychological Therapy Services

Clinical Psychology and Psychological Therapy Services provided a range of psychological therapies to service users and their families across Mental Health, Learning Disability, Children's, Older People's and Hospital Services. The Service has developed a strong focus on delivering high quality and effective services evaluating our work using a range of outcome measurements including the use of standardised tools; satisfaction questionnaires and feedback from key stakeholders.

Mental Health services

Development of Peer Roles and the Peer Recovery Consultant - This year has seen the introduction of more peer roles into the mental health workforce and the extension to community Mental Health and Addictions Teams. The Mental Health Team were delighted to have welcomed Eileen Shevlin, Peer Recovery Consultant to the Senior Management Team this year. Eileen will be responsible for the strategic development and roll out of co-production and engagement with service users.

Improving Access to Psychological Therapies - The initial success of the provision of low intensity psychological therapies within Ward 12 Lagan Valley Hospital as part of a SQE Project 2015 - 2016 has now been spread; it is now embedded across the 4 Mental Health Inpatient Wards and the 3 Acute Community Services encompassing Home Treatment and Acute Day Treatment.

Performance Overview

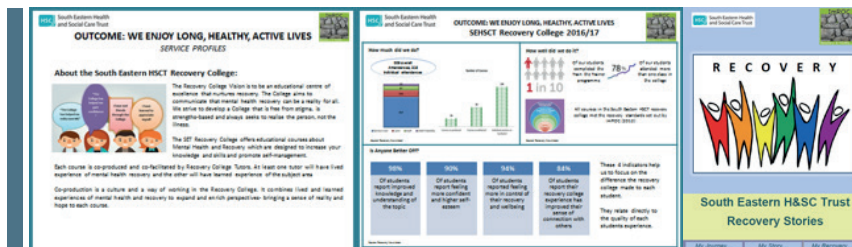
Adult Services & Prison Health

ARBD Pilot - An Alcohol Related Brain Injury pilot project in Mental Health Addiction services has been producing new evidence demonstrating the effectiveness of intensive treatment in reversing cognitive impairment.

Launch of the Substance Misuse Liaison Team - The Substance Misuse Liaison Team is now providing a range of brief addiction treatment interventions to a defined client group across adult acute general hospitals, as well as providing training and advice on the management of patients who present with issues related to their substance misuse. The Substance Misuse Liaison Service now provides 7 day week working within the Ulster Hospital and outreaches to Lagan Valley and Downe Hospitals.

Other Highlights for Mental Health Services have been:

- The Volunteer Peer Advocacy Service won the Patient & Client Council Award for *'Excellence in Coproduction'*
- Colette Reynolds (Psychological Well Being Practitioner) and Anne Gordon (Acting Ward Manager Ward 12 LVH) have been shortlisted as finalists in the Burdett Nursing Awards 2018 - Mental Health category. The SET Recovery College had its second annual graduation ceremony in Downpatrick and launched its first outcomes based report card
- Mental Health Launched our Recovery Stories project and we have videos on the SET Recovery College Facebook page and a booklet produced



- 2017 - 2018 Launch of Wellness Recovery Action Planning (WRAP) Regular Provision within the Trust providing five 2 day workshops facilitated by WRAP Group Facilitators with 65 people completing their individual WRAPs
- Evidence based family intervention is now available with Mental Health Services with Behavioural Family Therapy being cascaded throughout Community Mental Health Team, Home Treatment and Inpatient Services
- The Condition Management Programme (CMP) is now available for people on benefits to self-refer to and provides intervention for people on Workable and Access to Work supporting them to remain in work
- The CORE clinical measure is now embedded within home treatment throughout the Trust and CORENET has been launched to support staff and patients in viewing the difference the services are making to them
- Patient Flow Coordinator celebrates a year within mental health and the value of the role was highlighted within the excellent ISO Audit which was undertaken with no compliances in January 2018

Performance Overview

Adult Services & Prison Health

- World Mental Health Day Barbeque in Finneston House in October 2017 was really well attended and marked the opening of the refurbished Finneston House Acute Community Services: providing home treatment and acute day treatment as a community alternative to inpatient admission.

Prison Healthcare

Prison Healthcare continues to focus on a number of initiatives to drive cultural and transformational change, including the development of co-production and collaborative practice and progressing from cooperation to collaboration. Significant progress has been made in stabilising the workforce through the development of exemplar induction and training programmes in Prison Healthcare which have been recognised by the International Committee of the Red Cross. The Quality Improvement Fellow has been completing projects to improve and innovate communication in the prison committal process and to improve the flow of people entering custody including the introduction to prison healthcare of the 10,000 Voices project. Additionally, the Director is leading on 5 Nations work relating to comparative national datasets for Prison Healthcare, as part of the World Health Organisation collaboration on Prison Healthcare.

Prison Healthcare has won several awards this year (local, regional and national):

The Integrated Team of the Year 2017 award at the Health Heroes National Awards in London, which is a very significant achievement.

- **Shortlisted for the 'Pharmacy of the Year' award in the Pharmacy in Focus Awards**
- **Finalists in the Continue to Improve category at the Chairman's Awards.**

The Engaging for Change award - World Health Organisation - Belfast Healthy Cities Award in December 2017 for service user engagement work.



The Service User Engagement Worker has established service user forums with many positive outcomes; service users reported that the healthcare forums are a better way to communicate with the healthcare service. Other service user initiatives have been '10x 9 events', 'In your Shoes, In my Shoes' workshop and the 'Spanner in the Works' drama project. Evaluations of events held have been extremely encouraging, with users reporting feeling valued and involved.

Additionally Prison Healthcare New Service Developments 2017/18 include:

- The completion of joint strategies with the Northern Ireland Prison Service with regards to drug misuse and self-harm / suicide prevention
- Targeted Mental Health training
- Improved chronic disease management initiatives including hepatology clinics
- Allied Health Professional service development.

Performance Overview

Children's Services & Social Work

Prevention and Population Health

The Trust continues to work with a range of partners to improve the health and wellbeing of the population. This includes our active involvement in a number of Community Planning partnerships along with local Councils. Specific initiatives developed this year include a Trustwide service for adults diagnosed with pre-diabetes whereby GPs can refer patients to this programme via their electronic referral system. Over 50 GPs have referred patients into this service in the last 12 months. In relation to older people, over 30 volunteer befrienders have been recruited to visit isolated older people, whilst over 500 older people have been referred to a range of services to reduce loneliness and to improve their health and wellbeing. All these initiatives complement the ongoing health improvement work that the Trust undertakes. Over the last year, we have continued to develop innovative practice in relation to smoking cessation, sexual health (such as the Youth Health Advice Clinics developed in partnership with the South Eastern Regional College), alcohol, mental health and physical activity. People with heart problems can now also benefit from a new, innovative health coaching service at the Ulster and Lagan Valley Hospitals. Our Early Intervention Services aim to improve outcomes for children and young people and our Family Support Hubs continue to support over 1,000 families across the Trust area. Whilst our focus is on the people our Trust serves, we have also worked hard to improve our staff's health and wellbeing.

Fostering

The Trust's Fostering Service continues to develop an edge of care service, making links between families with children on the edge of care. Foster carers offer mentoring and respite to birth families which can support children in their own family and prevent children coming into care. The Trust has 2 schemes with 8 foster carers working with children and families from ages 8 - 16 years. The Fostering Service was also delighted to have developed a Fostering app to support carers in keeping our children and young people safe on line. This app puts vital information about keeping safe on line into the hands of foster carers through their mobile phones and devices. The feedback has been so good that the app has been rolled out regionally since May 2017.

The Fostering Service continues to rise to the challenge of finding families for our children and supporting our foster carers over the long term. Meeting the demand for new foster placements is never straightforward and we continue to work hard to recruit and retain foster carers for our children. We have increased our advertising and social media presence and built on the success of recruitment initiatives commenced last year. The success of such initiatives will however only be realised over time, by the appropriate support and development of our foster care population to meet the demands of their role.

Residential Care

This year we continued with our reform initiative of how we provide care to children and young people within residential care. There is a clear recognition this can only be achieved by putting our children and young people and staff teams at the centre of decision making and shaping the future. *'Good Outcomes'* groups have reviewed all aspects of the living experience within our children's homes. The aim is to improve the atmosphere, environment, loving emotional closeness, develop attachments and help all young people to reach their full potential.

Performance Overview

Children's Services & Social Work

The Good Outcomes Groups have met with considerable success by developing a revised Therapeutic Care Plan which has streamlined and reduced bureaucracy within the homes. Progress is also being made through working with Estates in developing a responsive mechanism to involve the young people in the design of the homes in relation to colour schemes etc. The Trust has just employed 2 health and wellbeing workers, who will focus on the activity programmes being made available to the young people across the residential estate.

The Regional Secure Care Centre (Lakewood) opened their third home (Murlough) in October 2017. This will enable children in secure care to be cared for in smaller groups and we hope improve their experience and outcomes.

Child Health

The Trust's Child Health Teams continue to make a significant contribution to giving every child the best start in life. Two dedicated services continue to work with vulnerable parents, providing a strength based approach and improving many critical outcomes, such as reducing childhood injury, neglect and abuse. The Family Nurse Partnership (FNP) currently cares for 98 families, while the New Parent Program (NPP) has 70 children and their parents on the programme in 2017/18.

The Health Visiting service continues to deliver on the Universal Child Health Programme, while also achieving a continued expansion with 50% of children and parents of 3 - 4 year olds being offered a Health Visitor contact in their preschool nursery setting. Our School Nursing Team has again completed a successful flu and vaccination programme and the team has delivered over 42,000 vaccinations in the last year.

In the last year the Community Paediatric workforce was enhanced by the appointment of 2 new specialty doctors and a Consultant Child and Adolescent Psychiatrist.

In October 2017 a joint ASD, ADHD and CAMHS, Education Service workshop was delivered to launch the development of the Child & Young People's Wellbeing Service, a new integrated pathway for Child Health and Mental Health services. This has been combined with the recruitment of new staff into the Wellbeing Service, resulting in the integration of service delivery for ASD and ADHD services. A Neurodevelopmental Team has also been established to provide assessment and intervention prior to diagnostic assessment, with the aim of meeting the needs of children, adolescents and families at the point of referral. This means that children and families are now getting intervention earlier than they would have in the past.

In September 2017 the Additional Support for Children in Education (ASCET) was rebranded as the Regional Integrated Support in Education (RISE NI) Team. With the change in name, came a drive for earlier intervention and the team will soon be delivering programs into the pre-school setting. During the academic year 2016/17 120 Universal (whole class) Programmes were delivered and 3,042 children participated. 70 Targeted (small group) Programmes were delivered by RISE NI, which reached 350 children and 237 children were referred into the service for individual intervention.

Performance Overview

Children's Services & Social Work

Family Support and Safeguarding

This year the Trust completed its restructure of family support and safeguarding based on the principal of the child's journey from initial involvement with the aim of minimising changes of social work staff for children and their families. The Trust's interns (who have lived experience of being in care) were an integral part of the design, planning and implementation process.

There is one Gateway Service across the Trust with the intent of further improvement including facilitating more effective communication with our partner agencies and the Family Support Hubs.

The Trust has continued to promote and develop strength based and trauma informed practice. An Adverse Childhood Experience Model of Practice is now established practice across the Trust. In common with other Trusts across Northern Ireland a longer term Whole System Transformational Service Model called Signs of Safety Practice has commenced implementation. This Signs of Safety Model is intended to help practitioners with risk assessment and safety planning in child protection cases. Its purpose is to enable practitioners across different disciplines to work collaboratively and in partnership with families and children.

Service User involvement in planning safeguarding services has continued with recent involvement of parents, who have experience of child protection processes, participating in the implementation of improvements in child protection conferences. A pilot of a more restorative approach to such conferences is currently ongoing with positive outcomes.

Social Work

The Trust continues to lead the Regional Quality Improvement in Social Work programme and last year included 22 social workers who successfully completed improvement initiatives. They were supported to develop their knowledge of quality improvement methodology and to apply the learning in practice. All improvement initiatives undertaken demonstrated better outcomes for service users.



The third year of the Quality Improvement in Social Work programme commenced in February 2018 and saw an exciting new development as a partnership with nursing colleagues was launched, creating the '*Quality Improvement in Social Work & Nursing programme*'. This wider range of experience and skills will undoubtedly enhance the learning.

Performance Overview

Children's Services & Social Work

Co-Production: The Local Engagement Partnership

In line with the Programme for Government and the Social Work Strategy the Trust has made a commitment to co-production in 2017/18, as a way of making improvements by working in partnership with the people who experience the services. A local Engagement Partnership has been established bringing together service users, carers, social workers and their managers and community / voluntary organisations. During Co-production week in July 2017 the partnership sought to raise awareness in social work using a staff survey and a co-production coffee morning, where staff were asked to make co-production commitments for the year ahead.



Staff making co-production commitments during Co-Production Week (July 2017)

Engagement with Front Line Staff

It is important to the Trust that front-line staff are supported in their practice and so a Social Work Advocacy Team has been established. The group is chaired by staff from Quality Improvement and a Co-Production Intern who has live experience of Trust services. The aim of the Social Work Advocacy Team is to connect front-line staff to the Trust senior decision makers and ensures they have an influence on innovations and improvements in the Trust.



Performance Overview

Medical

Clinical Risk

Dr Ann Hamilton who continues as Clinical Risk Director 20 hours each week, worked flexibly to accommodate meetings and availability of other clinicians. The Risk Director works closely with the Medical Director, the Associate Risk Director and the Assistant Director Risk Management with complex cases requiring discussion by all the above to reach consensus about how best to manage cases.

The importance of this role is providing advice to Directorates about Serious Adverse Incident Reporting, writing some of the Level 1 cases and chairing Level 2 incidents. Emphasis is placed on the robustness of investigation, transparency of the findings with clients and families, recommendations which will reduce the risk of recurrence of similar events, how to support staff involved in such incidents and how to spread learning to all staff locally and if indicated regionally. Work continues to support individuals involved and in some cases providing a short summary highlighting the part they played in the incident and asking them to reflect on this and incorporate the learning into their training portfolio or appraisal documentation.

In 2017 all Clinical Leaders and Assistant Directors within the Trust were offered training into Serious Incident Investigations by an external from UK who has vast experience of investigations within the NHS. This will be extended to all consultants during 2018.

The post also involves working with Risk Management and the Trust Legal Team, reviewing evidence from involved staff and expert reports to aid the management of medicolegal cases taken against the Trust. It is noted that Internal Incident Reviews are informing these litigation cases and speed up the process through litigation with many cases settled by negotiation rather than through the Courts. A '*Lessons from Litigation*' newsletter is published quarterly with generic learning points which arise from these cases and this is sent to all permanent medical staff and medical trainees who are working in the Trust.

Teaching sessions continue within the Trust emphasising the role of patient safety and risk management to medical students and doctors in foundation training.

Work continues with an annual regional meeting to share learning from adverse event reviews between Trusts and the South Eastern HSC Trust presented cases from different Directorates. There was also a meeting with staff from Scotland where learning was shared. Regional Guidance on the Serious Adverse Incident Procedure within Northern Ireland to update it from 2013 with inclusion of 'never events' in keeping with NHS England was introduced.

We continue to work closely and have regular meetings with the staff in the Coroners Service for Northern Ireland.

Work for next year includes getting reassurance and evidence that learning takes place. We aim to work collaboratively with Safety and Quality Improvement and Audit to help inform this.

Performance Overview

Medical

Appraisal, Revalidation and Job Planning

The Trust's Medical Director's Management Team continues to oversee quality control and medical appraisal processes in accordance with the requirements of the General Medical Council (GMC). In the last 12 months a review and revision of our internal processes and guidance information has occurred to ensure they continue to be robust and fit for purpose. Proposals are also underway to recruit a new Associate Medical Director who will have responsibility for Governance and Service Reform.

The GMC revalidation process has now entered its second cycle and to date the numbers of Trust Medical Staff who have revalidated / due to revalidate are listed below:

Year	Number due to Revalidate	Number Revalidated	Number Deferred	Non-engagement
2013	77	74	3 (3.9%)	0
2014	85	77	8 (9.4%)	0
2015	111	100	11 (9.9%)	0
2016	33	28	5 (15.15%)	0
2017	13	12	1(8.33%)	0
2018	91			

Trust deferral rates are consistent with the regional average.

The Trust is striving to ensure that each appraiser conducts no more than 8 appraisals and as part of this process over the last year, the Medical Director's Office (MDO) in conjunction with the HSC Leadership Centre, has trained an additional 22 new appraisers.

The Trust is contributing to a Regional Appraisal Group which is developing an electronic system for appraisal, due to be piloted during late 2018 and scheduled to be fully implemented from early 2019. It is anticipated that training in regards to this system will be provided to Trust Medical Staff during autumn 2018.

The Medical Directors Office continues to engage with external stakeholders including the Northern Ireland Medical & Dental Training Agency (NIMDTA) and GMC. In regards to the latter the Trust meets with the GMC no less than quarterly and contributes to the National Responsible Officer Forums.

In accordance with the 2017/18 Annual Internal Audit Plan, Business Services Organisation (BSO) Internal Audit carried out an audit of the Management of Consultant Medical Staff. This is the first time that a full Internal Audit of this area has been carried out within the Trust. This has been a positive experience and the Medical Directors Management Team is currently working with Consultants and their teams to strengthen the alignment of job plans with service objectives.

Performance Overview

Medical

Medical Education

The Department of Medical Education continues to be busy. We co-ordinate the teaching of Queen's University Belfast (QUB) medical undergraduate students and the training of trainee Doctors and Dentists on behalf of NIMDTA.

QUB and NIMDTA continue to inspect these activities on a regular basis and we have received some excellent feedback but also some issues that need resolved.

The GMC performed an inspection of the undergraduate and postgraduate training in Northern Ireland last year. They visited the Trust in March and met with Executive Team Members, Senior Education Faculty, 37 medical students, 39 foundation doctors, 8 general practice trainees, 28 specialty trainees and 19 trainers. We received the official report in October and 7 areas were highlighted as reflecting good practice with only 3 issues raised that required action. The opening comments of the report sum up their main impressions of the Trust:

“In general, the medical students and doctors in training we met with spoke favourably of the medical education and training offered by the Trust. Whilst we heard that the balance between workload and training appears to be good, service pressures do impact on the educational opportunities available and we heard of a number of initiatives being employed both at Trust and departmental level to counteract this.”

The Medical Education Department continues to support the 2 day Sixth Form Work Experience Programme which is proving very popular with students who are contemplating studying medicine at university.

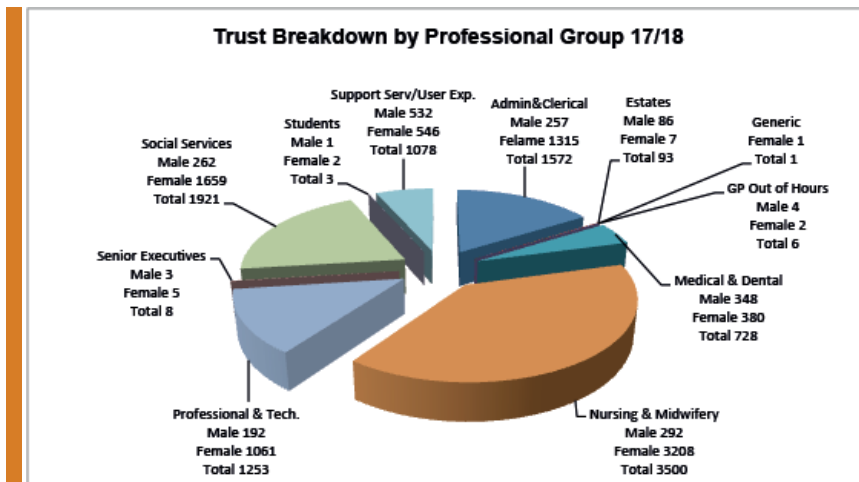
The simulation suite supports medical student teaching and postgraduate training both locally and regionally.



Performance Overview

Human Resources & Corporate Affairs

The Human Resources Department provide a range of services to approximately 12,000 staff including Bank Staff. The attraction and retention of staff remains a key focus for the Trust.



Highlights for 2017/18 include:

Employee Resourcing

- Trust recruited to 1203 positions
- Trust Corporate Bank Office won NI HPMA *'HR Team of the Year'* award. **93,781** Bank and Agency shifts equating to **746,736** hours were filled by the Corporate Bank Office - **85% Bank & 15% Agency**. Users of the service increased by **25%**
- **2,760** flu vaccines were administered to front line staff compared to **1695** in 2016/17. (**62%** improvement). **33.74%** of an increased front line staff population were vaccinated compared to **26%** last year.

Organisation and Workforce Development

Team development

SHare is part of the Team Development portfolio. It is a series of workshops held with all team members that aims to get to the root of perceived problems and concerns through facilitated and structured discussions. The Team Leader is usually the motivator for the SHare sessions but they are not included in the discussions to give the team members the freedom to express themselves openly.

The SHare approach has been used within nursing teams undergoing major change due to the creation of new facilities and recovering from significant traumatic experiences, admin teams and Prison Healthcare.

This approach is an opportunity for staff to have a voice and play a key role in resolving the issues they face and supports the research in change that emphasises that solutions should always be made by the people closest to the problem. It is in keeping with the Trust's on-going commitment to staff engagement ensuring that it is a *'Great Place to Work'*.

Performance Overview

Human Resources & Corporate Affairs



Celebration of Achievement

In November 2017, the Trust hosted its biennial Celebration of Achievement Awards event to recognise and congratulate over 320 staff who achieved an accredited qualification over the previous 2 years.

The ceremony celebrated the dedication and effort each member of staff made to their learning and development while still working within their roles in the Trust. Qualifications were wide ranging and included: ILM Level 2 Leadership and Team Skills, ILM Level 5 Coaching and Mentoring, ProQual Level 4 and Level 3 Diploma in Health and Social Care.

Employee Relations

Joint Negotiating Forum

The Trust works in partnership with the Trade Unions and this year undertook a review of the operation of the Joint Negotiation & Consultation Forum (JNCF) between management and trade union side. The review looked at the industrial relations machinery within the Trust and how it should operate to ensure effectiveness. A workshop was held and areas such as informing, consulting and negotiating were explored and agreed. The Workshop was attended by Directors, Senior Managers and representatives from the various Unions.

Health & Wellbeing

As part of the Trust Health & Wellbeing Strategy the Trust launched the LiveWell Hub in June 2017. This is an on-line portal accessible to Trust employees both inside and outside of the workplace. The site consolidates the promotion of health and wellbeing initiatives and provides *'support 4U'* which enables employees to access services and tools in relation to their physical, mental, financial and sexual health and wellbeing. Since the launch, just under 6,000 employees have accessed the site. Staff can also book themselves onto exercise classes, register interest for seminars and training such as Stress Management and Resilience Training (SMART), access the HR Policy Framework which supports work life balance and other offerings that support family life such as our discounted rates for staff at our onsite childcare facilities.

First Steps Day Nurseries

The Trust Childcare Facilities continue to successfully provide quality child care across the Trust incorporating Day Nurseries, Summer Schemes and After Schools Clubs. A mark of the success of the Summer Schemes has been evidenced in that a number of former children who attended have since returned as Summer Scheme assistants. This year First Steps Day Nursery at Lagan Valley Hospital celebrated 20 years of providing Childcare to many children both for our staff and those from outside the Trust.

Performance Overview

Human Resources & Corporate Affairs

Patient Experience

The Patient Experience Department is part of the Human Resources and Corporate Affairs Directorate. The department comprises of Central Sterile Services Department (CSSD), Laundry, Chaplaincy, Transport, Security, Car Parking, Portering, Catering and Domestic Services supported by the Quality, Performance and Training Department and our administrative staff.

Patient Experience continues to meet and exceed legislative requirements and regional targets against a continued backdrop of financial restraint and unprecedented pressures on Trust services. Patient Experience is substantively compliant in all 6 controls assurance standards (Decontamination of Reusable Devices, Security, Environmental Cleanliness, Food Hygiene and Safety, Waste and Fleet and Transport). We have a robust internal audit process to provide assurance of the quality of our services which is supplemented by both routine and unannounced inspections from external agencies and accredited bodies such as RQIA, EHO, BSI & ISO.

Our new management structure, now based on a service model of delivery, is already yielding many results such as quality improvement, innovation and improved consistency of delivery across the Trust.

Travel Planning

The Trust has appointed a Travel Plan Coordinator with a view to reducing single occupancy vehicle travel and identify / advertise alternative means of travel. The following initiatives have been undertaken ie. Park and Ride at Dundonald, a car share scheme, cycle to work and shop mobility. These initiatives have been underway for over 1 year and are described fully in the inaugural Travel Plan Annual Report.

Security

Security staff continue to respond to requests for assistance from clinicians when human behavioural issues are such that there is a potential to interrupt the treatment of seriously ill patients. Response times to these incidents are recorded as Key Performance Indicators at the Ulster Hospital and are excellent. Security staff at the Ulster Hospital, Downe / Downshire and Lagan Valley Hospitals are consistently complemented by clinicians due to security intervention which has led to a safer environment for clinicians to perform their core role.

Decontamination

A project group has been established to improve the decontamination life cycle. The project group reports back to a steering group and then HCAI group, EMT and Director of HR&CA. Aspects of this project will use QII methodology to measure service improvements.

Performance Overview

Human Resources & Corporate Affairs

Environmental Cleanliness

A full programme of Environmental Cleanliness audits has been carried out throughout the year with frequencies determined in line with the Regional Risk Categories. The regional cleanliness index target is consistently exceeded by all 3 acute hospitals.

A Trustwide Head of Service for Environmental Cleanliness was appointed in August 2017 and as part of this change in management all cleaning plans, responsibilities, cleaning schedules and procedures have been reviewed and, where possible, standardised across the Trust to ensure a continuity of environmental cleanliness is embedded Trustwide.

All changes were signed off by the Trust Environmental Cleanliness sub-committee in February 2018 for introduction in April 2018 to marry up with the introduction of the new C4C audit tool.

Catering

All Trust facilities inspected by Environmental Health in the year were awarded with a maximum Food Hygiene rating of 5. We have introduced a new catering service within IWB, cook-chill meals regenerated at ward level and supplemented by ward based staff, allowing for a more responsive and patient focused service.

We developed a short and long term catering strategy, which along with Nutritional Guidelines for Healthcare (regional guidelines designed to ensure healthier choices for staff), will create improved and more profitable services in all of our retail facilities. A new menu with corresponding recipes was introduced in staff dining rooms in March 2018, ensuring consistency across all 3 hospitals.

Smoke Free Policy

The Smoke Free Policy group continues to meet quarterly to assess the impact of the smoke free policy on the sites and reviews its action plan to change the cultural behaviour and acceptability of smoking on HSC premises. There has been a noticeable decline in smoking prevalence since the introduction of Smoke Free status and in March 2017 we appointed the first of now two smoke free wardens to assist enforcement of our Policy.



Risk Management & Governance

The Risk Management & Governance Directorate comprises 5 key service areas that provide a corporate support function for the Trust:

- Complaints & Patient Liaison
- Information Governance
- Litigation Services & Systems Management
- Risk Management Advisory Services
- Office of the Chief Executive.

Performance Overview

Human Resources & Corporate Affairs

Some interesting facts for 2017/18:

- 763 complaints were received from services users (similar numbers to 2016/17 - 771)
- 4,360 compliments received from service users
- 360 requests for information under Freedom of Information Act (similar numbers to 2016/17 - 373); overall compliance rates with legislative timeframes was 84%, (33% improvement from the previous year - 51%)
- 17,992 incidents (a slight decrease in numbers from 2016/17 - 18,500, reaffirming the importance placed by staff on reporting incidents for the purposes of learning)
- 8 potential major incident alerts - all stood down and none resulted in the activation of the Trust's Major Incident Plans
- 3 business continuity incidents (LVH - burst water main 28/9/17, Storm Ophelia 16/10/17 and severe weather 1/3/18) (Debrief meetings were held post the events - one still to be arranged and plans updated accordingly)
- Regional Mass Casualty Table Top Exercise was held at Mossley Mill 6/12/17.

The move to online incident reporting and investigation is underway with a Project Group in place and pilot sites identified for testing of the new system in 2018.

The Trust participated in the ICO HSC Trust Training Audit in August 2017. There were no significant issues raised due to the level of data protection training completed by Trust staff and our ability to record and monitor completion of Data Protection training by newly appointed Trust staff. An ICO Training Audit Action Plan has been developed and is being monitored by the Information Governance Steering Committee.

Presentations to various staff groupings (including the Trust Board on 27 September 2017) in relation to the General Data Protection Regulation (GDPR) have been held during the year. The Trust is on target for the implementation of the Regulation by 25 May 2018.

With regard to Emergency & Business Continuity Planning, one major event took place during the year - Gran Fondo Cycle Race 4/6/17 - which required significant planning as the new route encompassed the entrance to the Ulster Hospital site and went according to plan. The most significant threat to business continuity for the Trust is the unpredictable weather, with the most recent period in March 2018. Successful coordination of Trust and multi-agency services ensured all patients received essential care and staff reported for duty.

Two major training programmes were delivered during 2017/18:

- Effective Written Responses to Complaints Training (March 2018) which focussed on providing staff investigating complaints, with effective response writing skills
- Significant Event Audit Training (March 2018) which helped equip Clinical Leads in undertaking Level 1 Serious Adverse Incident reports (Significant Event Audits) including engagement with service users.

The Directorate was subject to its fourth ISO audit and, as planned, we extended our scope to include Health & Safety Advisory Services. The BSI auditor has confirmed that the Directorate *'operates a Quality Management System which complies with requirements of ISO 9001:2015'*.

Performance Overview

Human Resources & Corporate Affairs

Communications

The Communications Team is being restructured to meet the needs of increasing demand for digital technology. We have appointed a Digital Communications Officer and an Assistant Communications Officer to allow us to expand our use of video technology and social media, and we are currently designing a new system to streamline and prioritise the pressure on our services. This year, for the first time, we produced all 21 films for our Chairman's Awards in house. Our graphic design team has also been extremely busy with corporate documents, patient information and the need for eye catching and user-friendly health promotion material.

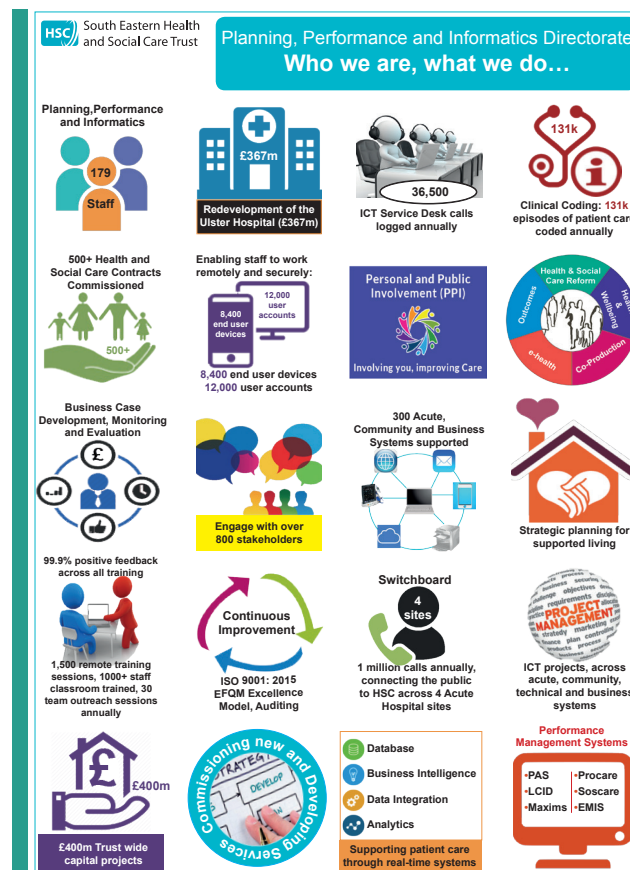
The Senior Management Team would like to thank all staff within the Directorate for their commitment, enthusiasm and co-operation - without them the Directorate would not have achieved such success during the year.

Performance Overview

Planning, Performance & Informatics

Performance, Improvement & Commissioning Department support the planning, commissioning and performance management of care delivery across the Trust. It performs 3 key functions:

1. Performance & Information
 2. Planning & Service Improvement
 3. Contracting & Commissioning.
- The Planning and Service Improvement Support Trust reform, known as the *'Impact'* Programme, has been developed with clinical teams to focus on securing opportunities to introduce new and innovative service models to deliver care in line with the Trusts Corporate Plan. This year the programme has been aligned with draft Programme for Government and focuses on 'outcomes' for our service users and staff. The reform programme will be underpinned by the Trust Quality Improvement and Innovation approach
 - The Performance and Information Team continues to co-ordinate Trustwide performance monitoring and data analysis against targets, standards and key performance indicators as part of the operating cycle reporting arrangements. Additional outcomes reports of indicators against the draft Programme for Government for population health has commenced
 - Clinical Coding is vital to enable the Trust to understand its performance in a timely fashion. This year the team transformed their processes and achieved the ministerial coding target. This has directly led to the achievement of a CHKS Annual Top 40 Hospitals Award
 - The team also co-ordinate the internationally recognised ISO 9001 Quality Management System Improvement Programme across the Trust with over 50 service areas now accredited.



Performance Overview

Planning, Performance & Informatics

Personal and Public Involvement

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

In 2017/18, the Trust contributed actively to the Personal and Public Involvement Regional Forum and the development of the Engage website, a central resource for Involvement in Health and Social Care.

ICT, Technology and Telecommunications

2017/18 was a very successful year for the ICT Department. Technology continues to be a key enabler for delivery of safer, faster, better Health and Social Care. The demand for timely access to Patient and Client data by Health Care Professionals makes it more important than ever to have a robust technological infrastructure and an environment that promotes and supports its use.

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 2017/18 include:

- Further Investment of £3.7m in eHealth solutions and infrastructure
- Continued mobilisation of Trust staff to help ensure that they have the right device to access health and care information to directly inform patient and client care. HSC Accelerated Access Project focusing on specific benefits measurement
- Continued rollout of the Kainos Evolve Electronic Medical Records System to the Ulster and Lagan Valley Hospitals
- Commissioning and opening of the Inpatient Ward Block Ulster Hospital redevelopment in June 2017. One of the most technologically advanced health facilities in Northern Ireland
- HSC wide collaboration to procure and implement a single Wi-Fi infrastructure for all of the HSC
- Full engagement with the Encompass Programme, aiming to deliver a single health care record for all citizens in Northern Ireland
- Continued development of the Northern Ireland Electronic Care Record (NIECR) across the Trust to directly support patient / client care and involvement in the Regional Electronic Health and Care Record (EHCR) Programme which aspires to having one single record for all patients and clients from the cradle to the grave
- Further development of community based systems to directly support professionals providing care to our community, building on a successful partnership with colleagues in the Northern Health and Social Care Trust
- Development of business information portals for use by staff to inform both clinical and management decisions
- Support of Trust staff using ICT devices to deliver care (for example ICT Department maintain 8,700 devices and circa 11,000 staff computer accounts).

Performance Analysis

Performance Informatics

The Trust measures and reports its performance against a broad range of targets and standards. Many of these focus on hospital-based care, but there are also many targets and standards that focus on how we care for people in their own homes and communities, how we safeguard children, and the services we provide to those who have disabilities or mental health problems. The Trust's performance compares favourably with the other Trusts in Northern Ireland. The following gives a flavour and brief overview of some of the targets that are set for the Trust, and indicates the performance for March 2018, with a comparative position at March 2017.

Hospital Services			
Target 2017/18	Commentary	March 2017	March 2018
Inpatient & Daycase Waits: Minimum of 55% of inpatients and day cases to be treated within 13 weeks and no patient to wait longer than 52 weeks	Compliance against the 13 week target has consistently been 44-46% in the last 6 months of 2017/18.	52% (13wk)	44.5% (13wk)
	Compliance against the 52 week target has consistently been 83-85% in the last 6 months of 2017/18. Increased demand in unscheduled care and an increase in red flag and urgent cases have impacted on routine waits, and have resulted in capping of electives and medical outliers in elective beds. Numbers waiting over 13wks have increased by 1452 on March 17.	89% (52wk)	83% (52wk)
Outpatient Waits: Minimum of 50% of patients should wait no longer than 9 weeks for a first outpatient appointment and no-one to wait longer than 52 weeks	Trust performance decreased against the 9 week target during the year, with a slight improvement in the final month. The 52 week target continues to decrease each month.	25.7% (9wk)	21.1% (9wk)
	Demand continues to increase across all areas of outpatient activity whilst capacity has remained largely unchanged. Non-recurrent waiting list initiative and Independent Sector transfers to address risk areas only has been funded.	81.1% (52wk)	65.8% (52wk)
Diagnostic Test Waits: 75% of patients should wait no longer than 9 weeks for the following diagnostic tests	Imaging - ie. X-Rays	75.7%	71.4%
	Physiological Measurement	70.3%	69.9%
Diagnostic Reporting (Urgent): all urgent diagnostic tests should be reported within 2 days of the test being undertaken.	Performance has been consistently decreasing over the year; June 2017 had the highest performance at 96.1%.	95.5%	91%
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. It is difficult to predict performance however the Trust trajectory predicts an average of 68% for 18/19.	86%	62%
Other Fractures 95% of patients to have inpatient treatment for fractures within 48 hours and no-one to wait more than 7 days	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. Within current resource the Directorate anticipates 65 – 70% target is achievable.	75%	62%
	% treated within 7 days	98.6%	95.2%

Performance Analysis

Performance Informatics

Cancer Services			
Target	Commentary	March 2017	March 2018
All urgent breast cancer referrals should be seen within 14 days.	<p>The number of referrals to the Symptomatic Breast Service has continued to increase throughout 2017/18. The number of suspect cancer referrals has continued to rise. In 2017/18 the average number of referrals received each month rose to 137 from 126 in the previous year. Waiting time for first outpatient appointment is less than 14 days. It is anticipated that the increase in referrals will continue throughout 2018/19. This will cause significant problems in achieving and maintaining 100% of referrals being seen within 14 days. Significant work has been done to ensure cancelled clinics are being back filled and routine slots are being converted as required.</p> <p>Support has been provided to Southern Trust for triple assessment clinics and surgical and MDM support.</p>	100%	100%
98% of cancer patients should commence treatment within 31 days of decision to treat.	Performance has been over 95% on 6 of the last 12 months. There were 3 breaches in March 18.	97%	98%
95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	Compliance against the 62 day standard remains challenging. The number of red flag referrals received each month has continued to increase. In 2016/17 the Trust received on average 1025 referrals each month. This increased to 1143 in 2017/18. Performance has had a positive trajectory in the last 4 months of the year. The Trust made most progress with reduction in numbers waiting over 62 and 85 days. Significant WLI funding has facilitated this improvement, however longer term solutions are required to bridge the demand - capacity gap. Discussions continue to take place with the Health and Social Care Board. Work has been completed locally to streamline the Lung and UGI diagnostic pathways.	58%	66%

Community Services and Services for Older People			
Target	Commentary	March 2017	March 2018
Allied Health Professional Outpatient Waits: no patient should wait longer than 13 weeks from referral to commencement of treatment.	<p>Performance has been steady over the year. The main area of pressure is Adult Speech and language Therapy where demand has increased threefold due to the increased number of choking incidents and swallowing assessments required. There is also an increased requirement for training following SAls related to choking. A focused piece of work on a new model of service has resulted in a reduction in the numbers of referrals waiting and in addition all urgent referrals are assessed and treated within the agreed standard. There is also increased demand in Children's Occupational Therapy service.</p> <p>The Trust AHP service performed best in the region over the 17/18 year.</p>	96.9%	97.6%
Assess & treat older people - older people should have the main components of their care needs met within 8 weeks of the completion of assessment.	The Trust is meeting this target.	100%	100%

Performance Analysis

Performance Informatics

Children's Services			
Target	Commentary	March 2017	March 2018
All children admitted to residential care should, prior to admission, have had their placement matched through the Children's Resource Panel Process.	The Trust is meeting this target.	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.	80%	81%
Autism. No child to wait more than 13 weeks for assessment following referral.	This target was not met. This breach was due to parental choice of appointment. This parent has since cancelled the agreed appointment and has asked to be removed from the service.	100%	98.1%
Autism. No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	This target was met. The introduction of the new Children and Young Peoples Wellbeing service will increase the number of children accessing intervention before diagnosis going forward. This new model will commence in September 2018.	100%	100%

Adult Services			
Target	Commentary	March 2017	March 2018
Discharges: 99% of patients admitted to Mental Health services for assessment and treatment to be discharged within 7 days of the decision to discharge.	The Trust has met this target but it is becoming increasingly more challenging to do so as community accommodation options are more limited. Therefore, it is anticipated that the Trust will find it more difficult to meet the target as we progress through 2018/19.	100%	100%
No patient to wait longer than 13 weeks from referral to assessment and commencement of psychological therapies.	The Trust has achieved significant improvement in the number of patients attaining the 13 week access target from 52% in March 2017 to 63% in March 2018. The most significant improvement in access to Psychological Therapies has been delivered in the Mental Health and Health Psychology Specialisms where the Trust has secured and implemented waiting list initiative monies. The breach for Mental Health patients has reduced from 185 pts in March 2017 to 105 pts in March 2018, with the longest waiting time also reduced from 382 days to 190 days in March 2018. Similarly, in Health Psychology we have achieved a 287% improvement in the number of pts breaching access targets from 221 pts in March 2017 to 77 pts in March 2018; with the longest wait reducing from 683 days in 2017 to 338 days in 2018.	51.5%	63.1%

Performance Analysis

Performance Informatics

Within the 2017/18 year the Trust launch a new integrated accountability report to Trust Board which measures the Trust's Performance against:

- Agreed population health and well-being outcome measures as outlined in the Draft Programme for Government (PfG 2016 - 2021)
- Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2017/18.

The gathering of information to demonstrate the Trust's contribution to the achievement of PfG population level outcomes has commenced and will be implemented in a phased approach over the coming years. A dashboard is provided on a bi-annual basis to demonstrate the Trust's contribution to the achievement of the following PfG Outcomes:

- We enjoy long, healthy active lives
- We care for others and help those in need
- We give our children and young people the best start in life
- We have a more equal society.

Performance Analysis

Strategic & Capital Development

Strategic & Capital Development led the development of the Trust's Corporate Plan 2017 - 2021, which was launched in May 2017. This sets out the strategic direction for the Trust for the next 4 years.

Strategic & Capital Development also successfully managed a capital budget of £41.3m. Notable successes and achievements in 2017/18 include:

Ulster Hospital Redevelopment

The Trust continues to deliver the second stage of redevelopment of the Ulster Hospital, providing a new Inpatient Ward Block and Acute Services Block - a capital investment of £261m.

Inpatient Ward Block

In March 2017, the Inpatient Ward Block opened to patients, marking a significant milestone in the redevelopment of the Ulster Hospital. This has provided:

- 288 single bedrooms with en-suite facilities across 12 wards
- Day Surgery Department with 4 Operating Theatres and Endoscopy Suite
- Coronary Angiography Suite and Cardiac Investigations Department
- Pharmacy Department with dedicated Aseptic Suite
- Support services and Café.

This state of the art facility has provided staff with fit for purpose, modern facilities in which to provide the highest quality of care to patients. Clinical services have been reformed since opening with a new Day of Surgery admission unit and more complex day surgery able to be performed.



In October 2017, the Project Team was awarded the Outstanding Team award at the Chairman's Recognition Awards. Design and Construction teams have also been recognised for their work on the Inpatient Ward Block and these have resulted in a number of prestigious industry awards and nominations.



Performance Analysis

Strategic & Capital Development

Acute Services Block

Construction of the Acute Services Block is progressing well. It is anticipated that this new facility, which will be linked to the Inpatient Ward Block, will open to patients in Spring 2020. This will provide:

- Emergency Department
- Inpatient Imaging Department
- Acute Medical and Surgical Assessment Units
- Acute Wards including Stroke and Renal
- Support service facilities and restaurant.

Lisburn Primary and Community Care Centre (PCCC)

The development of a new Primary and Community Care Centre continues. This will provide integrated GP and community care services in one facility on the Lagan Valley Hospital site. It is anticipated that construction of the new facility will commence spring 2019 and it will be opened by early 2021.



Lisburn artist impression

Supporting People Programme

The Trust is approaching the completion of its programme for new facilities to enable vulnerable people to maintain independence in their own homes. In 2017/18, construction of Ravara Court in Bangor was completed, providing a new 24 unit supported living complex for frail elderly clients. The Trust is also working to progress a further scheme for people with a learning disability in Newtownards.



Performance Analysis

Finance Report

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

	Target	Actual
	£'000	£'000
1. Breakeven – Surplus/(Deficit)	0	76
2. Capital Resource Limit	44,090	44,073

*Inclusive of receipts from sale of fixed assets

The Trust's Revenue Resource Limit represents the funding provided to it primarily by the DOH, either directly or through the Health and Social Care Board. For the 2017/18 financial year this amounted to £634.1m.

This 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 local government districts – a population of approximately 330,000 people. In addition, the Trust provides services to a further 110,000 people, mainly via the Ulster Hospital, Dundonald, due to its proximity to Belfast.

Financial Performance

The Finances of South Eastern Trust had another challenging year in 2017/18. Whilst the Trust has been able to meet its statutory breakeven duty in 2017/18, this has been through largely non-recurrent means. The Trust has achieved its breakeven target, with a surplus of £76k. A key feature of the financial performance of the Trust has been the stable expenditure through the year in most areas.

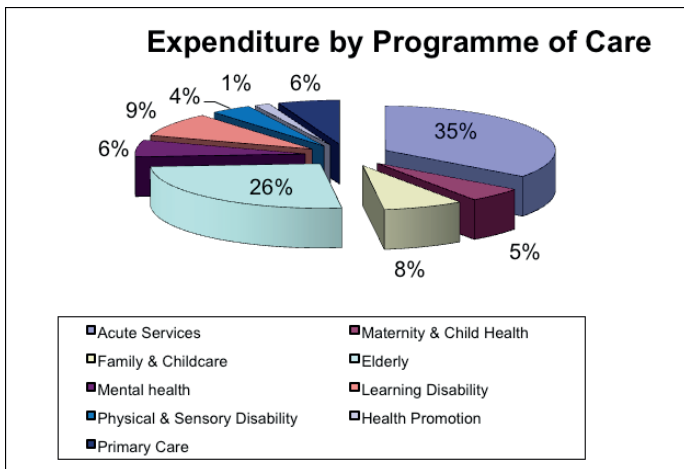
General capital allocations continue to cause difficulties, with a decrease from 2016/17 funding levels. The Trust relies on this to address a wide range of issues and risks. Our overall capital investment was significant, primarily due to the funding received for the redevelopment of the Ulster Hospital. The Trust is required to live within its Capital Resource Limit, which was achieved – we spent £17k less than the limit for 2017/18.

The Trust has also continued to work on its Prompt Payment performance – this is the measure of speed of payment of invoices – we have decreased from 92.2% by number (93.2% by value) to 91.8% by number (92.8% by value). While there has been a small decrease in the 10 day performance – now 78.1% of all invoices are paid in 10 days (79.9% last year), this is still well above the regional target of 70%.

Performance Analysis

Finance Report

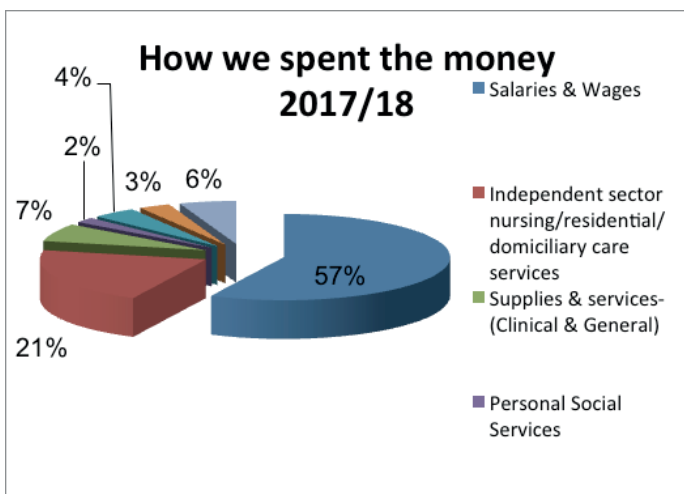
Health and Social Care services are classified into different programmes of care, and an analysis of spend across these programmes is shown below:



The chart below shows how the Trust spent its funding in 2017/18. The South Eastern HSC Trust is dependent on its skilled and dedicated workforce to deliver high quality services to patients and clients. In total we employ approximately 9,448 whole time equivalent members of staff, and 57% of total expenditure is on salaries and wages. Within this pay total, the Trust spent £73m on doctors and dentists, £126m on nurses and midwives and £62m on social work/social care and domiciliary/homecare staff.

Significant non-pay costs include £143m (21% of total expenditure) for residential, nursing and domiciliary care delivered by other organisations on the Trust's behalf, £45m (7% of total expenditure) for clinical and general supplies such as drugs and minor medical equipment.

The chart below shows the breakdown of expenditure into key components.



Performance Analysis

Finance Report

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 £44m was spent on capital. The main elements of this are as follows:

Capital Outlay 17-18	£'000
Ulster Hospital Dundonald Redevelopment - Acute Services Block & Laundry	30,686
LVH enabling works	280
ICT	6,019
CT Scanner	943
Building Expenditure and Maintaining Existing Services	4,129
Vehicles	178
Equipment	1,843
Total	44,078

Going Concern

Whilst 2018/19 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.

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 2017/18 was £0.358m.

Performance Analysis

Finance Report

Expenditure on charitable purposes can be summarised under the following categories:

CTF Expenditure 17-18	£'000
Building & Refurbishment	4
Purchase of new equipment	210
Staff education and welfare	31
Patient education and welfare	110
Other	3
Total	358

The expenditure on new equipment included the donation of £120k of medical equipment assets to the South Eastern HSC Trust.

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.

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

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

Tel: (028) 9055 3100

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

Performance Analysis

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.

South Eastern HSC Trust performance year on year was:

Utility		2016/17	2017/18	Variation
Gas	Expenditure	£2,188,738.84	£2,608,511.28	(+) 19.18%
kWh	Consumption	71549345	80142774	(+) 12.01%
Elec	Expenditure	£2,239,544.28	£2,965,631.30	(+) 32.42%
kWh	Consumption	25257489	28462281	(+) 12.69%
Oil	Expenditure	£564,196.08	£726,659.40	(+) 28.8%
mWh	Consumption	15534.34	16988.27	(+) 9.36%
Biomass	Expenditure	£51,698.92	£34,036.90	(-) 34.16%
mWh	Consumption	1168	918.28	(-) 21.38%
Water	Expenditure	£558,970.39	£486,365.55	(-) 12.99%
	Consumption	188394m ³	144969m ³	(-) 23.05%
Budget Expenditure		£5,603,148.51	£6,821,204.43	(+) 21.74%
Estate mWh Consumption		113509.3273	126511.6	(+) 11.45%
Trust Carbon Emissions		30421TonnesCO ₂ e	28752TonnesCO ₂ e	(+) 33%
Degree Day Correlation		-	-	-
CRC Regulated core emissions		Not available	Not available	
CRC Cost		Not available	Not available	

Waste

Figures for clinical waste for the 2017/18 year and for comparison the previous financial year are listed below:

	2015/16	2016/17	2017/18	3yr % Change
Clinical Waste				
Tonnage	735.81	757.51	738.398	0.35%
% change yr-yr	0.00%	2.90%	-2.52%	
Disposal Cost	£442,764.00	£333,636.05	£330,506.05	-25.35%
%change yr-yr	-16.39%	-24.60%	-0.94%	
Community Collection Cost	£45,144.00	£49,646	£53,018	17.44%
% change	5.66%	9.97%	6.79%	
Total Cost Clinical	£487,908.00	£383,282.05	£383,524.05	-21.39%
%change yr-yr	-14.75%	-21.44%	0.06%	

Performance Analysis

Sustainability Report

- New clinical waste contract commenced November 2015 - significantly reduced unit price and revised pricing structure leading to the substantial savings shown. Partial impact evident in 2015/16 Figs. 2016/17 first full year at reduced price. Minimal change from previous year
- New community collection contract commenced December 2015 - significant rise in unit price but effect of this mitigated by transfer of approx. 40% of the collections to the main clinical waste contract. 2016/17 first full year at increased price
- Minimal change in Total Clinical Waste Costs this financial year.

The figures for non-clinical wastes are summarised below:

	2015/16	2016/17	2017/18	3yr % Change
Non Clinical Waste				
Domestic Waste				
Tonnage	1225	1429	1416.587	15.64%
% change yr-yr	-3.36%	16.80%	-0.87%	
Disposal Cost	£165,385.00	£179,259	£188,056	13.71%
%change yr-yr	0.66%	0.32%	4.91%	
Food Waste				
Tonnage			76.844	NA
% change yr-yr			100%	
Disposal Cost			£12,098.65	NA
%change yr-yr			100%	
Bulky Skip Waste				
Tonnage	178.28	232.12	239.37	34.27%
% change yr-yr	26.62%	30.20%	3.12%	
Total weight Landfilled	88.86	131.95	135.3	52.26%
% change yr-yr	5.28%	48.49%	2.54%	
Total Weight Recycled	89.42	100.17	104.07	16.38%
% change yr-yr	58.41%	12.02%	3.89%	
Disposal Cost	£14,989.65	£17,082	£22,394	49.40%
% change yr-yr	7.65%	13.96%	31.10%	
Confidential Waste				
Disposal Cost	£15,068.00	£14,870	£17,705	17.50%
%change yr-yr	-3.87%	-1.31%	19.07%	
Non-Clinical Hazardous Waste				
Disposal Cost	£3,328.00	£2,748	£2,357	-29.17%
%change yr-yr	-10.99%	-17.43%	-14.22%	
Total Cost NonClinical	£198,770.00	£213,959	£242,611	22.06%
%change yr-yr	0.58%	0.89%	13.39%	

Performance Analysis Sustainability Report

- '*Domestic waste*' covers all recyclable and non-recyclable non-hazardous waste. Small reduction in tonnage from last year
- Cost increase in spite of reduced tonnage as new contract commenced January 18 with increased unit costs
- Collection of Food Waste fully rolled out in April 17 - first full year of data. New Regional Food Waste contract commenced January 18 with significantly increased unit prices. This is an additional cost as prior to April 17 food waste disposed of to sewer via waste disposal units
- Skip activity showed marked increase with introduction of De-clutter days in 2015. Consolidation of Trust Estate / moving out of leased buildings etc leads to increased skip requirements - ongoing. Also opening of IWB in 2016/17 impacted.

	2015/16	2016/17	2017/18	3 year % change
Grand Total Tonnage	2137.59	2418.63	2471.199	15.61%
%change yr-yr	-0.24%	13.15%	2.17%	
Grand Total Cost	£699,977.65	£597,241.05	£626,135.09	-10.55%
%change yr-yr	-10.62%	-14.68%	4.84%	

- **Additional tonnage 2017/18 largely result of starting food waste collections**
- **Upward trend due to increased activity**
- **Significant savings made over past 3 years but increase seen this year expected to continue due to expiry of contracts, increased activity and opening of IWB.**

On behalf of the South Eastern HSC Trust I approve the Performance Report encompassing the sections:

- Performance Overview
- Performance Analysis.



Hugh McCaughey
Accounting Officer



Date

Accountability Report

Corporate Governance Statement

Introduction / Scope of Responsibility

The Board of the South Eastern Health and Social Care Trust (the Trust) is accountable for internal control. As Accounting Officer and Chief Executive of the 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 (DoH).

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

- Service and Budget Agreements with the main Commissioning body, the Health and Social Care Board (HSCB), which establish clear specifications for the delivery of health and social care. Performance against these is monitored through a regular schedule of meetings and reporting.
- Ensuring compliance with statutory and other requirements set by the DoH, 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 DoH, and monthly meetings with HSCB.

Compliance with Corporate Governance Best Practice

The Trust applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements by undertaking continuous assessment of its compliance with Corporate Governance best practice. In March 2018, the Trust completed its sixth formal baseline assessment of the Department of Health's (the Department) document entitled 'Board Governance Self-Assessment Tool (BGSAT)'. 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

One Board Impact Case Study was also completed. This covered the area of Performance issues (in the area of quality, resources - finance, HR, Estates or Service Delivery) and the Board's role in bringing about change in respect of GP Out of Hours Services.

Each section was broken down into individual criteria and a Red, Amber and Green (RAG) rating was applied. There were a total of 17 criteria – 17 out of 17 were rated as Green. An action plan was developed detailing actions 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 28 March 2018. In addition, the tool was independently verified by an Associate from the HSC Leadership Centre who confirmed the

Accountability Report

Corporate Governance Statement

ratings contained within the BGSAT. This report was also presented to, and approved by, the Trust Board at its meeting on 28 March 2018.

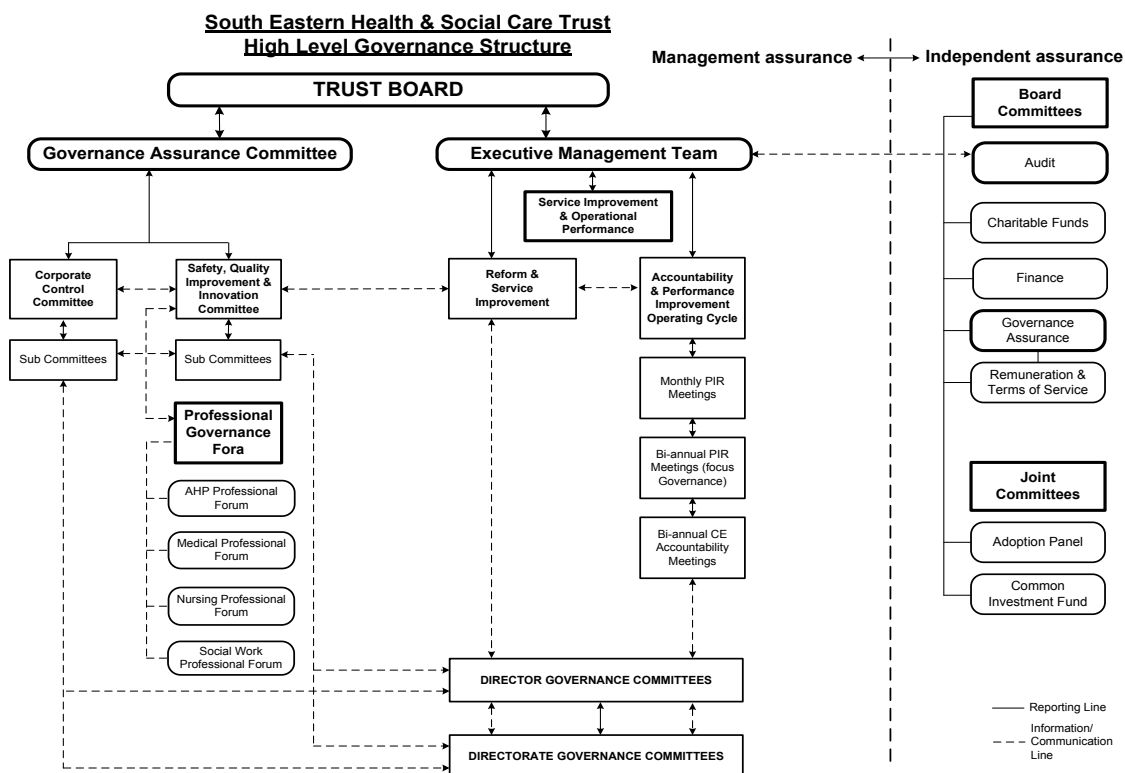
Governance Framework

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

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

In addition, the Trust has an integrated governance framework in place which links corporate governance (including risk management and organisational controls), safe and effective care (clinical and social care governance), and financial governance. This framework is closely aligned to the 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. This framework for 2017/18 (see table 1 below) is further supported by the Trust's own Assurance Framework, Risk Management and Governance Strategies. The Governance infrastructure was last reviewed by the Corporate Control Committee at its meeting on 19 July 2017. Table 1 below depicts the high level governance infrastructure.

Table 1 – High Level Governance Infrastructure



Accountability Report

Corporate Governance Statement

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 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.

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

Board/Committee	Number of meetings	% Attendance
Trust Board	10	89
Audit Committee	5	96
Charitable Trust Funds Committee	3	80
Finance Committee	5	96
Governance Assurance Committee	4	84
Remuneration & Terms of Service Committee	0	0

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. The Committee also provides an Annual Report to the Trust Board at the year-end which provides assurances detailing that it is satisfied in respect of the reliability and integrity of the assurances received during the year and of their comprehensiveness in the meeting the needs of the Board and the Accounting Officer.

In addition, the Trust's Audit Committee annually reviews its effectiveness and application of good practice through the Audit Committee Self-Assessment checklist, issued by the National Audit Office. The last assessment was completed in September 2017 and all areas were compliant with the checklist.

Accountability Report

Corporate Governance Statement

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

The Finance Committee, chaired by a Non-Executive Director, meets on a bi-monthly basis, or more frequently, if required in line with its Terms of Reference and Programme of Work. The committee is the delegated committee of the Trust Board with overall responsibility to ensure that the Trust Board delivers its statutory responsibility to breakeven. Following each meeting, the minutes of the Committee are submitted to the Trust Board, for information/noting with the Chairman of the Committee highlighting any specific issues for the attention of the Trust Board.

The Remuneration and Terms of Service Committee, is chaired by the Chairman of the Board. It meets as required by the Chairman of the Board and will meet a minimum of once per year. Its main function is to advise the Board on performance, development, succession planning and appropriate remuneration and terms of service for the Chief Executive and all Senior Executives, guided by Departmental policy. The Committee reports, on an annual basis, to the Trust Board (in a confidential meeting) the basis for its decisions and recommendations and seeks the necessary approval to its recommendations (circa June). However during 2017/18, due to the unavailability of the pay circular for Senior Executives, a decision was taken not to hold a meeting until the circular was issued. It is intended to hold a meeting in the first quarter of 2018/19.

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

The Governance Assurance Committee, under the chairmanship of a Non-Executive Director, meets on a quarterly basis to ensure the continued development of this important and essential agenda. The focus of this Committee is to be the overarching strategic 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.

Accountability Report

Corporate Governance Statement

In addition, the Safety, Quality Improvement & Innovation Committee supports the work of the Governance Assurance Committee under the chairmanship of the Chief Executive. Its role is to be the main sub-committee of the Governance Assurance Committee responsible for leading the safe and effective care agenda across the Trust.

The 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. The Committee also provides an Annual Report to the Trust Board at the year-end which provides assurances detailing that it is satisfied in respect of the reliability and integrity of the assurances received during the year and of their comprehensiveness in the meeting the needs of the Board and the Accounting Officer.

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

Governance arrangements for the implementation of the Inquiry into Hyponatraemia Related Death (IHRD) recommendations will be overseen by the Trust Hyponatraemia Task and Finish Oversight Group; chaired by the Medical Director. Membership of the group will include Directors, Clinicians/Assistant Directors with respect to their allocated areas of responsibility, including professional reporting. This group will report to the Safety Quality Improvement and Innovation Committee (SQIIC) chaired by the Chief Executive. This Committee reports to the Governance Assurance Committee, chaired by a Non-Executive Director. The Governance Assurance Committee reports to Trust Board. In addition regular updates will be provided via Executive Management Team (EMT) as required.

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 DoH 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 new Corporate Plan (2017-2021) was approved in May 2017. 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 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 with all Directorates. This also includes compliance with the governance, risk management and safety, quality and experience agendas.

SEHSCT is actively scoping the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the Department. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

Accountability Report

Corporate Governance Statement

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

During 2017/18, 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 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 on 25 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. All documents were reviewed and updated in December 2017, the outcome of which was reported to the Governance Assurance Committee at its meeting on 10 January 2018¹.

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). It is updated on an annual basis (circa December each year).

This document is available for all staff via the intranet and details the clear chain of accountability for managing risk from the Accounting Officer downwards. 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 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

¹ proposal submitted to GAC 10 January 2018 (original date - 20/12/17) to extend documents (Board Assurance Framework, Risk Management Strategy and Governance Strategy) to 30/6/18 pending clarification on the future replacement for Controls Assurance and the AS/NZS Standard

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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. On 21 February 2017, 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 2017/18 Corporate Risk Register. The details as listed below:-

14 of the existing 16 [previously 17 – one item closed mid-year] Corporate Risk Register (2016/17) topics should be carried forward into the 2017/2018 Corporate Risk Register with new action plans developed, as appropriate.

- 2 items were closed and remitted to management at Directorate Risk Register level:-
 - ID1896 – Delayed Discharges in Disability Services
 - ID1883 – Risk Management
- All forms were reviewed for accuracy and updated for scoring, control measures and new action plans inserted, as appropriate. The wording of some items was revised and, in particular:-
 - ID1898 to include issues regarding Phase B funding
- 2 further items were added to the register:-
 - ID2141 – Lakewood [escalated from the Corporate Control Committee meeting on 19/04/17]
 - ID2252 – Cyber security issues [escalated following discussion with Chair of the Audit Committee]

A total of 16 items were on the Corporate Risk Register for 2017/2018. One item – ID2141 (Manpower Requirements – Lakewood Regional Secure Unit) was closed on the register as at 30/9/17 (=15 items). There were a total of 58 action point items (across all 16 CRR pro formas) and all items have been closed off as at 31 March 2018.

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

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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 and Control of Substances Hazardous to Health (COSHH). In addition, a range of other training was delivered for e.g. Induction, Practical Manager, Incident Reporting, Complaints Training, Emergency Preparedness, and Information Governance courses. In addition, three major training programmes were delivered during 2017/18:-

- Effective Written Responses to Complaints Training (March 2018) which focussed on providing staff investigating complaints, with effective response writing skills;
- Significant Event Audit training (March 2018) which helped equip Directorate staff in undertaking Level 1 Serious Adverse Incident reports (Significant Event Audits) including engagement with service users.
- Incident Grading Workshop (March 2018) – a regional event hosted and run by the Trust

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.

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's Incident Policies and Procedures are reviewed and updated on a regular basis.

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

The last annual internal audit of the Trust's risk management and governance systems was undertaken in (December 2016) - satisfactory assurance was confirmed.

Information Risk

In terms of risks to information, the Trust has a well-established Information Governance Sub Committee (IGSC) which reports to the Corporate Control Committee. The IGSC reviewed its supporting sub-committee structure during 2017/2018 and has reduced its supporting sub-committees to one namely, the Acute Services Sub-Committee. The Data Quality Sub-committee has been aligned to the new E-Health Programme Sub Committee following a review of the Governance Framework which resulted in the standing down of the Informatics Programme Board and the establishment of the new E-Health Programme Sub Committee. All

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other Operational areas have subsumed their information governance work into their Directorate Governance Committee structure and report back to the IGSC quarterly on an exceptions basis. The off-site storage group has been de-commissioned on the proviso that any issues with the contract are raised with the Head of Information Governance and/or the Procurement & Logistics Service, as appropriate.

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

The Trust is a public sector information holder and is subject to the terms of the Freedom of Information Act, 2000. The Trust's Senior Information Risk Owner (SIRO) has provided formal assurance to the Department, through completion of the mandatory annual SIRO assurance statement dated 14 June 2017.

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. In addition, they are also responsible for the implementation of the General Data Protection Regulation (GDPR). 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. A Chief Clinical Information Officer (CCIO) has also been appointed. 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 Department of Health as a result of its Data Protection Reviews 2007/08.

The IGSC continued, to roll-out a challenging programme of work during 2017/18 primarily based around a programme of work to ensure all necessary actions were in progress to allow the Trust to comply with the GDPR (May 2018). Presentations to various staff groupings/for a (including the Trust Board, 27 September 2017) in relation to the GDPR have been held during the year. The Trust is on target for the implementation of the Regulation by 25 May 2018.

The Trust participated in the Information Commissioner Office (ICO) HSC Trust Training Audit in June 2017 (questionnaire) and August 2017 (site visit). There were no significant issues raised due to the level of data protection training completed by Trust staff and our ability to record and monitor completion of Data Protection training by newly appointed staff. An ICO audit action plan has been developed and is being monitored by the IGSC.

In addition, the Trust's Information Governance & Information Technology & Telecommunication Departments undertook a joint audit of information systems in line with Internal Audit's recommendation (2014). Five systems were audited, and all recommendations raised through this audit have been addressed.

Both the Information Governance & ICT Controls Assurance Standard (CAS) attained substantive compliance in the final year of the existing Department of Health (DoH) CAS programme. Both IG and ICT have provided feedback to the Department of Health on its review of both standards.

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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 provision of off-site storage services contract was awarded by the Procurement & Logistics Service on 01 August, 2017 to a select list of 3 Suppliers. The suspension on record destruction, as a result of the Historical Institutional Abuse Inquiry, remains in place.

The Head of Information Governance continues to participate in the DoH Information Governance Advisory Group (IGAG) to ensure that the Information Governance agenda is focused to meet the needs of the DoH strategic agenda. One key focus of the IGAG is to ensure the necessary preparation across Health & Social Care for the implementation of the General Data Protection Regulation. An IGAG sub-committee, in which the Trust participates, has been established to take this work forward. Update reports are provided to the IGSC.

Staff are trained and encouraged to report all incidents including (Information Governance) incidents to ensure the Trust can investigate the reasons for an incident happening. The IGSC receives quarterly reports on all information governance incidents. In addition, all reported incidents of data loss or confidentiality breach in 2017/2018 have been assessed. While there were several small scale incidents, the impact was limited and procedures were put in place to address future risk in these areas. The Trust reported 4 incidents to the Information Commissioner's Office (ICO) during this period. The ICO has concluded on 3 of their investigations and has taken no further action based on the prompt remedial works undertaken by the Trust. One incident remains under investigation.

Any issues specifically identified by the IGSC are managed via the Risk Management & Governance Risk Register or are escalated to the Corporate Risk Register, as appropriate. No issues were escalated during 2017/2018.

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

The Trust is aware of the international risk of Cyber Security. Increased awareness has been a priority, and early in 2018/19, the Trust will carry out a major desk-top exercise to test the resilience of plans. Cyber Security was added as a Corporate Risk in 2017/18. A Regional business case was submitted in June 2017 to address immediate ICT infrastructural issues regarding Cybersecurity. Capital funding delivered through this process has enabled the Trust to implement further malware detection across the Trust PC estate. Once approved further funding will enable the addition of further dedicated ICT manpower directed towards ICT security.

The Trust has self-assessed against the National Cyber Security Centre (NCSC) 10 Steps to Cyber Security and Internal Audit has verified 3 of these 10 steps. Recommendations were made by Internal Audit in terms of improving our processes to comply with these 3 steps, which the Trust is progressing. However, it will take approximately 2 years to reach full compliance, as the recommendations bring processes which are labour intensive and require additional staff to undertake.

In addition, the following awareness initiatives have also been held in the Trust:

- Cyber awareness sessions were held with front line staff including Ward Managers across the Trust in August and September 2017;
- An assimilated cyberattack was conducted in April 2018 to test business continuity plans;
- A phishing exercise was emailed to approximately 100 staff to test the security awareness of the organisation.

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Action Plans and learning from all 3 of these initiatives have been considered.

The Trust has done extensive work in the past 12 months to establish threats and weaknesses in relation to ICT security and risk of cyberattack. As a result, this continues to be a corporate risk and is highlighted on our Corporate Risk Register. Progress on recommendations from both Internal Audit and external experts continues to be prioritised and progress will be monitored.

The Trust welcomes the establishment of a Regional Cyber Security Programme Board and is represented on it. We also welcome the establishment of a Regional IT Security Forum which BSO colleagues plan to initiate in the near future.

Public Stakeholder Involvement

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

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

- Via the Directorate Risk Registers – these registers identify risks to the achievement of the overall objectives, including the provision of services, and the range of persons affected by specific risk issues. Summary information about both registers is presented on a bi-annual basis to the Public 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 committee is to ensure the Trust meets its statutory obligations regarding Personal and Public Involvement 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 provide 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.

The Trust has continued to gather and analyse patient experience stories as part of the regional 10,000 Voices project. Patient stories are provided at public sessions of the Trust Board and shared with managers and staff.

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.

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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. The last annual Internal audit on Risk Management² (December 2016) reported satisfactory assurance on the system of internal control for Risk Management.

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

The report on the Inquiry into Hyponatraemia related Deaths was published in January 2018. This report makes 96 recommendations covering a range of areas including candour, paediatric clinical, Serious Adverse Incident (SAI) reporting and investigation, SAI related death, training and learning and governance. Following publication of the Report in 2017/18, the Trust established a Steering Group, chaired by the Chief Executive, to direct implementation of the recommendations, and clinical guidelines relating to fluid management, including DOH and the National Institute for Health and Care Excellence (NICE) related guidance, and develop an action plan to implement the Inquiry Report's recommendations. The Trust is also participating in the Department of Health programme of work in response to the Inquiry Report's recommendations.

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 2017/18.

² Audit days for Risk Management in 2017/18 were reallocated for the Fire Safety Audit (requested by DoH)

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The Organisation achieved the following levels of compliance for 2017/18.

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)	84% (Substantive)	No
Decontamination of medical devices	75% - 99% (Substantive)	88% (Substantive)	No
Emergency Planning	75% - 99% (Substantive)	86% (Substantive)	No
Environmental Cleanliness	75% - 99% (Substantive)	91%(Substantive)	No
Environment Management	75% - 99% (Substantive)	88% (Substantive)	No
Financial Management (Core Standard)	75% - 99% (Substantive)	90% (Substantive)	Yes
Fire Safety	75% - 99% (Substantive)	76% (Substantive)	Yes
Fleet and Transport Management	75% - 99% (Substantive)	91% (Substantive)	No
Food Hygiene	75% - 99% (Substantive)	90% (Substantive)	No
Governance (Core Standard)	75% - 99% (Substantive)	97% (Substantive)	Yes
Health & Safety	75% - 99% (Substantive)	86% (Substantive)	No
Human Resources	75% - 99% (Substantive)	84% (Substantive)	Yes
Infection Control	75% - 99% (Substantive)	93% (Substantive)	No
Information Communication Technology	75% - 99% (Substantive)	91% (Substantive)	No
Information Management	75% - 99% (Substantive)	82% (Substantive)	No
Management of Purchasing and Supply	75% - 99% (Substantive)	82% (Substantive)	No
Medical Devices and Equipment Management*	75% - 99% (Substantive)	64% (Moderate)	No
Medicines Management	75% - 99% (Substantive)	83% (Substantive)	No
Research Governance	75% - 99% (Substantive)	94% (Substantive)	No
Risk Management (Core Standard)	75% - 99% (Substantive)	93% (Substantive)	Yes
Security Management	75% - 99% (Substantive)	86% (Substantive)	No
Waste Management	75% - 99% (Substantive)	86%(Substantive)	No

*The Trust is currently recruiting a Medical Devices Manager to address this area in 2017/18

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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 2017/18 Internal Audit reviewed the following systems:

Audit Area	Level of Assurance
Payments to Staff	Limited
Management of Client Monies in independent sector Homes (Including Adult Supported Living facilities)	Satisfactory – 3 out of 5 independent homes visited Limited – 2 out of 5 independent homes visited
Cash Management in Cash Offices	Satisfactory
Catering Procurement and Contract Management	Satisfactory – Procurement and Contract Management Limited – Stock Management
Cash Management in Social Services Facilities	Satisfactory
Non Pay Expenditure	Satisfactory
Contracts with Voluntary/Community Organisations	Satisfactory – Management of Contracts with Voluntary Organisations Limited – Procurement of Contracts with Voluntary Organisations
Management of Contract Adjudication Groups (CAGs)	Satisfactory
Fire Safety	Limited
Management of Domiciliary Care Contracts	Limited
Management of Medical Consultant Staff	Limited
Claims Management	Satisfactory
ICT Audit – Cyber Security	Satisfactory – Malware Prevention Limited – Regional IT Incident Management and Secure Configuration

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 188 (78%) of

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the 241 recommendations examined were fully implemented, a further 47 (20%) were partially implemented at the time of review and 6 (2%) were not implemented at the time of review.

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

“Overall for the year ended 31 March 2018, I can provide **Satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Although I am content to provide overall Satisfactory assurance, it is important to note that I am providing limited assurance in relation to a number of areas, most notably Payments to Staff, Fire Safety and several elements of Cyber Security. Whilst Limited assurances will inevitably be provided by Internal Audit in such a large, complex organisation and based on a risk-based audit plan, I note that SEHSCT has fully implemented 78% of its outstanding audit recommendations and 20% are partially implemented.”

Catering Procurement and Contract Management

Whilst this report was issued with satisfactory assurance for Procurement & Contract Management and Cash Management, Internal Audit provided limited assurance on the system of internal control in relation to Stock Management within Catering.

Client Monies in Independent Sector (including Adult Supported Living Services)

Whilst satisfactory assurance was issued for the majority of homes visited, limited assurance was given to two of the homes visited in respect of recording and management of client monies. All homes prepared action plan templates in November 2017 to address the issues raised by Internal Audit and each home incurred a validation visit in February 2018. At year end, Internal Audit was assured all limited assurance recommendations had been fully implemented.

Payments to Staff (Trust Controls)

Limited assurance was issued in relation to systems of internal control over Payments to Staff (Trust Controls). Improvement is required in reporting of overpayments, off cycle reports and reconciliation of payroll control accounts. These priority one issues remain regional in nature and need the support regionally to ensure full implementation.

Contracts with Voluntary/Community Organisations

Whilst satisfactory assurance was issued in regard to the management of voluntary organisations at an operational level, limited assurance was provided in relation to the Trust's Procurement of Contracts with Voluntary Organisations, on the basis that contracts had not yet been procured in line with regulations. This is an ongoing regional issue and Internal Audit recognised the Trust undertook a review of all community services contracts with regards to strategic alignment, value for money, monitoring improvements and identification of efficiencies.

Fire Safety

Limited assurance was issued in relation to Fire Safety. Improvement is required in regards to: Number of identified and trained Nominated Fire Officers; Fire Risk Assessments; Mandatory fire safety training; and the governance arrangements in respect of fire safety require review and strengthening.

Management of Domiciliary Care

Limited assurance was issued in relation to the Management of Domiciliary Care Contracts. Limited assurance was provided on the basis that the Trust continued to roll forward contracts

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for Domiciliary Care Services without any competitive tendering or market testing. Whilst a programme of compliance audits had been put in place by the Trust, these identified issues regarding the actual full delivery of commissioned/paid care. Internal Audit recognised that SEHSCT is in a better position than other Trusts at present in terms of having Compliance Officers in place and also recognised the practical difficulties in monitoring the delivery of actual contracted care time.

Management of Medical Staff

Limited assurance was issued in relation to the Management of Consultant Medical Staff. Whilst 87% of consultants had a job plan in place for 2017/18, the Trust needs to continue to embed and further develop the quality and accuracy of the job plans in place across the Trust.

ICT Audit

Whilst satisfactory assurance was issued in relation to Malware Prevention, limited assurance was provided in relation to Regional Incident Management and Secure Configuration.

Shared Services Audits

A number of audits (summarised below) have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan. 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.

Shared Services Audit	Level of Assurance
Payroll Shared Service – as at September 2017	limited - Payroll Processing and Payroll System Stability unacceptable - Payroll Function Stability
Payroll Shared Service – as at March 2018	Limited
FPL Upgrade	Satisfactory
Income Shared Service	Satisfactory
Recruitment Shared Service	Satisfactory
Shared Service Governance	Satisfactory
Accounts Payable Shared Service	Satisfactory

Whilst BSO continue to receive Limited Assurance in respect of the Payroll Shared Service Centre, it should be noted that the previous Unacceptable assurance issued in relation to the Payroll System and Function Stability has now been raised to Limited. This takes account of improvements in respect of Overpayments identification, calculation, notification and reporting. Internal Audit also acknowledged progress on the activities within the 3 work streams of the Payroll Improvement Project (System Performance, Structure Review, Payroll Quality) to improve the control environment. However, it is important to note that these issues have not been fully resolved and continue to impact on Payroll Function Stability.

Counter Fraud and Probity Services

During 2017/2018, 5 cases of suspected fraudulent activity were reported within the Trust.

3 cases were successfully brought to a conclusion during the year, and the remainder are under investigation. Following consultation with BSO Counter Fraud and Probity Services, 1 of these cases had been referred to PSNI for further investigation as potential criminal activity and has been successfully closed.

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SEHSCT takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

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

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

Other Sources of Independent Assurance

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

- External Audit Opinion on annual accounts – External Audit provide an independent opinion on the accounts to the Northern Ireland Assembly. Any control weaknesses or added value issues that are identified, in the course of conducting the external audit, are communicated to the Audit Committee in the Report to Those Charged with Governance.
- Regulation and Quality Improvement Authority – On the extent to which the services provided by the Trust, or those commissioned from third party providers, comply with applicable quality standards.
- Annual BSO Assurance Letter in respect of Shared Services functions.
- Social Services Inspectorate for older people and children's services.
- Medicines and Healthcare Products Regulatory Agency (MHRA) through regular inspections and reports.
- General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training 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

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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 and the Governance Assurance Committee (supported by the Corporate Control Committee and the Safety, Quality Improvement & Innovation 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 2017/18 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 2017/18 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 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 all Board Sub Committees (Audit, Charitable Funds, Finance, Governance Assurance and Remuneration) and the Corporate Control and Safety, Quality Improvement & Innovation Committees, The minutes of all Board sub committees are shared with the Trust Board and the respective parent Committee.

The Trust completed its self-assessment of the Board Governance Self-Assessment Tool which was approved by Trust Board on 28 March 2018. An action plan has been developed to address any areas on non-compliance.

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. Following a recent Internal Audit Report, it is intended to further strengthen these arrangements.

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Corporate Governance Statement

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 4 Controls Assurance audits – the results are detailed in the table above. The Audit Committee agreed the internal audit plan for period April 2017 to March 2018 at its meeting on 4 May 2017.

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

Internal Governance Divergences

Issues previously reported and de-escalated during 2017/18:-

Urology Services

The Trust previously highlighted pressures on Urology Services. Urology Services continue to be challenging – HSCB has initiated a regional process to identify and review the potential to increase capacity and productivity and reduce waiting times. South Eastern Trust is fully participating in this Regional initiative.

The Trust has received resources and in spite of recruitment challenges, particularly at consultant level, the Trust has now appointed a permanent Consultant Urologist from January 2017, and this appointment has helped address the increased demands. The ability to meet ever increasing demand will require further expansion of the Urology team at both Consultant and Middle Grade level.

Leases

The Trust previously reported on a lease, which the Department of Finance had stated could potentially be regarded as irregular. The issue has since been clarified and the lease was not irregular. The lease has since been terminated (during 2017/18). The Trust will ensure there are robust processes in place to manage critical lease dates in line with current policy, reducing the risk of any further regularity issues. This will be challenging as the definition of office accommodation includes many areas used by clinical staff.

DPA Undertaking

The Trust previously reported on a Data Protection Undertaking issued by the Information Commissioner's Office. The Trust has issued a full progress report on all actions taken, thus the issue is resolved.

Accountability Report

Corporate Governance Statement

Progress on Previously Reported Control Divergences

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

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

HSCB commissioned an independent bed modelling exercise which identified capacity gaps. The Trust included proposals to address this as part of the 2017/18 winter planning process, including presenting a Resilience Plan to HSCB for Winter 2017/18, and the Trust also set aside funding to cover the costs of additional patient flow (in both hospital and community).

The Trust believes the current level of activity cannot be continued into the longer term, without new services/capacity being commissioned.

In 2017/18 the Trust continued to experience unprecedented demand. The current demand capacity gap will need to be addressed over the next period.

The Trust will continue to work with DoH and HSCB to identify innovative ways of addressing the demand/capacity gap. A key constraint is the ability to recruit and retain additional staff.

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 sewage risks. The age, condition and layout of the older estate also hinder a fully robust approach to the eradication of Healthcare Acquired Infections.

The above risks will remain until the completion of the full Ulster Hospital Phase B Redevelopment. The first phase of this, the new Inpatient Ward Block, was completed in March 2017. A phased opening commenced in March 2017 and in 2017/18 288 inpatient beds transferred to the new facility, the remainder of the facility became operational in the summer of 2017. Construction of the second phase, the Acute Services Block commenced in April 2016, this facility will provide a new Emergency Department and specialist inpatient wards. The Phase B Redevelopment project will complete in 2021.

The Trust continues to prioritise its capital funding to address the condition of the Retained Estate at the Paediatrics, Outpatients, Main Entrance and Radiology at the Ulster Hospital. These buildings, designed in the 1960's and constructed in the 1970's must continue in use until the Phase C Development is funded in 10-15 years' time.

During 2015/16 the Trust escalated its concerns regarding the current inpatient mental health accommodation at the Ulster and Lagan Valley Hospital sites. The rationalisation of acute mental health inpatient accommodation was subsequently included as the key major capital project for the Trust in the November 2015 Capital Plan.

The Trust vision is to move from 3 Mental Health inpatient Units to 1. Due to lack of funding, this new facility has not been advanced. The Trust has attempted to identify and mitigate risks in the interim including alterations to the current environment, reduce risks associated with

Accountability Report

Corporate Governance Statement

ligature points and workforce measures. There has been increased pressure on Mental Health Inpatient beds in 2017/18, which increases the need for the new build.

The Mental Health Inpatient capital business case to support a new build facility was originally submitted to the DoH in late 2012. The Trust has responded to DoH queries several times since that time. In early 2018, due to the time delay in securing final DoH approval for this case the Trust has subsequently updated the Business Case further to reflect future service delivery requirements with changes to bed numbers and accommodation requirements. The revised case will now be submitted to DoH for approval at beginning of June 2018.

The Trust will continue to prioritise the various community properties in terms of risk and allocate funding on these priorities.

This will see capital funding allocated to Mental Health, Children's Homes and Residential Homes to address ageing condition and high environmental risks.

Prison Healthcare

The Trust 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.

Whilst much work has been done in this service area, many challenges remain, one of the biggest being the ability to recruit and retain permanent staff within Prison facilities. The Trust will continue, throughout 2018/19, to reduce reliance on Agency staff and address vacancies.

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 DoH to mitigate the impact of this change for local communities.

Mitigation measures implemented include:-

- Additional GP input to increase direct access.
- 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).

The temporary closure at weekends has continued throughout 2017/18.

The Trust has not been able to attract Middle Grade ED staff despite a number of recruitment exercises and engaging recruitment agencies. However, the Trust has managed to secure the services of two Locum Consultant appointments who covered vacant shifts at both Lagan Valley and the Downe (as well as some shifts at the Ulster). One of these locums left the Trust at the start of this calendar year. The Trust has also appointed additional permanent Consultant posts, primarily to cover vacancies at the Ulster, who will also cover shifts at our local hospitals. Whilst these actions have provided a level of stability for the immediate future the Trust is still greatly concerned about the viability of both units, given the continued reliance on locums.

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Corporate Governance Statement

Business Services Transformation Project

The Trust previously reported on challenges to the proposed implementation of the Finance and Human Resources System and Shared Services.

New Finance systems and Income and Payments Shared Services have stabilised and are delivering project benefits. The Prompt Payment of Invoices, whilst improving has not achieved the target of 95% of invoices paid within 30 days. Payroll Shared Services continue to experience challenges.

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

Whilst BSO continue to receive Limited Assurance in respect of the Payroll Shared Service Centre, it should be noted that the previous Unacceptable assurance issued in relation to the Payroll System and Function Stability has now been raised to Limited. This takes account of improvements in respect of Overpayments identification, calculation, notification and reporting. Internal Audit also acknowledged progress on the activities within the 3 work streams of the Payroll Improvement Project to improve the control environment. However, it is important to note that these issues have not been fully resolved and continue to impact on Payroll Function Stability.

Additionally, previously identified issues in relation to the underpayment of Employers Superannuation have not been resolved and issues in relation to P11Ds, P60s and NICs for staff with multiple employments continue to impact. Delays in implementing the National Living Wage have resulted in fines being levied by HMRC.

The Payroll Customer Assurance Board continues to oversee the three workstreams of the Payroll Improvement Project and the Trust is working closely with other HSC customers to provide support to BSO in addressing the ongoing issues.

Increased Demand for Cancer Services

The Trust previously reported on Increased Demand for Cancer Services.

Significant work has been done on this, and additional non-recurrent resources have been identified. The target to have 95% of patients begin their treatment within 62 days of referral continues to be a challenge due to the increases in referrals. The ability to meet ever increasing demand will require expansion of a number of clinical teams.

The Trust will continue to work with HSCB and DoH colleagues to identify the additional resources/capacity to address this issue.

Childcare Pressures

The Trust previously reported a range of childcare pressures.

In respect of the investigations of historical allegations in relation to staff previously employed in Rathgael, the Historical Institutional Abuse enquiry has now reported. The Trust directed additional resources to co-operate fully with the Historical Institutional Abuse Inquiry whilst it was sitting, particularly around searches for records both on individual children and corporate governance. Whilst the Inquiry has reported the Trust has decided to continue to suspend destruction of records as these may be needed when the Redress Board is established in line with the advice received from the HSCB.

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The Trust continues to allocate all Child Protection referrals received. A waiting list has arisen for unallocated family support cases. The Trust has utilised non-recurrent funding from the HSCB to allocate a number of cases on this waiting list.

The Trust has contributed to the HSCB review of specialist regional child care facilities and the HSCB review of residential care and identification of alternative placement options.

Capital Resourcing 2017/18

The Trust previously reported on the reduced Capital Funding for maintaining essential services for 2017/18. Further allocations were received during the year, and the Trust has received an increased allocation of £6.2m for 2018/19, an increase from £4.68m in 2017/18. The Trust will continue to prioritise its capital to areas of risk and service priority, and will continue to lobby for more capital resources.

Financial Breakeven Requirement And Financial Challenges

While the Trust achieved a breakeven financial position in the year to 31 March 2018, it is important to note that this was achieved following the receipt of significant non-recurring funding, one off contingency measures, expenditure reductions and planned in year slippage on investments. As a result the Trust is aware of the underlying recurrent funding pressures, which, coupled with further in-year emergent pressures, ensure that significant budgetary challenges will continue into 2018/19.

The outlook for 2018/19 is indicating that the capital and revenue resources will be increasingly constrained. We have been working closely with the HSCB and Department to financially plan for 2018/19 for a number of months. In December 2017 the Department of Finance published a briefing document on the Northern Ireland Budgetary Outlook illustrating the choices that might need to be made to set a budget and steps that may need to be taken to address the pressures in public services. On 8th March 2018 the Secretary of State for Northern Ireland announced a budget for 2018/19.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2018/19 financial plan is ongoing between the Trust, HSCB and the Department of Health. However as with other financial years, the Trust remains committed to achieving financial break even. The Financial position of the Trust continues to be a challenge.

The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28th March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2017-18 financial year and a vote on account for the early months of the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly.

Recruitment of Health & Social Care Staff

The Trust previously reported significant difficulties in recruitment of key health and social care professional staff. This has created high levels of vacancies (for Nursing and Medical posts particularly) and thus severely impacted on front-line service delivery.

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The Trust has worked proactively to source staff, including campaigns outside NI, and a Regional Overseas Nursing recruitment campaign is underway. The Trust will review the impact of this during 2017/18 to decide on future campaigns. Whilst these activities have had an impact, the Trust continues to experience high levels of vacancies. Thus the International Recruitment will continue in 2018/19.

Domiciliary Care

During 2016-17 BSO Counter Fraud and Probity Services completed a regional review of Trusts' operation of HSC domiciliary care contracts with independent sector providers (ISPs). All Trusts provided an assurance that they were examining the findings of the regional report, reviewing their existing contracts, and would implement improvements as necessary.

A Departmental Oversight Scrutiny Committee (OSC) was established in 2017 to oversee any necessary action. The OSC is led by senior Departmental officials, and has senior representation from the HSCB and Trusts. The regional counter fraud review found variations in relation to the hours paid and Trusts are either finishing or have finished a verification of the findings to cross validate the regional review. A further regional exercise concluded that service users had not experienced particular harm as a result of the potential disparity between the level of care commissioned, and the level of care delivered in outlier cases. Internal Audit carried out a lessons learned review from a HSC wide perspective in relation to the structure of the investigative review and also carried out in depth reviews of domiciliary care in Trusts in 2017/18. These internal audits were finalised after year end the Oversight Scrutiny Committee will now move to scrutinise.

The demand for domiciliary care services across the Trust continues to increase, particularly in some rural areas. The Trust is experiencing a lack of capacity, specifically within the independent sector for new and increased packages of care and this has the potential to adversely affect Trust performance with regards to patient flow. Despite augmenting the hourly rate paid and introducing a range of measures capacity has not materially improved. Some independent sector providers have raised concern that the Trust Hourly rate is inadequate to cover the cost of recent increases with regards to the National Living Wage, others have identified recruitment and retention as an issue impacting on their capacity and ability to take on new packages of care.

The Trust has taken the decision to continually review/expand the in-house service to address this issue, this will continue into 2018/19.

Nursing and Residential Care

The Trust previously reported on recruitment issues in independent sector nursing home providers. The Trust continues to have difficulties in accessing beds at the regional tariff. This will require an increase to the tariff rate to be resolved, which is determined by HSCB on an annual basis.

Elective

Demand for elective services continues to increase beyond the capacity of the Trust to deliver the waiting time targets. The Trust prioritises urgent and cancer patients which means that routine patients will wait an unacceptable time for both outpatient and/or inpatient and day case treatment.

Waiting time for many Specialties remain a significant concern for the Trust, and we will continue to lobby for additional resources to address this issue.

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Corporate Governance Statement

Elective Care funding is included in the Transformation Funding, however it is likely that this level of investment will be insufficient to make significant improvement. In the medium term, Elective Care Centres could provide improvement.

Lakewood RQIA Inspection Report

The Trust previously reported on RQIA inspection reports (2015/16) and on staffing pressures. The failure to comply notices were lifted in 2016/17 (February 2017).

During 2017/18 the staffing levels have continued to be fragile (due to sickness and vacancies). With support from the wider Health & Social Care system, the number of children placed in Lakewood reduced in early 2017/18.

Lakewood has become more stable during 2017/18, with the numbers of children placed returning to commissioned levels.

The Trust welcomes the DOH commissioned review of secure care for 2018/19 to be led by HSCB in collaboration with Trusts and other stakeholders.

RQIA Acute Hospital Inspection of the Ulster Hospital

The RQIA Acute Hospital Inspection Programme carried out in the Ulster Hospital, Emergency Department, Ward 11 and Ward 13 on the 9th – 12th February 2016 made a number of recommendations for improvement under the themes of Safety, Effectiveness, Compassion Care and Leadership. The organisation has established a work programme focussing on improvement based on the findings of the review. We can confirm that the majority of recommendations have been achieved to date. The Trust continues to work towards achieving full compliance on a small number of recommendations where resourcing and environmental issues have provided challenges.

Social Care Procurement

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

New Internal Control Divergences

Mental Health Services

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

Cardiology

The recent changes to Cardiology medical cover at the Downe Hospital have led to a review of cardiac provision there, to ensure that all patients with cardiac conditions receive the same high standard of cardiology care across the South Eastern Trust. Since the retirement of the Downe Consultant Physician with Cardiology interest in October 2016, it has become increasingly difficult to safely sustain acute cardiology inpatient care there. Attempts to recruit a physician with dual accreditation in Medicine and Cardiology on a permanent or locum basis to the Downe Hospital have been unsuccessful to date. While the Trust is doing everything to maintain

Accountability Report

Corporate Governance Statement

cardiology services at the Downe Hospital as safe as possible there is a need to move more acute cardiac patients to sites where specialist input can be guaranteed.

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 (MPMNI).

Further to considering the accountability framework within the Trust and in conjunction with assurances given to me by the Head of Internal audit, I am content that the Trust has operated a sound system of internal governance during the period 2017/18.

Accountability Report

Statement of Accounting Officer Responsibilities

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

STATEMENT OF SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST'S RESPONSIBILITIES AND ACCOUNTING OFFICER'S RESPONSIBILITIES.

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed the South Eastern Health and Social Care Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the South Eastern Health and Social Care Trust, 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 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 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.

Accountability Report

Directors Report

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)
Roisin Coulter
Neil Guckian
Seamus McGoran
Charles Martyn
Bria Mongan
Nicki Patterson
Brendan Whittle
Myra Weir

Non-executive members:

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

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, and a wider population of 440,000.

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.

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Directors Report

Equality Responsibilities

As part of its Section 75 Responsibilities the Trust produces an Annual Progress Report (APR) which demonstrates progress against key targets. This APR is presented to EMT and Trust Board for approval prior to submission to the Equality Commission for Northern Ireland.

Equality and Human Rights Training and Awareness Raising

The Trust has in place a robust Equality and Human Rights training and awareness raising strategy. This strategy aims to ensure that all staff are aware of their responsibilities with regard to Equality and Human Rights. To complement face to face training, the Trust has developed an Equality and Human Rights e-Learning module which focuses specifically on staff responsibilities using relevant examples, case studies and case law. Staff are able to work their way through the user friendly information in a time frame which best suits them. In the past year over 1,500 staff have accessed training, including the module, and feedback has been very positive.

Face to Face and Telephone Interpreting

The Trust continues to provide face to face and telephone interpreting for patients and clients who do not speak English as a first language. Staff are able to book face to face interpreters for pre-planned appointments with telephone interpreting being available to patients who arrive at the Emergency Department or unexpectedly for treatment. During the past year the Trust provided 7,213 interpreting episodes with languages ranging from Arabic, Polish, Lithuanian and Romanian to Farsi, Czech, Somali and Kurdish.

Working Well with Interpreters Training Sessions

To support staff a series of 'Working Well with Interpreters' training sessions have been held throughout the Trust. These are provided in conjunction with the Northern Ireland Health and Social Care Interpreting Services and 48 staff attended training in the Ulster, Downe and Lagan Valley Hospitals. All relevant information and booking forms are available on the Equality and Human Rights Intranet pages.

Charter Work Inspiration Programme

The Trust continues to work with Business in the Community in particular to engage in the Charter Work Inspiration Programme.

During the past year the Trust facilitated 364 work experience placements. These included opportunities in Admin and Clerical, Audiology, Catering, Child Care, Clinical Physiology, Dentistry, Innovation and Development, Medicine, Midwifery, Nursing, Physiotherapy and Speech and Language. A total of 44 open days were held in Dietetics, Mental Health, Pharmacy and Physiotherapy.

The Trust also has in place a well-developed Employability Scheme which provides career opportunities for Looked after Children.

Accountability Report

Directors Report

Volunteering Opportunities through Time to Read

For the past 7 years South Eastern Trust staff volunteers have been working in partnership with local primary Schools as part of the 'Time to Read' Scheme. Currently 9 Trust staff volunteer in primary schools throughout the Trust areas including:

- Cairnshill Primary School, Belfast
- Rathmore Primary School, Bangor
- St Finian's Primary School, Newtownards
- West Winds Primary School, Newtownards
- Carrickmannon Primary School, Newtownards
- Drumlins Integrated Primary School, Ballynahinch
- Brooklands Primary School, Dundonald

The volunteers work with P5 pupils every week for one hour. 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. South Eastern Trust Volunteers at West Winds Primary School in Newtownards organised a workplace visit in June 2017 to Parliament Buildings for the pupils participating in the Time to Read Programme. In addition to the benefits for the pupils, Trust staff have found the experience very positive and rewarding.

Making Communication Accessible for all

This user friendly guide was produced for Health and Social Care staff so that they can communicate more effectively with people who may have a disability or a communication support need. This resource has been developed in conjunction with disability representative organisations who quality assured the guide.

The guide looks at people with a range of disabilities and offers staff advice on how to improve face to face communication, telephone communication, written communication and information available on the internet. Available on the Equality and Human Rights Intranet pages, it can also be made available in alternative formats upon request.

Accounts Preparation

The Trust's annual accounts have been prepared in a form determined by the Department of Health, based on guidance from the Department of Finance'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 14.1 of the Annual Accounts Section.

Late Payment of Commercial Debts Regulations 2002

Compensation in respect of late payments is disclosed in note 14.2 of the Annual Accounts Section.

Accountability Report

Directors Report

Trust Management Costs

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

Related Party Transactions

Details of Related Party Transactions are disclosed in Note 22 of the Annual Accounts Section.

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.

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 2017/2018 year is 6.97% (6.71% 2016/17).

Personal Data Related Incidents

All reported incidents of data loss or confidentiality breach in 2017/2018 have been assessed. While there were several small scale incidents, the impact was limited and procedures were put in place to address future risk in these areas. The Trust did not report any incidents to the Information Commissioner's Office (ICO) during this period.

The Trust participated in the ICO HSC Trust Training Audit in August 2017. There were no significant issues raised due to the level of data protection training completed by Trust staff and our ability to record and monitor completion of Data Protection training by newly appointed Trust staff. In this regard an ICO training audit action plan has been developed and will be monitored by the Information Governance Steering Committee.

A presentation on the General Data Protection Regulation (GDPR) was presented to the Trust Board on 27 September 2017. The Board is assured that the Trust is committed to working towards implementation of the Regulation by 25 May 2018.

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Directors Report

Public Sector Information Holder

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

Treatment of Pension Liabilities

The Trust participates in the 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 NIAO. The notional cost of the audit for the year ended 31 March 2018 which pertained solely to the audit of the accounts was £43k. The notional cost of the audit of Trust Charitable Funds for the year ended 31 March 2018 was £5k.

Non Audit Services

During the year the South Eastern Trust purchased no non audit services from its auditor NIAO.

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.

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; identifies 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 21 February 2017, the extant Corporate Risk Register [CRR] (2016/17) 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 (2017/18). Furthermore the Executive Team met on 6th February 2018 to close off for the 2017/18 year and roll forward the items on the register for 2018/19.

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

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Directors Report

14 of the existing 16 (previously 17 – one item closed mid-year) Corporate Risk Register (2016/2017) topics should be carried forward into the 2017/2018 Corporate Risk Register with new action plans developed, as appropriate;

- 2 items were closed and remitted to management at Directorate Risk Register level:-
 - ID1896 – Delayed Discharges
 - ID1883 – Risk Management
- All forms were reviewed for accuracy and updated for scoring, control measures and new action plans inserted, as appropriate. The wording of some items was revised and, in particular:-
- ID1898 to include issues regarding Phase B funding
- 2 further items were added to the register:-
 - ID2141 – Lakewood [escalated from the Corporate Control Committee meeting on 19/04/17]
 - ID2252 – Cyber security issues [escalated following discussion with Chair of the Audit Committee]

A total of 16 items were on the Corporate Risk Register for 2017/2018. One item – ID2141 (Manpower Requirements – Lakewood Regional Secure Unit) was closed on the register as at 30/9/17 (leaving 15 items). There were a total of 58 action point items (across all 16 CRR pro formas) and all items have been closed off as at 31 March 2018.

The risks are further described below in Table 1 – by the Principal Risk broken down by Principal Objectives and Table 2 – by the Risk Sub Type during 2017/18.

Table 1 – Risks by Principal Risk by Principal Objective – 2017/2018

No	ID	Principal Objectives	Principal Risk Title
1	2120	Ensure safety, improve quality and test experience	Inability to deliver seamless mental health acute in patient services on a single site consistent with best practice
2	2121	Ensure safety, improve quality and test experience	Inability to deliver safe and effective health care in a prison environment
3	2141	Ensure safety, improve quality and test experience	Inability to meet the manpower requirements at Lakewood Regional Secure Care Centre
4	2130	Ensure safety, improve quality and test experience	Inability to ensure the quality of the aged built environment and associated infrastructures
5	2140	Continue to improve	Inability to meet the financial demands against competing break even responsibility
6	2111	Ensure safety, improve quality and test experience	Inability to provide safe and effective emergency care at Ulster Hospital
7	2112	Ensure safety, improve quality and test experience	Inability to sustain Midwifery led Units and Emergency Services at the Down and Lagan Valley sites
8	2113	Ensure safety, improve quality	Inability to meet the staffing required to operate effective out

Accountability Report

Directors Report

		and test experience	of hours hospital services
9	2115	Ensure safety, improve quality and test experience	Inability to provide a comprehensive laundry and linen service
10	2118	Ensure safety, improve quality and test experience	Inability to deliver the required qualified medical and nursing workforce
11	2119	Continue to improve	Inability to deliver the benefit of shared services and systems
12	2117	Ensure safety, improve quality and test experience	Inability to deliver the full range performance and service delivery targets
13	2252	Ensure safety, improve quality and test experience	Inability to cope/meet the growing cyber threats
14	2110	Ensure safety, improve quality and test experience	Inability to provide the GP manpower to run the Out of Hours (OOH) Service
15	2114	Ensure safety, improve quality and test experience	Inability to meet the threat of current and emerging Healthcare Associated Infection
16	2116	Ensure safety, improve quality and test experience	Inability to meet the growing demand for Community Care packages

Table 2 – Risk Sub Type/Total – 2017/18

	Total
Financial	1
Health & Safety	3
Patient Safety/Clinical	7
Service Continuity	3
Targets, Objectives & Service Provisions	2
Totals:	16

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) each year.

The Governance Assurance Committee is responsible for receiving reports on the Corporate Risk Register on a quarterly basis. At its meeting on 21 June 2017 it discussed and approved the Corporate Risk Register for 2017/18 for submission to the Trust Board on 22 June 2017 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 and bi-annual Accountability Review meetings.



Accountability Report Directors Report

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.

Accountability Report

Remuneration and Staff 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 Services.

Policy on the Remuneration of the Chief Executive and Directors

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

Method used to assess performance

All Senior Executives during 2017/18, except the Medical Director (who is contracted under medical & dental terms and conditions), were employed on terms and conditions determined by the Department of Health. The contractual provisions applied to these Senior Executives, including the application of the Performance Management Scheme are detailed within HSS(SM) Circulars.

The Trust Board

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

Remuneration Committee

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

Chair

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

Chief Executive

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

Performance Objectives

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

Evaluation of Performance

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

Accountability Report

Remuneration and Staff Report

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

The Remuneration Committee, which is made up of the Chairman and 2 non-executive directors of the Board, are fully conversant with organisational performance via monthly reports to the Trust Board. In particular, financial management, patient and 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:

Table of Non-Executive Directors Remuneration & Pension Benefits:

Non-Executive Members	2017-18				Total £000	2016-17				Total £000
	Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)		Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions benefit (rounded to nearest £1,000)	
C McKenna	30-35	0	0	0	30-35	25-30	0	0	0	25-30
M Briscoe	5-10	0	0	0	5-10	5-10	0	0	0	5-10
M Mawhinney	5-10	0	0	0	5-10	5-10	0	0	0	5-10
N Brady	5-10	0	0	0	5-10	5-10	0	0	0	5-10
J O'Hagan (2)	5-10	0	0	0	5-10	0-5	0	0	0	0-5
H Minford (2)	5-10	0	0	0	5-10	0-5	0	0	0	0-5
L O'Neill (2)	5-10	0	0	0	5-10	0-5	0	0	0	0-5
J Patton (2)	5-10	0	0	0	5-10	0-5	0	0	0	0-5
F Graham (1)	0	0	0	0	0	5-10	0	0	0	5-10
N Mansley (1)	0	0	0	0	0	5-10	0	0	0	5-10
J Trethowan (1)	0	0	0	0	0	5-10	0	0	0	5-10

(1) Resigned 31st December 2016

(2) Appointed 1st January 2017

Accountability Report

Remuneration and Staff Report

Table of Executive Directors Remuneration & Pension Benefits (Audited):

	2017-18			2016-17			2017-18			Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/17 £000s	CETV at 31/03/18 £000s	Real increase in CETV in CETV £000s
	Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100) £100	Pensions benefit (rounded to nearest £1,000) £1,000	Total £000	Salary £000	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100) £100	Pensions benefit (rounded to nearest £1,000) £1,000					
Executive Members														
H McCaughey (Chief Executive)	120-125	0	2,700	6	130-135	0	1,100	12	135-140	0-2.5 plus lump sum 2.5-5	45-50 plus lump sum 145-150	948	1,006	21
R Coulter (Director of Planning / Performance)	70-75	0	1,700	8	80-85	0	1,300	8	80-85	0-2.5 plus lump sum 0-2.5	25-30 plus lump sum 80-85	442	469	11
N Guckian (Director of Finance/Estates)	85-90	0	0	17	100-105	0	400	16	100-105	0-2.5 plus lump sum 0-2.5	25-30 plus lump sum 70-75	484	520	18
C Martyn (including clinical duties) (Medical Director)(1)	190-195	0	3,100	N/A	195-200	0	3,200	N/A	195-200	N/A	N/A	N/A	N/A	N/A
N Patterson (Director of Elderly & Primary Care Services)	85-90	0	6,700	6	95-100	0	6,200	16	105-110	0-2.5 plus lump sum 0-2.5	30-35 plus lump sum 95-100	582	619	15
S McGowan (Director of Hospital Services)	95-100	0	2,000	6	105-110	0	700	10	110-115	0-2.5 plus lump sum 2.5-5	35-40 plus lump sum 115-120	766	812	18
Bl Whittle (Director of Childrens Services & Executive Director of Social Work)	70-75	0	0	13	85-90	0	0	16	90-95	0-2.5 plus lump sum 0-2.5	25-30 plus lump sum 70-75	471	501	11
B Mongan (Director of Adult Services & Prison Healthcare)(1)	70-75	0	0	N/A	70-75	0	0	N/A	70-75	N/A	N/A	N/A	N/A	N/A
M Weir (Director of HR & Corp Services)	70-75	0	0	22	95-100	0	1,900	88	160-165	0-2.5 plus lump sum 0-2.5	30-35 plus lump sum 85-90	561	602	20
Band of Highest Paid Directors Total Remuneration	195-200				195-200									
Median Total Remuneration	28,639				28,338									
Median Total Remuneration Ratio	7.0				7.0									

(1) Is beyond the threshold for calculation of CETV and so this is not applicable in the 17/18 year.

Accountability Report

Remuneration and Staff Report

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

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

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

Member Contribution Rates (Gross)

Full-time pay	Contribution Gross 17-18
£0-15,000	5.00%
£15,000-21,000	5.6%
£21,000-27,000	7.1%
£27,000-48,000	9.3%
£48,000-71,000	12.5%
£71,000-111,000	13.5%
£111,000 over	14.5%

The HSC Pension Scheme is governed by rules laid down in regulations agreed by DOH. These regulations are also bound by all primary legislation that has relevance to Occupational Pension Schemes. The rules of the HSC Pension Scheme are laid down in the Health and Personal Social Services (Superannuation) Regulations (NI) 1995. The Scheme is "registered" under the Finance Act 2004. The Scheme Administrator is the HSC Business Services Organisation. The HSC Pension Scheme 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.

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

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

Accountability Report

Remuneration and Staff Report

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 2017/18 was £195k-£200k (£195k-£200k, 2016/17). This salary includes significant remuneration in respect of Clinical (Non-Director) duties. This was 7.0 times (7.0, 2016/17) the median remuneration of the workforce, which was £28,639 (£28,338, 2016/17).

In 2017/18, 4 employees received remuneration in excess of the highest paid director. Remuneration ranged from £199k to £274k.

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.

STAFF REPORT

Staff Costs (Audited)

	2018			2017
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Staff costs comprise:				
Wages and salaries	299,658	21,495	321,153	301,927
Social security costs	26,129	0	26,129	25,294
Other pension costs	40,089	0	40,089	37,635
Sub-Total	365,876	21,495	387,371	364,856
Capitalised staff costs	(637)		(637)	(905)
Total staff costs reported in Statement of Comprehensive Expenditure	365,239	21,495	386,734	363,951
Less recoveries in respect of outward secondments			(3,762)	(3,752)
Total net costs			382,972	360,199
Total Net costs of which:			£000s	£000s
South Eastern HSC Trust			386,734	363,951
Charitable Trust Fund			0	0
Consolidation Adjustments			(130)	(130)
Total			386,604	363,821

Staff Costs exclude £637k charged to capital projects during the year (2017 £905k).

Accountability Report

Remuneration and Staff Report

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) is used in 2017/18 accounts.

Average Number of Persons Employed (Audited)

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

	2018			2017
	Permanently employed staff No.	Others No.	Total No.	Restated Total No.
Medical and dental	596	93	689	680
Nursing and midwifery	3,350	105	3,455	3,290
Professions allied to medicine	730	69	799	830
Ancillaries	1,192	36	1,228	1,173
Administrative & clerical	1,331	104	1,435	1,434
Ambulance staff	0	0	0	0
Works	85	0	85	83
Other professional and technical	404	0	404	386
Social services	1,317	123	1,440	1,410
Other			0	0
Total average number of persons employed	9,005	530	9,535	9,286
Less average staff number relating to capitalised staff costs	12		12	18
Less average staff number in respect of outward secondments	75		75	75
Total net average number of persons employed	8,918	530	9,448	9,193
Of which:				
South Eastern HSC Trust			9,448	9,193
Charitable Trust Fund			0	0
			9,448	9,193
Others includes inward secondments to the Trust and agency staffing				

Accountability Report

Remuneration and Staff Report

Gender Composition of Senior Management

The table below shows the number of persons of each gender who were senior managers in the Trust within 2017/18. Managers have been defined as non-medical staff at band 8c and above (excluding Directors).

Staff Gender Breakdown within South Eastern Health and Social Care Trust 2017-18 Senior Management (excl. Board Members)*	
Female	36
Male	17

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

Exit package cost band	*Number of compulsory		*Number of other departures		Total number of exit packages by cost	
	2018	2017	2018	2017	2018	2017
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	3	0	3
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	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	0	0	0	3	0	3
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	0	52	0	52

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 3. 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.

Accountability Report

Remuneration and Staff Report

Trust Management Costs

	2018	2017
	£000s	£000s
Trust management costs	23,588	22,508
Income:		
RRL	634,134	612,794
Income per Note 4	42,004	41,187
Non cash RRL for movement in clinical negligence provision	(21,426)	(10,083)
Less interest receivable	0	0
Total Income	654,712	643,898
% of total income	3.6%	3.5%

The increase in management costs reflects the additional costs of BSO recharges and reduced value of capitalised staff costs within Corporate Services.

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

Off Payroll Staff Resources (Audited)

The Trust did not have any 'off- payroll' staff resource engagement as at 31 March 2018 (or 31 March 2017) at a cost of over £58,200 per annum, the threshold prescribed by DOH for disclosure.

Retirements Due to Ill-Health

During 2017/18 there were 30 early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £30k. These costs are borne by the HSC Pension Scheme.

Accountability Report

Statement of Losses

STATEMENT OF LOSSES AND SPECIAL PAYMENTS

Losses and Special Payments (Audited)

Type of loss and special payment		2017-18		2016-17
		Number of	£000	£000
Cash losses				
	Cash Losses - Theft, fraud etc	1	0	0
	Cash Losses - Overpayments of salaries, wages and allowances	0	0	0
	Cash Losses - Other causes	1	0	0
		2	0	0
Claims abandoned				
	Waived or abandoned claims	0	0	0
		0	0	0
Administrative write-offs				
	Bad debts	85	174	101
	Other	0	0	6
		85	174	107
Fruitless payments				
	Late Payment of Commercial Debt	1	0	4
	Other fruitless payments and constructive losses	0	0	5
		1	0	9
Stores losses				
	Losses of accountable stores through any deliberate act	0	0	0
	Other stores losses	1	117	0
		1	117	0
Special Payments				
	Compensation payments			
	- Clinical Negligence	220	6,308	4,874
	- Public Liability	18	51	38
	- Employers Liability	127	542	617
	- Other	20	59	47
		385	6,960	5,576
	Ex-gratia payments	24	13	6
	Extra contractual	0	0	0
	Special severance payments	0	0	0
	TOTAL	498	7,264	5,698

Four clinical negligence cases settled in excess of £250,000 (including costs) in 2017/18. These cases settled for £258,323, £1,235,650, £1,786,128 and £1,813,309.

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

Accountability Report

Statement of Losses

Special Payments

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

Other Payments

There were no other payments made in the year.

Losses and Special payments over £250,000

Losses and Special Payments over £250,000		Number of Cases	2017-18	2016-17
Losses and Special Payments over £250,000			£000	£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		4	5,093	3,529
		4	5,093	3,529

There were no remote contingent liabilities in the year (Audited)

On behalf of the South Eastern H&SC Trust I approve the Accountability Report encompassing the following sections:

- Corporate Governance Statement
- Directors Report
- Remuneration and Staff Report
- Statement of Losses and Special Payments



Hugh McCaughey
Accounting Officer

Date 6 June 2018

Accountability Report

C&AG Audit Certificates

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

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

Opinion on financial statements

I certify that I have audited the financial statements of the South Eastern Health and Social Care Trust for the year ended 31 March 2018 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of the South Eastern Health and Social Care Trust's affairs as at 31 March 2018 and of the group's and the South Eastern Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the South Eastern Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Other Information

The Trust and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and

Accountability Report

C&AG Audit Certificates

- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Trust and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

I am required to obtain 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. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

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 parts of the Accountability 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 the Department of Finance'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

22 June 2018

South Eastern Health and Social Care Trust

Annual Consolidated Accounts

For the year ended 31 March 2018



Annual Accounts Foreword

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

FOREWORD

These accounts for the year ended 31 March 2018 have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

Annual Accounts Primary Statements

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE For the year ended 31 March 2018

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

	NOTE	2018 £000s		2017 £000s	
		Trust	Consolidated	Trust	Consolidated
Income					
Income from activities	4.1	31,127	31,127	29,995	29,995
Other operating income*	4.2	10,777	10,857	11,192	11,312
Deferred income	4.3	100	100	0	0
Total operating income		42,004	42,084	41,187	41,307
Expenditure					
Staff costs	3	(386,734)	(386,604)	(363,951)	(363,821)
Purchase of goods and services	3	(251,901)	(252,325)	(241,914)	(242,471)
Depreciation, amortisation and impairment charges	3	(15,092)	(15,092)	(36,421)	(36,421)
Provision expense	3	(22,292)	(22,292)	(11,573)	(11,573)
Other expenditures	3	(43)	(43)	(59)	(59)
Total operating expenditure		(676,062)	(676,356)	(653,918)	(654,345)
Net operating expenditure		(634,058)	(634,272)	(612,731)	(613,038)
Finance income	4.2	0	137	0	130
Finance expense	3	0	0	(9)	(9)
Net expenditure for the year		(634,058)	(634,135)	(612,740)	(612,917)
Revenue Resource Limit (RRL)	24.1	634,134	634,134	612,794	612,794
Add back charitable trust fund net expenditure*			77		177
Surplus / (Deficit) against RRL		76	76	54	54
OTHER COMPREHENSIVE EXPENDITURE					
	NOTE	2018 £000s		2017 £000s	
Items that will not be reclassified to net operating costs:					
Net gain/(loss) on revaluation of property, plant and equipment	5.1/8/5.2/8	23,404	23,404	7,321	7,321
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	0	0	0	0
Net gain/(loss) on revaluation of charitable assets		0	(135)	0	826
Items that may be reclassified to net operating costs:					
Net gain/(loss) on revaluation of investments		0	0	0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2018		(610,654)	(610,866)	(605,419)	(604,770)

* All donated funds have been used by South Eastern Health and Social Care Trust as intended by the benefactor. It is for the Charitable Trust Fund Committee within Trusts to manage the internal disbursements. The committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation. All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

The notes on pages 97 to 134 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 2018

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

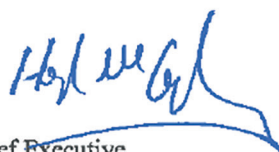
	NOTE	2018		2017	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	604,139	604,239	553,289	553,389
Intangible assets	6.1/6.2	8,442	8,442	6,782	6,782
Financial assets	7	0	5,551	0	5,549
Trade and other receivables	12	0	0	0	0
Other current assets	12	0	0	0	0
Total Non Current Assets		612,581	618,232	560,071	565,720
Current Assets					
Assets classified as held for sale	9	379	379	379	379
Inventories	10	2,839	2,839	2,722	2,722
Trade and other receivables	12	15,815	15,846	18,435	18,455
Other current assets	12	1,691	1,691	1,123	1,123
Intangible current assets	12	0	0	0	0
Financial assets	7	0	0	0	0
Cash and cash equivalents	11	1,780	1,911	1,817	2,210
Total Current Assets		22,504	22,666	24,476	24,889
Total Assets		635,085	640,898	584,547	590,609
Current Liabilities					
Trade and other payables	13	(90,888)	(90,929)	(82,256)	(82,334)
Other liabilities	13	0	0	0	0
Intangible current liabilities	13	0	0	0	0
Provisions	15	(18,475)	(18,475)	(20,957)	(20,957)
Total Current Liabilities		(109,363)	(109,404)	(103,213)	(103,291)
Total Assets less Current Liabilities		525,722	531,494	481,334	487,318
Non Current Liabilities					
Provisions	15	(43,420)	(43,420)	(25,991)	(25,991)
Other payables > 1 yr	13	0	0	0	0
Financial liabilities	7	0	0	0	0
Total Non Current Liabilities		(43,420)	(43,420)	(25,991)	(25,991)
Total Assets less Total Liabilities		482,302	488,074	455,343	461,327
Taxpayers' Equity and Other Reserves					
Revaluation reserve		119,325	119,325	95,921	95,921
SoCNE reserve		362,977	362,977	359,422	359,422
Other reserves - charitable fund			5,772		5,984
Total equity		482,302	488,074	455,343	461,327

The financial statements on pages 93 to 96 were approved by the Board on 6 June 2018 and were signed on behalf by:-



Chairman

Date 6 June 2018



Chief Executive

Date 6 June 2018

The notes on pages 97 to 134 form part of these Accounts.

Annual Accounts Primary Statements

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASHFLOWS For the year ended 31 March 2018

The Statement of Cash Flows shows the changes in cash and cash equivalents of the SEHSCT during the reporting period. The statement shows how the SEHSCT generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the SEHSCT. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the SEHSCT future public service delivery.

	NOTE	2018 £000s	2017 £000s
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(634,135)	(612,917)
Adjustments for non cash costs		37,427	48,053
(Increase)/decrease in trade and other receivables		2,041	257
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase)/decrease in inventories		(117)	(159)
Increase/(decrease) in trade payables		8,595	15,766
<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		(4,677)	(5,582)
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions	15	(7,345)	(6,684)
Net cash inflow/(outflow) from operating activities		(598,211)	(561,266)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(39,523)	(46,507)
(Purchase of intangible assets)	6	0	0
Proceeds of disposal of property, plant & equipment		2	21
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund		0	500
Share of income reinvested		(137)	(130)
Net cash outflow from investing activities		(39,658)	(46,116)
Cash flows from financing activities			
Grant in aid		637,570	607,460
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements			
Net financing		637,570	607,460
Net increase (decrease) in cash & cash equivalents in the period		(299)	78
Cash & cash equivalents at the beginning of the period	11	2,210	2,132
Cash & cash equivalents at the end of the period	11	1,911	2,210

The notes on pages 97 to 134 form part of these accounts.

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Primary Statements

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY For the year ended 31 March 2018

This statement shows the movement in the year on the different reserves held by the SEHSCT, analysed into 'General Fund Reserves' (i.e. those reserves that reflect a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of the SEHSCT, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2016		364,513	88,730	5,335	458,578
Changes in Taxpayers Equity 2016-17					
Grant from DoH		607,460	0	0	607,460
Other reserves movements including transfers (Comprehensive net expenditure for the year)		130 (612,740)	(130) 7,321	0 649	0 (604,770)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	59	0	0	59
Movement - other		0	0	0	0
Balance at 31 March 2017		359,422	95,921	5,984	461,327
Changes in Taxpayers Equity 2017-18					
Grant from DoH		637,570	0	0	637,570
Other reserves movements including transfers (Comprehensive net expenditure for the year)		0 (634,058)	0 23,404	0 (212)	0 (610,866)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	43	0	0	43
Balance at 31 March 2018		362,977	119,325	5,772	488,074

The notes on pages 97 to 134 form part of these accounts.

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Notes to the Accounts

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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 purchase dates, are anticipated to have simultaneous disposal dates and are

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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

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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 Charitable Trust Fund investments have been consolidated.

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

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or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial Risk Management

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

- 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

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carrying amount is the present value of those cash flows using DFP's discount rate. The rates for General Provision (covering provisions such as clinical negligence) are:

- short term (up to and including 5 years) (minus) – 2.42%
- medium term (after 5 and up to 10 years) (minus) – 1.85%
- long term (10 years and over) (minus) -1.56%

The other main discount factor, which is only for Unfunded Public Service Pension Schemes and Early Departure Costs, is + 0.10% in real terms (previous year was + 0.24%).

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.

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Where the time value of money is material, contingencies are disclosed at their 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 2018. 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 DoH. 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.

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 2017/18 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.

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1.22 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of 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 23 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

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Fund Committee within Trusts to manage the internal disbursements. The committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor. 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 similar review in NI, which will bring NI departments under the same adaptation, has been carried out, but a decision has yet to be made by the Executive. 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 'Disclosure of Interests in other Entities'.

The impact on the consolidation boundary of NDPB's and trading funds will be subject to review, in particular, where control could be determined to exist due to exposure to variable returns (IFRS 10), and where joint arrangements need assessing.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

1.28 Impact of implementation of ESA 2010 on research and development expenditure

Following the introduction of the 2010 European System of Accounts (ESA10), there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. In order to reflect this new treatment which was implemented from 2016/17, additional disclosures have been included in the notes to the accounts.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

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

All expenditure figures should be negatives e.g. non cash expenditure/total expenditure/net expenditure and then the final surplus/deficit figures would be the addition of the negative Net Spend figure and the positive Revenue Resource limit figure thereby arriving at 76k surplus this year and 54k surplus last year.

<u>Directorate</u>	Staff Costs £000s	2018 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2017 Other Expenditure £000s	Total Expenditure £000s
Hospital Services	(172,647)	(48,898)	(221,545)	(161,285)	(49,525)	(210,810)
Adult Services	(48,079)	(51,390)	(99,469)	(45,314)	(47,865)	(93,179)
Children's Services & Social Work	(40,840)	(27,050)	(67,890)	(39,091)	(25,713)	(64,804)
Primary & Elderly Services	(75,063)	(100,978)	(176,041)	(73,014)	(95,010)	(168,024)
Support Services & Other Trust Directorates	(44,666)	(23,211)	(67,877)	(39,786)	(22,099)	(61,885)
Unallocated Expenditure	(5,439)	(374)	(5,813)	(5,461)	(1,711)	(7,172)
Expenditure for Reportable Segments net of Non Cash Expenditure	(386,734)	(251,901)	(638,635)	(363,951)	(241,923)	(605,874)
Non Cash Expenditure			(37,427)			(48,053)
Total Expenditure per Net Expenditure Account			(676,062)			(653,927)
Income Note 4			42,004			41,187
Net Expenditure			(634,058)			(612,740)
Revenue Resource Limit			634,134			612,794
Surplus / (Deficit) against RRL			76			54

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 3 EXPENDITURE

	2018 £000s		2017 £000s	
	Trust	Consolidated	Trust	Consolidated
Operating Expenses are as follows:-				
Staff costs ¹ :				
Wages and salaries	320,516	320,386	301,816	301,686
Social security costs	26,129	26,129	25,294	25,294
Other pension costs	40,089	40,089	36,841	36,841
Purchase of care from non-HPSS bodies	143,446	143,446	138,532	138,532
Personal social services	13,330	13,330	12,200	12,200
Recharges from other HSC organisations	7,837	7,837	7,758	7,758
Supplies and services - Clinical	38,975	38,975	36,888	36,888
Supplies and services - General	6,390	6,390	5,793	5,793
Establishment	8,276	8,276	8,715	8,715
Transport	1,829	1,829	1,867	1,867
Premises	18,292	18,292	16,568	16,568
Bad debts	368	368	527	527
Rentals under operating leases	1,282	1,282	1,224	1,224
Interest charges	0	0	9	9
Research & development expenditure	100	100	65	65
BSO services	3,958	3,958	4,136	4,136
Training	1,005	1,005	917	917
Patients travelling expenses	128	128	134	134
Costs of exit packages provided for	0	0	42	42
Other charitable expenditure	0	424	0	557
Miscellaneous expenditure	6,685	6,685	6,548	6,548
Non cash items				
Depreciation	24,481	24,481	25,808	25,808
Amortisation	2,191	2,191	2,059	2,059
Impairments	(11,583)	(11,583)	8,451	8,451
(Profit) on disposal of property, plant & equipment (excluding profit on land)	3	3	103	103
Increase/Decrease in provisions (provisions provided for in year less any release)	22,542	22,542	12,126	12,126
Cost of borrowing of provisions (unwinding of discount on provisions)	(250)	(250)	(553)	(553)
Auditors remuneration	43	48	59	64
Add back of notional charitable expenditure	0	(5)	0	(5)
Total	676,062	676,356	653,927	654,354

¹ Further detailed analysis of staff costs is located in the Staff Report on page 83 within the Accountability Report.

During the year the Trust purchased no non audit services from its external auditor.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 4 INCOME

	2018		2017	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
4.1 Income from Activities				
GB/Republic of Ireland Health Authorities	0	0	0	0
HSC Trusts	9	9	4	4
Non-HSC:- Private patients	398	398	295	295
Non-HSC:- Other	1,421	1,421	1,017	1,017
Clients contributions	29,299	29,299	28,679	28,679
Total	31,127	31,127	29,995	29,995
4.2 Other Operating Income				
	Trust	Consolidated	Trust	Consolidated
Other income from non-patient services	6,670	6,670	7,069	7,069
Seconded staff	3,762	3,632	3,752	3,622
Charitable and other contributions to expenditure by core trust	68	68	53	53
Donations / Government grant / Lottery funding for non current assets	120	120	161	161
Charitable income received by charitable trust fund	0	210	0	250
Investment income	0	137	0	130
Research and development	157	157	157	157
Total	10,777	10,994	11,192	11,442
4.3 Deferred income				
	Trust	Consolidated	Trust	Consolidated
Research and development income released	100	100	0	0
Income released from conditional grants	0	0	0	0
Total	100	100	0	0
TOTAL INCOME	42,004	42,221	41,187	41,437

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 5.1 Consolidated Property, Plant & Equipment - year ended 31 March 2018

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2017	46,816	421,416	36,639	34,165	71,950	5,839	39,901	4,507	661,233
Indexation	325	22,531	1,651	0	1,252	222	0	(34)	26,947
Additions	0	3,862	254	30,885	2,514	132	2,211	369	40,227
Donations / Government grant / Lottery funding	0	0	0	0	120	0	0	0	120
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	1	0	0	0	0	0	0	1
Revaluation exercise accumulated depreciation adjustment	0	1	0	0	0	0	0	0	1
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	(23)	(23)
Reversal of impairments (indexn)	2,013	9,801	0	0	120	0	0	0	12,086
Disposals	0	0	152	0	0	(28)	0	0	(28)
Provided during the year	0	12,248	984	0	6,585	773	3,597	294	24,481
At 31 March 2018	49,154	457,612	39,696	65,050	75,956	6,165	42,112	4,819	740,564
Depreciation									
At 1 April 2017	0	27,624	2,320	0	42,594	2,848	29,096	3,362	107,844
Indexation	0	2,393	221	0	825	130	0	(26)	3,543
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation exercise accumulated depreciation adjustment	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	407	12	0	79	0	0	0	498
Disposals	0	0	0	0	0	(23)	0	0	(23)
Provided during the year	0	12,248	984	0	6,585	773	3,597	294	24,481
At 31 March 2018	0	42,672	3,537	0	50,083	3,728	32,693	3,612	136,325
Carrying Amount									
At 31 March 2018	49,154	414,940	36,159	65,050	25,873	2,437	9,419	1,207	604,239
At 31 March 2017	46,816	393,792	34,319	34,165	29,356	2,991	10,805	1,145	553,389
Asset financing									
Owned	49,154	414,940	36,159	65,050	25,873	2,437	9,419	1,207	604,239
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 2018	49,154	414,940	36,159	65,050	25,873	2,437	9,419	1,207	604,239
Of which:									
Trust	49,054	414,940	36,159	65,050	25,873	2,437	9,419	1,207	604,139
Charitable Trust fund	100	0	0	0	0	0	0	0	100

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 (2017 £0)

	2018 £000s	2017 £000s
Donations	120	161
Government grant	0	0
Lottery funding	0	0

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018 NOTE 5.2 Consolidated Property, Plant & Equipment - year ended 31 March 2017

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 2016	44,603	312,476	35,282	114,757	61,229	5,733	34,670	4,505	613,255
Additions	30	2,338	105	0	1,291	105	0	8,806	13,875
Donations / Government grant / Lottery funding	8	2,943	414	30,205	10,964	339	5,235	170	50,278
Reclassifications	0	0	0	0	161	0	0	0	161
Transfers	0	110,620	119	(110,797)	53	0	0	6	1
Revaluation exercise accumulated depreciation adjustment	0	0	0	0	0	0	0	0	(429)
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(11,285)	0	0	0	0	0	0	(11,285)
Impairment charged to the revaluation reserve	0	898	0	0	0	0	0	0	898
Reversal of impairments (index)	1,904	0	43	0	51	0	0	0	2,586
Disposals	0	(135)	0	0	(1,799)	(338)	(4)	(174)	(2,450)
Provided during the year	0	27,624	2,320	0	42,594	2,848	29,096	3,362	107,844
At 31 March 2017	46,816	421,416	36,639	34,165	71,950	5,839	39,901	4,507	661,233
Depreciation									
At 1 April 2016	0	11,898	1,398	0	38,828	2,416	25,483	3,222	83,245
Indexation	0	511	45	0	878	51	0	0	1,485
Reclassifications	0	(4)	0	0	4	0	0	0	0
Transfers	0	(37)	(60)	0	0	0	0	0	(430)
Revaluation exercise accumulated depreciation adjustment	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	59	2	0	1	0	0	0	62
Reversal of impairments (index)	0	(15)	0	0	(1,796)	(338)	(4)	(173)	(2,326)
Disposals	0	15,545	935	0	4,679	719	3,617	313	25,808
Provided during the year	0	27,624	2,320	0	42,594	2,848	29,096	3,362	107,844
At 31 March 2017	0	27,624	2,320	0	42,594	2,848	29,096	3,362	107,844
Carrying Amount									
At 31 March 2017	46,816	393,792	34,319	34,165	29,356	2,991	10,805	1,145	553,389
At 1 April 2016	44,603	300,578	33,884	114,757	22,401	3,317	9,187	1,283	530,010
Asset financing	46,816	393,792	34,319	34,165	29,356	2,991	10,805	1,145	553,389
Owned	0	0	0	0	0	0	0	0	0
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 31 March 2017	46,816	393,792	34,319	34,165	29,356	2,991	10,805	1,145	553,389
At 1 April 2016	44,603	300,578	33,884	114,757	22,401	3,317	9,187	1,283	530,010
Owned	0	0	0	0	0	0	0	0	0
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 1 April 2016	44,603	300,578	33,884	114,757	22,401	3,317	9,187	1,283	530,010
Carrying amount comprises:									
Trust at 31 March 2018	49,054	414,940	36,159	65,050	25,873	2,437	9,419	1,207	604,139
Charitable Trust Fund at 31 March 2018	100	0	0	0	0	0	0	0	100
Trust at 31 March 2017	49,154	414,940	36,159	65,050	25,873	2,437	9,419	1,207	604,239
Charitable Trust Fund at 31 March 2017	100	0	0	0	0	0	0	0	100
Trust at 31 March 2016	44,503	300,578	33,884	114,757	22,401	3,317	9,187	1,283	529,910
Charitable Trust Fund at 31 March 2016	100	0	0	0	0	0	0	0	100
At 31 March 2017	44,603	300,578	33,884	114,757	22,401	3,317	9,187	1,283	530,010

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 6.1 Consolidated Intangible Assets - year ended 31 March 2018

	Software Licenses £000s	Total £000s
Cost or Valuation		
At 1 April 2017	12,794	12,794
Indexation	0	0
Additions	3,851	3,851
Donations / Government grant / Lottery funding	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
At 31 March 2018	16,645	16,645
Amortisation		
At 1 April 2017	6,012	6,012
Indexation	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
Provided during the year	2,191	2,191
At 31 March 2018	8,203	8,203
Carrying Amount		
At 31 March 2018	8,442	8,442
At 31 March 2017	6,782	6,782
Asset financing		
Owned	8,442	8,442
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
Carrying Amount		
At 31 March 2018	8,442	8,442

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

	2018 £000s
Donations	0
Government grant	0
Lottery funding	0

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 6.2 Consolidated Intangibles Assets - year ended 31 March 2017

	Software Licenses £000s	Total £000s
Cost or Valuation		
At 1 April 2016	11,203	11,203
Indexation	0	0
Additions	1,648	1,648
Donations / Government grant / Lottery funding	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	(57)	(57)
At 31 March 2017	12,794	12,794
Amortisation		
At 1 April 2016	4,010	4,010
Indexation	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	(57)	(57)
Provided during the year	2,059	2,059
At 31 March 2017	6,012	6,012
Carrying Amount		
At 31 March 2017	6,782	6,782
At 1 April 2016	7,193	7,193
Asset financing		
Owned	6,782	6,782
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
Carrying Amount		
At 31 March 2017	6,782	6,782
Asset financing		
Owned	7,193	7,193
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
Carrying Amount		
At 1 April 2016	7,193	7,193
Carrying amount comprises:		
Trust at 31 March 2018	8,442	8,442
Charitable Trust Fund at 31 March 2018	0	0
	8,442	8,442
Trust at 31 March 2017	6,782	6,782
Charitable Trust Fund at 31 March 2017	0	0
	6,782	6,782
Trust at 31 March 2016	7,193	7,193
Charitable Trust Fund at 31 March 2016	0	0
	7,193	7,193

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of the South Eastern Health and Social Care Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trusts expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

	2018			2017		
	Investments £000s	Assets £000s	Liabilities £000s	Investments £000s	Assets £000s	Liabilities £000s
Balance at 1 April	5,549	0	0	5,093	0	0
Net cash inflow/(outflow)	0	0	0	(500)	0	0
Share of income	137	0	0	130	0	0
Share of realised gains/(losses)	7	0	0	33	0	0
Share of unrealised gains/(losses)	(142)	0	0	793	0	0
Balance at 31 March	<u>5,551</u>	<u>0</u>	<u>0</u>	<u>5,549</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	5,551	0	0	5,549	0	0
	<u>5,551</u>	<u>0</u>	<u>0</u>	<u>5,549</u>	<u>0</u>	<u>0</u>

NOTE 7.1 Market value of investments as at 31 March 2018

	Held in UK	Held outside UK	2018 Total	2017 Total
	£000s	£000s	£000s	£000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	5,551	0	5,551	5,549
Investments in a Common Deposit Fund or Investment Fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
Total market value of fixed asset investments	<u>5,551</u>	<u>0</u>	<u>5,551</u>	<u>5,549</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 8 IMPAIRMENTS

	2018		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	5	0	5
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Reversal of impairment	(11,588)	0	(11,588)
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(11,583)	0	(11,583)
	2017		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	11,285	0	11,285
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Reversal of impairment	(2,834)	0	(2,834)
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	8,451	0	8,451

Any fall in value through negative indexation or revaluation is shown as an impairment. The reversal of impairment of £11.6m for 2017-18 relates to Indexation. This is per guidance from the Department of Health. Indices are provided by Land and Property Services (LPS) as detailed in Note 1.3.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

	Land		Buildings		Total	
	2018 £000s	2017 £000s	2018 £000s	2017 £000s	2018 £000s	2017 £000s
Cost						
At 1 April	380	380	(1)	(1)	379	379
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	380	380	(1)	(1)	379	379
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	380	380	(1)	(1)	379	379

At 31 March 2018 Non Current Assets Held for resale comprise;
Fields 21,22,23 & 24 Ardglass Road, Downpatrick (37-38 acres);
Seymour House, Dunmurray.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 10 INVENTORIES

Classification	2018 £000s		2017 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	1,682	1,682	1,597	1,597
Theatre equipment	602	602	562	562
Building & engineering supplies	0	0	73	73
Fuel	244	244	212	212
Laboratory materials	234	234	177	177
Laundry	59	59	37	37
X-Ray	18	18	54	54
Stock held for resale	0	0	5	5
Orthopaedic equipment	0	0	5	5
Total	2,839	2,839	2,722	2,722

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 11 CASH AND CASH EQUIVALENTS

	2018		2017	
	£000s		£000s	
	Core Trust	Consolidated	Core Trust	Consolidated
Balance at 1st April	1,817	2,210	1,999	2,132
Net change in cash and cash equivalents	(37)	(299)	(182)	78
Balance at 31st March	1,780	1,911	1,817	2,210

	2018		2017	
	£000s		£000s	
	Core Trust	Consolidated	Core Trust	Consolidated
The following balances at 31 March were held at				
Commercial banks and cash in hand	1,780	1,911	1,817	2,210
Balance at 31st March	1,780	1,911	1,817	2,210

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2018		2017	
	£000s		£000s	
	Trust	Consolidated	Trust	Consolidated
Amounts falling due within one year				
Trade receivables	366	366	888	888
Deposits and advances	1	1	1	1
VAT receivable	4,750	4,750	6,234	6,234
Other receivables - not relating to fixed assets	10,698	10,729	11,312	11,332
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	15,815	15,846	18,435	18,455
Prepayments	1,691	1,691	1,123	1,123
Accrued income				
Current part of PFI and other service concession arrangements prepayment	0	0	0	0
Other current assets	1,691	1,691	1,123	1,123
Carbon reduction commitment	0	0	0	0
Intangible current assets	0	0	0	0
Prepayments and accrued income	0	0	0	0
Other current assets falling due after more than one year	0	0	0	0
TOTAL TRADE AND OTHER RECEIVABLES	15,815	15,846	18,435	18,455
TOTAL OTHER CURRENT ASSETS	1,691	1,691	1,123	1,123
TOTAL INTANGIBLE CURRENT ASSETS	0	0	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	17,506	17,537	19,558	19,578

The balances are net of a provision for bad debts of £2,688k (2017 £2,320k)

This is comprised of £111k Salaries & Wages, £2,079k Financial Assessments & £498k Accounts Receivable.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2018 £000s		2017 £000s	
	Trust	Consolidated	Trust	Consolidated
Amounts falling due within one year				
Other taxation and social security	12,954	12,954	11,952	11,952
VAT payable	0	0	0	0
Bank overdraft	0	0	0	0
Trade capital payables - property, plant and equipment	19,350	19,350	14,673	14,673
Trade capital payables - intangibles	0	0	0	0
Trade revenue payables	2,655	2,655	12,807	12,807
Payroll payables	14,395	14,395	8,644	8,644
Clinical negligence payables	758	758	780	780
Voluntary Early Retirement payables	511	511	524	524
BSO payables	6,283	6,283	2,523	2,523
Other payables	5,510	5,551	5,153	5,231
Accruals	28,472	28,472	25,200	25,200
Deferred income				
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	90,888	90,929	82,256	82,334
Current part of finance leases	0	0	0	0
Current part of long term loans	0	0	0	0
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	0	0	0	0
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	90,888	90,929	82,256	82,334
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	90,888	90,929	82,256	82,334

13.2 LOANS

The Trust did not have any loans payable at either 31 March 2018 or 31 March 2017.

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Notes to the Accounts

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 14 PROMPT PAYMENT POLICY

14.1 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:

	2018 Number	2018 Value £000s	2017 Number	2017 Value £000s
Total bills paid	247,107	354,316	240,033	333,260
Total bills paid within 30 days of receipt of an undisputed invoice*	226,960	328,852	221,289	310,761
% of bills paid within 30 days of receipt of an undisputed invoice	91.8%	92.8%	92.2%	93.2%
Total bills paid within 10 day target	186,449	276,566	191,822	270,974
% of bills paid within 10 day target	75.5%	78.1%	79.9%	81.3%

14.2 The Late Payment of Commercial Debts Regulations 2002

Amount of compensation paid for payment(s) being late	£ 107
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This is also reflected as a fruitless payment in Annual Report Losses and Special Payments.

The payments function transferred to BSO Shared Services during 2014-15.

* New late payment legislation (Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the new legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice.

From 1 April 2015 the scope of the prompt payment compliance measurement increased to take account of all categories of supplier payments made by Trusts, with the only exception being payments made to other organisations within the broader HSCNI.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2018

	Pensions relating to former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000s	CSR restructuring £000s	Other £000s	2018 £000s
Balance at 1 April 2017	0	6,845	38,438	0	1,665	46,948
Provided in year	0	129	23,156	0	1,294	24,579
(Provisions not required written back)	0	(333)	(1,364)	0	(340)	(2,037)
(Provisions utilised in the year)	0	(372)	(6,321)	0	(652)	(7,345)
Cost of borrowing (unwinding of discount)	0	160	(366)	0	(44)	(250)
At 31 March 2018	0	6,429	53,543	0	1,923	61,895

Comprehensive Net Expenditure Account charges

	2018 £000s	2017 £'000
Arising during the year	24,579	17,190
Reversed unused	(2,037)	(5,064)
Cost of borrowing (unwinding)	(250)	(553)
Total charge within Operating expenses	22,292	11,573

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	2018 £000s
Not later than one year	0	368	16,210	0	1,897	18,475
Later than one year and not later than five years		1,858	16,463		26	18,347
Later than five years		4,203	20,870		0	25,073
At 31 March 2018	0	6,429	53,543	0	1,923	61,895

Provisions have been made of 3 types of potential liability: Clinical Negligence, Other - Employer's and Occupier's Liability, Pensions Early Retirement, Injury Benefit. The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision based on professional legal advice.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES – 2017

	Pensions relating to former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000s	CSR restructuring £000s	Other £000s	2017 £000s
Balance at 1 April 2016	0	6,241	33,974	0	1,844	42,059
Provided in year	0	987	15,298	0	905	17,190
(Provisions not required written back)	0	(104)	(4,624)	0	(336)	(5,064)
(Provisions utilised in the year)	0	(363)	(5,619)	0	(702)	(6,684)
Cost of borrowing (unwinding of discount)	0	84	(591)	0	(46)	(553)
At 31 March 2017	0	6,845	38,438	0	1,665	46,948

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	2017 £000s
Not later than one year	0	363	18,962	0	1,632	20,957
Later than one year and not later than five years	0	1,451	9,544	0	31	11,026
Later than five years	0	5,034	9,931	0	0	14,965
At 31 March 2017	0	6,848	38,437	0	1,663	46,948

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 16 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements

	2018	2017
	£000s	£000s
Property, plant & equipment	70,682	86,060
Intangible assets	0	0
	<u>70,682</u>	<u>86,060</u>

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Finance Leases

The Trust does not have any finance leases at either 31 March 2018 or 31 March 2017.

17.2 Operating Leases

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

	2018 £000s	2017 £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	24	165
Later than 1 year and not later than 5 years	27	64
Later than 5 years	0	0
	<u>51</u>	<u>229</u>
Other		
Not later than 1 year	983	936
Later than 1 year and not later than 5 years	1,384	636
Later than 5 years	0	0
	<u>2,367</u>	<u>1,572</u>

17.3 Operating Leases Under Lessor Arrangements

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

	2018 £000s	2017 £000s
Obligations under operating leases issued by the Trust comprise		
Land & Buildings		
Not later than 1 year	29	47
Later than 1 year and not later than 5 years	11	35
Later than 5 years	0	0
	<u>40</u>	<u>82</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 2018

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 Off balance sheet PFI contracts and other service concession arrangements

The Trust has no off balance sheet PFI contracts or other service concession arrangements schemes.

18.2 On balance sheet PFI Contracts

The Trust has no on balance sheet PFI contracts and other service concession arrangements schemes.

NOTE 19 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2018 or 31 March 2017.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 20 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.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 21 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.

	2018 £000s	2017 £000s
Clinical negligence	2,855	2,995
Public liability	24	18
Employers' liability	113	94
Accrued leave		0
Injury benefit		0
Other	5	2
Total	<u>2,997</u>	<u>3,109</u>

A new discount rate which courts must consider when awarding compensation for future financial losses in the form of a lump sum in personal injury cases came into effect in England and Wales on 20 March 2017. The Department of Justice has power to prescribe the discount rate for Northern Ireland (in consultation with the Government Actuary and the Department of Finance). The discount rate is under active consideration by the Department but will require Ministerial consideration once a Minister is in post and any change would require secondary legislation. As such, it has not been possible at this time to quantify the potential impact on SEHSCT of any change in the discount rate.

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 22 RELATED PARTY TRANSACTIONS

The South Eastern Health and Social Care Trust is an arms length body of the Department of Health, and as such the Department is a related Party and the ultimate controlling parent with which the Trust has had various material transactions during the year. The Trust has received income during the year of £637 million (£607million 2016/17). During the year the Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the other five HSC Trusts and the Business Services Organisation.

The Trust is required to disclose details of material transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 Related Party Disclosures. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

Both this year and last year, none of the board members, members of the key management staff or other related parties has undertaken any material transactions with the South Eastern Health and Social Care Trust.

NOTE 23 THIRD PARTY ASSESTS

The Trust held £4,094k cash at bank and in hand at 31 March 2018 (page 139) 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 2018

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.1 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:

	2018 Total £000s	2017 Total £000s
HSCB	583,766	552,030
PHA	4,038	3,940
SUMDE & NIMDTA	7,411	7,495
DoH (excludes non cash)	1,038	950
Other Government Departments	0	0
Non cash RRL (from DHSSPS)	37,427	48,053
Total agreed RRL	633,680	612,468
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(120)	(161)
Adjustment for PFI and other service concession arrangements/IFRIC 12 *	0	0
Adjustment for Research and Development under ESA10	574	487
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	634,134	612,794

24.2 Capital Resource Limit

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

	2018 Total £000s	2017 Total £000s
Gross capital expenditure	44,198	52,087
Prepayment for Capital Scheme	0	0
Less charitable trust fund capital expenditure	(120)	(161)
Less IFRIC 12/PFI and other service concession arrangements spend *	0	0
(Receipts from sale of fixed assets)	(5)	(124)
Net capital expenditure	44,073	51,802
Capital Resource Limit	44,664	52,305
Adjustment for Research and Development under ESA10	(574)	(487)
Overspend/(Underspend) against CRL	(17)	(16)

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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 24.3 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.

	2017/18	2016/17
	£000s	£000s
Net Expenditure	(634,058)	(612,740)
RRL	634,134	612,794
Surplus / (Deficit) against RRL	76	54
Break Even cumulative position(opening)	(3,669)	(3,723)
Break Even cumulative position (closing)	<u>(3,593)</u>	<u>(3,669)</u>
Materiality Test:		
	2017/18	2016/17
	%	%
Break Even in year position as % of RRL	<u>0.01%</u>	<u>0.01%</u>
Break Even cumulative position as % of RRL	<u>-0.57%</u>	<u>-0.60%</u>



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SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 25 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having a material effect on the accounts.

NOTE 26 DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 22 June 2018.

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Patient & Resident Monies Accounts

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

PATIENTS' / RESIDENTS MONIES ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2018

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Patient & Resident Monies Accounts

STATEMENT OF TRUSTS RESPONSIBILITIES IN RELATION TO PATIENTS/RESIDENTS MONIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, the Trust is required to prepare and submit accounts in such form as the Department may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

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Patient & Resident Monies Accounts

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

PATIENTS' AND RESIDENTS' MONIES

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

Opinion on account

I certify that I have audited the South Eastern Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2018 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of the South Eastern Health and Social Care Trust for the year ended 31 March 2018 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the account statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the account section of this certificate. My staff and I are independent of the South Eastern Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Responsibilities of the Trust for the account

As explained more fully in the Statement of Trust's Responsibilities in relation to patients'/residents' monies, the Trust is responsible for the preparation of the account.

Auditor's responsibilities for the audit of the account

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

I am required to obtain 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. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

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:

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Patient & Resident Monies Accounts

- 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

Report

I have no observations to make on this account.

Kieran J Donnelly

*KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU*

22 June 2018

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Patient & Resident Monies Accounts

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/ RESIDENTS MONIES ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Previous Year	RECEIPTS		
£		£	£
	<u>Balance at 1 April 2017</u>		
	1. Investments (at cost)	-	
3,777,491	2. Cash at Bank	3,979,238	
2,000	3. Cash in Hand	2,000	3,981,238
4,156,563	Amounts Received in the Year		4,105,401
	Interest Received		-
7,936,054	TOTAL		8,086,639
PAYMENTS			
3,954,816	Amounts Paid to or on behalf of Patients/Residents		3,992,555
	<u>Balance at 31 March 2018</u>		
-	1. Investments (at cost)		
3,979,238	2. Cash at Bank	4,092,084	
2,000	3. Cash in Hand	2,000	4,094,084
7,936,054	TOTAL		8,086,639

I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.



Director of Finance
 Date 6 June 2018

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



Chief Executive
 Date 6 June 2018

