Department of Health

Annual Report and Accounts

For the year ended 31 March 2020

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Any enquiries regarding this document should be sent to us at financial.accountingunit@health-ni.gov.uk.

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PERFORMANCE REPORT

PERFORMANCE OVERVIEW

Purpose

The purpose of this Performance Overview is to provide information as a summary that provides sufficient information to understand the Department of Health (DoH or the Department), its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Introduction and Background

The Department presents its Annual Report and Accounts for the financial year ended 31 March 2020.

DoH has a statutory responsibility to promote an integrated system of Health and Social Care (HSC) designed to secure improvement in:

- The physical and mental health of people in Northern Ireland;
- The prevention, diagnosis and treatment of illness; and
- The social wellbeing of people in Northern Ireland.

The Department is also responsible for establishing arrangements for the efficient and effective management of the Northern Ireland Fire and Rescue Service (NIFRS). The Department discharges its duties both by direct Departmental action and through its 17 Arm's Length Bodies (ALBs). A list of ALBs is attached at Annexes A and B.

These accounts consolidate financial information for those bodies within the Departmental accounting boundary, namely:

- DoH Core Department;
- Health and Social Care Board (HSCB); and
- Public Health Agency (PHA).

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 election. As a consequence there has been no Minister in place in the Department during most of the 2019-20 financial year. The situation changed on 11 January 2020 when the Executive re-formed and Ministers were appointed. The Department's strategic objectives have been updated to reflect both Ministerial priorities and those developed by the Executive as part of the New Decade New Approach (NDNA). However, the recent health emergency, prompted by the COVID-19 global pandemic, caused the Department to activate its Business Continuity Plan and the Executive to operate under Emergency Planning structures.

Strategic Priorities for Health

The Minister's overall aim and vision is to build a world-class health and social care service for the people of Northern Ireland. This includes a strong focus on reform and transformation initiatives in order to improve the health and wellbeing of the people of Northern Ireland, drive up the quality of health and social care for patients, clients and carers, to improve outcomes, to safeguard the vulnerable, and to ensure that patients, clients and carers have the best possible experience in every aspect of their treatment, care and support. In common with the other health systems across the UK, Northern Ireland is facing serious and ongoing challenges with supply, recruitment and retention of staff. To tackle these challenges, the 'HSC Workforce Strategy 2026: Delivering for Our People' sets out a comprehensive agenda of action which, when implemented will support the workforce to deliver world class health and social care.

The Minister is also committed to ensuring the delivery of an effective Fire and Rescue Service across Northern Ireland, contributing to the safety and wellbeing of the community.

The principal service objectives for HSC organisations derive from this strategic focus and are set out in detail in the HSC Commissioning Plan Direction. Objectives for the NIFRS are embodied in its agreed business plan.

The Department's Responsibilities

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department is required to:

- Develop policies;
- Determine priorities;
- Secure and allocate resources;
- Set standards and guidelines;
- Secure the commissioning of relevant programmes and initiatives;
- Monitor and hold to account its ALBs; and
- Promote a whole system approach.

Detailed information on the governance structures of the Department, including the Board, the Departmental Audit and Risk Assurance Committee (DARAC), the oversight of Arm's Length Bodies (ALBs) and the role and responsibilities of Board and DARAC members is provided in the Governance Statement section of this annual report and accounts document.

Non-Executive Directors – Commentary for 2019-20

Based on their skills and experience, Non-Executive Directors (NEDs) provide support and guidance to the Departmental Board, as well as exercising an oversight and challenge function in terms of risk management, financial planning, monitoring of performance and the achievement of corporate objectives.

In addition to the return of the Assembly and the appointment of a Minister, during 2019-20, the Department has faced many significant and ongoing challenges in terms of budgetary pressures; extended preparation for EU Exit; the Hyponatraemia Inquiry; the Neurology review; the Dunmurry Manor review; the Muckamore Abbey Hospital review; the Infected Blood Inquiry and industrial action across the HSC. Most significantly, the Department has had to pause much of its day-to-day work to prepare and deliver its emergency response to the COVID-19 global pandemic.

Throughout the reporting period and during what has undoubtedly been one of the most challenging times for the Department, the two NED members have continued to engage, support and challenge the Board and Department on its programme to transform service delivery, in delivering key objectives and in fulfilling all other statutory and corporate obligations.

Chief Digital Information Officer

A Chief Digital Information Officer (CDIO) was appointed on 7 May 2019 to head up Digital Health and Care Northern Ireland (DHCNI), a newly formed partner to the Health and Social Care system. DHCNI is led by the Department of Health and is an amalgamation of the Health and Social Care Board's former eHealth and Care Directorate and the Public Health Agency's Centre for Connected Health and Social Care.

DHCNI sets the vision and strategy for Digital Transformation in Health and Social Care, directs and oversees the central budget for Digital investments and works in partnership with and commissions projects and services from the Business Services Organisation, generally the Information Technology Services Directorate. DHCNI also aims to bring together the disparate Digital functions across the six Trusts: collaborating to develop a region wide strategy; facilitating shared leadership and decision making; setting policies and standards for the Trust teams to follow; and providing services and support.

The CDIO is responsible for control and governance of the eHealth and Connected Health Capital and Revenue budgets; the timely allocation of budgets to other organisations and for any underspend on allocations he retains; monitoring role for all eHealth and Connected Health expenditure and to make best endeavours within the governance framework to ensure that all expenditure represents value for money. In response to the COVID-19 pandemic the CDIO convened a forum to co-ordinate the response across the HSC in Northern Ireland of the provision of digital services and solutions to support HSC staff in their work.

Research and Development (R&D) Strategy

In February 2016, the Department published its 10-year R&D Strategy '*Research for Better Health and Social Care'*, which indicated the following strategic priorities:

- To support research, researchers and the use of evidence from research to improve the quality of health and care and for better policy making;
- To compete successfully for R&D funding;
- To support all those who contribute to HSC by enhancing our research infrastructure; and;
- To increase the relevance of research to the priorities of the local population.

An implementation plan has been developed by the Research Division of the PHA to address the objectives of the strategy, and key actions have been initiated. Key achievements in 2019-20 were:

- The successful initiation of a series of cross-border research trials (the Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN) program) supported by EU funding;
- The launch of the Health Data Research UK (HDR-UK) Centre in Belfast to support the use of large data sets in health; and
- Successful completion after extensive consultation of a comprehensive review of research infrastructure, and the development of proposals to revise infrastructure to improve researcher support where necessary.

Quality 2020

The Q2020 Strategy defines quality under three main headings of (i) Safety; (ii) Effectiveness; and (iii) Patient and Client Focus.

These three headings are supported by the following five Strategic Goals:

- Transforming the Culture - This means creating a new and dynamic culture that is even more willing to embrace change, innovation and new thinking.
- Strengthening the Workforce - It is vital that every effort is made to equip staff with the skills and knowledge they will require to deliver the highest quality.
- Measuring the Improvement - In order to confirm that improvement is taking place we will need more reliable and accurate means to measure, value and report on quality improvement and outcomes.
- Raising the Standards - Involving service users, carers and families in the development, monitoring and reviewing of standards.
- Integrating the Care - Integrated care should cross all sectoral and professional boundaries to benefit patients, clients and families.

A number of Q2020 Implementation Tasks continue to support these strategic goals and together with a number of other improvement prototypes have been aligned to form HSC Quality Improvement (HSCQI) - a collective approach to quality improvement across health and social care.

HSCQI previous activity was mainly focused on building relationships and connections across system and professional boundaries. From 1 April 2019, HSCQI has provided a greater focus on delivery of its main objective - coordinating regional support to quality improvement across HSC to build on what already exists by connecting improvement activity and people together to deliver regional improvement at scale. Three regional prototypes have been identified and work continues to nurture these projects to achieve Quality Improvement goals.

HSCQI is supported by the HSCQI Alliance and reports regularly to the Q2020 Steering Group.

Transformation – Health and Wellbeing 2026: Delivering Together

The 10 year plan to transform HSC was set out within *'Health and Wellbeing 2026: Delivering Together'*, which was published in October 2016. This roadmap for HSC transformation seeks to improve the health and wellbeing of our population, both in terms of what we do, and how we do it.

Investment of a further £100m non-recurrent funding in 2019-20 - made available through the Confidence and Supply arrangement - has enabled those projects which began in 2018-19 to be further developed. This two year funding, whilst creating financial pressures in 2020-21, has enabled firm foundations to be laid upon which further Transformational activity can be built.

Multi-Disciplinary Teams (MDTs) in Primary Care were established in 2018-19 in Down, Derry and West Belfast, and have now also been rolled out within the Newry & District, and Causeway GP Federations. This new way of working shifts focus from just managing ill-health, to a more holistic approach which addresses the physical, mental and social wellbeing of communities.

Prototype day case elective care centres (DECC) for cataracts and varicose veins have also been driven forward, with 3,875 patients receiving Cataract Treatment in the period 1 December 2018 to 20 February 2020, and 1,609 patients receiving treatment for varicose veins in the same period.

These day case elective care centre prototypes are being evaluated on an ongoing basis and have informed the development of a model for regional centres of excellence which will drive improvements in workforce resilience, service productivity, service quality and timely access for patients and the best possible outcomes within an environment that values and recognises the contribution of staff. Importantly, for infection control purposes, there are clear benefits in separating elective care from the more unpredictable unscheduled care in these dedicated centres. £17.6m was invested in elective care waiting list activity, which benefitted just over 86,000 patients.

In addition, public consultations have also been completed on the future delivery of both stroke and breast assessment services, with proposals now with the Minister for consideration. A review of urgent and emergency care has also been progressed, and a new social work model, Signs of Safety, has been introduced. A key deliverable from the model was to develop a team of highly skilled practice leaders/trainers in each Trust to enable continuous support for Signs of Safety. In 2019-20, 53 training events were organised attended by 2,488 social work staff.

The Northern Area Integrated Care System Prototype (ICS) allowed an improved understanding of how services could be better planned and delivered – at a regional and community level - in a more coordinated patient focused way. It has supported a shift change in primary and secondary care working together and has enabled the development of real, tangible and sustainable partnerships at all levels.

Final outturn for the Fund is estimated at £1.85m underspend, which equates to 0.9% underspend over the two-year life of the Fund. Given the constraints of the funding, and the delivery challenges which were acknowledged from the outset this is a significant achievement. In particular, c1600 Full-Time Equivalent (FTE) staff were recruited to Transformation roles in the past two years, which is significant given the acknowledged challenges of the HSC workforce.

Hospital Services Reform

'*Health and Wellbeing 2026: Delivering Together*', which was published in October 2016, contained commitments to:

- Start a programme of clinically led service configuration reviews;
- Progress the modernisation and transformation of pathology services;
- Consult publicly on proposals to develop sustainable stroke services and to further improve the standard of treatment and care provided to stroke patients;
- Bring forward proposals for the location and service specification for Elective Care Centres and Assessment and Treatment Centres.

Stroke Services Review
The Department launched a public consultation on 26 March 2019, with the publication of 'Reshaping Stroke Care: saving lives, reducing disability', which contained 7 commitments to improve stroke care, based on the Implementation of Hyper Acute Stroke Units across Northern Ireland. Seven public events were attended by over 1,600 people and 19,510 responses were received. The consultation analysis report and a final report with recommendations have been completed.

Urgent and Emergency Care
Work continues on a clinically led regional review of Urgent and Emergency care. Preparation of an initial report is underway, which will outline an analysis of the current challenges facing urgent and emergency care services, including exploration of some immediate and long term solutions.

Breast Cancer Assessment Services
The Department published a consultation on 'Reshaping Breast Assessment Services', which closed on 30 August 2019, with 4,630 written responses being received as well as a lobbying document which attracted over 111,000 signatures in support of retention of the current service model. The consultation analysis report has been drafted, as has a final report with a review of the recommendations.

Neurology Services
The clinically led review of Neurology has continued. An interim report was published on 7 October 2019. The second and final phase of the Review Team's work is well advanced with a final report with recommendations, including investment and implementation plans, to be developed. This was delayed due to COVID-19.

Daycase Elective Care Centres (DECCs)
Two prototype day case elective care centres were established in December 2018 for the treatment of cataracts and veins, the performance of which continues to be closely monitored and evaluated in order to inform the development of a regional elective care centre model for appropriate day case procedures. In July 2020 the Minister outlined his plans to rebuild day procedures with a day procedure centre hub in Lagan Valley Hospital in the first instance. He also announced the establishment of a new Day Procedure Network.

Orthopaedics
The Department commenced work on a Regional review of Orthopaedics which seeks to introduce a new, streamlined end-to-end pathway for orthopaedic surgery. In July 2020 the Minister announced that Musgrave Park Hospital and Altnagelvin Area Hospital will be designated hub sites for orthopaedic procedures. The rebuilding of orthopaedics at these sites following the first Covid-19 surge will be incremental, with a longer term aim to develop a region-wide network of orthopaedic practice, based on an alliance of the existing orthopaedic units.

Regional Obesity Management (ROMS)
The Department is currently exploring options to develop a Regional Obesity Management Service in Northern Ireland and exploring options for a prototype. It is anticipated that proposals for the Regional Obesity Management Service will be ready for public consultation at an appropriate time in the rebuilding process.

Pathology Services
Work commenced in 2015 on a review of Pathology Services, the purpose was to modernise pathology services and establish a future regional service delivery model. A public consultation on Modernising Pathology Services concluded in 2017. A report on the consultation analysis and recommendations has been completed.

Maternity and Neo-natal Services
The Department intends to commission a clinically led regional review of Maternity and Neo-natal Services during 2020-21.

Further Health Service Reviews
The Department is considering commencing further health service reviews during 2020-21, subject to resource availability and the prevailing Covid-19 conditions. Reviews may include Urology, General Surgery, Vascular and Palliative Care.

Factors likely to impact on the Departmental remit in the coming year
March 2020 brought the unprecedented challenge of COVID-19 for the Health and Social Care System. As a consequence of this, work on the above mentioned reviews was unfortunately and unavoidably paused. HSC and all of Hospital Services Reform Directorate (HSRD) and Regional Hospital Services Transformation Directorate (RHSTD) resources were redirected towards planning for and managing the impact of COVID-19. Given that service reviews are clinically led and require significant clinical input, work on the reviews was unable to proceed.

The financial implications of the COVID-19 pandemic pose a significant risk to each of the service reviews. Going forward, reviews may need to be stopped or delayed. Significant delays are anticipated to impact on delivery times in the short term. For future years, if sufficient resources are not available, this may also result in an inability to deliver strategic objectives.

Public Health Strategy

'Making Life Better', Northern Ireland's strategic framework for public health, was published in June 2014. It represents the Northern Ireland Executive's commitment to creating the conditions for individuals, families and communities to take greater control over their lives, including being enabled and supported in leading healthy lives.

Making Life Better provides strategic direction to improve health and reduce health inequalities, through strengthened collaboration in a whole system approach across the broad range of social, economic and environmental factors, which influence health and wellbeing. The strategic framework brings together actions at government level and provides direction for implementation at regional and local level. In order to achieve the aims of better health and wellbeing for everyone and reduced inequalities in health, action needs to be taken across the socioeconomic spectrum, to improve universal services as well as more targeted services for those experiencing greater need.

Making Life Better is a living document to be reviewed and updated on a rolling basis in line with Programme for Government (PfG) and budgetary periods. A comprehensive mid-term review is currently underway.

The mid-term review, which commenced in 2019-20, presents an opportunity to reflect on progress to date, reinforce the principles and ethos of Making Life Better in line with the draft Programme for Government / Outcomes Delivery Plan, reinvigorate collaborative action, and to refocus on a smaller number of key priorities and actions for the second half of the framework's implementation that will add the most value.

Initial meetings of the Making Life Better Mid-term Review Group have taken place. The Group is made up of representatives from Government Departments and agencies, the community and voluntary sector and the research / academic sector.

The key components of the forward work plan for this review are:

- An update of progress against all the Making Life Better indicators and outcomes;
- An update on all the actions contained in Making Life Better;
- The Public Health Agency (PHA) are undertaking a piece of work looking at alignment between Making Life Better and community planning and best practice examples that we can further grow and scale;
- The Institute of Public Health (IPH) in Ireland are looking at learning from public health frameworks across the UK and Ireland, and the wider world, to see if we can learn from new and developing evidence – particularly in relation to delivery structures; and
- Engagement with key stakeholders to discuss what key priorities there could be going forward and how we can collaborate to develop and deliver cross Department actions that address the wider determinants of health.

Making Life Better is underpinned by a range of key policies and strategies covering areas such as obesity prevention, alcohol and drug misuse, mental health promotion, suicide prevention and tobacco use.

- **Alcohol and Drug Misuse**: The final review of the New Strategic Direction for Alcohol and Drugs Misuse Phase 2 (NSD Phase 2) was published in January 2019 and pre-consultation on the development of a new strategy closed in September 2019. As reflected in New Decade New Approach, the Executive is committed to publishing a new substance misuse strategy and a plan is in place, to co-develop proposals for a successor strategy for full formal public consultation in 2020-21. The co-design phase of this work was postponed due to measures introduced in response to the COVID-19 pandemic. NSD Phase 2 will remain in place until a new strategy is agreed. A review of Tier 3 alcohol and drug services commenced in 2018-19 and this will inform further service development and investment in 2020-21. Other challenges for 2020-21 will include further consideration to minimum unit pricing for alcohol, and further cross-departmental work to address substance misuse-related deaths.

- **Obesity**: Work was undertaken in 2019-20 to review the short term outcomes for the final three years of the framework (2019-2022). New outcomes were developed by stakeholders and delivery partners from the Obesity Prevention Steering Group and the Regional Obesity Prevention Implementation Group and other Departments and agencies – this was published in 2019. The updated UK Chief Medical Officer Physical Activity Guidelines were launched in September 2019, and work continues to expand the Active Travel programme in schools, update the Nutritional Standards for Schools, reformulate foods high in salt, sugar and fat and provide consumer advice on calories in food and drink. A Strategic Innovation Lab took place in October 2019 looking at new approaches to addressing childhood obesity – this work will ensure that the revised short-term outcomes continue to address obesity in the population particularly reducing the inequality gap between the most and least deprived in society. Work in this area has slowed due to the current COVID-19 outbreak.

- **Mental Health and Suicide:** The Protect Life 2 Strategy was published in September 2019. A number of new programmes including a Multi-Agency Triage Team and a Towards Zero Suicide initiative have been implemented to support the new Strategy. Work is also progressing with the Department of Education and PHA to develop an Emotional Health and Wellbeing Framework for school aged children.

- **Tobacco: :** Draft regulations to introduce age restrictions on the sale of e-cigarettes were brought to consultation during 2017-18 along with regulations aimed at banning smoking in cars when children are present. These required Assembly approval and so progress was subsequently stalled. The regulations will be progressed in 2020-21 subject to Ministerial and Assembly approval. A review of the 10-year tobacco control strategy for Northern Ireland was completed in February 2020 which sets out recommendations for the remaining duration of the strategy.

- **Skin Cancer Prevention:** The Department's 10-year skin cancer prevention strategy and action plan was published in 2011 and, following a mid-term review of the strategy in 2017, the Department continues to work in partnership with the PHA, Cancer Focus NI and other key stakeholders in implementing the strategy.

Health Protection

During the year the Department completed the development of a new One Health 5-year action plan to address the threat of Antimicrobial Resistance (AMR) in Northern Ireland. The emergence and spread of organisms that are resistant to existing antibiotics and other antimicrobials is one of the most serious and pressing global threats to health and healthcare. AMR requires a strategic, integrated, inter-agency and inter-disciplinary response covering human health and healthcare, agriculture, the food chain, veterinary medicine, and the environment. The new 5-year AMR Action Plan 2019 - 2023 for Northern Ireland is linked to the UK 20-year Vision and a 5-year UK Action Plan and was formally launched in May 2019.

Policy was developed to bring forward for decision a move to the Faecal Immunochemical Test (FIT) in the NI bowel cancer screening programme and extension of the Human Papilloma Virus (HPV) vaccination programme to include teenage boys. Both will be implemented during 2020.

The UK-wide public Inquiry to examine the circumstances in which men, women and children treated by the NHS in the UK were given contaminated blood and blood products continued during 2019-20. Chaired by Sir Brian Langstaff, the Inquiry held public evidence sessions across the UK in 2019, including Belfast in May 2019 and most recently heard evidence from intermediaries and expert groups during February 2020. Oral evidence sessions will shortly re-commence, beginning with evidence from former Health Minister Lord David Owen on Tuesday 22 September 2020. This will be followed by witnesses and presentations relating to haemophilia centres throughout September, October and November 2020. It is expected that oral evidence from government decision makers will be heard in Spring 2021 and this will include evidence in relation to the NI Infected Blood Payment Scheme.

The Department has responded to several requests from the Inquiry, including requests for records held by the Department deemed to be potentially relevant to the Inquiry and provision of written statements from senior officials on records retention policy, the provision of psychological support and most recently, establishment of the NI Infected Blood Payment Scheme. In addition to records already provided to the Inquiry, the Department has been working closely with PRONI and DSO to proactively identify and disclose any additional records which may be relevant to the Inquiry.

The Infected Blood Inquiry's terms of reference include investigating the nature and adequacy of the existing financial support schemes across the UK. Northern Ireland had parity with the English scheme in most respects until England, in response to representations from the Chairman of the Infected Blood Inquiry about severe hardships experienced by people who have been infected or otherwise affected, announced on 30 April 2019, the eve of the London hearings of the Infected Blood Inquiry, significant increases to its regular payments. This increase in payments by the English scheme resulted in an unintended, unforeseen and sudden disparity with Northern Ireland. Since April 2019, work has been ongoing to review the NI Infected Blood Payment Scheme.

In January 2020, the Health Minister stated his intention to take a three phase approach to reviewing the NI Scheme. Phase 1 saw the announcement of interim payments in January and March 2020 that meant infected beneficiaries on the NI scheme were no worse off in terms of financial support on the scheme than their counterparts in England for the 2019-20 financial year. In addition, the Health Minister announced payments for non-infected widows and widowers on the NI Scheme. Phase 1 addressed the immediate difference that accrued in 2019-20 between the rates paid to Northern Ireland scheme beneficiaries when compared with those in England. The second phase of the review is ongoing and will address other aspects of the scheme, including enhanced support for Hepatitis C stage 1 such as Special Category Mechanism (SCM); discretionary support; financial support for non-infected bereaved beneficiaries and psychological support. Phase 2 will involve a survey to seek feedback from all scheme beneficiaries.

As part of phase 2, on 31 July 2020, the Health Minister issued a formal Ministerial Direction instructing a permanent uplift to payments to infected beneficiaries in Northern Ireland in line with the rates currently paid in England, with payments to be backdated to April 2020 and rising annually in line with CPI rates. Income top-up payments to infected beneficiaries discontinued at the same time, as all infected beneficiaries were better off as a result of the recurrent uplift to annual payments. Non-infected bereaved beneficiaries remain entitled to income top-ups until such times as any reform of financial provision is introduced.

A third phase of reform of the scheme will be required to address recommendations from the UK-wide Infected Blood Inquiry, which is due to deliver its report in 2022.

Emergency Preparedness and Response

Most emergencies in Northern Ireland (NI) are handled at local level with no direct involvement by central Government. However, where the scale or complexity of the incident is such that some degree of central Government co-ordination or support becomes necessary the Department is responsible for the strategic response to HSC consequences of emergencies in NI. Specifically the Department is the Lead Government Department (LGD) for responding to the HSC consequences of emergencies from chemical, biological, radiological and nuclear (CBRN) incidents, the disruption of medical supply chains, human infectious diseases or mass casualty situations. Part of that LGD role also involves providing advice and guidance on health impacts to other Government Departments to support their response, and providing strategic support to the HSC sector in both planning and responding to emergencies. The Department also works with other multi- agency partners, such as local government, the three emergency services and other Government Departments on emergency preparedness and response, and participates in multi-agency testing and exercising as required.

In April 2019 the refurbished Emergency Operations Centre was completed which now provides a modern, bespoke facility for managing emergencies.

During 2019-20, the Department has continued to engage with HSC organisations to ensure that they have preparedness plans in place to be able to mount an effective emergency response. The main focus for the Department, in conjunction with other Departments led by The Executive Office (TEO), was planning the Department's response to EU Exit. This included a rigorous programme of training and exercising.

Throughout 2019-20, the Department continued to progress the work programme of the Pandemic Flu Readiness Board albeit with limited capacity as the Board were only able to meet twice, in November 2019 and January 2020, owing to diversion to work on EU Exit planning. This work overseen by the UK Department of Health and Social Care (DHSC) and the Cabinet Office (CO), is a cross-governments programme and provides oversight for a UK-wide programme designed to deliver the plans and capabilities to manage the wider consequences of pandemic influenza. The Department in conjunction with the Department of Justice (DoJ) and TEO worked across five defined work-streams around health, legislation and communications. The work-streams made limited progress as work was paused due to EU Exit priorities. However, the Department finalised its contribution to the UK Pandemic Influenza Public Health Communications Strategy by submitting a Northern Ireland Action Plan.

In addition, the Department also completed work on the Pandemic Influenza (emergency) Bill now known as the Coronavirus (emergency) Act 2020.

The UK wide Coronavirus Act came into effect on the 25 March 2020. The Act is an emergency measure to respond to and manage the effects of a coronavirus (COVID-19) pandemic. The delegated powers in the Act are broad and not all of the powers for the Department came into effect immediately. There is a provision to allow measures in the Bill to be suspended and then reactivated as needed. DoH Emergency Planning Branch (EPB) continues to work with policy leads across the Department to ensure appropriate scrutiny and accountability are maintained in these exceptional circumstances.

In November 2019, EPB commenced a watching brief on planned industrial action for Unions across the HSC and on 17 December, the Department activated a 'soft stand up' of the Emergency Operations Centre. Secondary Care remained in the lead for the incident throughout and received daily update reports from Health Silver. The industrial action was suspended by Unions on 16 and 17 January 2020.

On 27 January 2020 the Department activated its Emergency Operations Centre (EOC) to manage the NI response to the COVID-19 pandemic. Volunteers from the EU Exit training were used to staff the EOC.

During 2019-20, the Department continued to work with Public Health England (PHE) and the Devolved Administrations on the procurement of essential medicines and consumables for both the Pandemic Influenza Preparedness Programme (PIPP) and the Emergency Preparedness, Resilience and Response (EPRR) stockpiles. A new contract for the combined storage of medicines in relation to both the PIPP and EPRR stockpiles was agreed during the reporting period.

Oral Health - Service Delivery

A General Dental Services (GDS) pilot has been completed in 11 dental practices across Northern Ireland to test a capitation-based contract model. This ran in two phases from November 2014 to August 2016. Researchers from the University of Manchester, funded by the National Institute for Health Research (NIHR), worked with DoH and HSCB on the evaluation of these pilots. The final report was published on the NIHR website in January 2020 and concluded that a move to a capitation-based model produced large reductions in clinical activity and patient charge income.

In 2019-20 15,600 Health Service patients were treated under the HSCB High Street Oral Surgery Pilot. This represented 30% more than in the 2016-17 pre-pilot year. The average pilot patient waited 8-10 weeks to be seen. Without the pilot most of the additional 3,730 patients seen under this initiative would have been referred to Secondary Care where treatment costs are considerably higher and where over half of all Oral Surgery patients currently wait 52 weeks or longer. This pilot will be evaluated alongside insights gained from the Additional Dental Services tender, an earlier Oral Surgery pilot, and the experiences from pilots and prototypes run in England and Wales. The Chief Dental Officer (CDO) continues to work closely with General Dental, Ophthalmic and Criminal Justice Healthcare Policy Branch and HSCB colleagues on the developments around new GDS contractual models for the delivery of primary dental care.

A new contract for the Community Dental Service has been agreed following negotiations with BDA and HSC employers. The contract was implemented in April 2019, with pay being backdated to 1 April 2015. The contract introduces job planning and appraisals as an integral part of the terms and conditions of service.

CDO and Departmental officials have been involved at a pan-UK level in respect of EU Regulation 2017/852 on Mercury and the UK Control of Mercury (Enforcement) Regulations (2017) which became effective in 2018. In compliance with EU Regulation 2017/852, restrictions have been placed on the use of dental amalgam in children under 15 years old and in pregnant or breastfeeding women, unless the dentist thinks such treatment is necessary. The Statement of Dental Remuneration has been amended accordingly. A phase down plan on the future use of amalgam in dentistry has been developed in agreement with Article 10 (3) of the EU Regulation.

The final review report on the dental workforce from Skills for Health is anticipated to be published in 2020-21. A draft report is being considered by a dedicated Steering Group, who will consider the recommendations therein as they scope changing population needs and workforce demographics. The report will assist the Department in drafting effective and efficient models of care, and to enhance patient access to evidence-based interventions.

Although young children in Northern Ireland have historically had some of the worst oral health in the United Kingdom and Ireland, there have been impressive gains made through the use of evidence-based programmes over the past ten years or more. Draft results of a dental survey of 5-year-old children in Northern Ireland show that the proportion of children with active or treated dental decay fell from 40% in 2013 to 32% in 2018-19; the latter reflecting our most recent data available. Relatively higher levels of socioeconomic deprivation here explain why our children do not score as well in dental health outcomes as in some other parts of the UK. However, we and dental teams across the region, continue to encourage better oral health behaviours such as more frequent tooth brushing; the use of toothpastes with higher fluoride content; more frequent and regular attendance at dental practices/clinics; healthier diets with lower sugar intake, a lower consumption of sugary drinks, more frequent consumption of water as a drink, and less frequent snacking.

We are also encouraged that the need for hospital admissions for children (0-17 year old) for tooth extractions are improving. Data has been collected for more than a decade and shows that the numbers of child admissions to hospital for tooth extraction are declining, year on year, since a peak of 8,136 in 2004-05. The 4,195 hospital admissions recorded for 2018-19, the most recent full-year data currently available, represents a 48% decrease since 2004-05.

Preventative approaches continue at a community level through the Community Dental Service and health promotion staff. The focus remains appropriately on special needs groups, including children from socioeconomically disadvantaged areas and including fluoride toothpaste schemes for young children within target areas.

The prevention of dental decay in Northern Ireland is achieved through evidence-based interventions using the directed population approach delivered by the Community Dental Service and health promotion staff. The focus remains appropriately on children who are at increased risk of developing decay such as those with special needs or children from socioeconomically disadvantaged areas.

The regional Happy Smiles programme for pre-school children in a nursery setting encourages shared responsibility and combined effort between school teams, parents and their children. This is achieved through the three components of the programme; provision of fluoride toothpaste; oral hygiene instruction – i.e. teaching children how to brush their teeth; and dietary advice through the promotion of healthy snacks. There are almost 18,000 children enrolled in the Happy Smiles programme and more than 80,000 young children participated in oral health and improvement programmes across the region in 2018-19, the most recent period for which we have data currently available.

Due to the COVID-19 pandemic it was necessary to introduce a series of restrictions to general dental practices in March 2020 that resulted in only urgent dental treatment being available in the primary dental care setting. Coupled with the establishment of five urgent dental care settings in Trust facilities, this action ensured that the Northern Ireland population had access to essential dental care during the period when widespread restrictions were applied across society.

Pharmacy Developments

Community Pharmacy funding

During 2018-19 a financial envelope for community pharmacy services was confirmed in support of a previously agreed contractual framework for community pharmacy. The two year deal was based on a core financial envelope for the delivery of community pharmacy services, representing fair and reasonable remuneration, plus additional funding for trialling and testing new services for 2018-19 and 2019-20 respectively.

Furthermore, in March 2020, as part of the Department's suite of measures to tackle the COVID-19 outbreak, a total of £11.5m of additional funding was made available to support the response of community pharmacy to the emergency.

Legislation

During 2019-20, progress was made on medicines-related legislation on a number of areas.

On 1 April 2019, amendments were made to the Misuse of Drugs Regulations (Northern Ireland) 2002 to schedule two medicines (pregabalin and gabapentin) as controlled drugs due to the dangers posed to members of the public in relation to the risk of addiction and potential illegal diversion and medicinal misuse. The Medicines Regulatory Group worked closely with the Home Office and other key stakeholders to bring about this legislative change.

The Human Medicines (Amendment) Regulations 2019 make provision for a "serious shortage protocol" (SSP) to be issued by Ministers where there is or may be a serious shortage of a prescription-only medicine. This enables pharmacists to sell or supply against the protocol rather than a prescription and allow for substitution, in restricted circumstances, of a different strength, quantity or pharmaceutical form of a prescription-only medicine, or a different prescription-only medicine to that ordered by the prescriber.

In order to avoid pharmacists in NI acting in breach of their Terms of Service and to enable them to be paid by the HSC when supplying in accordance with an SSP rather than dispensing against the relevant prescription, the Department had to amend their Terms of Service. This was achieved by means of the Pharmaceutical Services (Amendments Relating to Serious Shortage Protocols) Regulations (Northern Ireland) 2019 which came into operation on 31 October 2019.

The Department prepared the Misuse of Drugs (Amendment) Regulations (NI) 2019 which came into operation on 15 November 2019. Among other things, these Regulations amend the definition of a health prescription to include Health Service prescriptions issued by physiotherapist independent prescribers and podiatrist independent prescribers and introduces limited independent prescribing authorities for physiotherapist independent prescribers and podiatrist independent prescribers

The Misuse of Drugs (Amendment) Regulations (NI) 2020 which came into operation on 30 April 2020 provide flexibility in an emergency situation, such as a pandemic, to relax rules on possession and supply to allow pharmacists in registered pharmacies to supply controlled drugs to patients, without a prescription, in defined circumstances.

EU Exit

A major area of focus continued to be work on the planning and preparation for the UK's exit from the EU on 31 January 2020. Substantial contingency planning was completed, including preparation for a "no deal" scenario, with the main aim of maintaining access to supplies of medicines, medical devices, clinical consumables, vaccines, clinical trial drugs, blood and blood products.

As a means to support the Department's preventative and contingency planning arrangements for medicines, it was decided to establish an EU Exit Medicines Preparedness Group which is chaired by Chief Pharmaceutical Officer and includes representatives from the Department and a range of HSC bodies. The Department also took steps to enhance existing arrangements for the management of medicines shortages, and established a Northern Ireland Medicines Shortages Advisory Group (NIMSAG) which aims to ensure that the HSC is able to respond quickly and appropriately to shortages of medicines in the supply chain.

Medicines Optimisation

The Departmental led three year Medicines Optimisation Regional Efficiency Programme (MORE) concluded in March 2019 delivering over £100m of savings from the medicines budget. The Commissioning Plan Direction for 2019-20 included a target to deliver further savings of at least £20m efficiencies through the MORE Programme to be achieved by 31 March 2020 and savings of £26.75m have been successfully delivered. This has been achieved during a very challenging period, through collaborative working between senior finance and pharmacy officials across the HSC in designing an integrated efficiency programme to optimise the cost effective use of medicines across primary and secondary care.

The Northern Ireland Medicines Optimisation Quality Framework (MOQF) is now into its fourth year of implementation with advancements made in supporting better health outcomes for our population through the safe and more effective use of medicines.

Progress has included: compilation of the DoH strategic response plan to the World Health Organisation's third Global Safety Challenge for Medication Safety, setting out high level commitments to inform a five year plan to improve safe practices with medicines and support a medication safety culture within our population; scoping and development of a small grant scheme to test small-scale innovative health projects for scale up through an innovation pipeline into wider clinical practice; and completion of a workforce review for pharmacists and pharmacy staff, due for publication this year, making high level recommendations to inform HSC workforce development needs for the next 10 years.

The five year 'Making It Better through Pharmacy in the Community' strategy (2014-2019) has endorsed the overall policy direction for transforming health and social care in Northern Ireland by supporting care closer to home through access to pharmacy services in the community and supporting health and wellbeing throughout life. Notable achievements have included: development and incorporation of clinical pharmacy services into patient pathways through 'practice based pharmacists' in all GP practices in NI; increasing the public health role of community pharmacy with more than 50 pharmacies awarded Health Plus status; the PHA/Pharmacy Alliance endorsed Breastfeeding Welcome Here Scheme which many community pharmacists have joined; and establishing links with community and voluntary organisations in order to support pharmacies to engage with local communities.

Enforcement

The Department's Medicines Regulatory Group co-ordinated local operational activities in Northern Ireland in conjunction with the Organised Crime Task Force (OCTF) key stakeholder agencies including Police, Border Force and other national and international medicines regulators in relation to Operation Pangea XIII. Between 3 and10 March 2020 Northern Ireland was one of over 100 countries to participate in Operation Pangea XIII, a global Interpol co-ordinated week long action aimed at disrupting the online supply of sub-standard and counterfeit medicines. Medicines worth over £150,000 on the black market were recovered in Northern Ireland during the Operation.

Medicinal cannabis

The Department continues to work alongside colleagues from the Home Office, Medicines and Healthcare products Regulatory Agency, Department of Health and Social Care and the devolved administrations to manage various issues, including licensing matters, relating to medicinal cannabis.

Temporary registration of pharmacists during the emergency period

Changes to the Pharmacy (Northern Ireland) Order 1976 were brought in through the Coronavirus Act 2020 to permit the temporary registration of pharmacists and temporary annotation of prescribing powers for pharmacists during the emergency period. The purpose of these changes was to ensure that additional pharmacists could be registered with the Pharmaceutical Society NI, on a temporary basis, to facilitate the provision of healthcare services to patients and the public during the emergency period.

General Practitioner (GP)-led Care

GP-led care is provided mainly from GP surgeries and from centres for Out of Hours (OOH) GP Services, drawing on multi-disciplinary teams of nurses and other specialists as well as GPs. Services provided by GP practices are underpinned by the General Medical Services Contract, variations to which are negotiated by the Department with GP representatives. The HSCB is responsible for managing the contracts for General Medical Services and for OOH services.

Significant investment has been made in General Medical Services again in 2019-20. Having considered the recommendations of the Review Body on Doctors and Dentists Remuneration, which recommended a 2.5% increase in GP earnings after expenses, an investment of £5.2m was made through the GMS contract to uplift the earnings of GPs and their staff. £1m of funding was also provided to reflect the increased demand for GP services.

A significant focus again in 2019-20 has been the roll-out of the Primary Care Multi-Disciplinary Team model envisaged in *'Health and Wellbeing 2026: Delivering Together'*. This model is intended to see General Practice focusing on physical, mental and social wellbeing with a greater focus on upstream and early intervention and a greater volume of care led and coordinated by practices. To deliver this model a new multi-disciplinary team approach is being developed with practice based physiotherapists, social workers and mental health practitioners working alongside GPs, nurses and other practice staff. We are also investing in District Nursing and Health Visitor levels, reflecting the close partnership they have with practices. Data analysts are also being deployed to help identify opportunities for prevention and early intervention. We are investing in the training of these practice based teams and seeking to improve connections between hospital-based teams and GP practices. To help make this happen we have invested more than £2m into improving and extending GP premises.

Joint bids from GP Federations (collectives of around 20 GP Practices) and HSC Trusts to roll-out this model were considered, with Down and Derry/Londonderry being the two successful areas. West Belfast were also successful and we have subsequently started to roll-out this model there with the deployment of practice based physiotherapists. Around 100 staff have been recruited across these three areas so far, with further recruitment ongoing. Overall, we believe this to be the most ambitious and advanced scheme for implementing Multi-Disciplinary Teams in primary care in the UK.

We now have Advanced Nurse Practitioners in 4 GP Federation areas and as part of the rollout of the General Practice Nursing framework, invested in General Practice Nurses in 2 GP Federation areas.

We continue to roll-out the Practice Based Pharmacist scheme, with every practice in Northern Ireland now having access to a pharmacist and 274 Practice Based Pharmacists in place (234 whole time equivalents) – reflecting an annual cost of £12.3m. This scheme is already delivering benefits through saved GP time, improved patient care and cost savings on prescriptions. We also believe this to be the largest and most ambitious scheme of its kind in the UK.

The Transformation Fund has enabled investment aimed at improving retention and recruitment of GPs and key staff – for instance through leadership training, a mentoring scheme and a retainer scheme. Funding has also been provided to GP Federations and an experienced team has been set up to support practices that are struggling.

There continues to be pressure on GP OOH services with providers finding it challenging to fill shifts. Quality Improvement and developing new ways of working to reduce pressure on OOH services continue to be a focus. Increasing the skills mix in OOHs continues to be a focus for providers and the HSCB.

Community Paramedic

The Department has continued to promote participation in EU events and projects. In November 2019 the Cooperation and Working Together (CAWT) partnership cross border Community Paramedic project was selected as the 'Sustainable Healthcare Project of the Year' at the Irish Healthcare Awards 2019. The project, which is funded by the EU's INTERREG VA programme, is a collaboration involving the Northern Ireland Ambulance Service, the National Ambulance Service in Ireland and the Scottish Ambulance Service.

The project is enabling patients to access care and treatment which previously would have been delivered in a hospital Emergency Department (ED), which often involves travelling long distances for the patient who may then experience long waiting times when they arrive. This service delivers treatment to patients in a much more acceptable timeframe, particularly for frail elderly patients. This service is also easing some of the pressures on busy hospital EDs. A key positive outcome to date is the consistently high volumes of patients being seen and treated at home or in their communities.

The project is targeting patient populations in rural and border areas of Northern Ireland, the Republic of Ireland and Scotland. Some of the participating Community Paramedics are undertaking a Specialist Paramedic Course at Glasgow Caledonian University.

Secondary Care

Secondary Care primarily includes those services which are delivered in hospitals covering acute, scheduled and unscheduled services (such as emergency care). The Department's strategic priority for these services is to improve the quality of services and outcomes for patients, clients and carers through the provision of policy that guides the delivery of safe, resilient and sustainable services. These services are commissioned by the HSCB and delivered by the HSC Trusts. Patients requiring specialist treatment can be transferred to specialist units in Great Britain, Republic of Ireland and further afield if the treatment is not available locally.

Secondary Care made good progress on a programme of new policy development, including:

- Progressing work to implement the Department's Policy Statement on Promoting Organ Donation and Transplantation, including establishing an Organ Donation Steering Group and assisting in organ donation promotion during Organ Donor Week in September and in the development of a multimedia promotion campaign that ran in December 2019 and January 2020;

- Continued progress on establishing the All-Island Congenital Heart Disease Network, including the opening of enhanced facilities and resources at the Network's Level 2 specialist children's heart centre in Belfast. Also in 2019, under a revised SLA, there was a continued increase of the number of NI elective patients having their surgery in Dublin;

- Clinically led Regional Scrutiny Committee being established to implement the modernised Individual Funding Request policy governing specialist drugs not routinely commissioned in Northern Ireland, which was approved in 2018;

- Progressed the development of a new Cancer Strategy for NI; and

- Identified members to convene a Project Board to consider options for implementing the New Decade New Approach commitment to provide three cycles of IVF to eligible women.

Quality Regulation and Improvement

The Department consulted on proposed amendments to The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations 2005 at the end of 2016 and had hoped to lay amended regulations during 2017-18 to come into effect on 1 April 2018. Unfortunately, in the absence of an Assembly, progress with these changes was delayed. In light of the amount of time since the consultation, the original evidence paper and option appraisal will be reviewed and proposals will be brought to Minister for approval.

Health and Social Care Regulation and Quality Improvement Authority (RQIA) Corporate Performance Reports now focus on providing evidence on how well RQIA is delivering the actions identified within its annual Business Plan, linked to its strategic objectives and priorities as described in its Corporate Strategy 2017-21.

At the end of Quarter 4 to 31 March 2020, RQIA has completed 5 actions from its business plan with 16 actions not completed due to the resignation / retirement of key staff and the outbreak of COVID-19.

It must be highlighted that at the end of Quarter 3 to 31 December 2019 that RQIA were reporting that they had achieved one action and were on target to achieve 18 actions from its 2019-20 business plan by the end of the year to 31 March 2020. At end of Quarter 3 it was reported that there were only two actions requiring exception reports.

Delays in filling a number of vacant key inspector posts, the unforeseen increase in enforcement activity during the year and other business critical work being prioritised has all impacted on RQIA achieving its actions from its business plan.

The outbreak of COVID-19 has resulted in the refocus of RQIA's work. Any outstanding actions will be implemented and monitored in the 2020-21 Corporate Performance Reports.

During the year the RQIA published an overview report on 'Registered Nursing and Residential Homes and Bed Trends Report' and an overview report on 'Dental Services' which were both shared with a range external stakeholders, including the Department, Trusts and other Arm's Length Bodies.

During the year 1,958 inspections were completed to registered services which represents 88% of 2,221 inspections scheduled for 2019-20.

During the year RQIA progressed a significant piece of work looking at all aspects of inspection and the multi discipline team approach to inspections of Nursing/Residential Homes/other care providers/agencies.

This involved considering use of inspectors to cover broader areas beyond their own specialty for example pharmacists to inspect care areas as well as their own specific area of medicines; identification of the necessary staff training to facilitate covering broader areas during inspection; a shift from the need for several inspections for Care, Pharmacy/Medicines, Finance and Environment/Estate to one inspection covering all areas; and identification of the different circumstances of complex units within Nursing/Residential homes to identify where specialist roles are needed to be utilised.

RQIA continue the further development of its Risk Adjusted, Dynamic and Responsive Approach to Regulation (RADar) to inform inspection activity and continue to use an intelligent lead, information evidenced, risk based targeted approach by its inspection teams. RADar has already resulted in a number of benefits such as the up skilling of RQIA workforce in terms of use of information; saving time for RQIA inspectors in the preparation stage for inspections enabling them to have information/analysis available at the click of a button; being able to target homes for inspection based on a robust statistical analysis of risk which is capable of refinement and development over time; and work with providers in terms of up skilling them in providing information electronically.

Chief Medical Officer (CMO) wrote, in August 2019, to RQIA on a potential performance issue in relation to the timeliness of the completion and presentation of reports from RQIA's review programme to the Department. RQIA confirmed that they had put an internal recovery plan in place for outstanding reports. RQIA confirmed with the Department that its Board was informed of the issue and that the recovery plan was shared with the Board.

RQIA has published three review reports this year with a further one with the Department awaiting publication. This was a significant improvement in performance in comparison with one report published in the previous year.

As part of its Neurology work programme, RQIA published its review in February 2020 of the governance of outpatient services in the Belfast Health and Social Care Trust (BHSCT) with a particular focus on neurology services and other high volume specialties.

It was planned to roll out this review of governance in outpatient services to cover the other four HSC Trusts over the next year as part of Phase 3 of the Hospital Inspection programme.

RQIA concluded its fieldwork for the review of Independent (Private) Hospitals and Hospices in Northern Ireland in August 2019. A report of RQIA's findings and recommendations was being finalised prior the COVID-19 pandemic. This review will be published at a future time to be agreed with the Department of Health.

Also as part of its Neurology work programme RQIA has developed the legal framework to support the expert review of clinical case notes of patients of an individual consultant who have died in the previous ten years.

The RQIA continued its programme of inspection activity of regulated services as well as Ionising Radiation (Medical Equipment) inspections and the ongoing hygiene inspection programme.

Since the start of the pandemic period, on behalf of the Department of Health, HSC Board, Public Health Agency and Clinical Education Centre, RQIA distributed COVID-19 related guidance, support documents and training resources to health and social care services. Since the last Board meeting the Communications team have issued around 150 separate COVID-19 related circulars, direction and guidance documents to care providers. This compares to an average of around 10-15 circulars per month prior to the COVID-19 pandemic.

The Department continues to support RQIA in its ongoing transformation and restructuring process. The Department will provide, via Top Management Group (TMG), professional and policy leads, and sponsor branch, all the assistance it can to RQIA.

During Phase 1 of the review of The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 and associated regulatory policy, the Department has engaged with key stakeholders and has, through close liaison with a user reference group, designed documents to support engagement with the public. A policy paper is now ready to be consulted on, subject to Ministerial approval.

The Inquiry into Hyponatraemia-Related Deaths (IHRD) report also made significant recommendations in relation to Quality and the remit of RQIA. The Department has established a comprehensive programme with nine main workstreams to progress these recommendations.

From the outset the programme has taken a co-production approach to the implementation of the recommendations. This means that the workstreams consist of over 200 members from a variety of backgrounds, including: service users and carers; HSC staff, representatives from third sector organisations, Non-Executive Directors; and DoH staff among others. This will mean that recommendations, and proposals for their implementation, will have been robustly challenged and scrutinised. A programme wide engagement strategy, training strategy and assurance framework have also been developed. This framework will provide assurance that recommendations have been implemented effectively on a sustained basis – only then will a recommendation be signed off as having been implemented.

A number of recommendations will require public engagement and consultation, as well as ministerial approval and/or legislation, while others will have resource and training implications. As some of these recommendations will require primary and secondary legislation for implementation, full implementation of all recommendations will take several years.

All meetings relating to the IHRD programme were paused on 19 March 2020 due to the COVID-19 pandemic, as well as key personnel from the programme being tasked to COVID-19 work. This has impacted on the ability of the programme to implement recommendations and this impact will continue into next year. In particular, proposals for a statutory Duty of Candour were due to be with the Minister by the end of March 2020 for his approval but this was unable to happen. It is hoped that the programme can begin to implement some of these recommendations later in 2020.

Nursing, Midwifery and Allied Health Professions (AHPs)

Over the course of the last year there has been significant engagement within and across the nursing and midwifery community on their contribution to health, care and wellbeing. The work has focused on maximising the contribution of nursing, midwifery and AHPs in improving: -

- Population health outcomes across the lifespan, but particularly in enabling children and young people to have the best start in life;
- Recovery and the management of people with acute, long term conditions, mental health and learning disability needs; and
- Care of older people.

Promoting and Enabling Partnership Working: In *'Health and* Wellbeing *2026: Delivering Together'*, partnership working was identified as key to the delivery of HSC transformation. The Department works in partnership with the Trusts, the Patient Client Council and the Public Health Agency to promote and enable partnership working using the principals of co-production. Work has included building supportive infrastructure, and providing training and additional support to service users and carers to enable them to participate at strategic level.

The Online User Feedback System: The system, which enables patients/clients, carers, families to share experiences of health and social care services that they come in contact with, was commissioned during 2019-20. It will capture statistically robust patient/client feedback across the HSC sector which will be used to improve services.

Patient Experience Survey: The Northern Ireland Experience Score for 2018, the most recent available data, measures overall patient rating HSC experience over the last year as 83, where 75 and over rates as 'good' or 'very good'.

Nursing and Midwifery Task Group Report: The Health Minister launched the Nursing and Midwifery Task Group Report in March 2020. It signals a new era for nursing and midwifery in NI, setting out the critical issues facing midwifery and nursing within the context of the health and social care needs facing our population over the next 10 to 15 years.
The report identifies a number of key strategic priorities:

- Stabilise the nursing and midwifery workforce to ensure safe and effective care;
- Implementing Delivering Care - the current nursing and midwifery safe staffing policy;
- Strengthen the role of nursing and midwifery in population and public health; and
- Enhance the role nurses and midwives play within multi-disciplinary teams as part of the wider transformation of the health and social care system.

Nursing and Midwifery Workforce: Delivering Care: Further progression of the *Delivering Care: Nurse Staffing in Northern Ireland* policy framework has continued. With Phases 1-4 already completed covering hospital medical and surgical wards, Emergency care nursing, District Nursing, Health Visiting. A Further phases have been completed for Mental Health Nursing and Primary Care Nursing.

Further phases focusing on nursing in Independent Sector Nursing Homes is underway with Learning Disability commenced. Phase 1 remains the only phase fully funded with implementation continuing to be monitored. Additional phases are planned including children's nursing and midwifery. The Delivering Care policy supports the provision of safe, high quality care through determining staffing ranges for the nursing and midwifery workforce and is an important enabler for building the capacity of the nursing and midwifery professions to improve outcomes for our population. Funding the remaining phases of Delivering Care is a recommendation from The Nursing and Midwifery Task Report supported by a funding commitment in New Decade New Approach to address safe staffing over the next five years and bring forward work to set out the case for safe staffing legislation.

The number of undergraduate nursing and midwifery places rose to an all-time high of 1,025 in 2019-20 with a commitment in New Decade New Approach for an additional 900 over the course of the next three years. From September 2020 the first additional 300 nursing and midwifery commissioned students commence undergraduate training programmes.

Mental Health Nursing Review: A review of the role and function of mental health nursing was commissioned by the Chief Nursing Officer (CNO). This review has now been completed and the findings are due to be published later this year. The findings of this review have informed the development of new Future Mental Health Nurse curriculum and a new Advanced Mental Health Nurse Programme has been developed and is due to commence in September 2020. In addition Delivering Care Phase 5 'A' nurse staffing for acute mental health care has been completed. This will strengthen the number of senior nurse decision makers on each shift with a view to improving the range and scope of therapeutic care to people who require inpatient care.

Learning Disability: The CNO has also commissioned a review into role and function of learning disability nursing due for completion later this year and in addition work has commenced through the Delivering Care programme on developing safe and effective nurse staffing for all learning disability services.

Nursing and Midwifery Education and Training: Education and training remains a high priority for nursing and midwifery professions, as it is essential to underpin the delivery of evidence based high quality care. Education and Training is also fundamental to the successful delivery of Departmental strategies including Quality 2020, Making Life Better and the updated Public Health Strategy. As such, the review and development of education commissioning continues to be taken forward successfully.

In 2019 -20 Specialist Practice Programmes were commissioned in Oncology, Nursing Care of Older People, Cognitive Behaviour Psychotherapy, Diabetes Nursing, Emergency Care, Community Children's Nursing, District Nursing, Health Visiting and School Nursing. Seventeen Short Course Programmes including Return to Nursing Practice and prescribing programmes and 11 Stand Alone Modules such as Palliative and End of Life Care were commissioned.

Advanced Nurse Practitioners (ANP): The first Students on three pathways; Emergency Care, Children's and Primary Care of the ANP MSc Programme at Ulster University, commissioned in 2017-18 graduated in September 2019 and took up new ANP positions. Further places were commissioned in 2018-19 for Primary Care and a new pathway, Adult/Older People was commissioned. These students continued on those programmes during 2019-20. In 2019-20 places were commissioned on the ANP Emergency Care Programme and Primary Care programmes. Plans to commission a Mental Health ANP pathway for 2020-21 have been progressed. Completion of the ANP MSc Programme enables nurses to practice autonomously at an advanced level, working alongside GPs, Consultants and other health professionals to provide person centered care and improve outcomes for the population.

Significant additional investment of transformation funding in 2018-19 and 2019-20 enabled increased commissioning of a wide range of nursing and midwifery programmes including Specialist Practice programmes for District Nurses, Health Visitors, and Stand Alone Modules such as Examination of the New Born and Short Course Programmes such as Non-Medical Prescribing.

To develop leadership capacity within the nursing profession an Aspiring Nurse Director Programme developed and delivered by London Southbank University was commissioned, to enable senior nurses to acquire the strategic leadership skills required for these senior leadership positions. Sixteen students graduated on the 20th September 2019 with a Post Graduate Certificate (PGCert) in Leadership in Healthcare.

To enable improvement and transformation within the system places were commissioned for both nurses and AHPs on the Institute for Healthcare Improvement, Improvement Advisor Professional Development Program.

To enhance the number of nurses within the workforce with the British Casting certificate, Glasgow Caledonian University were commissioned to deliver their British Casting Programme in Northern Ireland on Queens University and Belfast Trust premises and supported by QUB teaching staff and Belfast Trust Orthopaedic staff.

Nursing Masters Programmes: Nursing as the largest professional group in the HSC has a pivotal role in delivering transformational change in every setting. Developing the profession through education and creation of career pathways to effect change in clinical practice is a key priority. The Department commissioned the development of a new post graduate nursing Masters Programme for newly qualified graduate nurses in 2019-20. This innovative two year MSc programme, delivered by Ulster University combines academic learning with a rotational clinical experience across the HSC and independent sectors, building leadership capacity and developing the workforce. The project to test and deliver a prototype of a 2-year Rotation Post Registration MSc level Nurse Development Programme commenced in September 2019 with the aim of supporting nursing workforce stability and retention, and develop future nursing leaders who can deliver transformational change and improve outcomes for patients and service users. The project supports the strategic transformation agenda outlined in *'Health and* Wellbeing *2026: Delivering* Together' and will make recommendations to the DoH regarding future commissioning of this model for the wider workforce.

A range of education programmes were offered to the independent sector. The education commissioning continues to be progressed successfully and programmes prioritised accordingly, aligned to service need.

The CNO, as part of the 2020 Nightingale Challenge Northern Ireland (a global initiative that asks health employers around the world to provide leadership and development training for a group of young nurses and midwives during 2020, the International Year of the Nurse and the Midwife), commissioned the Nurses and Midwives Global Leadership Development Programme. The aim of the programme is to develop young nurses and midwives leadership, policy-making, quality improvement and partnership working skills, in-line with the principals of both the global campaign Nursing Now and Nursing Now Northern Ireland, and in doing so build a cadre of strong, politically astute young nursing and midwifery leaders well positioned to play a full part in strengthening nursing and midwifery in Northern Ireland and beyond. This will include developing their knowledge and skills from an evidence-based perspective, including the role of nurses and midwives in the delivery of transformational change aligned with *'Health and Wellbeing 2026: Delivering Together'*.

Future Nurse Future Midwife: A major programme of regional work is well underway to implement ambitious new nursing and midwifery education standards mandated by the professional regulator the Nursing and Midwifery Council (NMC), which complement the strategic transformation direction set by '*Health and Wellbeing 2026: Delivering Together'*. The new standards have significant implications for universities approved to deliver nurse education and for all clinical practice areas where nursing and midwifery students are supervised and assessed. The Department's Programme Board provides oversight of the regional implementation work which Northern Ireland Practice & Education Council for Nursing and Midwifery (NIPEC) is leading.

The new standards and associated proficiencies will shape the future of nursing and midwifery for future generations, providing nurses and midwives with the knowledge and skills to deliver excellent care across a range of settings now and into the future to benefit people, families and communities. Implementation of the Future Nurse standards will commence from September 2020 with Midwifery implementation from September 2021.

Healthy Child Healthy Future (HCHF): Healthy Child, Healthy Future (HCHF), is a framework for the Universal Child Health Promotion Programme in Northern Ireland, from pregnancy to 19 years, published by DHSSPS in 2010. It is a public health programme, which offers every family information and guidance to support parenting, and make healthy choices, which enables children and their families to achieve optimum health and wellbeing. Health visitors and school nurses are the key health professionals responsible for the delivery of 'Healthy Child, Healthy Future'. HCHF policy requires to be reviewed and updated to take account of the evidence detailed in "Health for all Children" Fifth edition.

AHP Advanced Practitioners: The AHP Advanced Practitioner Framework was formally launched in June 2019. This framework supports the development of new roles and advanced practice to support the transformation agenda.

AHP Workforce Reviews: Under Delivering Together, we need to ensure that we have the workforce required to meet the changing transformation within services while continuing to meet the increasing demand. A series of uni-professional workforce reviews have been undertaken across all 13 AHP professions.

Each profession's workforce review describes the profession's main areas of work. The reviews go on to describe the challenges that each profession faces and the arrangements that should be put in place to ensure an appropriate workforce is maintained in the future to deliver on evolving service delivery as transformation of services unfold. The reviews also provide an approximation of the additional numbers of staff required to deliver this.

All the reviews aim to deliver services that are sustainable and provide the best possible care to patients and service users across Northern Ireland within the available resources. Each report contains a series of recommendations which each profession believes will achieve this. The main recommendation headings include Undergraduate Training, Postgraduate Training, Recruitment and Retention, Workforce Development and Transformation. In 2020-21, 40 additional AHP undergraduate places have been secured.

AHPS roles in Transformation: As the demands of an aging demography with a range of long term conditions and co-morbidities increases and the roll out of the transformation agenda goes ahead, AHP have increasingly key roles to play across the HSC.

AHPs are supporting primary and secondary care transformation in roles including: physiotherapists in primary care MDTs, occupational therapy in mental health settings, radiographers increasing accessibility and reporting turnaround times in elective care waiting centres, and within unscheduled care, skill mix including consultant AHP practise in breast assessment centres, podiatry within the diabetes/foot care pathways, speech and language therapists in special education and early years interventions, and paramedics in pre hospital and unscheduled care.

To support all of this there is a need for the post graduate education commissioning budget to support the AHP workforce to work at specialist, advanced and consultant level to support.

Housing and Health Liaison Officer: The department is currently in the process of recruiting to this post which was left vacant by the previous post holder. The post is an inter-agency post jointly funded by the department and the Northern Ireland Housing Executive.

The post holder provides specialist advice and expertise to DoH/NIHE and their strategic partners on issues relating to housing and health issues for people with complex needs and/or adaption services for people with disabilities and post holder will support the Chief AHP Officer in all issues relating to housing solutions/adaptions for disabled people. He/she will provide advice and briefing to NI Assembly/Minister and senior management as required. It is envisaged that the work within this portfolio may increase post COVID-19.

Children with Special Educational Needs: In 2016 the Public Health Agency (PHA) developed a Regional framework on Review of AHP support for Children with a Statement of Special Educational Needs (SEN). The aim of the review was the establishment of a standardised regional model working to improve the service for these young people to be achieved through collaborative, multi-disciplinary and integrated working.

Since the development of the framework the department in conjunction with the PHA has been working tirelessly to implement the actions in the framework. We are continuing to work closely across many sectors, including Department of Education (DE), Education Authority (EA), Regional Health and Social Care Board (HSCB) and the Health and Social Care (HSC) Trusts and have completed significant work in areas such as notification, referrals and the statutory assessments process to ensure that health and care advice is standardised and is relevant to the individual accessing the curriculum.

To support this important work a Lead AHP consultant for Children, Young People and Interagency was appointed, who is employed by the PHA. Additionally each Trust has appointed a Health SEN Co-ordinator and Data Analyst through transformation funding.

A Department of Education (DE) and DoH Steering Group was set up, jointly chaired by senior departmental officials to help develop more integrated and timely working to support those requiring these services.

Close working is taking place with EA colleagues to identify and develop a sustainable and appropriate system to transfer statutory assessment requests and advice between EA and HSC Trusts to expedite transfer of information across sectors. These procedures are already established.

In mainstream nursery and primary schools HSC staff are working in the Regional Integrated Support for Education (RISE) teams across all HSC Trusts to deliver training and support to school staff and parents to enhance their understanding, skills and competencies.

AHP Education and Training: Education and training remain a high priority for AHPs, as it is essential to underpin the delivery of evidence based high quality care. Education and Training is also fundamental to the successful delivery of Departmental strategies including Quality 2020, Making Life Better and the updated Public Health Strategy. As such, the review and development of education commissioning continues to be taken forward successfully.

Post registration Education and training continues to underpin the delivery of evidence based high quality care and the transformation of our services. AHPs continue to focus on commissioning programmes to develop advanced practitioners and the Post Graduate Certificate in Education (PGCE) to enable them to engage in the delivery of education for the AHP workforce. In partnership with Ulster University and the Clinical Education Centre there is a drive to progress advanced practice roles and skills to support the development of AHP staff across the HSC.

The range of programmes commissioned in 2019-20 include PG Certificate in Medicines Management, Research Evidence in Health Science, and Modern Cancer Care Management. Places were also commissioned for both nurses and AHPs on the Institute for Healthcare Improvement Advisor Professional Development Program. Significant additional investment of transformation funding in 2018-19 and 2019-20 enabled increased commissioning of a wide range of AHP programmes to enable improvement and transformation within the system.

Workforce planning remains a challenge and to support and develop staff the University of West London were commissioned to deliver their Post-Graduate Certificate in Workforce Planning to a group of Nurses and AHPs. Additional Advance Practice Modules were commissioned from the Ulster University.

A pilot course commissioned from the Ulster University was developed on a multidisciplinary model to introduce appropriately qualified AHP therapists to the horse as treatment modality. The equine training programme with a group of 12 therapists from a range of professional backgrounds was trialled to determine its effectiveness for rollout regionally.

Bridges Self-Management Training Programmes were commissioned across Trust teams. When developing opportunities to transform services within Health & Social Care the AHP ECG group realised that additional benefits to service users would be realisable when self-management principles are optimised.

District Nursing: A District Nursing Framework 2018-2026; 24 Hour District Nursing Care No Matter Where You Live was published 2018. The Regional District Nursing Framework Implementation Group oversees the implementation of the District Nursing Framework.

This regional group number of sub-groups to support implementation of the District Nursing Framework. Sub-groups are: -

- Neighbourhood District Nursing;
- Key Performance Indicators;
- Education, Workforce and Succession Planning;
- Information and IT; and
- Safe caseloads.

Neighbourhood District Nursing Prototype: is being delivered in each of the Health and Social Care Trusts to a population of approximately 10,000.

The aim is to improve safety, quality and experience by developing a 'one team' approach, provided by a Neighbourhood District Nursing team 24 hours a day within a designated community and aligned to the GP Practice, with the ethos of home being the best and first place of care.

Principles:

- Person centred care - Putting the person at the centre of holistic care.

- Building relationships with people to make informed decisions about their own care, which promotes wellbeing and independence with active involvement of family, neighbours and the wider community, where appropriate.

- Everyone, including support functions will facilitate person-centred care at the point of delivery.

- Small self-organising teams that are GP aligned within a geographical location.

- Supportive management structures that enable professional autonomy.

AHP Strategy: The last AHP strategy was formally stood down and TMG have given approval for the development of a new strategy. This work was progressed during 2019 and stakeholder events had taken place and the stakeholder engagement had been completed. Further progress has not been possible due to the outbreak of COVID-19.

AHP Leadership Programme: The latest AHP Leadership Programme aimed at developing "corporate AHP leadership capability and capacity within the AHP community" was due to commence on 19th March 2020, this was postponed due to the outbreak of COVID-19.The intention is now to schedule a virtual programme to commence September 2020.

UK AHP Public Health Strategy: The Strategy is a UK wide public health framework. DoH and PHA were key stakeholders involved in its development. AHPs play a major role within the public health arena, educating and raising patient's awareness of self-management and lifestyle changes.

The framework highlighted the strategic drivers in each of the UK countries, in NI's case "Making Life Better 2013-2023" and highlighting the essential roles that AHPs have to play in delivering its outcomes through their interventions affecting the physical, mental and social wellbeing of individuals, communities and populations. These are set out as a range of goals including developing the workforce and demonstrating impacts. These are being implemented locally and nationally through implementation groups.

AHP Prescribing: In May 2014, the Department commissioned training for supplementary prescribing for physiotherapists and podiatrists and radiographers. Independent Prescribing Legislation for podiatrists and physiotherapists came into operation in January 2015 within Northern Ireland. In January 2016, independent prescribing for therapeutic radiographers and supplementary prescribing for dieticians was approved by the Commission on Human Medicines. Amendments were made to Independent Prescribing legislation to reflect these changes in secondary care. In early 2018 Paramedics gained independent prescribing rights. At the same time, exemptions for orthoptists were also agreed. Work continues on proposals for further roll outs to other professional groupings. Further local legislation changes are being progressed to support this national work. This work continues to expand to include more professions and changes in access to medication: Implementation of NMP for AHPs is taken forward by the PHA.

Nursing Now Northern Ireland: Nursing Now is a global campaign which aims to raise the status and profile of nursing. Nursing Now seeks to empower nurses and midwives to take their place at tackling 21st Century health challenges which will contribute to the United Nations Sustainable Development Goals. These goals are:

- Improving health
- Promoting Gender equality
- Strengthening Economies.

Nursing Now Northern Ireland is the local campaign. Public Health is a priority for the Nursing Now Northern Ireland campaign. Nursing Now NI is taking forward the Nursing and Midwifery event for the International Year of the Nurse and the Midwife.

Family and Children's Policy

Adoption: Public consultation on a draft Adoption and Children Bill concluded in April 2017. The Bill is principally intended to modernise the legal framework for adoption in Northern Ireland and place children's welfare at the centre of the adoption decision-making process. The substance of the Bill relates to adoption, although the Bill also contains provisions which amend wider children's legislation. Consultation responses have been analysed and work with Counsel to finalise the Bill is almost complete.

Early Intervention Transformation Programme (EITP): EITP is a £30m Delivering Social Change (DSC) Atlantic Philanthropies Signature Programme, funded jointly by the DSC Programme, Atlantic Philanthropies, DoH, DE, DoJ, DfC, DfE. EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches. EITP formally closed in November 2019 with 14 out of its 19 projects being sustained beyond the lifetime of the programme, including five projects in receipt of funding under the Transformation Programme or European Social Fund. A Post Project Evaluation has been completed, and cross-departmental consideration is being given to next steps on early intervention.

New Core Grant Scheme: Ministerial agreement to move to an open call application process for core grant funding from 2021-22 has been secured. All organisations in the community and voluntary sector will be able to apply to the scheme. Applications will be assessed against criteria which will reflect key Departmental priorities and objectives.

Sexual Exploitation of Children and Young People: The Department has continued to work on implementation of a small number of outstanding recommendations made for the HSC (Department, HSCB or HSC Trusts) by the 2014 Marshall Report of the Inquiry into Child Sexual Exploitation (CSE) in Northern Ireland. This includes a consultation on information sharing for child protection purposes which was developed in part in response to one of the Inquiry recommendations. The draft guidance issued for consultation May-August 2019. The ongoing programme of reform of children's services - for example the Adverse Childhood Experiences programme being overseen by the Safeguarding Board for Northern Ireland (SBNI) and the roll out of the Signs of Safety programme across the region— continues to draw on learning from the Marshall report and the Thematic Review conducted by the SBNI in 2015 into the 22 cases of children suspected to have been the victims of sexual exploitation.

A piece of work commissioned by the SBNI to evaluate the effectiveness of its member agencies' response to CSE in Northern Ireland, was completed and signed off by the SBNI Board in December. The intention is that the findings of the SBNI-commissioned report will be strategically considered by the Child Protection Senior Officials Group (CPSOG).

Child Protection Senior Officials Group (CPSOG): The CPSOG was established in September 2018 to address cross-cutting child protection issues which require cross-departmental input and coordination. The CPSOG meets on a quarterly basis, is chaired by DoH, and the standing membership includes senior DE, DoJ and DoF officials. The Terms of Reference for the CPSOG set out how representation from other Northern Ireland Government Departments may be requested should a specific issue arise which extends beyond the remit of core member Departments. The CPSOG met 3 times in 2019-20.

A Strategy for Looked After Children: Work continued with the Department of Education (DE) in the early part of the year on finalising the new Strategy specific to looked after children and care-experienced young people: A Life Deserved "Caring" for Children and Young People in Northern Ireland. There was a further engagement session with care-experienced children and young people in January 2020 to obtain their input on the draft Strategy and a consultation analysis report has been completed. Once finalised, publication of the Strategy will be subject to the agreement of the Health and Education Ministers and the wider Executive.

Mother and Baby Homes and Magdalene Laundries: The Northern Ireland Executive agreed in October 2016 that an Inter-Departmental Working Group (IDWG) should be established to take forward work on Mother and Baby Homes, Magdalene Laundries and historical clerical child abuse that fell outside the terms of reference of the Historical Institutional Abuse Inquiry. The Group is independently chaired and membership of the Group is drawn from the DoH, DoJ, DE, DfE, DfC, DoF/Departmental Solicitor's Office and TEO.

The Group has continued to engage with a range of interested parties and stakeholders. Research into the operation of historical Mother and Baby Homes and Magdalene Laundries in Northern Ireland was commissioned by the IDWG, and jointly undertaken by Queen's University, Belfast (QUB) and Ulster University (UU). The research was completed in June 2019. An initial draft research report was submitted to the Department of Health and the IDWG on 5 August 2019 and was subject to consideration by IDWG. The final draft research report and Executive Summary was submitted to the Department of Health on 7 May 2020 and shared with the membership of the IDWG on 13 May 2020.

Peter McBride's tenure as independent Chair of the IDWG concluded at the end of May 2020. Judith Gillespie CBE was appointed as the new independent Chair with effect from 1 June 2020.

TEO has lead responsibility for the strand of work relating to historical clerical child abuse.

Family and Parenting Support Strategy: Work to finalise the content of the Strategy, including actions, has been paused in order to focus on the Department's response to COVID-19. There will be an opportunity for the final document to reflect the impact of the pandemic for families across Northern Ireland. The Strategy's implementation plan will be drafted around four key outcomes:

1. Confident, competent, positive parenting;
2. Resilient, stable and strong families where relationships are positive, healthy and nurturing;
3. A society and culture which values and supports the role of parents and recognises the importance of strong families; and
4. Support that meets the particular needs of families experiencing greater challenges.

Regional Specialist Children's Services: In January 2017, the Department, in collaboration with DoJ, commissioned a HSCB-led review of regional specialist children's services which included Lakewood Secure Care Centre; Woodlands Juvenile Justice Centre; Donard Intensive Support Unit and Beechcroft acute mental health in-patient unit. The Review was led by an independent Chair and its aim was to look holistically at the provision offered by the facilities and the relationship between them. This included considering the options for consolidating and/or improving the relationship between the Centres to better meet the needs of young people.

The review report was published in December 2018. It made 11 recommendations in total, with the primary recommendation being the introduction of an integrated Care and Justice Campus for Northern Ireland, comprising the current Secure Care and Juvenile Justice Centres. A joint DoH/DoJ Programme Team has been established to implement the recommendations in the review, working closely with colleagues in the HSC and in the Juvenile Justice sector. A time-frame of around three and a half years has been set for full implementation of the report's recommendations. Draft design proposals have been developed and it is expected that consultation will take place in 2020-21. The goal of this work is to provide young people in secure accommodation with a more consistent model of care, focused on meeting their needs and improving their opportunities and longer-term outcomes.

Mental Health, Disability and Adult Older People

Stopping Domestic and Sexual Violence and Abuse Strategy 2016: This seven year Strategy was published jointly by DoH and DoJ in March 2016. Its vision is to have a society in which domestic and sexual violence is not tolerated in any form, effective tailored preventative and responsive services are provided, all victims are supported, and perpetrators are held to account. Delivery Groups continue to meet quarterly and good progress is being made in delivering the Strategy's 20 priorities. A Year 4 Action Plan was published in April 2019. A progress update for year 4 and an action plan for year 5 were published in July 2020.

Independent Living Fund (ILF): The UK ILF closed on 30 June 2015 and with effect from 1 July 2015, new arrangements were put in place for the future support of ILF recipients in Northern Ireland. There are currently 436 recipients of ILF awards in Northern Ireland. On behalf of the Department, and with the agreement of the Scottish Government, ILF awards are disbursed using the ILF Scotland infrastructure to those recipients in Northern Ireland who have severe and/or complex disabilities with intensive care needs. The award is used to pay either for care agency staff, or for the recipient to employ their own personal assistant. This additional support enables those ILF recipients to exercise choice and control and live independently in the community rather than in residential care. In 2019-20, all award payments were made on time with 100% accuracy and no complaints were received.

Physical and Sensory Disability Strategy and Action Plan 2012-15/18: The Strategy and its Action Plan was extended on three consecutive occasions since its original end date of 2015 to enable more progress to be made on implementing the various actions contained within the plan. The Strategy ended in September 2018. Significant progress was made in implementing the various strands of the action plan through close collaborative working and co-production with the statutory, voluntary and community sectors and importantly with input from service users. In considering how best to deal with those few remaining legacy actions from the action plan and any new/emerging issues and having discussed the way forward post the strategy with the various sector representatives and service user representatives, the Department has agreed to take forward work to set up a Regional Disability Forum for those with a physical, sensory, or communication difficulty.

Family Fund: The Family Fund offers a wide range of goods and services which may be focused on directly supporting the needs of the child with a disability but are equally aimed at improving the overall lot of the family adversely affected by a disability. Over 4,000 grants were delivered to families in Northern Ireland on a low income who care for a disabled child or children. Over 700 families were supported with a grant for the first time. The Department continues to provide funding to the Family Fund in 2020.

Mental Health Action Plan/Strategy: On 19 May 2020 the Department published the Mental Health Action Plan, which included a Mental Health Covid Response Plan. The publication of the Action Plan was a commitment set out in the New Decade New Approach agreement, and reconfirmed the Department's commitment to producing a new, ten year Mental Health Strategy by 2021. This strategy will build on work set out on the Mental Health Action Plan and will provide the strategic direction for the development, funding and reorganisation of mental health services for the next decade.

The Department are presently developing a project structure to take forward the implementation of the Mental Health Action Plan, and the development of the Mental Health Strategy, using a cross-sectoral and cross-professional, person centred methodology. The Department is committed to ensuring that, despite the restrictions on public gatherings in force in response to the COVID-19 pandemic, the voice of people with lived experience and the third sector will have significant weight as this work moves forward.

Bamford Action Plan: As part of the Mental Health Action Plan, there is a commitment to publish the final Bamford Evaluation report and to consider future improvements in mental health governance structures.

Regional Trauma Service: Work to establish a Regional Trauma Network for Northern Ireland is ongoing. As part of the Stormont House Agreement in 2014, the Northern Ireland Executive made a commitment to establish a comprehensive Mental Health Trauma Service (the Regional Trauma Network). This network will deliver a comprehensive regional trauma service drawing and building on existing resources and expertise in the statutory and community and voluntary sector with particular focus on trauma and PTSD.

The Network is based on the internationally-recognised psychological therapies Stepped Care approach, with low-level interventions provided by voluntary and community organisations, integrated with more intensive interventions provided by the HSC system. A Partnership Board and Implementation Team have been established to drive this work forward, and a number of working groups to progress implementation have recently been set up. PEACE IV funding, delivered through the Victims and Survivors Service (VSS), has been secured to support capacity building of the voluntary/community sector to provide interventions to meet low to middle levels of mental health needs of victims. Recurrent funding has been secured to support the first phase of the development of the HSC elements of the Network, including the recruitment of a Network Manager and additional clinical staff. It is proposed that the first phase of the Regional Trauma Network will focus on providing trauma care and treatment to victims and survivors of the Conflict / Troubles, in partnership with VSS and their funded organisations, to pilot the service and test the new pathways and referral mechanisms. The service would then be robustly evaluated in terms of capacity and demand before a decision is made on opening it up wider to the general public (Phase 2). The intention is that Phase 1 will launch later in 2020.

Eating Disorders: Work has been progressed on a study with accompanying options appraisal, announced by the former Health Minister in October 2015, into the future of eating disorder services in Northern Ireland. The options appraisal is expected to be presented to the Department during 2020-21 and will form the foundation for decision making around specialists mental health services. This is part of the action plan and will help shape the strategic direction in the new mental health strategy.

Mental Capacity Legislation: In March 2016, the Mental Capacity Act (Northern Ireland) 2016 received Royal Assent – an international first in that it promotes a fused system of mental health and mental capacity legislation; first proposed by the Bamford Review. Once fully commenced, the Act will introduce a new statutory framework governing all decision making in relation to the care, treatment or personal welfare of a person aged 16 or over who lacks capacity to make a specific decision for themselves. The Department took the decision, in conjunction with DoJ, to commence the first phase of the Mental Capacity Act for the purpose of the Deprivation of Liberty Safeguards (DoLS) on 1 October 2019. Provisions in relation to research and money and valuables were also brought in as part of Phase One implementation.

This is a significant first step in providing mental capacity legislation in Northern Ireland. Implementation was postponed until 2 December 2019 to allow Trusts to be in a better position to implement the new DoLS.

Office of Social Services (OSS)

Improving & Safeguarding Social Wellbeing – A Strategy for Social Work:
Significant progress has continued to be made in implementing the Improving and Safeguarding Social Wellbeing Strategy (2012 - 2022).

The investment in Quality Improvement (QI) learning supported by the social work strategy together with the development of the regional QI programme for social work has significantly enhanced the capacity of social workers to lead quality improvement and innovation. Leadership is central to ensuring opportunities for quality improvement and since 2016 we have supported social workers and people with lived experience to co-produce improvements in practice and service delivery using recognised QI tools and methods.

Work on a revised Regional supervision policy is at an advanced stage, however due to COVID-19, plans for a wider consultation were postponed. In the meantime a revised draft supervision policy has been made available to inform alternative arrangements for supervision during COVID-19.

Social Work Awards nominations in 2019 have been included in the publication of Social Work, The Real Life Stories behind the Headlines which was launched in March 2020.

Collaboration and Co-production - Social Work Strategy (SWS): A Senior Leadership Network (Social Work) involving senior leaders of social work in all of the key statutory partner organisations continues to go from strength to strength. This provides a forum to share good practice and for regional collaboration.

Local Engagement Partnerships (LEPs) which were set up in 2017 continue to thrive and are operational in each Trust area involving social workers, people with lived experience and partner providers. Three of the LEPs are co-chaired and focused on co-production as their improvement priority.

A Coproduction Reflections Group established January 2020 includes professionals and people with lived experience who will write a reflections on learning about coproduction in social work for the DOH Series An evaluation framework to monitor and evaluate the impact of strategy implementation against four high level outcomes for social work has been developed. Work is continuing to pilot the outcomes based accountability approach against the outcome in respect of the workforce.

A social wellbeing framework which articulates the purpose of social work in improving social well-being was published in June 2017 and a social wellbeing tool based on this framework has been developed by social workers and people with lived experience. This has been piloted and work is continuing in developing an electronic solution.

Plans are at an advanced stage to launch a social work/social wellbeing survey (10,000 voices) which will obtain qualitative and quantitative feedback on people's experience of social workers and impact on their social wellbeing.

Social Work Workforce Review: In partnership with colleagues in Workforce policy, a social work workforce review is at an advanced stage.

A Learning and Improvement Strategy: This Strategy for Social Workers and Social Care Workers (2019-2027) was published in December 2018. It aims to support the development of a learning culture in which staff are expected to continuously improve their practice to better meet people's needs and to ensure that we have a highly skilled and motivated workforce that can innovate and adapt to new ways of working.

OSS Training Support Programme: This contributes towards the cost of improving the knowledge, skills and qualification profile of the social care workforce in smaller, voluntary and community organisations in Northern Ireland. Funding is provided to applicant organisations which demonstrate that their employees are eligible to undertake work-related training which results in formal qualifications. In 2019-20, OSS provided financial support to more than 300 social care workers who sought to enhance their skills and knowledge.

Social Work & Community Development Approaches: This is an accredited post-qualifying programme for social workers, delivered at UUJ. It is targeted at social workers who have been qualified for at least two years and who wish to apply community development approaches to their practice. The programme has been commissioned by OSS to support primary care social workers and community social workers develop creative solutions to complex challenges and bring about positive social change in individuals and in communities.

Stronger Together - Social Work Leadership Programme: This is an accredited training programme for senior managers within the social work profession which is delivered by the HSC Leadership Centre. It seeks to develop the strategic leadership skills and knowledge which will be needed by senior managers in future years. The Stronger Together programme has been delivered for the last three years with managers from a range of social work settings and organisations. Arrangements are currently being made to have a programme available in a new format for 2020.

Oversight of HSCB's Delegation of Statutory Functions: In the context of the Department's Assurance and Accountability Framework, the Office of Social Services continues to provide analysis and commentary upon HSCB's Overview report of HSC Trusts' performance in respect of the Statutory Functions the HSCB has delegated to the HSC Trusts. Completion of this important piece of system oversight contributes to the Department's wider performance management processes and enhances public confidence whilst improving and strengthening safeguards and public protection and assures that appropriate responses are made to children in need and vulnerable adults.

Provision of professional social work advice to formulation of legislation, regulations and policy: Social Services Officers are all professionally qualified social workers with extensive experience in their specific areas of practice. Social Services Officers provide professional advice to Policy colleagues to assist with the formulation, implementation and oversight of legislation, regulations and social care policy to assist and ensure that the outworking of legislation, regulations and policy complies with the highest professional standards, is evidence informed and meets best practice standards.

Equine Strategy/Equine Therapy: The OSS has been working in partnership with the Department of Agriculture, Environment and Rural Affairs (DAERA) during 2019-20 who are leading on the development of an Equine Strategy for Northern Ireland which includes three key elements for progression: Economy; Education and Health. OSS has been leading on the Health piece specifically on the exploration, research and promotion of the use of equines for the benefits of overall health and wellbeing and in particular for those with special needs both learning and physical as well as mental health. This is just the start of the journey in exploring this innovative approach and intervention which can be promoted by health and social work professionals for the benefit of their patients and clients and service users. We will continue to work in partnership through an established wider cross-departmental structure to build further on this approach in 2020-21 with stakeholders in the public, independent and voluntary and community sectors.

Supporting Practice in the Social Work and Social Care Sector: In 2019 two further titles in the Reflection series were published. The Reflections series, developed in 2018, aims to support social workers in their practice and is designed to provoke thought and stimulate a conversation on key practice issues with and within the social work community in Northern Ireland**.** The first Reflection was an Anti-Poverty Framework for social workers which was published in July 2018 followed by good practice guidance on "strengths based practice". The new titles published are Social Work and Homelessness which was designed to support social workers to better understand and respond to homelessness. The latest reflection is Social Work and Mental Health in Northern Ireland, designed to highlight and support the distinctive contribution that social workers bring to the promotion of good mental health.

Primary Care Social Work: To support the development of multi-disciplinary teams in Primary care, a new role for social workers in GP practices has been developed. These teams are intended to deliver the vision set out in *'Health and* Wellbeing *2026: Delivering* Together' of an increased emphasis on a holistic model of health and wellbeing which includes physical, mental and social wellbeing with a greater focus on prevention and early intervention. The social worker in these teams will contribute social work relationship-based, person-centred and systems focused assessments and interventions to the work of the team. They will concentrate on the social determinants of health and well-being and will tackle health and social inequalities by resilience and resource building with individuals, groups and communities. These social workers will also be community facing and will use social work community development approaches.

Reform of Adult Social Care: In response to "Power to People", implementation work formally commenced in January 2018 when the Project Board (chaired by SRO Sean Holland) was established to agree the strategic direction of the Reform Project and agreed an outline work plan. The Project Board comprises of 36 members from across the system, including Department Policy Leads, representatives from other Departments, Northern Ireland Social Care Council (NISCC), Health and Social Care Regulation and Quality Improvement Authority (RQIA), Trade Unions, Health and Social Care Board and Trusts, service users and carers and the independent and voluntary sector. The Project Board met on a quarterly basis. An Independent Expert Carer's Panel and a Service User Panel have been established and both panels met regularly during 2019 and early 2020 to support a co-production approach to developing proposals. Engagement workshops with the Community and Voluntary Sector and with Residential and Nursing Care Home Managers took place in November and September 2019.

Due to the absence of an Executive, Brexit Contingency planning, staff promotions and staff changes, the development of the reform action plan has been significantly delayed since the publication of Power to People.

The reform project is currently being taken forward under the leadership of the Deputy Chief Social Worker with a small team. During 2019 six Strategic Priorities for Reform were developed and agreed with the Project Board. Engagement papers outlining Draft Proposals and proposed strategic action in relation to the first three of the Strategic Priorities, were developed and discussed with the Project Board and Stakeholder groups, and good progress was made in developing strategic action in relation to the remaining priorities.

In response to COVID-19 pandemic surge planning, the Department temporarily stood down the work of the Reform of Adult Social Care Project Support Team. The team's staff members have been deployed to assist in dealing with the new demands presented by the current situation and the project was put on hold until further notice. Due to this and whilst the COVID-19 Emergency response is taking precedence for project stakeholders across the HSC the Project Board meetings have been postponed. Work has recently resumed to develop proposals for Minister at his request regarding the social care workforce in the Independent sector.

Modernising Regulation: The OSS has sponsorship responsibility for the Northern Ireland Social Care Council who have delegated responsibility for the compulsory registration and regulation of the social work and social care workforce(s) with over 46,000 workers on the NISCC Register since completion of the roll out of registration. This is the largest workforce in the HSC in Northern Ireland. A Landscape Review has been completed in line with good governance principles but adopting a forward looking approach considering the key challenges in the changing landscape of care and the report considers how the Council may play a part in the modernisation of social care going forward in relation to the workforce who provide care to the most vulnerable in our society.

Prison Healthcare:
The Owers Report on Prison Reform (2011) contained a series of recommendations for the reform of prisons in Northern Ireland, ten of which specifically relate to prisoner healthcare. An 'Improving Health within Criminal Justice' joint strategy and action plan was published by DoJ and DoH in June 2019.

A dedicated Strategy Implementation Group has been created to deliver on the strategy Action Plan, across each of its' seven strategic priorities. The Department is committed to improving access, integration and continuation of healthcare within a criminal justice setting; the aim to improve the health of the criminal justice population, to make detention safer and to reduce the risk of recidivism.

PERFORMANCE ANALYSIS

HSC, NIAS AND NIFRS PERFORMANCE

HSC Performance

Improving waiting times continues to be one of the Department's key priorities. The pressures on the HSC's capacity to respond to demand for elective care have been building for several years and the number of patients waiting longer than the target waiting times have increased as a result.

The additional non-recurrent funding available from the Confidence and Supply Transformation Fund in 2019-20 (£17.6m) benefited a large number of patients (circa 86,000) who would otherwise still have been waiting. While non-recurrent investment is welcome and benefits large numbers of patients, it provides a short-term solution to stemming growth.

During the year work progressed to bring forward the much needed change outlined in the Elective Care Plan (published in February 2017). This included a range of interventions to increase patient self-management as well as efforts to build capacity and capability in primary care. Work has also been taken forward to modernise and reform secondary care.

Towards the end of 2019-20, the COVID-19 outbreak placed unprecedented demands on acute services with elective work reduced or postponed in an attempt to free up capacity including staff, beds and critical care services. The need to prioritise resources for COVID-19 patients has had a direct impact on those non-coronavirus patients who have been waiting for elective assessment and/or treatment.

Whilst addressing Elective Care waiting times still remains a priority future plans will need to take account of the ongoing impact of COVID-19 and the financial position.

The position on HSC Trust performance against the 4 and 12 hour waiting time targets for Emergency Departments (EDs) remains a cause for concern. EDs experienced significant pressure throughout the year, not just the winter period, with an increase in the number of patients who waited longer than 12 hours in ED and all HSC Trusts falling well short of the expectation that 95% of patients should be either discharged or admitted within 4 hours of arrival at an ED. While the number of attendances has fallen slightly to 814,273 in 2019-20 from 822,847 in 2018-19, this may be partially explained by the drop in attendances at EDs during March 2020, due to pandemic-related concerns.

In the last number of years investment has been made in domiciliary care and care package provision for older people and NIAS has continued to develop Appropriate Care Pathways, which provide access to a range of new services to offer alternatives to bringing patients to an ED through treatment in the community or offering an alternative destination. Whilst these interventions have made some impact a more comprehensive response to the provision of urgent and emergency care services is required.

Under the Transformation agenda, the Department has been undertaking a clinically led Review of Urgent and Emergency Care services across Northern Ireland. The Review team was targeting submission of its initial report and recommendations to the Department by April 2020, with the aim of then holding a consultation exercise on proposals to develop a sustainable regional care model for the next 10-15 years. Whilst the timeline for the completion of the review has been interrupted by the Department's handling of the response to the COVID-19 pandemic, it is envisaged that some of the early proposals emerging from the work of review team will be considered as part of ongoing planning for the rebuilding of urgent and emergency care services in the prevailing context of COVID-19.

Outpatient Standards

By March 2020, 50% of patients should be waiting no longer than nine weeks for an outpatient appointment and no patient waits longer than *52 weeks.*

The increase in elective waiting times seen over the year is primarily as a result of demand continuing to exceed funded health service capacity in a number of specialties and the impact of the wider financial position. While the additional investment in 2019-20 benefited a large number of patients who would otherwise still have been waiting, it served only to stem the growth in waiting times. At 31 March 2020, 21% of patients were waiting less than nine weeks for a first outpatient appointment, compared to 26% at the end of March 2019. Over the same period, the number of patients waiting longer than nine weeks increased from 213,708 to 240,907, and the number waiting more than 52 weeks increased from 97,851 to 116,090.

Diagnostic Tests Standards

By March 2020, 75% of patients should wait no longer than nine weeks for a diagnostic test and no patient waits longer than 26 weeks; and all urgent diagnostic tests are reported on within two days of the test being undertaken.

Given the importance of diagnostics in diagnosing patient conditions and enabling a treatment plan to be put in place, funding from the Confidence and Supply Transformation Fund was utilised to undertake additional diagnostic activity during 2019-20.

While regionally the number of people waiting more than nine and 26 weeks has increased compared with last year, figures at 31 March 2020 show that the position improved during the Quarter four of 2019-20. The number of patients waiting longer than nine weeks reduced from 69,620 at the end of December 2019 to 58,639 at the end of March 2020 and the number waiting more than 26 weeks fell from 36,573 to 28,130 during this period.

During 2019-20, 85% of urgent diagnostic tests were reported on within two days, which is broadly unchanged from the previous year (86%).

Inpatient / Day Case Treatment Standards

By March 2020, 55% of patients should wait no longer than 13 weeks for inpatient/daycase treatment and no patient waits longer than 52 weeks.

Similar to the position for outpatients, patient demand for inpatient/daycase treatment exceeds funded health service capacity in a number of specialties. A significant number of additional patients were treated during 2019-20 as a result of the Confidence and Supply funding however, even with this additional investment, the proportion of patients waiting less than 13 weeks for admission for treatment has fallen from 34% at the end of March 2019 to 29% at 31 March 2020. Over the same period, the number of patients waiting more than 13 and 52 weeks for treatment has increased from 56,871 to 66,744 and from 22,350 to 30,588 respectively.

Unscheduled Care Standards

By March 2020, 95% of patients attending any Type 1, 2 or 3 A&E Department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.

By March 2020, at least 80% of patients to have commenced treatment, following triage within two hours.

The number of ED attendances fell slightly to 814,702 in 2019-20 from 822,847 in 2018-19 however, this may be partially explained by the drop in attendances at EDs during March 2020, due to pandemic-related concerns.

Performance against the 4 hour and 12 hour targets has deteriorated compared to the previous year – 65.1% of patients were seen within 4 hours in 2019-20 compared to 69.9% in 2018-19, well short of the expectation that 95% of patients should be either discharged or admitted within 4 hours of arrival at an ED. Similarly, the number of patients waiting longer than 12 hours in ED increased overall to 5.6% of patients in 2019-20 compared with 3.1% of patients in 2018-19. The pressures are in part due to the ongoing increase in the number of older, sicker people with more complex needs attending EDs.

77% of patients attending ED commenced their treatment within two hours of being triaged in 2019-20, a slight decrease on the previous year (79%).

Cancer Services

During 2019-20, all urgent breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

Data published by the NI Cancer Register indicates continued improvement in survival for the commonest cancers and that further improvement is expected. To ensure that patients receive the best possible service the performance standards set in relation to access to cancer services are challenging. The number of people referred to cancer services continued to increase which impacted on the ability to achieve the targets set.

Regionally, during 2019-20, 86% of urgent breast cancer referrals were seen within 14 days compared to 92% in 2018-19. The regional position in 2019-20 is as a result of performance in the Northern HSC Trust (46%) which has been impacted by increased demand and staffing issues.

A public consultation on the proposals for the future model of breast assessment services for the population of Northern Ireland was undertaken during the year. Any changes to the service will be considered in the context of dealing with and addressing the aftermath of the pandemic.

Over the 2019-20 year 93% of people received their first definitive treatment within 31 days which is broadly unchanged from the 2018-19 (94%) position despite an increase in demand for treatment.

Increased demand for services coupled with recruitment challenges has impacted negatively on 62-day performance. Performance in 2019-20 (51%) was significantly lower than 2018-19 (63%), largely as a result of diagnostic delays, in particular, access to scopes.

Hip Fractures Standard

By March 2020 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures

Regionally during 2019-20, 78% of patients, where clinically appropriate, received inpatient treatment for hip fractures within 48 hours. This is a reduction on the previous year (84%) however, is in the context of a 7% increase in demand.

Commencement of AHP Treatment Standard

By March 2020, no patient should wait longer than 13 weeks from referral to commencement of treatment by an AHP.

Regionally at the end of March 2020, 18,803 patients were waiting longer than 13 weeks from referral to commencement of AHP treatment. This is a deterioration on the end of March 2019 position, an increase of 6,000 patients.

Patient Discharges

During 2019-20, ensure that 99% of all learning disability and mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.

For learning disability, performance deteriorated from 82% of discharges taking place within seven days in 2018-19 to 69% in 2019-20. The number of discharges taking longer than 28 days increased from 20 to 25.

Performance has also deteriorated for mental health discharges, with 88% of patients discharged within 7 days in 2019-20, compared to 96% in the previous year. The number of discharges taking longer than 28 days increased from 103 in 2018-19 to 290 this year.

By March 2020, 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital taking place within six hours.

Regionally, performance has remained broadly unchanged with 77% of complex discharges taking place within 48 hours during 2019-20 compared to 78% in 2018-19. The number of complex discharges taking more than seven days to complete increased from 1,851 in 2018-19 to 2,064 in 2019-20.

With respect to non-complex discharges, while the standard has not been achieved, performance has remained constant at 93%.

Mental Health Services

By March 2020, no patient waits longer than nine weeks to access child and adolescent mental health services (CAMHS); nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies.

Regionally, the maximum waiting time targets for mental health services have not been achieved. Similar to elective and unscheduled care, mental health services were negatively impacted by the COVID-19 outbreak towards the end of 2019-20.

At the end of March 2020, 707 patients were waiting more than nine weeks to access CAMHS, 1,158 patients waiting more than nine weeks to access adult mental health services, 746 patients were waiting longer than nine weeks for dementia services and, 3,162 patients were waiting longer than 13 weeks for psychological therapies.

Northern Ireland Ambulance Service (NIAS) Performance

From April 2018, 72.5% of Category A (life threatening) calls to be responded to within eight minutes, 67.5% in each Local Commissioning Group (LCG) area.

From 1 April 2019 to 11 November 2019 32.5% of Category A calls were responded to within eight minutes compared to 37.2% in 2018-19. The 2018-19 figure is for the full year and the 2019-20 figure is for the period 1 April to 11 November and they are not comparable as they cover different time frames. The 67.5% element of the target was not met during this period in any of the LCG areas – performance ranged from 23.9% (South Eastern LCG) to 39.2% (Belfast LCG).

On 12 November 2019 NIAS changed the way they prioritise calls, moving to an evidence-based response model, in line with the rest of the UK. Response time targets were also changed and cannot therefore be compared with the previous standard.

From 12 November 2019 to 31 March 2020 NIAS aimed to respond to Category 1 (immediate life threatening) calls in an average time of 8 minutes and at least 9 out of 10 times within 15 minutes. During this period the average time for category 1 responses was 11 minutes 12 seconds, with 9 out of 10 responded to in 21 minutes 28 seconds.

The current targets that NIAS are monitoring and reporting against have not yet been agreed and added to the Commissioning Plan Direction for Ministerial consideration. In addition the process for reporting against this target was in development for several months, so these are indicative figures only.

Increasing demand for emergency ambulance services has placed considerable pressure on NIAS to deliver against targets. Following an extensive demand and capacity review the Trust is planning to implement a new Clinical Response Model (CRM) similar to those introduced elsewhere in the UK in recent years. The code sets and standards for the new CRM, which aim to provide a more clinically appropriate ambulance response by better targeting the right resources (clinical skills and vehicle type) to the right patients were successfully introduced on 12 November 2019. However, while response times to immediately life threatening calls should improve, NIAS will not be able to meet the target times for lower priority calls until the increased staffing levels, changes to ambulance deployment and service improvements, which were the other key recommendations of the demand and capacity review, are in place.

The Department has received, and commented on, the outline business case for implementation of the full CRM and awaits the submission of the full business case.

In addition to the revised CRM, as part of NIAS' programme of reform and modernisation, the Trust is continuing to develop its Appropriate Care Pathways which provide access to a range of services to offer alternatives to bringing patients to an Emergency Department through treatment in the community or offering an alternative destination. Work is also ongoing to address the issue of frequent callers.

Performance Management going into 2020-21

The impact of COVID-19 has changed the landscape for performance management as the Health Service begins to re-build. Consideration will be given to what is achievable within this context and the appropriate performance management arrangements.

NIFRS Performance

During 2019-20, NIFRS received a total of 32,895 emergency calls for help to its Regional Control Centre (a 14.6% decrease compared to 2018-19). Fire crews responded to a total of 22,238 emergency incidents across Northern Ireland (a 9.6% decrease compared to 2018-19).

Firefighters attended 2,731 major fires rescuing 34 people during 2019-20. The number of accidental dwelling fires decreased by 3.3% from 809 in 2018-19 to 782 in 2019-20. A total of three people lost their lives as a result of accidental dwelling fires compared to the six people who died in 2018-19.

NIFRS, through its 'People at Risk' strategy, specifically targeted prevention work in 2019-20 at those people considered to be at greatest risk - those aged 50 or older; or anyone with an impaired mobility.

Between 1 April 2019 and 31 March 2020 firefighters carried out 6,980 free home fire safety checks and fitted 7,520 smoke alarms. Through the People at Risk Strategy 913 activities were completed reaching an audience of 17,799. These activities included leaflet drops, talks, events and exhibitions.

Through other engagement in relation to fire safety in the home 2,099 activities were completed, including leaflet drops, youth engagement, safety team, chip pan demonstrations, events/exhibitions and talks, reaching an audience of 84,816.

During 2017-18 NIFRS introduced the Strategically Targeted Areas of Risk (STAR) initiative and through this programme in 2019-20 visited 19,006 homes to provide fire safety advice and offer a free home fire safety check to people at risk.

In 2019-20 NIFRS 34 Volunteers contributed to this fire safety work, carrying out a number of prevention activities including leaflets, events/exhibitions and talks across Coleraine, Downpatrick, Cookstown and Londonderry.

During 2019-20 NIFRS attended a total of 4,124 Secondary Fires, a decrease of 65% on 2018-19; 1,189 of these were gorse incidents. Fire crews also attended 737 road traffic collisions (RTCs), a 0.9% decrease in RTCs attended compared to 2018-19.

During 2019-20, NIFRS carried out 706 Fire Safety Audits in non-residential premises under the Fire Safety Legislation. Three Enforcement Notices and four Prohibition Notices were issued to premises not compliant with the required fire safety standards.

During 2019-20 NIFRS continued to work alongside partner agencies to ensure a coordinated response to serious widespread flooding incidents.

NIFRS will continue to review and develop its risk assessment methodology to ensure it continues to effectively inform the service delivery model and allows it to allocate resources to any changes in risk.

Future Performance

Key targets for future performance will be a matter for agreement with the Minister. They will be focused on ensuring achievement of strategic objectives in line with available resources.

Financial Performance

2019-20 Financial Performance

The net resource outturn for the year is £5,568m, which is within the voted total Estimate cover by some £279m (4.77%). An analysis of the net resource outturn is as follows:

	£'000
Grant in Aid to HSC Bodies	4,781,524
Family Health Services (gross)	961,306
Income (including Health Service contributions £564m)	(628,879)
Hospital and Paramedic Services	129,490
Social Care Services	67,680
Public Health Services	78,212
Other direct expenditure	68,482
Annually Managed Expenditure and notional costs	8,462
Grant in Aid to NIFRS and other Fire Services expenditure	101,681
Total	5,567,958

A detailed analysis of Net Resource Outturn against Estimate by function can be found within the note to the accounts Statement of Assembly Supply 1.

The Department continued to face significant financial challenges during 2019-20. Throughout the year, the Department sought to manage a range of unfunded pressures, in particular working closely with all Departmental ALBs in order to secure opportunities to close the funding gap. The Department also engaged extensively with the key stakeholders across the HSC and with DoF. The Department participated in the 2019-20 in-year monitoring processes and was successful in securing £69.7m recurrent and £92.4m non-recurrent cash resource funding.

As a result of these actions, the Department reported an overall resource underspend against final budget of £11.13m (0.18%). This reflects an underspend of £1.85m in relation to ring fenced Confidence and Supply Health Transformation funding; £1.51m against the cash resource budget (0.03%) and £7.77m of a non-cash underspend (4.9% of final non-cash budget).

In respect of capital the Department reported an overall underspend against final budget of £55m (20%). Some £48.1m of underspend relates to the Encompass programme, and was recognisable as expenditure once the contract was signed. This was originally anticipated to take place in February, but was delayed until the end of May as the Department needed to take additional steps to ensure that appropriate assurance could be provided that risks were managed to an appropriate extent for a programme of this size. The remaining underspend of c£7m has primarily been caused by delays to estate works and equipment deliveries as a result of the COVID-19 pandemic.

Reconciliation of Resource Expenditure between Estimates, Accounts and Budgets

A reconciliation of the Department's resource expenditure between estimates, accounts and budgets is provided within the table below:

	2019-20 £'000	2018-19 £'000
Net Resource Requirement	**5,567,958**	**5,256,760**
Consolidated Fund Extra Receipts (CFER's)	(104)	(107)
Net Operating Cost	**5,567,854**	**5,256,653**
Adjustments to remove:		
Capital Grant	(13,111)	(4,365)
Research and Development expenditure	(17)	(262)
Voted income outside the budget	563,935	518,401
Voted resource expenditure outside the budget	(4,887,699)	(4,595,821)
Adjustments to include:		
Resource Consumption of NDPBs	5,228,979	4,523,956
Total Budget Outturn	**6,459,941**	**5,698,562**
of which		
Departmental Expenditure Limits (DEL)	6,142,671	5,645,160
Annually Managed Expenditure (AME)	317,270	53,402

HSC Capital Investment

The Capital Departmental Expenditure Limit (DEL) budget available for 2019-20 amounted to £275,183k, against a provisional expenditure of £220,173k. In line with Departmental policy, the current investment programme focuses on the enhancement of the estate to support the Department's service delivery and reform objectives by:

- Major upgrading of acute services to facilitate more effective hospital services;
- Investment in mental health and learning disability facilities;
- Providing more treatment and care closer to where people live and work;
- Investment in emergency services, ICT and technology;
- Estate upgrading to address key infrastructural risks; and
- Investment in Research and Development.

The following projects were completed in 2019-20:

- BCH Mental Health Inpatient Unit AAH 24 bedded modular unit
- CAH Aseptic Suite
- Phase 1 of NIFRS Learning and Development Centre at Desertcreat

The following projects remain ongoing as at 31 March 2020:

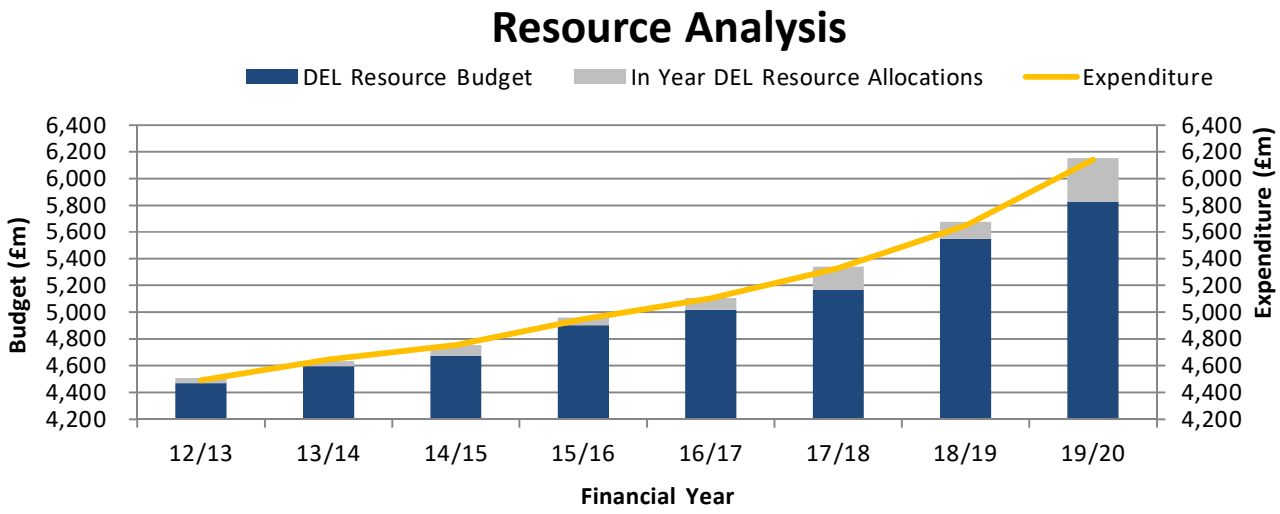
- Acute Services block Ulster Phase B
- RVH Maternity New Build
- RGH Energy Centre
- RVH Children's Hospital
- Altnagelvin 5.1 – North Block Ward Accommodation/Treatment Wing
- Additional CT Scanner at Craigavon Area Hospital
- Phase 2 NIFRS Learning and Development Centre at Desertcreat

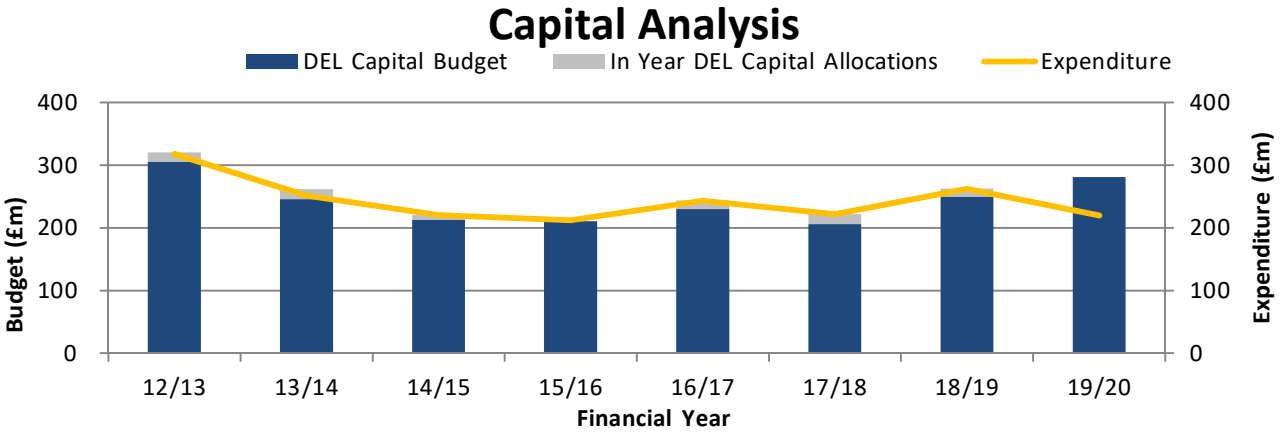
In addition, investment was provided for the following key areas:

- £7.2m in the Northern Ireland Fire and Rescue Service for fleet, equipment and estate;
- £4.3m in the Northern Ireland Ambulance Service for fleet, estate and equipment;
- £33.7m in information technology;
- £13.3m in research and development;
- £3.2m in GP Practices; and
- £1m to support the Transformation of services.

The level of financial risks to capital expenditure plans will be kept under continuing review in order to ensure that plans are amended as necessary to best manage these risks. Where financial guarantees, indemnities or letters of comfort are in existence in relation to HSC capital investment, these are disclosed within note 16.1 to the accounts.

Long Term Expenditure Trend Analysis





Whilst the Department's resource allocation has increased each year, these uplifts have not been sufficient to fund inflationary cost pressures, demography pressures from an increasing and ageing population and the cost pressures associated with new treatments and patient expectation and therefore represent real terms decreases.

Across the budget period 2012-13 to date, the Department has also received additional in year non-recurrent Resource funding, through monitoring round processes, of £932.8m and £110.9m of capital funding. However, in order to maximise health outcomes for the population of Northern Ireland it is strategically important that there is not an over reliance on non-recurrent funding sources but recurrent stability.

The Department has also received non-recurrent Confidence and Supply funding in 2019-20:

- £116.2m for HSC Transformation;
- £10m for Mental Health services; and
- £1.7m for tackling deprivation.

Although the Department has been afforded protection from budgetary cuts, closing the gap between projected demand/need and available budget has meant implementing a significant programme of efficiency measures.

As illustrated in the diagrams above, during the period 2012-13 to 2019-20, the Department has demonstrated sound financial management as measured by provisional outturn which has been 99.8% to 100 % of the resource budget (99.5% to 100% excluding Confidence and Supply).

Looking ahead to 2020-21 and beyond financial constraints are expected to continue. The trajectory set out in the independent report produced by an Expert Panel led by Professor Raphael Bengoa is that in the absence of significant transformation the Department is likely to consume 90% of the overall Northern Ireland Block over the next ten years. Transformation of HSC will require financial investment, and a period of parallel running which will determine the pace of change.

RESOURCES

Risks and Uncertainties

The Departmental Board is committed to maintaining a sound system of internal governance including comprehensive and effective risk management systems. The Department works within a comprehensive framework for business planning, risk management and assurance. The Department maintains a Departmental Risk Register to record, monitor and report on the management of risk, and the Departmental Board receives formal quarterly reports on the status of Departmental risks, with individual risks considered on an exception basis where necessary. The Departmental Risk Register focuses on the principal risks to the Department's delivery of its statutory responsibilities and strategic objectives. The Departmental Business Plan is directly linked to the Risk Register and is supported by the escalation process. The Department strives for a 'hungry' risk appetite but recognises the need for an 'open' risk appetite in those areas where the Department cannot afford to fail.

14 principal risks have been identified in relation to the successful discharge of the Department's statutory obligations. These risks reflect the possible high level threats to which the Department must respond in terms of its own business and the agenda it sets for its Arm's Length Bodies. The risk descriptions are set out below:

DR1	That available financial resources are insufficient and are not deployed effectively to ensure that essential services are maintained and the strategic objectives for the HSC and Public Safety are progressed in 2019-20.
DR2	That planning and prioritisation of financial resources for future years is not effective in ensuring that sufficient resources are available to maintain essential services and deliver the strategic objectives for HSC and Public Safety in future years.
DR3	Departmental priorities are not met due to ineffective arrangements for the management, recruitment, engagement, deployment or development of Departmental staff.
DR4	The requisite HSC workforce is not recruited, retained, trained or developed, with a consequent negative impact on service provision, due to: a lack of capacity and/or resources for effective workforce planning and development; and/or, prevailing employment market conditions for the healthcare sector.
DR5	There is an adverse effect on the demand for, and quality of, HSC Services due to the ineffective delivery of those NICS Outcome Programme outcomes for which the DoH is responsible.
DR6	The health and social care sector may be unable to respond to the health and social care consequences of any emergency (including those for which the DoH is the Lead Government Department) due to inadequate planning and preparedness which could impact on the health and well-being of the population.
DR7	Services provided are not safe or of appropriate quality due to ineffective measures being in place for the adequate discharge of the Department's statutory responsibilities under the Health and Social Care (Reform) Act (Northern Ireland) 2009.
DR8	Failure to protect children, young people and adults at risk as a result of an ineffective planning and policy response.
DR9	Appropriate standards of probity and governance are not maintained due to ineffectual internal control and sponsorship of arm's length bodies.
DR10	The required level of transformation in the HSC is not delivered due to lack of commitment within the system, political and citizen buy-in or a failure to effectively plan and manage change.
DR11	Contractual arrangements for independent practitioners become impractical or financially unviable in a significant number of areas, leading to loss of services and increased pressure on other services.
DR12	Cyber security breach leads to loss of service user data and/or prolonged loss of key services.
DR13	Failure to comply with the legislative requirements set out in the General Data Protection Regulation and DPA 2018 negatively impacts the health budget due to statutory fines, and damages Departmental reputation.
DR14	That Encompass and other major ehealth projects such as NIPACS, LIMS, NHAIS etc. are not delivered on time, within budget, do not enable the transformational benefits to the extent they anticipate, or that the HSC is unable to manage the change and coordination between key projects effectively.

The Department's Legislative Programme

Any Departmental programme of legislation is subject to the agreement of its Minister, to agreement by the Executive and, where necessary, prioritisation by the Executive. The Department did not develop a suite of legislative proposals for 2019-20. However, following restoration of the Executive in January 2020 and continuation of the 2017-22 mandate, it was apparent that two draft bills might be in a state of readiness for introduction to the Assembly in Autumn 2020. The First and Deputy First Ministers are due to provide an update later in 2020 on the Executive's proposed programme for legislation. It is hoped that the two draft bills will be introduced within the current mandate.

Equality and Human Rights

The Department complies with equality and human rights obligations as set out in Section 75 of the Northern Ireland Act 1998 and the Human Rights Act 1998 and is committed to promoting equality of opportunity, regard to the desirability of promoting good relations and human rights.

The Department's Equality Scheme sets out how the Department proposes to fulfil the Section 75 statutory duties. Respect for human rights is central to the work of the Department and its agencies and we comply with the statutory duty to respect, protect and fulfil people's human rights when developing and delivering government policy and services.

Environment and Sustainability

During 2019-20 the Department continued to demonstrate, both in the carrying out of its functions and in maintaining a policy environment, due regard to its Statutory Duty for sustainable development.

The Department continues to lead on the sustainable development of the health and social care sector with its ongoing work to transform the delivery of services, in line with the *'Health and* Wellbeing *2026: Delivering* Together' strategy.

Other areas of work highlighting sustainable practice include:

- The Carbon Reduction Commitment (CRC) closed in 2019. The Department's returns on CRC for 2018-19, being the last reportable figures, indicates a decrease in reportable carbon dioxide emissions of 9% over the previous year. Overall, the Department's carbon emissions have reduced by 52% since the beginning of the CRC scheme and reflects the good work of all staff and MSU in managing energy use in the areas of Castle Buildings occupied by the Department;

- The Department continues to comply with NICS contracted waste disposal and recycling services and promotes waste minimization and management through encouraging staff to "Reduce, Reuse, Recycle";

- The Department is represented on the Future Generations Group and Cross Departmental sub committees on Adaption and Mitigation, assisting in the development of the NI adaption programme to address the identified risks of climate change and in the development of cross-departmental actions to mitigate against climate change;

- The Department has engaged with Climate NI, and worked in partnership with WHO Belfast Healthy Cities and the wider Climate NI Health and Wellbeing Network, to establish and maintain an online climate change and health information exchange platform. The platform allows organisations and individuals interested in climate and health issues to access and share information and learning on risks as well as potential responses and solutions;

- The Department continues to engage with the Strategic Investment Board (SIB) regarding the support of the energy management strategy for the public sector in Northern Ireland. HSC Trusts detailed energy returns have been completed and submitted to SIB in support of this work; and

- In the scrutiny and approval of business cases for capital expenditure, the Department has ensured that due regard to Sustainable Development is being explored within each business case.

In 2020-21, the Department will continue to carry out its functions while providing due regard to its duty for Sustainable Development.

As required under section 3 of the Rural Needs Act (NI) 2016 the Rural Needs Annual Monitoring Report, included below, records the activities undertaken by the Department which are subject to section 1(1) of the Act. The Report details how the Department has had due regard to rural needs when developing, adopting, implementing or revising a policy, strategy or plan or when designing or delivering a public service. As required under the Act, this information will be submitted to DAERA for publication and laying before the Assembly.

Rural Needs Annual Monitoring Report 2019-20

Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016	**The rural policy area(s) which the activity relates to**	**Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service**
Eligibility for HSC-funded IVF and related treatments	Health or Social Care Services	The Department considered the rural impact and concluded that screening is not required as there has been no change to the location of the services delivered in this policy and therefore it has a neutral impact on rural dwellers. The Department will not be consulting on the revised policy. This is because the access criteria have been updated on the basis of NICE Clinical Guideline 156, which the Department endorsed in 2013. Furthermore, it does not represent a significant policy change, and the impact is positive because the pool of those eligible to be considered for treatment has been extended, promoting equality of opportunity among several S75 groups.
High Level Equality Screening Budget	Health or Social Care Services	A Rural Impact Assessment is not completed on the high level budget but, once the budget is agreed, it is the responsibility of spending areas to assess whether their policies, strategies and plans that are to be taken forward have a differential impact on rural areas, and where appropriate, make adjustments to take account of particular rural circumstances.

Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016	**The rural policy area(s) which the activity relates to**	**Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service**
The Firefighters' Pension Scheme (Amendment and Transitional Provisions) Order (Northern Ireland) 2019 – Contribution Holidays	Health or Social Care Services	A Rural Impact Assessment was considered but not completed for this amendment as there was no impact or implications to people in rural areas. The policy lead concluded that as the Rural Impact Assessment was a new process that was carried out before consultation and as they were not re-consulting they would only consider the impact and only complete the template if necessary. It was considered that there was no impact or implications to people in rural areas therefore no template was completed on this occasion for this piece of legislation. This was noted in the submission to the Permanent Secretary when they were seeking approval to make the regulations.
Protect Life 2 - A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-2024	Health or Social Care Services	A RIA was completed and concluded that the policy is likely to affect people in rural areas. While local research has shown that suicide is more prevalent in urban areas, rural dwellers have experienced a unique set of circumstances in recent years, including an ageing population, decline in farm incomes, changing labour markets and depopulation/migration in some areas. Certain factors have been identified as increasing risk and stress to people living in rural areas over and above the risk factors for suicide affecting general populations. These include isolation, barriers to accessing services, a more conservative approach to help seeking, heightened stigma associated with mental health issues, being "different" (e.g. LGBT) in a rural context, availability of some means of suicide (firearm ownership, pesticides) and high risk occupational groups such as farmers or vets.

Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016	**The rural policy area(s) which the activity relates to**	**Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service**
The Pharmaceutical Services (Amendments Relating to Serious Shortage Protocols) Regulations (NI) 2019	Health and Social Care Services	A RIA was completed and concluded that the proposed policy is likely to impact on the rural needs of the people in Northern Ireland. The Department has considered the needs of people in rural areas in the development of this policy proposal and while it recognises that in the event that there ever is a shortage of a particular drug or an appliance ordered on health service prescription, the protocols would have an equally negative impact on all those patients who may have been prescribed the medication or appliance irrespective of whether they lived in a rural or urban area. The supply protocols would therefore, if introduced, apply equally to both rural and urban communities as geographical location is not a major factor in relation to the extent of any potential supply shortages or the prescribing of any particular medication or appliance on HSC prescription.
Health Restructuring – Draft Bill	Health and Social Care Services	A RIA was completed and concluded that the policy is not likely to affect people in rural areas. The key aim of the proposed policy is to legislatively effect the closure of the HSCB through the transfer of its functions, staff, assets and liabilities to the Department, Regional Agency for Public Health and Social Well-being or BSO as appropriate. It is not expected that implementation of this policy will present any specific or differential rural impacts.
Looked After Children Strategy	Health and Social Care Services	A draft RIA was completed and issued as part of the consultationIt has been reviewed in the consultation analysis process and will be published alongside the final strategy.

Copies of all consultations published can be found at: https://www.health-ni.gov.uk/consultations

The majority of National Institute for Health and care Excellence NICE guidance is of a technical nature and is not regarded as falling within the scope of the Rural Needs Act. However the following Clinical Guidance does fall within the scope of the Act and has been subject to assessment. RIAs were completed in each case, however, endorsement, implementation, monitoring and assurance of NICE Clinical Guidelines in Northern Ireland apply to all HSC organisations in both urban and rural areas. DoH considered the Department's role on each specific issue and confirmed that the social and economic needs of people in rural areas is the responsibility of HSC organisations, under the statutory duty of quality as specified in Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, to put in place the necessary systems, which should include adequate and comprehensive dissemination, as part of their clinical and social care governance arrangements, for implementing NICE guidance.
NG115 - Chronic obstructive pulmonary disease in over 16s: diagnosis and management (updates and replaces CG101)
NICE Clinical Guideline NG116 - Post-traumatic stress disorder (updates and replaces CG26)
NICE Clinical Guideline NG118 - Renal and ureteric stones: assessment and management
NICE Clinical Guideline NG119 - Cerebral palsy in adults
NICE Clinical Guideline NG121 - Intrapartum care for women with existing medical conditions or obstetric complications and their babies
NICE Clinical Guideline NG122 - Lung cancer: diagnosis and management (updates and replaces CG121)
NICE NG 123 - Urinary Incontinence and Pelvic Organ Prolapse in Women: Management
NICE NG 124 - Specialist Neonatal Respiratory Care for Babies Born Preterm
NICE NG 125 - Surgical Site Infections: Prevention and Treatment
NICE NG 126 - Ectopic Pregnancy and Miscarriage: Diagnosis and Initial Management
NICE NG 127 - Suspected Neurological Conditions: Recognition and Referral
NICE NG 129 - Crohn's Disease: Management
NICE NG 130 - Ulcerative Colitis: Management
NICE NG 131 - Prostate Cancer: Diagnosis and Management
NICE NG 132 - Hyperparathyroidism (Primary): Diagnosis, Assessment and Initial Management
NICE NG 133 - Hypertension in Pregnancy: Diagnosis and Management
NICE NG 134 - Depression in Children and Young People: Identification and Management
NICE NG 135 - Alcohol Interventions in Secondary and Further Education
NICE NG 136 - Hypertension in Adults: Diagnosis and Management
NICE NG 137 - Twin and Triplet Pregnancy
NICE NG 142 - End of Life Care for Adults: Service Delivery
NICE NG 143 - Fever in Under 5's - Assessment and Initial Management
NICE NG 144 - Cannabis-Based Medicinal Products
NICE NG 145 - Thyroid Disease: Assessment and Management
NICE NG 146 - Workplace Health: Long-Term Sickness Absence and Capability to Work
NICE NG 147 - Diverticular Disease: Diagnosis and Management
NICE NG 148 - Acute Kidney Injury: Prevention, Detection and Management
NICE NG 149 - Indoor Air Quality at Home
NICE NG 151 - Colorectal Cancer
NICE Clinical Guideline NG154 - Neonatal parenteral nutrition
NICE Clinical Guideline NG155 - Tinnitus: assessment and management
NICE Clinical Guideline NG156 - Abdominal aortic aneurysm: diagnosis and management

Asset Management

A key requirement for the Department in 2019-20 was to continue to implement the actions contained in the Executive approved Asset Management Strategy, aimed at improving asset management processes with the objectives of reducing the net cost of service delivery through the efficient use of public assets and promoting effective asset management processes that unlock value.

Property initiatives in this area included:

1. Application of DoH property policy and guidance;
2. Effective management of DoH owned property assets;
3. Delivering DoH annual disposal target;
4. Population of the NICS-wide centralised Property Information Mapping System (e-PIMS);
5. Development and population of a Government Asset Register;
6. Collaborating with DoF on the Belfast Optimisation Project;
7. Identification and release of surplus health lands to be considered for public housing;
8. Completion and publication of the annual State of the Estate Report;
9. Review of ALB Property Asset Management Plans (PAMP) for inclusion in the DoH PAMP driving change improvement, optimising space utilisation, targeting estate risk and reducing costs; and
10. Completion of the Department's annual PAMP which covers a five year planning period and is both retrospective in relation to 2017-18 and forward looking to 2022-23.

The following achievements were identified:

- £2.258m capital receipts generated through underused and vacant property disposal;
- No further cases of irregular expenditure against DoF DAO leases;
- Five leases terminated saving approximately £170k per annum; and
- Improvement in administrative space utilisation figures showing DoH average per Full Time Equivalent (FTE) is 9.82m^2 and average per workstation is 8.52m^2 compared with the NICS wide average of 28.31m^2 and 19.08m^2 respectively.

The current level of funding available represents the greatest risk to the continued, effective management of the DoH estate. Spend on essential estate maintenance continues at absolute minimal levels resulting in an estimated £338m of high risk backlog maintenance. DoH has identified an additional £17m of General Capital funding for 2020-21 to target estate risk and reduce the high risk backlog maintenance liability.

Health and Safety

The Department discharges its responsibilities under the Health and Safety at Work (NI) Order 1978, the Management of Health and Safety at Work Regulations (NI) 2000 and other relevant legislation, to ensure measures are in place for the health, safety and welfare of all its employees. All staff are kept up-to-date with the latest developments in health and safety standards. Following the outbreak of COVID-19, health and safety guidance and information has been re-issued to management and staff. Compliance with all health and safety standards is assessed through an ongoing audit programme. Two workplace health and safety audits were carried out in separate areas of the core Department during 2019-20 and results show high rates of compliance.

The procedures for management of Fire Warden support have been strengthened to achieve sufficient numbers for the building. A record of Fire Warden participation in fire drills and subsequent debriefs is maintained as evidence of ongoing training. In addition the annual NICS online Fire Awareness training was rolled out to all staff in October 2019.

Annual refresher First Aid at Work training was delivered to 12 first aiders during 2019-20 which includes Automated External Defibrillators (AED) and Cardiopulmonary Resuscitation (CPR) techniques. First Aiders requiring renewal of First Aid certificates attended the full training courses provided through NICS training resources.

During 2019-20, 104 staff (including secondees) completed the Department's Health and Safety Induction Training for new entrants.

There were a total of 4 accidents / near misses during 2019-20, none of which were serious in nature. There were 42 specialist assessments carried out during 2019-20, including: ergonomic assessments; environmental, home working, temperature, humidity, lighting and noise surveys.

Learning and Development

In line with its Learning and Development Plan, the Department supported a wide range of development opportunities for staff during 2019-20. Generic training was provided by the Centre for Applied Learning, and business specific training was provided by a range of external providers and healthcare specialists. Staff also had access to a range of ad hoc leadership opportunities. In addition, a range of e-learning training packages were available during 2019-20, and mandatory training was provided for staff in:

- GDPR Awareness;
- GDPR Governance;
- Display Screen Equipment Awareness;
- Fire Safety Awareness;
- Health & Safety for All Staff;
- Health & Safety for Managers;
- Anti-fraud awareness; and
- Responsible for information

Equal Opportunities / Disability

The Department carried out its own annual Dignity at Work survey and there were significant improvements from the 2018 DAW survey. The Departmental Diversity and Dignity Action Team continue to recommend and endorse actions and initiatives for the future. In addition, the Department provided a programme of seminars covering issues such as building emotional resilience, dealing with difficult situations and mental health awareness. The Departmental e-publication "The Pulse" regularly features articles in support of physical, mental and emotional health and well-being. The support group for staff with caring responsibilities for a child with a disability continues to meet and has also suggested specific topics for seminars, for example SENAC. The new "Workplace Buddies" initiative was launched with 28 volunteers across a range of grades.

NICSHR continues to offer a NICS Mediation Service. It is coordinated by staff in Employee Relations but the mediators are volunteers drawn from all Departments who have successfully completed a professional mediation qualification. There is a dedicated telephone helpline (028 9047 5768) and e-mail account daw.mediation@finance-ni.gov.uk for staff to discuss any concerns or obtain more information about mediation.

NICSHR has reviewed and updated Harassment Contact Officers training which covers both the legislative provisions of equality legislation as well as practical skills to equip HCOs deal with DAW issues informally. The course is available through the CAL "Links" desktop icon.

Employee Engagement

The DoH staff engagement programme '*Deliver Together*' aims to engage our people, create a great place to work, improve performance and deliver results. During 2019-20 the Department further developed the programme. Activities carried out included regular 'Getting to Know you' articles uploaded to the intranet, a series of informative seminars, a "drop in" volunteering activity and the publication of a regular in house e-zine, "The Pulse". In addition, a series of engagement events included sessions with new staff, an event to celebrate staff who have achieved 40 years' service in the NICS and an event to recognise staff who were nominated for NICS Awards. The Department also launched its own 'Making a Difference' awards with an awards ceremony in June. The Department also arranged tailored induction for PS, Deputy Principal and Staff Officer grades recruited through open competition.

All staff have access to the Welfare Support Service, the Inspire wellbeing service, NICS Well and to Trade Union membership. The Department uses the established Whitley process of staff consultation and meets regularly with Trade Unions on matters of interest.

Staff

The NI Fire and Rescue Service employs some 2,000 people and around 76,900 people work in the Health and Social Care sector (including 'bank/as and when required' staff). The Department is committed to supporting the development and management of its staff so that they can effectively contribute to the achievement of Departmental and personal objectives. With the exception of health and safety at work, responsibility for HR policies is a centralised function for the NI Civil Service, delivered by the Department of Finance's NICSHR – further information on NICS-wide policies in relation to HR-related matters are as contained within the Remuneration Report.

Performance Management

The Department continues to work towards improving performance management compliance in order to meet the NICS target of 90% of all End of Year Reviews to be completed by 30 April each year; however, given pressing priorities the figure remains a disappointing 37.5% End of Year Reviews completed by 31 July 2020. The Senior Leadership across the Department is aware of this position and continue to encourage line managers to ensure completion. This requires commitment for all involved that timely completion of performance management processes becomes part of routine practice. The End of Year Review is an opportunity for managers to provide meaningful feedback to their direct reports to help improve their performance, identify areas for development and recognise their contribution to the organisation throughout the year.

Complaints

The Department is committed to providing the highest standard of service to all its customers and aims to get things right first time. The Department received three formal complaints during 2019-20, one of which was subsequently withdrawn. If a complaint against the Department is received, any lessons will be shared with staff to increase awareness and improve the standard of service.

If members of the public are not entirely satisfied with any aspect of the Department's service, they are advised to inform the Department and the matter will be addressed as quickly as possible. The Department operates an informal and formal process as follows:

- **Informal Procedure** – The Department's aim is to resolve any complaint quickly and any matter of concern should be brought to the attention of the Departmental official with whom members of the public have been interacting with at the earliest opportunity. However, if they are still dissatisfied after this approach, a formal complaint in writing should be submitted.

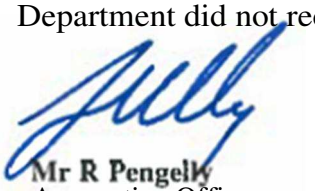
- **Formal Procedure** – Full details of any complaint should be submitted in writing. The Department will arrange for the complaint to be investigated and aim to provide a full written reply within 20 working days of receipt. If a full reply cannot be given within this timescale, details will be advised as appropriate.

  If these steps do not provide a suitable response to the initial complaint the following procedures apply:

- **Formal Procedures – follow up process –** Any follow up to initial complaints should be in writing to the Department's Complaints Officer, providing full details of any complaint and reasons for continuing dissatisfaction. The Complaints Officer will ask a Senior Officer to review the matter and respond within 20 working days of receiving the complaint. If a full reply cannot be given within this timescale, details will be advised as appropriate.

- **Subsequent Actions –** Members of the public also have the right to follow up issues through the NI Public Services Ombudsman, with the internal procedures not representing a substitute for their right to complain to the Ombudsman's Office.

The NICS Top Management Complaints Procedure has been introduced by the Department of Finance. The procedure details the process to be followed by external stakeholders and members of the general public (external complainants) who wish to raise a complaint against a member of top management in the NICS and its Agencies. Top management is defined as the Head of the Civil Service, Permanent Secretary and Grade 3 or equivalent levels. The Department did not receive any complaints relating to Top Management in 2019-20.



Mr R Pengelly
Accounting Officer
24 September 2020

ACCOUNTABILITY REPORT

1. Corporate Governance Report

The purpose of the Corporate Governance Report is to explain the make-up of the DoH, its governance structures and how they support the achievement of the DoH's objectives. The Corporate Governance Report is comprised of:

a) Directors' Report
b) Statement of Accounting Officer's Responsibilities
c) Governance Statement

2. Remuneration and Staff Report

The remuneration and staff report sets out the DoH remuneration policy for its directors, reports on how that policy has been implemented and sets out the amounts awarded to its directors and those senior staff key to the organisation's accountability.

3. Accountability and Audit Report

The Accountability and Audit report brings together key accountability documents and is comprised of:

a) Statement of Assembly Supply
b) Certificate of the Comptroller and Auditor General

CORPORATE GOVERNANCE REPORT

Directors' Report

The Department of Health (DoH or the Department) presents its Annual Report and Accounts for the financial year ended 31 March 2020.

Management

The Department is headed by the Permanent Secretary who is supported by senior officials. A Departmental Management Board, comprising the senior official in charge of each executive area, manages the Department.

Minister

There was no Minister in place in the Department for the most part of 2019-20 financial year until the NI Executive re-formed and Mr Robin Swann was appointed as Minister of Health on 11 January 2020 for the remainder of the 2019-20 financial year.

Permanent Head of the Department

Mr R Pengelly was appointed as the Permanent Secretary for the Department on 1 July 2014.

Management Board

Membership of the Departmental Management Board during 2019-20 is outlined below:

Mr. R Pengelly	Permanent Secretary (Chair)
Mr. S Holland	Deputy Secretary, Social Care Policy Group
Prof. C McArdle	Chief Nursing Officer (seconded to the Department from the South Eastern HSC Trust)
Dr. M McBride	Chief Medical Officer (seconded to the Department from the Belfast HSC Trust)
Mrs. D McNeilly	Deputy Secretary, Resource and Corporate Management Group
Mr. J Johnston	Deputy Secretary, Healthcare Policy Group
Mrs. S Gallagher	Deputy Secretary, Transformation Planning and Performance
Mrs. N Lloyd	Director of Finance, Resource and Corporate Management Group
Mr. D West	Chief Digital Information Officer
Mr. F Caddy	Independent Non–Executive Director
Mr. M Little	Independent Non–Executive Director

Departmental Accounting Boundary

These accounts consolidate financial information for those bodies within the Departmental accounting boundary, namely:

- DoH Core Department;
- Health and Social Care Board (HSCB); and
- Public Health Agency (PHA).

Annex A contains a full list of bodies consolidated within the accounts. Annex B contains a list of all the public sector bodies outside the boundary for which the Department had lead policy responsibility during the year.

Departmental Reporting Cycle

DoH's Public Expenditure proposals are considered as part of the Northern Ireland budget process, the outcome of which is contained within the Budget document published by the Department of Finance.
https://www.finance-ni.gov.uk/topics/finance/main-and-supplementary-estimates

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020 which authorised the cash and use of resources for all departments and their Arm's Length Bodies for the 2019-20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020-21 financial year. While it would be normal for this to be followed by the 2020-21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess, the COVID-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead authorising a further Vote on Account to ensure departments and their Arm's Length Bodies have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position becomes more stable.

The HSC Trusts are expected to work to meet Ministerial priorities. Performance against Executive and Ministerial priorities and targets are subject to routine monitoring and reporting to the Departmental Board.

Financial Review

Overall total expenditure by the Department on all services amounted to £5,568m (£5,257m in 2018-19) against Estimate cover of £5,847m (£5,469m in 2018-19). A detailed review is contained within the Performance Report. The financial results of the Department are set out within the financial statements herein.

The financial statements are presented in £ sterling and are rounded in thousands.

Post-Balance Sheet Events

There are no post-balance sheet events that have a material effect on the 2019-20 accounts.

Contingent Liabilities disclosed under Parliamentary reporting requirements

No disclosures for this reporting period.

Payments to Suppliers

The Department is committed to the prompt payment of bills for goods and services and pays its non-HSC trade creditors in accordance with agreed terms and appropriate government accounting guidance, as set out in Managing Public Money NI. Updated late payment legislation (the Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013 whereby the effect of the legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice. Contracts agreed before 16 March 2013 are however excluded from the amended provisions and will retain the payment terms agreed at the time the contract was signed**.**

Unless otherwise stated in the contract, payment is due within 30 days of the receipt of goods or services or within 30 days of the presentation of a valid invoice, whichever is later. Monthly reviews are conducted to measure how promptly the Core Department pays its bills. During 2019-20, on average 96.0% of invoices were paid on time.

In November 2008, in response to the current economic position, the Minister for Finance and Personnel announced that Northern Ireland Departments would aim to ensure that valid invoices were paid within 10 days. In 2019-20, on average 91.1% of the Core Department's invoices were paid within 10 days. Performance is regularly reviewed by the Departmental Board and steps have been taken to increase staff awareness of the importance of prompt payment. Moving into 2020-21, the Department will strive to both maintain and build upon the performance achieved in 2019-20.

The Department's performance both in terms of paying invoices within 10 days and 30 days can be viewed on the Account NI website at https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/NICS%20Prompt%20Payment%20Table%20for%202019-2020_3.pdf

Pension Liabilities

Past and present employees of the Department are covered by the Principal Civil Service Pension Scheme (PCSPS) (NI). Further details of the scheme can be found within the accounting policy note (Note 1) to the financial statements and within the Remuneration Report.

Related Party Transactions

The Department is the parent of those bodies listed in Annex A. It sponsors those bodies listed in Annex B. All these bodies are regarded as related parties also with which the Department has had material transactions during the year. In addition, the Department has had a small number of transactions with other government departments and Central Government bodies. Most of these transactions have been with the Department of Finance. Further details can be found at note 20 of the financial statements.

Register of Interests

The Department maintains a register of interests. This register details interests which may conflict with the management responsibilities of Board members and is recorded as necessary. Board members are required to declare any conflicts of interest that arise during the course of a meeting. There were no conflicts of interest identified by members during the period of this report.

Audit

The accounts and supporting notes relating to the Department's activities for the year ended 31 March 2020 have been audited by the Comptroller and Auditor General. The Certificate and Report of the Comptroller and Auditor General is included on pages 128-130. The notional cost of the audit for the year ended 31 March 2020, which pertained solely to audit services, was £79k; this includes the audit fee for the Superannuation Scheme Resource Account.

Statement on disclosure of audit information

I can confirm that so far as I am aware there is no relevant audit information of which the auditors are unaware and that I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the auditors are aware of that information.

Authorised for Issue

The accounts were authorised for issue on 28 September 2020 by the Departmental Accounting Officer, Mr R Pengelly.

STATEMENT OF PRINCIPAL ACCOUNTING OFFICER'S RESPONSIBILITIES

Under the Government Resources and Accounts Act (NI) 2001, the Department of Finance has directed the Department of Health to prepare, for each financial year, consolidated Resource Accounts detailing the resources acquired, held or disposed of during the year and the use of resources by the Department, Health and Social Care Board and the Public Health Agency during the year.

The Accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Department and the Departmental Group, and of its net resource outturn, resources applied to objectives, changes in taxpayer's equity and cash flows for the financial year.

The Department of Finance has appointed the Permanent Head of the Department as the Principal Accounting Officer of the Department. In preparing the accounts, the Principal Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular, to:

- Observe the Accounts Direction issued by the Department of Finance, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- Ensure that the Department has in place appropriate and reliable systems and procedures to carry out the consolidation process;

- Make judgements and estimates on a reasonable basis, including those judgements involved in consolidating the accounting information provided by the Health and Social Care Board and Public Health Agency;

- Confirm that, as far as I am aware, there is no relevant audit information of which the entity's auditors are unaware, and as the Accounting Officer I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information;

- Confirm that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable;

- State whether applicable accounting standards, as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and

- Prepare the accounts on a going-concern basis.

The Principal Accounting Officer of the Department has appointed the Chief Executives of its sponsored non-departmental and other arm's length public bodies as Accounting Officers of those bodies. The Principal Accounting Officer of the Department is responsible for ensuring that appropriate systems and controls are in place to ensure that any grants that the Department makes to its sponsored bodies are applied for the purposes intended and that such expenditure and the other income and expenditure of the sponsored bodies are properly accounted for, for the purposes of consolidation within the resource accounts. Under their terms of appointment, the Accounting Officers of the sponsored bodies are accountable for the use, including the regularity and propriety, of the grants received and the other income and expenditure of the sponsored bodies.

The responsibilities of an Accounting Officer, including the 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 assets of the Department for which the Accounting Officer is responsible, are set out in the Accounting Officers' Memorandum issued by the Department of Finance and published in Managing Public Money Northern Ireland.

In 2015 the then Health Minister announced his intention to close the HSCB. The absence of a legislature has delayed the closure and whilst preparatory work is underway the HSCB continues as constituted for the foreseeable future. The HSCB's financial statements consolidated herein have therefore been prepared on a going concern basis.

GOVERNANCE STATEMENT

Introduction

This statement is given in respect of the Departmental Resource Accounts for 2019-20. It outlines the Department's governance framework for directing and controlling its functions and how assurance is provided to support me in my role as Accounting Officer for DoH. The Board of the Department is accountable for internal control. As Accounting Officer, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the Department's policies, aims and objectives. I also have responsibility for safeguarding public funds and Departmental assets in accordance with the responsibilities assigned to me in Managing Public Money Northern Ireland (MPMNI).

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 election. As a consequence there has been no Minister in place in the Department during most of the 2019-20 financial year. The situation changed on 11 January 2020 when the Executive re-formed and Ministers were appointed. The Department's strategic objectives have been updated to reflect both Ministerial priorities and those developed by the Executive as part of the New Decade New Approach (NDNA). However, the recent health emergency, prompted by the COVID-19 global pandemic, caused the Department to activate its Business Continuity Plan and the Executive to operate under Emergency Planning structures.

The following statement, whilst primarily focusing on the Department, incorporates issues within its ALBs which deliver services directly to the public. The ALBs use their own governance structures developed in line with MPMNI, Departmental and other requirements and guidance. Each ALB publishes its own individual Governance Statement within their published annual report and accounts. ALB Boards have corporate responsibility for ensuring that their respective organisations fulfil their statutory responsibilities and the aims and objectives set by the Minister/Department, including promoting the efficient, economic and effective use of staff and other resources.

As Principal Accounting Officer, I have a duty to satisfy myself that all ALBs have adequate governance systems and procedures in place to promote the effective, efficient conduct of their business and to safeguard financial propriety and regularity.

Corporate Governance in Central Government Departments: Code of Good Practice 2017

The Department applies the principles of good practice outlined in the Code and continues to further strengthen its governance arrangements. The Department does this by undertaking continuous informal assessment of its compliance in line with the Corporate Governance Code.

Governance Framework

In my role as Accounting Officer, I function with the support of the Departmental Board (the Board). This includes highlighting to the Board specific business implications or risks and, where appropriate, the measures that could be employed to manage these risks or implications. I am also required to combine my Accounting Officer role with my responsibilities to the Minister, which include providing advice on the allocation of Departmental resources and the setting of appropriate financial and non-financial performance targets for ALBs.

The Departmental Board

The Board represents the collective and strategic leadership within the Department, in conjunction with the experience and contribution of two Non-Executive Directors (NEDs). The NEDs provide support, guidance and challenge to the Board. As Accounting Officer, I have regular meetings with them and carry out annual performance assessments. The Board supports me as Accounting Officer in establishing the necessary governance and assurance mechanisms, and in directing the business of the Department as effectively as possible, to achieve the strategic objectives and priorities set by the Minister. The Board has a key role in overseeing the sound financial management and corporate governance of the Department and closely monitors the Department's progress in the achievement of key objectives and priorities set out in the Departmental Business Plan, including the Outcomes Delivery Plan (ODP), draft Programme for Government (PfG) and NDNA commitments.

The Board applies the principles of good practice in Corporate Governance and continues to strengthen its governance arrangements. The Board does this by assessment of its compliance with Corporate Governance best practice as part of a wider review of the Board. The Board ensures that appropriate risk management procedures are in place within the Department and it scrutinises the governance and performance of ALBs.

In line with best practice, the operational procedures of the Board are kept under continuous review and a more detailed evaluation is conducted on a periodic basis. The membership of the Board and attendance for the period is set out in the table below.

Executive Board Members (EBM) 2019-20		No. of Meetings Attended
Mr. R Pengelly	Permanent Secretary and Chair	5/6
Dr. M McBride	Chief Medical Officer	5/6
Mr. S Holland	Deputy Secretary, Social Services Policy Group	4/6
Prof. C McArdle	Chief Nursing Officer	5/6
Mrs. D McNeilly	Deputy Secretary, Resource and Corporate Management Group	2/6
Mr. J Johnston	Deputy Secretary, Health Care Policy Group	5/6
Mrs. S Gallagher	Deputy Secretary, Transformation Planning and Performance	5/6
Mrs. N Lloyd	Director of Finance, Resource and Corporate Management Group	6/6
Mr. D West	Chief Digital Information Officer (Appointed 7 May 2019)	5/6
Non-Executive Directors (NED) 2019-20		No. of Meetings Attended
Mr. M Little	Non-Executive Director	6/6
Mr. F Caddy	Non-Executive Director	6/6

Management Information

The Board reviews regular reports and updates to enable performance against Departmental objectives to be scrutinised and challenged where necessary. These reports and formats are kept under review to enable them to identify and respond to emerging issues.

The requirements of ALB Governance within the Department have evolved to ensure that the accountability review process is appropriately balanced in terms of governance and performance.

Quality of Information

The Board receives a range of management information about matters such as Finance, Human Resources, the Departmental Business Plan, the Departmental Risk Register and the Governance and Performance of ALBs, to assist in discharging its role. Regular formal reviews of the operation of the Board include the quality of information provided. In addition, Board members, collectively and individually, keep the quality of reported information under continuous review and seek enhancements as necessary to support the Board and its committees.

Departmental Audit and Risk Assurance Committee (DARAC)

DARAC Members 2019-20		No. of Meetings Attended
Mr. M Little	NED and Chair of DARAC	3/4
Mr. F Caddy	NED and DARAC Member	4/4
Ms. C Archbold	Departmental Solicitor's Office, Department of Finance	2/4
Mr. T Connolly	Head of Business Engagement, Department for the Economy	2/2
Mr. S McMurray	Director of Finance, Department for the Economy	2/2

The DARAC is a Committee of the Board and usually meets a minimum of four times per year, with additional topic focused meetings held as necessary. DARAC held four formal meetings during the reporting year. A fifth meeting scheduled for 18 March 2020 was cancelled due to the COVID-19 global pandemic. Business for the cancelled March meeting was concluded with all four members via written procedure, however, this has not been included as a formal meeting attendance in the table above.

DARAC comprises four members, each of whom is independent of Departmental management. In line with their terms of appointment, each member's function is to provide external advice, expertise and scrutiny. Other officials in attendance at DARAC meetings include the Departmental Accounting Officer, the Deputy Secretary, Resource and Corporate Management Group, the Director of Finance, Resource and Corporate Management Group, the Head of Internal Audit (HIA) and officials from the Northern Ireland Audit Office (NIAO).

Mr. Trevor Connolly completed his tenure as a member of DARAC in September 2019 and was replaced by Mr Stephen McMurray.

The DARAC gives detailed attention to internal governance issues, including the quality of risk management and corporate governance within the Department. DARAC also considers any HSC-wide issues or any other issues with the Department that affect my role as the Department's Accounting Officer. An example of this is in respect of the adequacy of the arrangements by which I hold ALB Accounting Officers to account for the performance and governance of their organisations. Systems for responding to recommendations made by authoritative external bodies, including the Public Accounts Committee (PAC), NIAO and the Health and Social Care Regulation and Quality Improvement Authority (RQIA), are also examined. The DARAC advises the Board and me as Accounting Officer on its conclusions and recommendations with regard to identified governance weaknesses.

DARAC – Responsibilities and Performance

In line with best practice set out in the HM Treasury Audit and Risk Assurance Committee Handbook and the Department of Finance (DoF) Audit and Risk Assurance Committee Handbook (NI), the Chair of DARAC sets an agreed core programme of work for each of its meetings, which includes:

- the quality of strategic processes for risk management, governance and internal control and how these are reflected in the Governance Statement;
- the planned activity and results of both Internal and External Audit;
- the quality of the process for preparation of the annual accounts and annual report;
- the adequacy of management response to internal and external audit recommendations; and
- anti-fraud policies, whistleblowing processes, including arrangements for special investigations.

The Department provides regular reports to DARAC on risk management and assurance in the Department and the accountability and assurance of its ALBs. In addition, DARAC considers and comments on individual issues of internal governance and their implications for wider governance arrangements. DARAC also plays a key role in providing advice on the quality of risk management and assurance within the Department.

The DARAC conducts a self-assessment according to guidelines issued by the National Audit Office on a regular basis. The findings of the self-assessment are presented for action as appropriate. In addition, the Chair of the DARAC delivers an annual report to both the Board and the DARAC and also reports to the Board on any significant governance or internal control issue.

The DARAC has also considered the Departmental Resource Accounts (DRA) for 2019-20 and on the basis of the evidence presented, has recommended the DRA to the Departmental Accounting Officer for approval.

Top Management Group

As Accounting Officer, I am supported by my Top Management Group, which comprises the EBMs. It provides a forum for the consideration and endorsement of corporate business and the handling of the emerging issues.

Departmental Framework for Business Planning, Risk Management and Assurance

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 Department.

The Framework for Business Planning, Risk Management and Assurance provides a clear and common understanding of business planning, risk management and assurance processes in the Department, along with associated guidance.

Business Planning

In establishing its strategic objectives, the Department takes its lead from the statutory framework governing the functions of the Department and the specific priorities set by the Minister and the Executive, including those outlined in the ODP, draft PfG and NDNA. The Departmental Business Plan also takes account of the governance arrangements that the Department must put in place for the proper discharge of its responsibilities as a Government Department and public authority e.g. financial probity, equality, human rights etc. Within a budget period, the existing Departmental Business Plan is rolled forward into a new fiscal year.

The Board is the custodian of the Departmental Business Plan's affordability and deliverability. Progress against the Departmental Business Plan is addressed at Board meetings and includes updates against each of the targets in the fiscal year.

It is the responsibility of EBMs to ensure that the Directorates under their control have appropriate plans in place. It is essential that linkages between plans at Departmental and Directorate level are clearly stated. Similarly, there must be a clear connection at all levels between objectives and associated risks. This is evidenced through risk management, business planning and assurance processes operated within the Department.

Risk Management

Risk management is an organisation-wide responsibility. In the Department, there are two key levels at which the risk management process is formally documented:

- The Departmental Risk Register focuses on the principal risks to the Department's delivery of its statutory responsibilities and strategic objectives; and
- Directorate risk registers focus primarily on the risks to the achievement of Directorate objectives.

Directorate business plans must be directly linked to the delivery of the Departmental Business Plan. Similarly there must be a clear connection at all levels between objectives and associated risks. Formal processes exist to escalate objectives and associated risks from Directorate to Departmental level, subject to the approval of the Board.

The Departmental Risk Register is reviewed on an ongoing basis to update all risks, controls and actions and is maintained in conjunction with the Departmental Business Plan. It is therefore subject to the same Departmental Board reporting arrangements.

EBMs are responsible for ensuring that the Directorates under their control have a business plan and fully-linked risk register. Under normal circumstances, I require biannual formal written assurances from Directors, signed off by EBMs, about the proper operation of business planning and risk management within their business areas. Due to the extenuating circumstances I triggered the Department's Business Continuity Plan on 23 March in response to the COVID-19 global pandemic. I have therefore not required the 'end of year assurance statement' to be completed for 2019-20, but relied on EBMs to raise any assurance or internal control issues with me individually.

Where a risk identified at Directorate level becomes unmanageable within the Directorate's resources, or where it threatens to impact on Departmental objectives or across Directorates, it must be escalated to the Board and considered for inclusion on the Departmental Risk Register. Additionally, risk monitoring and management processes within the ALBs are monitored by the Department through separate processes, as highlighted in the 'Governance and Accountability within DoH ALBs' section below.

The system of internal governance is designed to help manage risk rather than to eliminate it and controls must at all times be commensurate with the nature of the risk. A set of risk assessment criteria has been developed, agreed and applied by those Departmental officials involved in the risk assessment process.

The system of internal governance is based on an ongoing process to identify and prioritise the risks to the discharge of the Department's statutory responsibilities, including the delivery of its strategic objectives. The system also determines the controls and analyses the risks in terms of their impact and likelihood of realisation in conjunction with the controls.

The system of internal governance has been in place in the Department for the year ending 31 March 2020 and continues up to the date of approval of the Annual Report and Accounts. This accords with DoF guidance.

The system of internal governance entails monitoring and reporting on: a) the delivery of Ministerial/Departmental Policy; b) the use of resources (including financial, human, estate and information); c) compliance with statutory requirements; d) statistical and other performance monitoring reports; e) the content of external and internal audit reports; f) serious adverse incident reporting; g) RQIA and other reports prepared by inspecting/regulatory/licensing bodies; h) inquiry reports; i) compliance with standards and guidance; j) the discharge of statutory functions; k) corporate governance; and, l) business planning arrangements. These are with respect to both the Department and its ALBs.

Information Risk

Safeguarding the Department's information is a critical aspect of supporting the Department in the delivery of its objectives. Central to achieving this is the effective management of information risk. The arrangements in place to manage this risk include:

- The Assistant Departmental Security Officer (ADSO) regularly reviews Departmental information to ensure that it is appropriately protected;
- A Senior Information Risk Owner (SIRO) and Information Asset Owners (IAOs) are in place to reduce the risk to personal information within the Department;
- A Data Protection Officer (DPO) provides independent advice and guidance regarding the processing and protection of personal information in line with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA);
- The updated Information Asset Register solution, rolled out during 2019-20, has enhanced monitoring and management of such assets;
- Annual assurance from IAOs regarding the personal information assets they manage;
- IAOs are aware of their responsibilities to ensure information is securely stored, access-controlled and disposed of appropriately; and
- Established data incident and breach management procedures and reporting are in place.

In line with the revised Departmental policy on the previously used Controls Assurance Standards (CAS), an Information Management Assurance Checklist (IMAC) process was introduced to simplify provision of required HSC Information Governance (IG) Assurances.

In preparation for the UK exit from the EU, in 2019-20 appropriate mitigations were put in place within the Department and across the HSC to ensure that the required health, social care and public safety information could continue to be exchanged with authorities in the Republic of Ireland.

Regular mandatory awareness training continues to be delivered to Departmental staff, providing them with an up to date understanding of information governance issues and risks.

Restrictions exist to protect access to and disposal of electronic and paper records and the Department has an Information and Records Management Policy Statement underpinning its records management arrangements. Appropriate guidance, central controls and a disposal schedule process all govern the retention and disposal of Departmental Records.

Eight data incidents were recorded in the Department although no data loss was involved. In each case appropriate mitigations were put in place. No reportable Information Commissioner's Office (ICO) breaches occurred in 2019-20.

Cyber Security

IT Assist, within the DoF Enterprise Shared Services (ESS) Division, is responsible for the provision of IT services, including Cyber security environments, to all NICS Core Departments. To provide assurance to Departmental organisations using ESS, the services provided by IT Assist, and other ESS bodies (RecordsNI, HRConnect, AccountNI & NI Direct), have been accredited by the NICS Risk and Information Assurance Council as meeting NICS security policy and suitable for secure controlled access to external organisations. IT Assist services also has annual compliance certification to the Public Service Network for interconnectivity to GB Public Sector Organisations.

The HSC Cyber Security Programme was established in 2018-19 and this year has seen the launch of a shared Cyber Security Incident Response Action Plan in March 2020. This was the result of several months of collaborative working between HSC organisations, BSO ICT services and SIROs. The action plan provides a protocol for collective HSC organisations to follow in the event of a Cyber Security related incident and has already been used on a number of occasions.

The Department continues to work closely with the National Cyber Security Centre (NCSC), and the NI Cyber Security Centre to enhance cyber security and compliance with the Network Information Systems Regulations across the HSC.

Fraud

The Department 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. The Department promotes fraud awareness, co-ordinates investigations in conjunction with the Business Services Organisation (BSO) Counter Fraud Services (CFS) 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. Department officials attend and participate in the NICS Fraud Forum, which is a best practice advisory group. The Forum consists of representatives from all NICS Departments meeting twice per year.

Governance and Accountability within DoH ALBs

Governance and Accountability can be considered under the following headings:

- ALB Assurance and Accountability;
- Departmental Assurance;
- Statutory Duty of Quality; and
- Service Frameworks.

ALB Assurance and Accountability

The Department achieves its corporate objectives through direct Departmental action and through its 17 ALBs. The Chief Executives of ALBs (as ALB Accounting Officers) are directly accountable to me (Permanent Secretary of the Department) as Principal Accounting Officer. ALBs, through their Boards, are held to account for the delivery of their prescribed functions and Ministerial/Departmental priorities and ensuring compliance with other statutory responsibilities. The HSCB also performs a key role, alongside the Department, in relation to the performance and financial management of HSC Trusts.

The Sponsor Branch Handbook sets out the Department's approach to sponsorship of its ALBs and ensures, as far as possible, that there is consistency of approach and proportionality of application. The guidance and arrangements described within the handbook reflect the responsibilities placed on the Department, under MPMNI, for the sponsorship of ALBs operating under its control.

The handbook details the roles and responsibilities of all Departmental staff, including EBMs and Sponsor Branches, in addition to describing the format and structure of the biannual accountability process. Through its Sponsor Branches, the Department engages directly with each ALB, commensurate with the level of assessed risk. ALB risks can either be escalated in the Department, through the ALB accountability review process, or highlighted to the Department through the other formal and informal interactions that the Sponsor Branches, EBMs and professional staff maintain with ALBs.

Departmental Assurance

The Department receives much of its assurance through an ongoing process of monitoring of each ALB's Corporate Governance, Use of Resources and the Delivery and Quality of Services. In addition to regular monitoring information derived primarily from management information systems, the Department periodically tests the assurance provided by ALBs by initiating external reviews, audits, inquiries, ad-hoc and self-assessment exercises which are designed to sample aspects of the governance arrangements and performance of each ALB. This monitoring is based on assessing the operation and performance of ALBs against standards, guidance and targets; statutory and licensing requirements and Departmental policy and strategy.

COVID-19 Global Pandemic

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. Following which, the Department and its ALBs immediately enacted emergency response plans across the NI Health sector. There followed a UK-wide coordinated approach, guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers and informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the Public Health Agency (PHA) issuing local guidelines and ensuring readily accessible and continually updated advice. The pandemic has had extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care services were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response. This has required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate Personal Protective Equipment (PPE). Financial measures have been put in place by the NI Executive to enable NI to tackle the response to COVID-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against COVID-19.

Contingency arrangements have been in operation, including the establishment of an Emergency Operations Centre within the Department, to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this has had an effect on the ability to conduct routine health business, with a need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. There have been substantial resourcing impacts across the Department and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands, which included calling on volunteers, retired medical staff and medical students to rally together to strive to enable an optimum response to the pandemic.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of COVID-19 in NI has and continues to be a key priority, with testing centres being set up across the country, including mobile testing. The Department's Expert Advisory Group (EAG) has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of COVID-19 on 18 May 2020. Volunteers have been recruited and redeployed across the health sector and the team is being scaled up to strive to ensure that every conceivable effort is made to continue to limit transmission as lockdown measures across the region are eased.

The Department has prepared a COVID-19 Test, Trace and Protect Strategy which sets out the public health approach to minimising COVID-19 transmission in the community in Northern Ireland. The Chief Medical Officer (CMO) has established a Strategic Oversight Board for the NI COVID-19 strategy which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support - working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and the Department and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times, although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

Alongside the ongoing and changing needs of response to COVID-19, there is an urgent need to seek to rebuild wider healthcare services and confidence in the community. Officials have over recent weeks carried out an urgent project to assess the impact of COVID-19 on HSC services delivery. On 9 June 2020, a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing COVID-19 conditions. A new Management Board for Rebuilding HSC Services has also been created. This will broadly consist of senior Department of Health officials, Trust Chief Executives and other HSC leaders. COVID-19 has had a profound impact on the delivery of health and social care services and across the HSC plans are incrementally being enacted to begin recovery whilst planning for a potential second wave. The Department is continuing to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times.

Statutory Duty of Quality

The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 places a statutory duty of quality on those HSC organisations which are responsible for the delivery of health and social care i.e. HSC Trusts, the HSCB and PHA.

The RQIA provides independent assurance to the Minister on compliance with this Statutory Duty, via the Department. This is achieved by conducting a rolling programme of planned clinical and social care governance and thematic reviews across a range of subject areas in HSC organisations. There are also unannounced inspections of services as part of this review programme. The reviews are conducted as part of the RQIA's ongoing independent assessment of quality, safety and availability of HSC services or may be commissioned by the Department.

The Department has developed a set of 'Quality Standards for Health and Social Care' which are used as a benchmark by the RQIA in its role in inspecting, assessing and publicly reporting on the quality and accessibility of health and social services in Northern Ireland and in making recommendations for improvements to ensure that services are up to standard.

Care standards for regulated services across the statutory, voluntary and private sectors have also been developed by the Department, for example within children's / childcare services and residential homes. These standards focus on the safety, dignity, wellbeing and quality of life of service users. They are designed to address unacceptable service variations in the standards of treatment, care, service provision and to raise the quality of services within the HSC. They are used by the RQIA, alongside the requirements stipulated within regulations in making decisions on the regulation of establishments and agencies.

Service Frameworks

The Department, through the HSCB and PHA developed a set of Service Frameworks for key areas of HSC which set out, at a high level, the type of service that patients and users should expect, in addition to outlining Northern Ireland standards and supporting actions - linked to recognised good practice guidance. The Frameworks promoted and secured better integration of service delivery along the pathway of care from prevention of disease / ill health through diagnosis / treatment, to rehabilitation and end of life care. These Frameworks were used by HSC organisations in the commissioning, planning and delivery of services. Six Frameworks were launched:

- Cardiovascular Health and Well-being;
- Respiratory Health and Well-being;
- Cancer Prevention, Treatment and Care;
- Mental Health and Well-being;
- Learning Disability; and
- Older People.

All the Frameworks have now reached the end of their life cycle. The Department had commissioned RQIA to undertake a review of the Service Framework programme to determine the future need for and format of these frameworks, but due to competing priorities, this review has been postponed and, as a result, the programme has been paused. However, the Department has requested that standards not completely achieved continue to be worked on by the Health and Social Care Trusts in collaboration with the Service Framework lead to address the deficiencies identified.

Regularity, Propriety and Value for Money of Expenditure

The Department has a well-established process to ensure the regularity, propriety and value for money of expenditure including obtaining the necessary approvals from the DoF when required by delegated authority arrangements. The Department has extended these delegated authority arrangements to its ALBs. The Department requires that the principles of appraisal should be applied with proportionate effort to every proposal for spending or saving public money, or proportionate changes in the use of public sector resources.

The Department carries out a regular test drilling exercise for below delegated expenditure and post project evaluations annually, the results of which are reported to the DARAC, the Board and to the DoF. When a delegated authority is exceeded Departmental approval for the expenditure proposal is required.

There are a number of standard conditions of Departmental approval, one of which requires all ALBs to inform the Department immediately should they wish to implement a project on a basis other than that approved. This is to ensure proposed changes do not alter the Department's view of the value for money position of a project.

Sources of Independent Assurance

The Department obtains independent assurance from the following sources:

- Departmental Internal Audit;
- NIAO; and
- BSO Internal Audit.

Departmental Internal Audit

The Department utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the Department is exposed and annual audit plans are based on this analysis.

The Department's Head of Internal Audit (HIA) reports directly to the Departmental Accounting Officer and attends and provides reports to the DARAC. As such, the HIA therefore plays a crucial role in the review of the effectiveness of risk management, control and governance by:

- Focusing audit activity on the key business risks;
- Being available to guide managers and staff through improvements in internal controls;
- Auditing the application of risk management and control as part of internal audit reviews of key systems and processes; and
- Providing advice to management on the internal governance implications of proposed and emerging changes.

Internal Audit provides an annual formal opinion on the overall adequacy and effectiveness of the Department's framework of governance, risk management and control arrangements. The HIA has provided me with an overall 'satisfactory' opinion for the internal audit activity carried out during 2019-20 and cumulative assurances derived from the previous three years (2016-17 to 2018-19).

During 2019-20, we received a 'limited' opinion relating to weaknesses within the governance arrangements in place for the Health and Social Care (HSC) and the Northern Ireland Fire and Rescue Service (NIFRS) Pension Schemes. All recommendations were accepted by management and a follow-up review is planned for 2020-21.

The reviews of Clinical Excellence Awards and Prison Healthcare which were provided with 'limited' audit opinions during 2017-18 and 2018-19 respectively will be carried forward and also followed up within the 2020-21 Audit Plan.

The Department also relies on the Department of Finance's (DoF) Head of Internal (HIA) to provide an inter-departmental annual report on all services it provides to other Departments. Findings on the assignments completed for each relevant business area for 2019-20 were provided. Due to resourcing issues and the impact of COVID-19 some audits have been carried forward into future years.

NIAO

The NIAO provides an opinion on whether an organisation's financial statements give a true and fair view, have been prepared in accordance with the relevant accounting standards and are in accordance with the guidance issued by relevant authorities. The results of the NIAO's financial audit work continue to be reported to the Northern Ireland Assembly.

The NIAO also seeks to promote better value for money through highlighting and demonstrating ways in which improvements could be made to realise financial savings or reduce costs; safeguard against the risk of fraud, irregularity and impropriety; attain improvements in service provision and support and enhance management, administrative and organisational processes.

A representative of the NIAO attends the DARAC quarterly meetings at which corporate governance and risk management matters are considered.

The NIAO published its report on the follow-up reviews in the HSC Sector: Locum Doctors and Patient Safety on 9 April 2019 which contained four recommendations on the use of Locum Doctors and one recommendation on the safety of services provided by HSC Trusts. The Department accepts four of the recommendations in full and one in part. A formal response was provided on 4 June 2019 outlining the actions that have been taken, or will be taken, to address these. Of the five recommendations, it is anticipated that three will be completed by 31 March 2021 and the two remaining will be completed by 31 March 2023.

BSO Internal Audit

BSO Internal Audit is a centralised service which provides internal audits and specialist advice and guidance to Boards within HSC organisations and Departmental ALBs, including the Northern Ireland Fire and Rescue Service (NIFRS). The Department reviews the BSO HIA's mid and end-year independent opinions, on the adequacy and effectiveness of each of the ALB's system of internal control, together with any recommendations for improvement. The Department notes that the Northern Ireland Ambulance Service Trust (NIAS) and the NIFRS received an overall 'limited' audit opinion for 2019-20 and will continue to monitor the steps being taken to address the areas of weakness identified.

Transformation – Health and Wellbeing 2026: Delivering Together

The approach for transforming health and social care over the next 10 years *'Health and Wellbeing 2026: Delivering Together'* was published in October 2016. It is the single roadmap for health and social care transformation. It seeks to improve the health and wellbeing of our population, and reform the way we design and deliver services, with a focus on person-centred care, rather than an emphasis on buildings and structures. As a result of the Confidence and Supply agreement, additional non-recurrent funding has been made available to assist transformation over a two year period beginning in 2018-19.

Formal governance arrangements have been established to provide strategic oversight and manage the implementation of the change agenda. The Transformation Implementation Group (TIG) comprises leaders from across the HSC and is chaired by the Department's Permanent Secretary. This group meets every fortnight to review progress and set the direction for the transformation programme. TIG receives a comprehensive highlight report each month, which tracks progress across the whole programme, and reviews the programme risk register on a monthly basis. It also received detailed briefing at each meeting on significant issues impacting progress right across the whole transformation programme.

The absence of a Minister for a significant period of 2019-20 has meant that the Ministerial advisory group, set up as part of the governance arrangements for the Transformation Programme, the Transformation Advisory Board (TAB), has not been able to meet. To mitigate this, informal meetings were held between the Department and TAB members.

Whilst TIG continues to fulfil its strategic oversight role in this area – with regular funding updates and a robust system of monitoring in place - a Transformation Operational Group (TOG) operating at the system level has also been established to enable and facilitate delivery of the projects funded from the Transformation Fund. TOG is chaired by the DoH Director of Transformation, with representation at Director-level from the areas of Finance and HR across the HSC.

An Oversight Board was established in early 2018 to lead on the process of closing the HSCB. The Oversight Board is chaired by the Department's Permanent Secretary and its membership includes the Chief Executives of those organisations most impacted, and the DoH Deputy Secretaries.

UK Exit from the EU

Throughout 2019-20, the Department undertook a range of activities to scope the potential implications of leaving the EU on health and social care and to determine the decisions and actions that needed to be taken to ensure readiness for Day 1. For most of 2019 there remained a risk of a no deal exit and as such, the Department had to keep its 'no deal' contingency plans under review. The Department worked closely with key stakeholders including its ALBs, its counterparts in other Northern Ireland Departments, England, Scotland, Wales and the Republic of Ireland throughout this period of uncertainty. When the UK left the EU, the Department moved into the period of transition. This is set to end 31 December 2020, therefore, the UK is currently in negotiation with the EU regarding their future relationship. As uncertainty still exists regarding the NI Protocol, this remains an area of risk which the Department, in conjunction with our key stakeholders continues to keep under review.

Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal governance. My review is informed by the work of the Department's Internal Audit and the EBMs within the Department, who have responsibility for the development and maintenance of the internal framework, and comments made by the external auditors in their management letter and other reports. I have been advised by the DARAC on the implications of my review of the effectiveness of the system of internal control and plans to address any identified weaknesses.

Internal Governance Divergences

Prior Year Issues

Governance matters arising in prior years which have now been addressed and no longer represent reportable governance divergences for the Department in 2019-20:

Northern Ireland Ambulance Service Trust (NIAS) Infection Prevention and Control (IPC)

Unannounced hygiene inspections carried out by RQIA at two ambulance stations in July 2017 uncovered serious shortcomings in terms of infection prevention and control (IPC). Subsequently RQIA carried out further fact-finding visits to 21 ambulance stations and 27 ambulance vehicles operating out of these stations. The intention behind these visits was to gain an understanding of environmental cleanliness standards across the ambulance service as a whole. These inspections revealed significant variation in standards. The potential impact of the variations in IPC standards is that patients may have been treated in conditions which compromised their safety.

Improvement notices were issued to three ambulance stations, between July 2017 and February 2018, in respect of 'safe and effective care – ensuring safe practice and appropriate management of risk' and 'corporate leadership and accountability of the organisation'. Following intensive work by NIAS, the notices in respect of 'safe and effective care' were removed. However, since there had been insufficient improvement in 'corporate leadership and accountability' in March 2018 RQIA recommended a special measure be put in place to support NIAS to address these systemic issues. The Department then directed that a senior practitioner with experience in IPC/hygiene, cleanliness, governance and assurance was seconded to NIAS. The secondment commenced in April 2018, NIAS developed and implemented a detailed and comprehensive quality improvement plan. This was overseen by dedicated IPC meetings with senior Departmental officials on a half yearly basis.

On 21 December 2018 RQIA advised that, following inspections, the remaining improvement notices in respect of 'corporate leadership and accountability' were to be lifted. This means that all NIAS ambulance stations are now compliant with hygiene, cleanliness and IPC standards. However, RQIA advised NIAS that further work is required in relation to staff training and competency-based assessment and issued a Trust-wide improvement notice requiring NIAS to meet these standards by 30 June 2019. This was extended to 31 March 2020, as NIAS was unable to implement their extensive training programme until after the summer period. Following inspection, RQIA lifted the remaining sanction and confirmed, on 16 April 2020, that NIAS was compliant with the regulations and minimum standards. Since November 2019 permanent, dedicated staff have been appointed to manage IPC, hygiene and cleanliness. NIAS has turned the short-term post, mandated by the special measure, into a permanent role and in addition has created the post of Director of Quality Safety and Improvement. This has provided the Department with the assurance that expertise and accountability have been built into the organisation at a senior level.

A number of the governance matters arising in prior years are still considered to represent internal governance divergences for 2019-20. These include:

Underpayment of Employers Superannuation Contributions

During February 2017 it was brought to the attention of the BSO Payroll Shared Services Centre, by one of the HSC bodies, that there was a potential error in how the HRPTS system was calculating employers' superannuation contributions during periods of sickness and ordinary and stretch maternity leave. This error in the specification of the system dates back to the introduction of HRPTS which went 'live' in BSO in December 2012 and was rolled out throughout HSC on a phased basis thereafter.

Subsequent significant investigations resulted in the identification of a material regional liability in respect of underpayments of these contributions dating back to the introduction of the new HRPTS system in each individual HSC body. All HSC employers made payments on account of estimated liability to the Pension Scheme in 2017-18 and 2018-19. The mechanism to correct the system was implemented in 2019-20. While the system solution at this stage does not address the requirement in full, sufficient additional manual processes have been implemented to obtain regional agreement that the immediate control issue has been addressed. A further system change is currently undergoing testing and will be implemented in 2020-21.

Financial Performance 2019-20

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020 which authorised the cash and use of resources for all departments for the 2019-20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020-21 financial year. While it would be normal for this to be followed by the 2020-21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess, the COVID-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead authorising a further Vote on Account to ensure departments have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position is more stable.

The Department continued to face significant financial challenges during 2019-20. Throughout the year, the Department sought to manage a range of unfunded pressures, working closely with all Departmental ALBs in order to secure opportunities to achieve financial balance. The Department also engaged extensively with key stakeholders across the HSC and with DoF. The Department fully participated in the 2019-20 In-Year monitoring processes and was successful in securing funding of £69.7m recurrent and £92.4m non- recurrent cash resource funding.

As a result of these actions, the Department reported an overall resource underspend against final budget of £11.13m (0.18%). This reflects an underspend of £1.85m in relation to ring fenced Confidence and Supply Health Transformation funding; £1.51m against the cash resource budget (0.03%) ; and £7.77m of a non-cash underspend (4.9% of final non-cash budget). The Provisional Outturn for Capital DEL is an underspend of £55m (20%) of final Capital DEL budget. The total value of the Transformation Fund in 2019-20 was £116.1 million, comprised of a £100 million allocation for 2019-20, plus £16.1 million in unspent funds rolled forward from 2018-19. The investment profile was agreed after extensive engagement across HSC, and followed closely the profile for 2018-19.

Spend against allocations of Transformation funding has been closely monitored by the Transformation Implementation Group and Transformation Operational Group throughout the year. Where slippage has been identified, this has been returned centrally to DoH for reinvestment in other Transformation initiatives.

The effect of the close management of the Transformation Fund is that final outturn is £114.3m, an underspend of £1.85m. This represents 1.6% of the 2019-20 Transformation Fund, or 0.9% of the entire fund over the past two years.

It is estimated that a significant proportion of the total underspend is linked to the impact of COVID-19. As part of the evaluation of each project further work will be undertaken to understand the impact on a project by project basis.

2020-21

The Department is facing a challenging financial outlook for 2020-21, particularly in respect to the ongoing resource pressures relating to COVID-19. Extensive budget planning work to support the 2020-21 financial plan is ongoing between the Department and all HSC ALBs. The Finance Minister announced the 2020-21 Budget position for NI Departments on 31 March 2020. While the Budget provided an increase of 4.8% against actual comparable funding levels in 2019-20, cost pressures are increasing at a greater rate and difficult challenges in meeting demand in order to maintain existing services remain. To address these pressures, further monies are likely to be required through in-year monitoring rounds or the implementation of savings measures.

Included in the budget announcement, the Finance Minister confirmed a further £44m of Confidence and Supply Agreement funding ring-fenced for Health Transformation for 2020-21 and extensive work is underway to prioritise the allocation of these resources to transform how HSC services are delivered in line with *'Health and Wellbeing 2026: Delivering Together'*.

Whilst the Department's Statement of Financial Position is in a net asset position, nine of the Department's ALBs are in a net liability position, being that their liabilities exceed their assets as at 31 March 2020. These HSC bodies have prepared their 2019-20 annual accounts as a going concern as it is anticipated that DoH funding will continue for the foreseeable future.

Neurology Services Belfast HSC Trust

In February 2017 the Belfast HSC Trust alerted the Department to concerns regarding the quality of care provided by an individual consultant, potentially affecting the diagnosis and treatment/care of his patients past and present. The Belfast HSC Trust placed limits on the consultant's practice from June 2017 and commissioned the Royal College of Physicians (RCP) to undertake a review of a sample of the consultant's patients. The RCP recommended that the consultant's patients should be reviewed to consider whether their diagnosis is secure; that a proper management structure is in place; and that prescribing is appropriate. Over 4,100 people have had their care reviewed to date as part of phases 1 and 2 of the recall of the consultant's patients.

A report analysing the review of the patients under the active care of the consultant was published in December 2019. The findings from the second phase of the recall are due to be published later in 2020, at which time an announcement will be made in respect of the need for a further recall.

The Department directed the RQIA to undertake a Review of Governance of outpatient services in the Belfast HSC Trust with a specific focus on Neurology. The final report from this review was published in February 2020. The Department has also directed RQIA to undertake an expert review of the records of deceased patients of the consultant for patients who have died over the past ten years and to include patients who died before this if there is a concern. A timeframe for the expert review of the records of deceased patients of the consultant will be established once the RQIA has developed a methodology to complete this review.

The Department will continue to keep the position on the response to the issues arising from the consultant's care of treatment under continuous review.

The Department has also established an Independent Inquiry to consider how concerns about the consultant (including complaints) were communicated and responded to by all of those involved and how the call back exercise has been handled.

Independent Neurology Inquiry

The Independent Neurology Inquiry was established by the Permanent Secretary of the Department of Health in May 2018. Its work has formed part of a series of actions in response to the recall of neurology patients by the Belfast Trust. The Inquiry is non-statutory in nature and independent of all other organisations. The Inquiry has a focus on governance, it is not assessing the competence of Dr Michael Watt or the treatment of patients.

The Inquiry Panel comprises Mr Brett Lockhart QC, who is an experienced senior barrister, and Professor Hugo Mascie-Taylor as co-panellist, who is a qualified Doctor with significant experience in clinical governance.

The Inquiry launched a public engagement exercise in October 2018 which invited written evidence to the Inquiry from patients, former patients, family members and health care workers who have had experience of neurology services up until June 2018.

There are a number of other reviews and investigations ongoing and relating to either Neurology Services or arising out of the same circumstances which led to the Inquiry being commissioned. Whilst some of the reviews and investigations may overlap with the work of the Inquiry, and some of their outcomes may be of interest to the work of this Inquiry at a later stage, the work of the Inquiry is distinct from, and independent of, the other reviews.

The Inquiry has made significant progress to date and is at a critical stage in the delivery of its Terms of Reference. The Inquiry Panel is determined to produce a meaningful report which addresses all relevant issues, and in doing so it is necessary to adequately investigate all lines of enquiry. The Inquiry is mindful of the processes involved in producing a final report, to include the importance of an adequate process which provides individuals an opportunity to comment on any potential criticisms.

Inquiry into Hyponatraemia-Related Deaths

The public Inquiry into Hyponatraemia-related Deaths (IHRD) was established in November 2004. It was set up against the background of concern and publicity about the treatment in local hospitals of three children who had died in circumstances where Hyponatraemia had caused or was a major factor in their deaths. The investigation of the deaths of a further two children were included into the Inquiry's work in 2005. The Inquiry completed its public hearings during 2013-14 and the Chair, Mr. Justice O'Hara, published his report in January 2018. The report included 96 recommendations the vast majority of which fall to the Department and HSC Bodies. The inquiry recommendations have wide ranging implications for the provision of HSC services across Northern Ireland – covering governance, Departmental policy, requirements for new statutory provisions and the operation of front line services. They affect multiple Agencies and a number of recommendations may impact on other Departments.

The recommendations are designed to both strengthen patient safety and to improve public confidence in health and social care services. The Department has established an IHRD implementation programme comprising an overarching programme management group overseeing nine work-streams chaired by a range of individuals from the Department, the HSC and outside of the HSC. These work-streams are charged with the implementation of IHRD recommendations. The overall programme is being managed through a formal programme management process and the programme is ultimately accountable to the Permanent Secretary who is the Senior Responsible Officer.

From the outset the programme has taken a co-production approach to the implementation of the recommendations. This means that the work-streams consist of over 200 members from a variety of backgrounds, including: service users and carers; HSC staff, representatives from third sector organisations, Non-Executive Directors; and DoH staff among others. This will mean that recommendations, and proposals for their implementation, will have been robustly challenged and scrutinised. A programme wide engagement strategy, training strategy and assurance framework have also been developed. This framework will provide assurance that recommendations have been implemented effectively on a sustained basis – only then will a recommendation be signed off as having been implemented.

A number of recommendations will require public engagement and consultation, as well as ministerial approval and/or legislation, while others will have resource and training implications. As some of these recommendations will require primary and secondary legislation for implementation, full implementation of all recommendations will take several years.

All meetings relating to the IHRD programme were paused on 19 March 2020 due to the COVID-19 pandemic, as well as key personnel from the programme being re-deployed to COVID-19 work. This has impacted on the ability of the programme to implement recommendations and this impact will continue into next year. In particular, proposals for a statutory Duty of Candour were due to be with the Minister by the end of March 2020 for his approval but this was unable to happen. It is hoped that the programme can begin to implement some of these recommendations later in 2020.

Dunmurry Manor Care Home

The Commissioner for Older People for Northern Ireland (COPNI) published, in June 2018, their investigation into care failures at Dunmurry Manor Care Home. The report, Home Truths sets out COPNI's findings following his investigation setting out areas where care fell short of the regulatory standards and making some 59 recommendations for reform. The report covers a wide range of areas including, inter alia: safeguarding; medicines management; care quality; and governance.

Under Schedule 2(4) of the Commissioner for Older People Act (Northern Ireland) 2011, each named Relevant Authority (The Department, the RQIA and four Health Trusts (Belfast, Northern, Southern and South Eastern) were each required to respond to the Commissioner by 1 October 2018. A combined response from the HSC on the COPNI Report was issued on 28 September 2018. Queries were received from the Commissioner and following further engagement, the Commissioner announced he had concluded his investigation on 29 January 2020.

DoH has set up a process to oversee the continued implementation of the agreed recommendations. Progress on this work has, however, been delayed by the response to COVID-19.

The Follow up Review into Care at Dunmurry Manor Care Home is near completion. The Review (undertaken by CPEA Ltd), has been commissioned to provide the DoH and the wider HSC system with an independent analysis and insight into how the whole system responded to the issues at Dunmurry Manor Care Home. Ultimately this will enable the Department to understand if failings were the result of flaws in systems, their operation or a combination of both and to identify learning for future improvements. In progressing the review, £364k incurred in 2019-20 has yet to receive DoF approval. The Department are currently seeking to secure appropriate authorisation. The finalisation of the Dunmurry Manor Care Home review has been impacted by COVID-19 but the Department is expecting the work to be completed by the end of October 2020. The final Evidence Paper on Adult Safeguarding has been received within the Department and is due to be published shortly.

Childcare: Unallocated Cases

The Department continues to receive monthly information in relation to unallocated cases (waiting lists of cases requiring assignment to a social worker). Regionally, the total number of unallocated cases was 617 in March 2019, with the latest number available showing a decrease of 4%, being 595 at the end of May 2020. The HSC Trusts have reported that all unallocated cases relate to family support or disability, and that all child protection cases are allocated immediately. However, any unallocated case has the potential to escalate and become a child protection case.

Unallocated cases may mask potential risks to children and have the potential to compromise Trusts' ability to discharge their statutory responsibilities. The number of unallocated cases continues to represent a significant control issue at a local level (and in turn, at a regional level). They remain unacceptably high within the context of significant growing demand for child and family services.

There are signs of stress across the system, with cases referred showing increased complexity and high levels of risk, and high levels of agency staffing in the social work workforce. The Department has previously received information from Early Alerts and Case Management Reviews in which serious incidents have occurred in situations where cases not being allocated may have been a contributory factor.

A number of initiatives have been taken forward to mitigate these risks, including rolling out the Signs of Safety approach to case management across the region, the development of new social work and family support strategies and the development of a new Adoption and Children Bill. A target to reduce the number of unallocated family and children's social care cases by 20% was included in the HSC Commissioning Plan Direction 2019-20 and will be carried forward. Additional recurrent funding of £4.6m per annum has been allocated in 2020-21 to increase capacity in family and child care teams in HSC Trusts to reduce numbers of unallocated cases by reducing the size of current caseloads; increasing quality supervision, support and monitoring; enabling social workers to focus on direct time with families; and efficiently recruiting new staff to teams.

Elective Care

During 2019-20, each of the three Ministerial elective care standards, namely, that 50% of patients should wait no longer than nine weeks for an outpatient appointment and no one more than 52 weeks; that 75% of patients should wait no longer than nine weeks for a diagnostic test and no one more than 26 weeks; and that 55% of patients should wait no longer than 13 weeks for admission for treatment and no-one more than 52 weeks, have not been achieved.

The pressures on the HSC's capacity to respond to demand for elective care have been building for several years and the number of patients waiting longer than the target waiting times have increased as a result.

The additional non-recurrent funding made available for Elective Care waiting lists through the Confidence and Supply Transformation Fund in 2019-20 (£17.6m) benefited a large number of patients (circa 86,000) who would otherwise still have been waiting. While non-recurrent investment is welcome and benefits large numbers of patients, it provides a short-term solution to stemming growth.

During the year work progressed to bring forward the much needed change outlined in the Elective Care Plan (published in February 2017). This included a range of interventions to increase patient self-management as well as efforts to build capacity and capability in primary care. Work has also been taken forward to modernise and reform secondary care:

- The introduction of the Virtual Fracture Clinic has helped reduce demand in fracture clinics by about 25%;
- Prototypes for Day Case Surgery hubs for varicose vein and cataract procedures have been operational since December 2018.

Towards the end of 2019-20, the COVID-19 pandemic placed unprecedented demands on acute services with elective work reduced or postponed in an attempt to free up capacity including staff, beds and critical care services. The need to prioritise resources for coronavirus patients has had a direct impact on those non-coronavirus patients who have been waiting for elective assessment and/or treatment.

Whilst addressing Elective Care waiting times still remains a priority, Trusts' incremental service rebuilding plans under the recently published Rebuilding HSC Services Strategic Framework aim to incrementally increase and maximise HSC service capacity as quickly as possible across all programmes of care, including Elective Care, within the prevailing COVID-19 conditions and existing financial constraints.

Unscheduled Care

The position on HSC Trust performance against the 4 hour and 12 hour waiting time targets for Emergency Departments (EDs) remains a cause for concern. While the number of attendances has fallen slightly to 814,273 in 2019-20 from 822,847 in 2018-19, this may be partially explained by the drop in attendances at EDs during March 2020, due to pandemic-related concerns. The performance against the 4 hour and 12 hour target has also fallen. 69.9% of patients were seen within 4 hours in 2018-19, this dropped to 65.1% in 2019-20 - falling well short of the expectation that 95% of patients should be either discharged or admitted within 4 hours of arrival at an ED. Similarly, the number of patients waiting longer than 12 hours in ED increased overall to 5.6% of patients in 2019-20 as compared with 3.1% of patients in 2018-19. The pressures are in part due to the ongoing increase in the number of older, sicker people with more complex needs attending EDs.

In the last number of years investment has been made in domiciliary care and care package provision for older people and NIAS has continued to develop Appropriate Care Pathways, which provide access to a range of new services to offer alternatives to bringing patients to an ED through treatment in the community or offering an alternative destination. Whilst these interventions have made some impact a more comprehensive response to the provision of urgent and emergency care services is required.

Under the Transformation Agenda, following a population health needs assessment, the Department has been undertaking a clinically led Review of Urgent and Emergency Care services across Northern Ireland. The Review Team was targeting submission of its initial report and recommendations to the Department by April 2020, with the aim of then holding a consultation exercise on proposals to develop a sustainable regional care model for the next 10-15 years.

Whilst the timeline for the completion of the review has been interrupted by the Department's handling of the response to the COVID-19 pandemic, it is envisaged that some of the early proposals emerging from the work of the review team will be considered as part of ongoing planning for the rebuilding of urgent and emergency care services in the prevailing context of COVID-19.

Paediatric Congenital Cardiac Surgery (PCCS)

The PCCS service is provided by the Belfast HSC Trust on a regional basis. In 2019-20 there was a continued need for a small number of patients to travel outside Northern Ireland for elective surgical procedures.

The All Island Congenital Heart Disease (CHD) Network, comprising clinicians, commissioners and patient representatives, and overseen by the Northern Ireland and Republic of Ireland Health Departments, was established in April 2015 to progress the implementation of a series of recommendations made by the expert International Working Group and jointly accepted by the two Health Ministers in 2014. The Network has developed a long-term plan to create additional capacity and enable the majority of patients from Northern Ireland to receive surgical and interventional treatment at Children's Health Ireland, (formerly known as Our Lady's Children's Hospital Crumlin). A joint announcement setting out the long-term plan including funding for the Network was subsequently made in July 2016 by the Health Ministers

Whilst this process is ongoing, a Service Level Agreement (SLA) is in place with Children's Health Ireland (CHI), Crumlin for children from NI to access surgery and catheterisation procedures in the most appropriate location to meet their clinical needs. Currently, all NI urgent and emergency surgery has now transferred to CHI, Crumlin. In 2019 the number of NI elective surgical cases carried out at CHI, Crumlin continued to increase.

SLAs with Evelina and Birmingham Children's Hospitals continue to provide continuity of service and to ensure the safety and quality of services for the remainder of elective surgery patients from Northern Ireland until sufficient surgical capacity is available within the All-Island CHD Network.

NIAS Internal Control System

For the year ended 31 March 2019, BSO, as internal audit for NIAS, provided an overall limited assurance on the adequacy and effectiveness of NIAS's framework of governance, risk management and control. The Head of Internal Audit reported "Overall for the year ended 31 March 2019, I can provide limited assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. Limited assurance is provided on the basis of the number of limited and unacceptable assurances provided during 2018-19 in core governance areas". Eight audit assignments were carried out under the scope of Internal Controls, to include finance which received a partially limited opinion provided in relation to payments to staff. In the 2018-19 Governance Statement the Chief Executive stated "Further to considering the accountability framework within the Trust, I have taken into consideration the limited assurance provided by the Head of Internal Audit. I have sought assurance from the Senior Executive Management Team (SEMT), that where significant findings have identified weaknesses in established controls, that appropriate mitigations and actions plans are in place to address audit recommendations and improve internal controls. I am therefore content that NIAS has operated a sound system of internal governance during the period 2018-19". The Permanent Secretary formally recorded these concerns in his letter of 30 October 2019, to the NIAS Chief Executive who replied on 11 November 2019, providing assurance that NIAS was addressing the issues raised.

For the year ended 31 March 2020, BSO has again provided an overall limited audit opinion for the 2019-20 financial year, whilst acknowledging progress made by NIAS. The Head of Internal Audit reported: "Overall for the year ended 31 March 2020, I can provide limited assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. Whilst providing limited assurance in 2019-20, I acknowledge that the framework of governance, risk management, and control is improving within NIAS. The leadership team in NIAS are aware of the organisation's significant issues and are taking ongoing action to address them. Whilst providing limited assurance, Internal Audit recognise Management's continued focus and progress made on the implementation of outstanding Internal Audit recommendations". Seven audit assignments were carried out under the scope of Internal Controls, to include finance which received a partially limited opinion in relation to payments to staff and the procurement of staff substitution spend. In the 2019-20 Governance Statement the NIAS Chief Executive stated "I have taken into consideration the limited assurance provided by the Head of Internal Audit. I have sought assurance from the Senior Executive Management Team, that where significant findings have identified weaknesses in established controls, that appropriate mitigations and actions plans are in place to address audit recommendations and improve internal controls. In addition, the Trust is taking pro-active steps to identify any other potential control issues and will address these and strengthen the organisations accountability framework. On that basis, I am content that NIAS has operated a sound system of internal governance during the period 2019-20". The Department will continue to oversee progress through its NIAS sponsorship role as part of the departmental accountability process.

Healthy Child, Healthy Future Programme

Healthy Child, Healthy Future is a public health programme that offers every family with children a programme of screening, immunisations, developmental reviews and information and guidance to support parenting and healthy choices so that children and families achieve their optimum health and wellbeing. Health Visitors (HVs) and school nurses are key health professionals responsible for the delivery of Healthy Child, Healthy Future. *'Health and Wellbeing 2026 Delivering Together'* has committed to fully implementing the programme. The full programme is not being implemented due to the significant pressures that Health Visitors are under to deliver a range of competing priorities and public health challenges which include infant and child mental health issues, domestic violence and safeguarding. Recently this has been further impacted upon by managing and responding to COVID-19. As a consequence children may not be getting the best start in life, and may not meet their developmental milestones. To resolve this, the following actions have been taken:

- The PHA have worked with HSC Trusts and developed a COVID-19 Specialist Community Public Health Operational Recovery Plan May 2020;
- The PHA are working with HSC Trusts and developing a Regional Action Plan to ensure the full delivery of the universal Healthy Child, Healthy Future programme;
- Recognising that there are workforce issues, an interim milestone has been set to prioritise the two year health review and the antenatal contact for first time mums;
- Delivering Care, (the DoH policy for safe staffing), Phase 4 Health Visiting is a core part of the Enhanced Multi-Disciplinary Teams in Primary Care;
- The number of HVs in Training has been increased;
- The DoH and Department of Education (DE) are working in partnership on Giving Every Child the Best Start in Life; and
- The Early Intervention Transformation Programme projects, Getting Ready for Baby and Getting Ready for Toddler, aim to equip parents with the skills needed to give their child the best start in life.

Trusts' Break-Even Position

Throughout 2019-20 Trusts have worked closely with the Department and HSCB as part of the regional financial planning process. A range of recurrent and non-recurrent savings were implemented, funding for pay awards and pension increases were awarded and an additional amount of non-recurrent funding was secured through monitoring rounds, with the result that all individual Trusts have achieved a breakeven position for 2019-20 with the exception of the Western HSC Trust (WHSCT).

Following a number of years of budgetary challenges at WHSCT, the Department approved a three year financial recovery plan for the period 2019-20 through to 2021-22 with the expectation that the Trust will achieve recurrent financial balance going into the 2022-23 year. The programme which has been put in place, through which the Western Trust will achieve financial sustainability is called 'Working Together … Delivering Value'. As part of this process, the Department agreed that the Trust would have an authorised overspend of £21.7m for 2019-20 and the Trust has remained within this agreed control total. Funding to match this deficit is held by HSCB and the HSCB is therefore reporting an underspend of £21.7m to offset the WHSCT deficit position. This ensures that the HSC system as a whole achieves breakeven.

The Department will continue to work with HSCB, Trusts and DoF to ensure savings plans are delivered and additional resources are secured as necessary.

North/South Bodies – Food Safety Promotion Board (FSPB)

In the absence of a Health Minister it was not possible to secure North South Ministerial Council (NSMC) approval of 2018, 2019 or 2020 Business Plans for FSPB. It is a legislative requirement under the North/South Co-operation (Implementation Bodies) (Northern Ireland) Order 1999 that any grants paid to bodies by a Northern Ireland Sponsor Department must be approved by DoF. While arrangements have been made with DoF to ensure legality of payments in the absence of business plans, expenditure will be irregular until the NSMC approves Business Plans. The Department are currently following internal processes to seek to regularise the situation which is anticipated to conclude in the near future.

Institute of Public Health in Ireland (IPH)

In 2019 the IPH lease for its Belfast premises was declared by DoF to be irregular expenditure and DoF had informed the C&AG. This arose due to the IPH being classified as an NDPB for accounting purposes and the consequent requirement that a business case would be approved by DoF prior to agreement to the lease, which had not been done. A Business Case has now been approved by DoF Supply for the remaining lease period up until 1 February 2020 and a further business case is now approved for the current lease in Gloucester Street, Belfast which expires in September 2024.

Further to this both Departments of Health North and South are working together to introduce new streamlined governance arrangements for IPH.

Learning Disability – Muckamore Abbey Hospital

Following an allegation of abuse of an inpatient by staff at Muckamore Abbey Hospital in August 2017, it subsequently emerged that CCTV footage existed of the incident in question. Viewing of the footage revealed further concerns about practice more generally in the hospital, and as a result the Belfast HSC Trust commissioned an independent Level 3 Serious Adverse Incident (SAI) review into safeguarding at the hospital which commenced in January 2018.

Alongside this independent review, the Belfast HSC Trust also initiated its own disciplinary and adult safeguarding investigations, and continues to cooperate fully with the ongoing police investigation into the allegations. An internal review of management oversight arrangements in Muckamore was also undertaken by the Belfast HSC Trust with a focus on ensuring the safety and wellbeing of patients in the hospital.

The SAI Review team completed their report, entitled ‘A Review of Safeguarding at Muckamore Abbey Hospital – A Way to Go’ in December 2018 and made a series of recommendations for the future. A HSC Action Plan was formulated in response to those recommendations.

In response to the report, the Permanent Secretary apologised to the families of patients in Muckamore, and fully endorsed the view of the Review Team that no one should have to call Muckamore their home in future, when there are better options for their care. He also made clear his expectation that the resettlement process would be completed by December 2019, and the issue of delayed discharges from the hospital addressed as a top priority. Although progress has been made, the target has not been met. The resettlement programme has currently been paused due to the current COVID-19 pandemic.

A HSC summit meeting chaired by the Permanent Secretary was held in January 2019 with the five Trust Chief Executives, the HSCB and the RQIA to plan and expedite a robust and coordinated response by HSC organisations to delivering on the recommendations. As part of this response, a regional and independent review of acute care for people with learning disabilities has been initiated under the Health Transformation programme to consider future options for both inpatient and community (including forensic) provision in Northern Ireland. This review is an expedited work stream of a wider Transformation project to develop a new regional model for Learning Disability services, which will be co-produced along with a costed implementation plan; this work is near completion.

A Departmental Assurance Group to monitor the programme of work at Muckamore was established and to date six meetings have been held. It is co-chaired by the Chief Social Services Officer and the Chief Nursing Officer and includes membership from representatives of patients' families. The purpose of the group is to provide assurance that the services being delivered at Muckamore continue to be safe, effective, human rights compliant and that the lessons learned from the Level 3 Serious Adverse Incident Review Report are put into practice consistently on a regional basis by monitoring progress against delivery of the actions and recommendations in the HSC Action Plan.

The Departmental Assurance Group also agreed the Terms of Reference for an Independent Review of the leadership and governance arrangements at Muckamore. The Review panel consists of three persons who began work in January 2020. It was anticipated that they would report in June 2020. This was delayed in light of the pandemic however the panel delivered their report in July. The review critically examined the effectiveness of the leadership, management and governance arrangements at the hospital in the five year period preceding the Adult Safeguarding allegations which came to light in August 2017 and any other relevant governance issues subsequently identified. The panel made 12 recommendations, all of which have been accepted. In September 2020, the Health Minister announced a public inquiry into the events at Muckamore.

New Issues for 2019-20

Northern Ireland Fire and Rescue Service (NIFRS) Internal Control System

This issue had previously been included as a divergence and was closed in 2018-19 following demonstration of significant improvements. However, BSO as internal audit for NIFRS, has provided an overall limited audit opinion for the 2019-20 financial year. The Head of Internal Audit reported: 'Limited assurance is provided on the basis of the volume and nature of Limited assurance opinions in 2019-20 audits and the significant findings in the specific independent review conducted by Internal Audit during the year. Whilst providing limited assurance, Internal Audit recognise Management's continued focus and progress made on the implementation of outstanding Internal Audit recommendations.'

The independent review report recorded issues around management effectiveness, governance, culture and probity which NIFRS will need to address. Several issues have also arisen in 2019-20 around financial control. The Permanent Secretary formally recorded these concerns in November 2019. NIFRS has instigated an external review of financial control which has not yet concluded.

NIFRS is addressing the issues raised and the Department will continue to support and challenge NIFRS through its sponsorship role (Public Safety Unit) to seek resolution of these issues in 2020-21.

Family & Children's Policy: Separated and Unaccompanied Asylum Seeking Children (S/UASC)

The HSCB and HSC Trusts have alerted the Department to pressures and capacity issues in relation to service provision for S/UASC arriving in Northern Ireland.

Historically, Northern Ireland has experienced a relatively low number of S/UASC. However, from 2018, there has been a notable increase in referrals and entries to care, with an unprecedented spike in the numbers of S/UASC in autumn 2019. This spike has resulted in increased pressures on an already strained system, with the regional reception/assessment centre in the Belfast Trust being managed at capacity and some S/UASC having to be placed in other residential units which have had to change their statements of purpose to accommodate them.

While contingency plans have been put in place and much progress has been made to ensure S/UASC are protected, cared for and their best interests served, challenges remain across a number of thematic areas and it is acknowledged that the current service provision needs to be enhanced to address the requirements of these children and young people, many of whom have extremely complex therapeutic needs as a result of significant trauma they have experienced.

Future demand is difficult to predict; however, indications are that demand is likely to continue and given the already over-stretched capacity of the system and the imminent redevelopment of the regional reception/assessment facility in the Belfast Trust, there are concerns around the ability of children's services to meet the needs of any further S/UASC who arrive in NI.

The Department hosted a regional roundtable with the HSCB and the 5 HSC Trusts in February 2020 to discuss these concerns and it was agreed that work would be taken forward on the development of proposals which: address pressures in the short to medium term to adequately meet the needs of our current S/UASC population and others arriving in NI and; identify a future regional service delivery model that will deliver equity of care and an improved pathway of care and wellbeing outcomes for S/UASC in the longer term. A Task & Finish Group is being established to lead on this work. In the meantime, additional funding has been secured to put contingency measures in place during the COVID-19 response and to provide enhanced assessment, specialist foster care services and step down provision which will inform development of the new regional service model.

It is anticipated that the Task and Finish Group will produce a paper setting out short, medium and long-term solution options by October 2020.

Infected Blood Inquiry

The UK government announced, in July 2017, a public inquiry to examine the circumstances in which men, women and children treated by the NHS in the United Kingdom were given contaminated blood and blood products. Sir Brian Langstaff was appointed Chair of the Infected Blood Inquiry in summer 2018. Public hearings began in April 2019 in London, with oral evidence heard across the UK, including Cardiff, Edinburgh, Leeds, and in May 2019, Belfast. Further oral evidence sessions were held in London in October 2019 and most recently, the Inquiry heard evidence from intermediaries and expert groups during February 2020. Oral evidence sessions will shortly re-commence, beginning with evidence from former Health Minister Lord David Owen which will be followed by witnesses and presentations relating to haemophilia centres throughout Autumn 2020. It is expected that oral evidence from government decision makers will be heard in Spring 2021 and this will include evidence in relation to the NI Infected Blood Payment Scheme.

The Department has core participant status, along with the NI Blood Transfusion Service, the Belfast HSC Trust and the HSCB, established at the outset a regional group with representation from HSC bodies and legal teams to ensure that a coordinated and consistent approach to working with the Inquiry. Junior counsel was instructed jointly by DSO and BSO Directorate of Legal Services (DLS) in May 2019. Senior counsel was instructed in late November 2019. Senior and junior counsel will represent the Department and the HSC core participants until such time as a potential, perceived or actual conflict of interest may arise. The Department has responded to a number of requests from the Inquiry to date and continues to actively support the Inquiry.

In January 2020, the Health Minister stated his intention to take a three phase approach to reviewing the NI Infected Blood Payment Scheme. Phase 1 saw the announcement of interim payments in January and March 2020 that meant infected beneficiaries on the NI Scheme were no worse off in terms of financial support on the scheme than their counterparts in England for the 2019-20 financial year. The Health Minister also announced payments for non-infected widows and widowers on the NI Scheme.

As part of phase 2, on 31 July 2020, the Health Minister issued a formal Ministerial Direction instructing a permanent uplift to payments to infected beneficiaries in Northern Ireland in line with the rates currently paid in England, with payments to be backdated to April 2020 and rising annually in line with CPI rates. Income top-up payments to infected beneficiaries discontinued at the same time, as all infected beneficiaries were better off as a result of the recurrent uplift to annual payments. Non-infected bereaved beneficiaries remain entitled to income top-ups until such times as any reform of financial provision is introduced.

The second and third phases of the review of the NI Infected Blood Payment Scheme are ongoing and will address other aspects of the scheme.

The UK-wide Infected Blood Inquiry is due to deliver its report in 2022 following which the Department will address final recommendations.

RQIA Board resignation

In mid-June 2020, the acting Chair and eight members of RQIA's Board resigned with immediate effect. These resignations left a total of 11 vacancies, the full complement of Board membership. On 23 June 2020, the Minister announced an independent review to examine the circumstances of these resignations. The Department will keep matters under review and will address any agreed actions or recommendations arising from the independent review. In order to enable RQIA Board to operate in the interim, the Department made arrangements for the short-term appointment of two Senior Civil Service officials as Non-Executive Board Members from 14 August 2020. A process is currently underway and nearing conclusion to appoint six external interim Non-Executive Board Members at which point the two temporary Non-Executive Board Members appointments will cease. The Department will seek to fill the Board member posts by way of a permanent term of appointment in due course.

Due process is being carefully followed and appropriate conclusion anticipated in the near future.

Conclusion

The Department has a rigorous system of accountability upon which I can rely as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in MPMNI. The system operates on a principle of devolved authority and the accountability framework structure across the Department's operating base.

Further to considering the accountability framework within the Department, including its ALBs, and in conjunction with assurances given to me by the DARAC, I am content that the Department has operated a sound system of internal governance during the period 2019-20.

REMUNERATION AND STAFF REPORT

Remuneration Report

The purpose of this remuneration and staff report is to set out the Department of Health's remuneration policy for directors, how that policy has been implemented and the amount awarded to directors. In addition this report provides details on remuneration of staff which is key to accountability.

Remuneration Policy

The pay policy for the Northern Ireland (NI) public sector, including senior civil servants (SCS), is normally approved by the Minister of Finance. In the absence of an Executive, the Department of Finance's Permanent Secretary set the 2019-20 NI public sector pay policy (October 2019) in line with the overarching HM Treasury parameters and in a manner consistent with the approach taken by the previous Finance Minister in 2016-17. Annual NICS pay awards are made in the context of the wider public sector pay policy. The pay award for NICS staff, including SCS staff, for 2019-20 has been finalised but not yet paid.

The pay of SCS is based on a system of pay scales for each SCS grade containing a number of pay points from minima to maxima, allowing progression towards the maxima based on performance.

Service Contracts

The Civil Service Commissioners (NI) Order 1999 requires Civil Service appointments to be made on merit on the basis of fair and open competition. The Recruitment Code published by the Civil Service Commissioners for Northern Ireland specifies the circumstances when appointments may be made otherwise.

Unless otherwise stated, the officials covered by this report hold appointments that are open-ended. Early termination, other than for misconduct, would result in the individual receiving compensation as set out in the Civil Service Compensation Scheme.

Further information about the work of the Civil Service Commissioners for Northern Ireland can be found at www.nicscommissioners.org.

Remuneration and pension entitlements

The following sections provide details of the remuneration and pension interests of the Minister and most senior management (i.e. Board Members) of the Department.

Remuneration and pension entitlements – Ministers [Audited]

Single total figure of remuneration								
Ministers	**Salary £**		**Benefits in kind (to nearest £100)**		**Pension Benefits* (to nearest £1000)**		**Total (to nearest £1000)**	
	2019-20	**2018-19**	**2019-20**	**2018-19**	**2019-20**	**2018-19**	**2019-20**	**2018-19**
Mr R Swann in office from 11 January 2020	8,478 (38,000 full year equivalent)	n/a	-	n/a	3,000	n/a	11,000	n/a

*****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 and any increase or decrease due to a transfer of pension rights.*

There was no Minister in place during 2018-19.

Remuneration and pension entitlements – Officials [Audited]

Single total figure of remuneration

Officials	Salary (£'000)		Benefits in kind (to nearest £100)		Pension Benefits* (to nearest £1000)		Total (£'000)	
	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19
Mr R Pengelly *Permanent Secretary*	125-130	120-125	-	-	70	63	195-200	180-185
Mr S Holland *Deputy SecretMcArdkeary, Social Care Policy Group*	95-100	90-95	-	-	32	27	130-135	115-120
Prof C McArdle *Chief Nursing Officer* (Note 1)	90-95	90-95	-	-	(3)	(3)	90-95	90-95
Dr M McBride *Chief Medical Officer* (Note 2)	220-225	215-220	-	-	(17)	(15)	200-205	200-205
Mrs D McNeilly *Deputy Secretary, Resource and Corporate Management Group*	95-100	90-95	-	-	49	44	145-150	130-135
Mr J Johnston *Deputy Secretary, Healthcare Policy Group*	90-95	90-95	-	-	37	26	125-130	115-120
Mrs N Lloyd *Finance Director*	75-80	70-75	-	-	34	27	105-110	95-100
Mrs S Gallagher *Deputy Secretary, Transformation Planning and Performance* (appointed 1 June 2018)	90-95	70-75 (85–90 full year equivalent)	-	-	55	130	145-150	200-205 (215–220 full year equivalent)
Mr D West *Chief Digital Information Officer*** (appointed 7 May 2019)	125-130 (135-140 full year equivalent)	-	-	-	13 (14 full year equivalent)	-	135-140 (150 – 155 full year equivalent)	-
Mr M Little *Independent Non-Executive Board Member* (Note 3)	5-10	5-10	-	-	-	-	5–10	5–10
Mr F Caddy *Independent Non-Executive Board Member* (Note 4)	5-10	5-10	-	-	-	-	5-10	5–10

*****_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 and any increase or decrease due to a transfer of pension rights._

**Dan West was appointed on a 2 year contract commencing 7 May 2019.

Notes to the table of senior management remuneration

1) Professor C McArdle is seconded to the Department from the South Eastern HSC Trust and took up post in April 2013.

2) Dr McBride returned from Belfast HSC Trust on 8 February 2017 to resume full time secondment in Department of Health.

Non-Executive Directors are remunerated based on the number of Board meetings they attend and related work carried out. Details of the Independent Non-Executive Director members of the Board employment contracts are as follows:

3) Mr Little was reappointed as an Independent Non-Executive director on 1 October 2017 for a three year period.

4) Mr F Caddy was appointed as an Independent Non-Executive director on 1 October 2017 for a three year period.

Salary

'Salary' includes gross salary; overtime; reserved rights to London weighting or London allowances; recruitment and retention allowances; private office allowances and any other allowance to the extent that it is subject to UK taxation and any severance or ex-gratia payments.

The Northern Ireland Assembly was dissolved from 26 January 2017 until an Executive was formed on 11 January 2020. Ministers were not in place during this time. From 11 January 2020, the Department of Health was under the direction and control of Mr Robin Swann. His salary and allowances were paid by the Northern Ireland Assembly and have been included as a notional cost in these accounts. These amounts do not include costs relating to the Minister's role as MLA/MP/MEP which are disclosed in the appropriate legislature accounts.

Benefits in kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by the HM Revenue and Customs as a taxable emolument. There were no benefits in kind to Board members during 2019-20.

Pay Multiples [Audited]

	2019-20	2018-19
Band of Highest Paid Director's Total Remuneration* (£'000)	220-225	215-220
Median Total Remuneration (£)	37,272	32,084
Ratio	6.0	6.8

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

The banded remuneration of the highest-paid director in DoH in the financial year 2019-20 was £220,000 - £225,000 (2018-19 £215,000 - £220,000). This was 6.0 times (2018-19: 6.8) the median remuneration of the workforce which was £37,272 (2018-19: £32,084).

In 2019-20 no employee (2018-19: nil) received remuneration in excess of the highest paid director. Remuneration ranged from £18k to £223k in 2019-20 (2018-19: £17,526 to £216k).

The decrease in ratio of median remuneration against the highest paid director in 2019-20 is due to the increase in average staff costs as a result of slight change in staff composition through driving forward transformation service reform initiatives.

Pension Entitlements – Ministers

Ministers Pension Benefits	Accrued pension at pension age as at 31/3/20	Real increase in pension at pension age	CETV at 31/3/20	CETV at 31/3/19	Real increase in CETV
	£'000	£'000	£'000	£'000	£'000
Mr R Swann in office from11 January 2020	0-5	0-2.5	19	17	1

There was no Minister in place during 2018-19.

Ministerial pensions

Pension benefits for Ministers are provided by the Assembly Members' Pension Scheme (Northern Ireland) 2016 (AMPS). In 2011 the Assembly passed the Assembly Members (Independent Financial Review and Standards) Act (Northern Ireland) establishing a Panel to make determinations in relation to the salaries, allowances and pensions payable to members of the Northern Ireland Assembly. In April 2016 the Independent Financial Review Panel issued The Assembly Members (Pensions) Determination (Northern Ireland) 2016 which introduced a Career Average Revalued Earnings scheme for new and existing members. The new scheme is named Assembly Members' Pension Scheme (Northern Ireland) 2016 and replaces the 2012 scheme. Existing members born on or before 1 April 1960 retain their Final Salary pension arrangements under transitional protection until 6 May 2021. The final decision on the McCloud judgement has yet to be agreed and the outcome may have an impact on Members affected by the Transitional Protection policy.

As Ministers are Members of the Legislative Assembly they also accrue an MLA's pension under the AMPS (details of which are not included in this report). Pension benefits for Ministers under transitional protection arrangements are provided on a "contribution factor" basis which takes account of service as a Minister. The contribution factor is the relationship between salary as a Minister and salary as a Member for each year of service as a Minister. Pension benefits as a Minister are based on the accrual rate (1/50th or 1/40th) multiplied by the cumulative contribution factors and the relevant final salary as a Member. Pension benefits for all other Ministers are provided on a career average (CARE) basis.

Benefits for Ministers are payable at the same time as MLAs' benefits become payable under the AMPS. Pensions are increased annually in line with changes in the Consumer Prices Index. Ministers pay contributions of either 9% or 12.5% of their Ministerial salary, depending on the accrual rate. There is also an employer contribution paid by the Consolidated Fund out of money appropriated by Act of Assembly for that purpose representing the balance of cost. This is currently 14.4% of the Ministerial salary.

The accrued pension quoted is the pension the Minister is entitled to receive when they reach normal pension age for their section of the Scheme. Ministers under transitional protection arrangements may retire at age 65. Ministers in the CARE scheme have a pension age aligned to their State Pension Age.

The Cash Equivalent Transfer Value (CETV)

This is the actuarially assessed capitalised 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. It 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 pension benefits they have accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total office holder service, not just their current appointment as a Minister. CETVs are calculated in accordance with The Occupational Pension Schemes (Transfer Values) Regulations 1996 (as amended) and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

The real increase in the value of the CETV

This is the increase in accrued pension due to the department's contributions to the AMPS, and excludes increases due to inflation and contributions paid by the Minister and is calculated using valuation factors for the start and end of the period.

Pension Entitlements – Officials [Audited]

Officials	Accrued pension at pension age as at 31/3/20 and related lump sum	Real increase in pension and related lump sum at pension age	CETV at 31/3/20	CETV at 31/3/19	Real increase in CETV	Employer contribution to partnership pension account
	£'000	£'000	£'000	£'000	£'000	Nearest £100
Mr R Pengelly *Permanent Secretary*	60-65 plus lump sum 135-140	2.5-5 plus lump sum 2.5-5	1,115	1,018	45	-
Mr S Holland *Deputy Secretary, Social Care Policy Group*	20-25	0-2.5	485	429	31	-
Prof C McArdle *Chief Nursing Officer*	30-35 plus lump sum 95-100	0-2.5 plus lump sum 0-2.5	683	644	9	-
Dr M McBride *Chief Medical Officer*	85-90 plus lump sum of 255-260	0-2.5 plus lump sum of 0-2.5	1,997	1,873	13	-
Mrs D McNeilly *Deputy Secretary, Resource and Corporate Management Group*	40-45 plus lump sum 95-100	2.5-5 plus lump sum 0-2.5	828	758	31	-
Mr J Johnston *Deputy Secretary, Healthcare Policy Group*	50-55 plus lump sum 150-155	0-2.5 plus lump sum 5-7.5	1,184	1,140	37	-
Mrs N Lloyd *Finance Director*	20-25	0-2.5	276	243	17	-
Mrs S Gallagher *Deputy Secretary, Transformation Planning and Performance* (appointed 1 June 2018)	35-40 plus lump sum 90-95	2.5-5 plus lump sum 0-2.5	715	647	35	-
Mr D West* *Chief Digital Information Officer* (appointed 7 May 2019)	-	-	-	-	-	12,600

*****As this Board member is on secondment from Strategic Investment Board (SIB) during the financial year this contribution to a defined contribution partnership pension account is arranged through SIB with the pension provider and not through the NICS Pension Scheme.*
The Department have been recharged for the in-year amount for the duration of the secondment which commenced on 7 May 2019.

Non Executive members pension details

Mr M Little and Mr F Caddy who served during the year as non-executive members of the Board are not employees of the Department and their remuneration is non-pensionable.

Northern Ireland Civil Service (NICS) Pension Schemes

Pension benefits are provided through the Northern Ireland Civil Service pension schemes which are administered by Civil Service Pensions (CSP).

The alpha pension scheme was introduced for new entrants from 1 April 2015. The alpha scheme and all previous scheme arrangements are unfunded with the cost of benefits met by monies voted each year. The majority of existing members of the classic, premium, classic plus and nuvos pension arrangements also moved to alpha from that date. Members who on 1 April 2012 were within 10 years of their normal pension age did not move to alpha and those who were within 13.5 years and 10 years of their normal pension age were given a choice between moving to alpha on 1 April 2015 or at a later date determined by their age. Alpha is a 'Career Average Revalued Earnings' (CARE) arrangement in which members accrue pension benefits at a percentage rate of annual pensionable earnings throughout the period of scheme membership. The current accrual rate is 2.32%.

New entrants joining can choose between membership of alpha or joining a 'money purchase' stakeholder arrangement with a significant employer contribution (partnership pension account).

New entrants joining on or after 30 July 2007 were eligible for membership of the nuvos arrangement or they could have opted for a partnership pension account. Nuvos is also a CARE arrangement in which members accrue pension benefits at a percentage rate of annual pensionable earnings throughout the period of scheme membership. The current accrual rate is 2.3%.

Staff in post prior to 30 July 2007 may be in one of three statutory based 'final salary' defined benefit arrangements (classic, premium and classic plus). From April 2011, pensions payable under classic, premium, and classic plus are reviewed annually in line with changes in the cost of living. New entrants joining on or after 1 October 2002 and before 30 July 2007 could choose between membership of premium or joining the partnership pension account.

All pension benefits are reviewed annually in line with changes in the cost of living. Any applicable increases are applied from April and are determined by the Consumer Price Index (CPI) figure for the preceding September. The CPI in September 2019 was 1.7% and HM Treasury has announced that public service pensions will be increased accordingly from April 2020.

Employee contribution rates for all members for the period covering 1 April 2020 – 31 March 2021 are as follows:

Scheme Year 1 April 2020 to 31 March 2021

Annualised Rate of Pensionable Earnings (Salary Bands)		Contribution rates – All members
From	**To**	**From 01 April 2020 to 31 March 2021**
£0	£23,999.99	4.6%
£24,000.00	£55,499.99	5.45%
£55,500.00	£152,499.99	7.35%
£152,500.00 and above		8.05%

Benefits in classic accrue at the rate of 1/80th of pensionable salary for each year of service. In addition, a lump sum equivalent to three years' pension is payable on retirement. For premium, benefits accrue at the rate of 1/60th of final pensionable earnings for each year of service. Unlike classic, there is no automatic lump sum (but members may give up (commute) some of their pension to provide a lump sum). Classic plus is essentially a variation of premium, but with benefits in respect of service before 1 October 2002 calculated broadly as per classic.

The partnership pension account is a stakeholder pension arrangement. The employer makes a basic contribution of between 8% and 14.75% (depending on the age of the member) into a stakeholder pension product chosen by the employee. The employee does not have to contribute but where they do make contributions, the employer will match these up to a limit of 3% of pensionable salary (in addition to the employer's basic contribution). Employers also contribute a further 0.5% of pensionable salary to cover the cost of centrally-provided risk benefit cover (death in service and ill health retirement).

The accrued pension quoted is the pension the member is entitled to receive when they reach their scheme pension age, or immediately on ceasing to be an active member of the scheme if they are at or over pension age. Scheme pension age is 60 for members of **classic, premium**, and **classic plus** and 65 for members of **nuvos**. The normal scheme pension age in alpha is linked to the member's State Pension Age but cannot be before age 65. Further details about the NICS pension arrangements can be found at the website www.finance-ni.gov.uk/civilservicepensions-ni .

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised 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 disclosure applies.

The CETV figures, and from 2003-04 the other pension details, include the value of any pension benefit in another scheme or arrangement which the individual has transferred to the NICS pension arrangements. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2015 and do not take account of any actual or potential benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include 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. However, the real increase calculation uses common actuarial factors at the start and end of the period so that it disregards the effect of any changes in factors and focuses only on the increase that is funded by the employer.

Compensation for loss of office

No compensation was paid for loss of office in 2019-20.

Staff Report

Number of senior civil service staff (or equivalent) by band

The number of staff serving in the grades 1 to 5 or equivalent representing the senior civil servants as at 31 March 2020 is shown below. These include senior civil service staff who are Departmental Board members.

	Core Department
Pay Band*	**Number of SCS staff (or equivalent)**
£65,000 - £70,000	-
£70,000 - £75,000	22
£75,000 - £80,000	-
£80,000 - £85,000	3
£85,000 - £90,000	-
£90,000 - £95,000	3
£95,000 - £100,000	1
£100,000 - £105,000	-
£105,000 - £110,000	-
£110,000 - £115,000	-
£115,000 - £120,000	-
£120,000 - £125,000	-
£125,000 - £130,000	1
Total	**30**

* Based on full year equivalent, excluding 2019-20 pay award which is agreed but not yet paid.

Staff Costs [Audited]:

	2019-20				2018-19
	Permanently employed staff*	**Others**	**Ministers**	**Total**	Total
	£000	**£000**	**£000**	**£000**	£000
Wages and salaries	53,097	4,714	8	57,819	52,208
Social security costs	5,600	451	1	6,052	5,532
Other pension costs	12,311	922	1	13,234	9,083
Subtotal	**71,008**	**6,087**	**10**	**77,105**	66,823
Less recoveries in respect of outward secondments	(1,012)	560	-	(452)	(538)
Total net costs**	**69,996**	**6,647**	**10**	**76,653**	66,285

Of which:

	Charged to Administration £000	**Charged to Programme £000**	**Total £000**
Core Department	22,858	3,824	26,682
HSCB and PHA	-	49,971	49,971
Total	**22,858**	**53,795**	**76,653**

*There were no staff costs incurred in respect of the department's Special Adviser in 2018-19. The 2019-20 figures include the cost of the Department's Special Adviser who was paid pro-rata from commencement on 11 January 2020 in the pay band £60-£65k.

No staff costs have been charged to capital.

Pension Arrangements

The Northern Ireland Civil Service main pension schemes are unfunded multi-employer defined benefit schemes but the Department of Health is unable to identify its share of the underlying assets and liabilities. The Government Actuary's Department (GAD) is responsible for carrying out scheme valuations. The Actuary reviews employer contributions every four years following the scheme valuation. The 2016 scheme valuation was completed by GAD in March 2019. The outcome of this valuation was used to set the level of contributions for employers from 1 April 2019 to 31 March 2021.

For 2019-20, employers' contributions of £5m were payable to the NICS pension arrangements (2018-2019 £3.8m) at one of three rates in the range 28.7% to 34.2% of pensionable pay, based on salary bands. This change is primarily due to the reduction in the SCAPE discount rate (as announced at Budget 2018) to 2.4% pa above CPI. The contribution rates are set to meet the cost of the benefits accruing during 2019-20 to be paid when the member retires, and not the benefits paid during this period to existing pensioners.
Employees can opt to open a partnership pension account, a stakeholder pension with an employer contribution. Employers' contributions of £12,129 were paid in 2019-20 (2018-19: £9,700) to one or more of the panel of two appointed stakeholder pension providers. Employer contributions are age-related and range from 8% to 14.75% (2018-2019, 8% to 14.75%) of pensionable pay.

The partnership pension account offers the member the opportunity of having a 'free' pension. The employer will pay the age-related contribution and if the member does contribute, the employer will pay an additional amount to match member contributions up to 3% of pensionable earnings.

Employer contributions of £nil 0.5% (2018-19 £nil, 0.5%) of pensionable pay, were payable to the NICS Pension schemes to cover the cost of the future provision of lump sum benefits on death in service and ill health retirement of these employees. Contributions due to the **partnership** pension providers at the reporting period date were £nil. Contributions prepaid at that date were £nil.

Ill health retirements

Two individuals from the core Department retired on ill health grounds; the total additional accrued pension liabilities in the year 2019-20 amounted to £nil (2018-19: £3k). HSCB had nil health retirements (2018-19: nil) and PHA had nil health retirements (2018-19: 2 persons, nil cost).

Average number of persons employed (Audited)

The average number of whole-time equivalent persons employed during the year was as follows. These figures include those working in the Department as well as other bodies included within the consolidated Departmental Accounts.

		2019-20 Number				2018-19
Departmental Strategic Objective	**Permanently employed staff**	**Others**	**Ministers**	**Special Advisers**	**Total**	Total
Health & Social Care Board	465	29	-	-	494	474
Public Health Agency	316	28	-	-	344	322
Administration	427	56	1	1	485	447
Programme	-	12	-	-	12	9
less outward seconded staff	(12)	-	-	-	(12)	(13)
Total	**1,196**	**125**	**1**	**1**	**1,323**	1,239
Of which:						
Core Department	421	68	1	**1**	**491**	449
HSCB and PHA	775	57	-	**-**	**832**	790

Core Staff numbers include 68 Whole Time Equivalent (WTE) staff seconded in to the Department and 6 (WTE) staff seconded out from the Department to other bodies

The 'Others' departmental figures reflect the position as at year-end.

The Minister was in post from 11 January 2020 and the Special Adviser was in post from 11 January 2020.

Reporting of Civil Service and other compensation schemes - exit packages (Audited)

Comparative data for 2018-19 is shown in brackets within the table below.

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	Core	Consolidated	Core	Consolidated	Core	Consolidated
	2019-20	2019-20	2019-20	2019-20	2019-20	2019-20
<£10,000	- (-)	- (-)	2 (-)	2 (-)	2 (-)	2(-)
£10,000- £25,000	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
£25,001-£50,000	- (-)	- (-)	- (-)	- (3)	- (-)	- (3)
£50,001- £100,000	- (-)	- (-)	- (-)	-(1)	- (-)	- (1)
£100,001- £150,000	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
£150,001- £200,000	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
£200,001-£250,000	- (-)	- (-)	- (-)	1(-)	- (-)	1 (-)
Total number of exit packages	- (-)	- (-)	2 (-)	3(4)	2 (-)	3 (4)
	£000	£000	£000	£000	£000	£000
Total resource cost	- (-)	- (-)	0 (-)	212 (154)	0 (-)	212 (154)

Core Redundancy and other departure costs have been paid in accordance with the provisions of the Civil Service Compensation Scheme, a statutory scheme made under the Superannuation (Northern Ireland) Order 1972. Similarly, HSCB and PHA costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations.

The table above shows the total cost of exit packages agreed and accounted for in 2019-20 and 2018-19. £212k exit costs were paid in 2019-20, the year of departure (2018-19 £154k). Where the department has agreed early retirements, the additional costs are met by the department and not by the Civil Service pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Staff Composition

The following table details the breakdown of staff gender on a headcount basis within DoH as at 31 March 2020:

	Male	Female	Total
Board Members	7	4	11
Senior Civil Service (Grade 5+, excluding Board members)	8	10	18
All other DoH Employees	182	258	440
Total	**197**	**272**	**469**

Sickness Absence Data

The average number of working days lost per employee due to sickness absence in 2019-20 was 10.9 days (2018-19: 8.4 days).

Employment, training and advancement of disabled persons

The Northern Ireland Civil Service applies the recruitment principles as set out in the Recruitment Code of the Civil Service Commissioners for Northern Ireland, appointing candidates based on merit through fair and open competition. Recruitment and selection training, which includes raising awareness of unconscious bias, is offered to all members of NICS recruitment panels. Unconscious bias training is available to all staff.

To maintain and promote a diverse and inclusive workforce, the NICS has policies in place to support alterations to the working environment required by disabled persons.

The NICS has a wide and active network of Diversity Champions and has appointed one of its Deputy Secretaries as the NICS Diversity Lead for Disability. The NICS has a committed Disability Working Group and is a lead partner with Employers for Disability Northern Ireland. Through this collaboration the NICS is working towards creating a truly inclusive workplace where all colleagues feel valued. The NICS promotes a number of schemes for disabled colleagues, including a Work Experience Scheme for People with Disabilities.

Other Employee Matters

The 2018-21 NICS People Strategy sets out the shared view of the people priorities across the NICS under the following themes:

- A well-led NICS
- High performing NICS
- Outcomes-focused NICS
- An inclusive NICS in which diversity is truly valued – a great place to work.

Equality, Diversity and Inclusion

The NICS People Strategy 2018-21 places diversity and inclusion at its centre and includes a range of actions that will help accelerate the NICS' ambition to be a service that reflects the society we serve.

The NICS continues to carry out its statutory obligations under fair employment legislation, including the annual return to the Equality Commission for NI. The NICS publishes a wide range of NICS human resource statistics.

Learning & Development

The NICS recognises the importance of having skilled and engaged employees and continues to invest in learning and development.

NICSHR Learning and Development is responsible for development and delivery of all generic staff training. It offers a variety of learning delivery channels to enable flexible access to learning, blending different learning solutions into coherent learning pathways that are aligned to both corporate need and the NICS Competency Framework.

The NICS offers a wide range of career development opportunities through mentoring, secondment and interchange opportunities, elective transfers, temporary promotion, job rotation and job shadowing.

Talent management is a key theme of the NICS People Strategy and work is underway to develop a more corporate approach to managing talent across the NICS.

Employee Consultation and Trade Union Relationships

The Department of Finance is responsible for the NICS Industrial Relations Policy. The centralised human resource function, NICSHR, consults on HR policy with all recognised Trade Unions and local departmental arrangements are in place to enable consultation on matters specific to a department or individual business area.

Off-Payroll Engagements

There were nil off –payroll engagements for the Department, HSCB and PHA in 2019-20.

Consultancy Expenditure

External consultancy incurred by the Core Department in 2019-20 was £475k. The HSCB and PHA did not incur any expenditure on external consultancy in 2019-20.

AUDIT AND ACCOUNTABILITY REPORT

Statement of Assembly Supply (Audited)

In addition to the primary statements prepared under IFRS, the Government Financial Reporting Manual (FReM) requires the Department of Health to prepare a Statement of Assembly Supply (SoAS) and supporting notes.

The SoAS and related notes are subject to audit, as detailed in the Certificate and Report of the Comptroller and Auditor General to the Northern Ireland Assembly.

The SoAS is a key accountability statement that shows, in detail, how an entity has spent against their Supply Estimate. Supply is the monetary provision for resource and cash (drawn primarily from the Consolidated Fund), that the Assembly gives statutory authority for entities to utilise. The Estimate details Supply and is voted on by the Assembly at the start of the financial year and is then normally revised by a Supplementary Estimate at the end of the financial year. It is the final Estimate, normally the Spring Supplementary Estimate, which forms the basis of the SoAS.

Should an entity exceed the limits set by their Supply Estimate, called control limits, their accounts will receive a qualified opinion.

The format of the SoAS mirrors the Supply Estimates to enable comparability between what the Assembly approves and the final outturn. The Supply Estimates are voted by the Assembly and published on the DoF website.

The supporting notes detail the following: Outturn detailed by Estimate line, providing a more detailed breakdown (note 1); a reconciliation of outturn to net operating expenditure in the SoCNE, to tie the SoAS to the financial statements (note 2); a reconciliation of net resource outturn to net cash requirement (note 3); an analysis of income payable to the Consolidated Fund (note 4); a reconciliation of income recorded within the Statement of Comprehensive Net Expenditure to operating income payable to the Consolidated Fund (note 5); and detail on non-operating income – excess Accruing Resources (note 6).

Notes 1 to 22 form part of these accounts

Summary tables – mirror Part II and III of the Estimates

Summary table, 2019-20, all figures presented in £000

		2019-20							2018-19
		Outturn			Estimate				
Type of spend	Note	Gross Expenditure	Accruing Resources	Net Total	Gross Expenditure	Accruing Resources	Net Total	Outturn vs Estimate, saving/ (excess)	Prior Year Outturn Total
Request for Resources		£000	£000	£000	£000	£000	£000	£000	£000
A	**SoAS 1**	6,196,837	628,879	5,567,958	6,478,804	631,696	5,847,108	279,150	5,256,760
Total Resources	**SoAS 2**	6,196,837	628,879	5,567,958	6,478,804	631,696	5,847,108	279,150	5,256,760
Non-operating Accruing Resources				138			6,817	6,679	292

Request for Resources A: Providing high quality health, social care, fire-fighting, rescue and fire safety services and promoting good health and wellbeing.

Net Cash Requirement 2019-20, all figures presented in £000

	Note	2019-20			2018-19
		Outturn	Estimate	Outturn vs Estimate, saving/ (excess)	Prior Year Outturn Total
		£000	£000	£000	£000
Net Cash Requirement	**SoAS 3**	**5,548,910**	**5,833,819**	**284,909**	5,245,353

Summary of income payable to the Consolidated Fund

In addition to accruing resources, the following income relates to the Department and is payable to the Consolidated Fund (cash receipts being shown in italics).

		2019-20 £000 Forecast		2019-20 £000 Outturn	
	Note	Income	Receipts	Income	Receipts
Total amount payable to the Consolidated Fund	**SoAS 4**	**-**	**-**	**104**	***122***

Notes 1 – 22 form part of these accounts

Notes to the Statement of Assembly Supply 2019 – 2020 (£000)

This note mirrors Part II of the Estimates: (Revised) Subhead Detail and Resource to Cash Reconciliation

SoAS note 1. Outturn detail, by Estimate line

	Resource Outturn						Estimate				
Type of spend	Admin	Other Current	Grants	Gross Resource Expenditure	Accruing Resources	Net Total	Net Total	*Virements	Net total including virements	Outturn vs Estimate, (inc virements), saving/ (excess)	Prior year outturn Total, - 2018-19
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Request for Resources A:										
Departmental expenditure in DEL											
A1.	1,913	123,068	4,509	129,490	(20,392)	109,098	135,891	(10,528)	125,363	16,265	111,674
A2.	5,282	49,154	13,244	67,680	(10,864)	56,816	58,315	(245)	58,070	1,254	48,659
A3.	409	305,488	7,448	313,345	(14)	313,331	304,696	10,582	315,278	1,947	285,355
A4.	192	493,210	-	493,402	-	493,402	483,198	10,204	493,402	-	491,405
A5.	98	131,678	-	131,776	(25,818)	105,958	112,284	(278)	112,006	6,048	106,467
A6.	98	22,685	-	22,783	-	22,783	24,634	-	24,634	1,851	24,320
A7.	16,342	51,826	-	68,168	(3,513)	64,655	79,283	(12,106)	67,177	2,522	49,356
A8.	1,609	68,413	8,190	78,212	(4,343)	73,869	78,580	-	78,580	4,711	67,531
A9.	186	128	-	314	-	314	431	-	431	117	335
Annually Managed Expenditure (AME)											
A10.	-	3,641	-	3,641	-	3,641	1,270	2,371	3,641	-	(6,347)
A11.	-	327	-	327	-	327	684	-	684	357	585
Non-budget											
A12.	-	-	-	-	(563,935)	(563,935)	(563,935)	-	(563,935)	-	(518,401)
A13.	-	-	4,706,585	4,706,585	-	4,706,585	4,928,155	(2,850)	4,925,305	218,720	4,410,235
A14.	-	-	34,939	34,939	-	34,939	58,770	-	58,770	23,831	48,839
A15.	-	-	280	280	-	280	415	-	415	135	166
A16.	-	-	4,577	4,577	-	4,577	4,491	86	4,577	-	4,421
A17.	-	-	19,282	19,282	-	19,282	19,205	77	19,282	-	18,266
A18.	-	-	2,130	2,130	-	2,130	2,760	-	2,760	630	1,256
A19.	-	-	2,899	2,899	-	2,899	3,442	-	3,442	543	3,196
A20.	-	-	1,578	1,578	-	1,578	1,561	17	1,578	-	1,497
A21.	-	-	6,775	6,775	-	6,775	6,854	-	6,854	79	7,021
A22.	-	-	2,057	2,057	-	2,057	2,057	-	2,057	-	2,018
A23.	-	-	422	422	-	422	422	-	422	-	422
A24.	-	-	94,198	94,198	-	94,198	93,511	687	94,198	-	87,325
A25.	-	-	7,483	7,483	-	7,483	5,500	1,983	7,483	-	6,780
A26.	4,419	75	-	4,494	-	4,494	4,634	-	4,634	140	4,379
Total	30,548	1,249,693	4,916,596	6,196,837	(628,879)	5,567,958	5,847,108	-	5,847,108	279,150	5,256,760
Resource Outturn	**30,548**	**1,249,693**	**4,916,596**	**6,196,837**	**(628,879)**	**5,567,958**	**5,847,108**	**-**	**5,847,108**	**279,150**	**5,256,760**

*Virements are the reallocation of provision in the Estimates that do not require Assembly authority (because the Assembly does not vote to that level of detail and delegates to DoF). Further information on virements are provided in the Supply Estimates in Northern Ireland Guidance Manual, available on the DoF website.

The Outturn vs Estimate column is based on the total including virements. The Estimate total before virements have been made is included so that users can reconcile this Estimate back to the Estimates approved by the Assembly.

Notes 1 to 22 form part of these accounts

The net resource outturn for the year is £5,568m which is within the voted total Estimate cover by some £279m (5%) for Request for Resources A. This is primarily in relation to less drawdown from Trusts than was forecast at the time of the Spring Supplementary Estimates.

Detailed explanations of the variances are given in the Management Commentary.

Key to Request for Resources and Functions

Request for Resources A:
Providing high quality health, social care, fire-fighting, rescue and fire safety services and promoting good health and wellbeing.

Departmental expenditure in DEL

A1. Hospital, Paramedic and Ambulance Services
A2. Social Care Services
A3. Family Health Service – General Medical Services
A4. Family Health Service -Pharmaceutical Services
A5. Family Health Service – Dental Services
A6. Family Health Service -Ophthalmic Services
A7. Health Support Services
A8. Public Health Services
A9. Public Safety

Annually Managed Expenditure (AME)

A10. Provisions
A11. Social Care Depreciation and Impairments

Non-Budget

A12. Health Service Contributions
A13. Health and Social Care Trusts
A14. Business Services Organisation
A15. Northern Ireland Blood Transfusion Service
A16. Northern Ireland Guardian Ad Litem Agency
A17. Northern Ireland Medical and Dental Training Agency
A18. Northern Ireland Practice and Education Council for Nursing and Midwifery
A19. Northern Ireland Social Care Council
A20. Patient and Client Council
A21. Health and Social Care Regulation and Quality Improvement Authority
A22. Food Safety Promotion Board
A23. Institute of Public Health in Ireland
A24. Northern Ireland Fire and Rescue Service
A25. Northern Ireland Fire and Rescue Service – Firefighters Pension Schemes
A26. Notionals

Notes 1 to 22 form part of these accounts

SoAS note 2. Reconciliation of outturn to net operating expenditure

Item	Note	Outturn	Supply Estimate	Outturn compared with Estimate	Prior year Outturn total 2018-19
		£000	£000	£000	£000
Net resource outturn	SoAS 1	5,567,958	5,847,108	279,150	5,256,760
Prior period adjustments		-	-	-	-
Non-supply income (CFERs)	SoAS 4	(104)	-	(104)	(107)
Net operating Expenditure in Consolidated Statement of Comprehensive Net Expenditure	**SoCNE**	**5,567,854**	**5,847,108**	**279,254**	**5,256,653**

As noted in the introduction to the SoAS above, outturn and the Estimates are compiled against the budgeting framework, which is similar to, but different from, IFRS. Therefore, this note reconciles the resource outturn to net operating expenditure, linking the SoAS to the financial statements.

SoAS note 3. Reconciliation of net resource outturn to net cash requirement

This note mirrors Part II of the Estimates: Resource to Cash Reconciliation.

	Note	Outturn total	Estimate	Outturn vs Estimate, saving/(excess)
		£000	£000	£000
Resource Outturn	SoAS 1	**5,567,958**	**5,847,108**	279,150
Capital Items				
Capital	6, 7, 10	6,780	8,932	2,152
Non-Operating Accruing Resources	6, 7, 10	(138)	(6,817)	(6,679)
Net Capital		**6,642**	**2,115**	**(4,527)**
Accruals to cash adjustments				
Depreciation, amortisation and impairment	3,4	(4,825)	(3,313)	1,512
New provisions, and adjustments to previous provisions	3, 4, 15	(3,641)	(1,270)	2,371
Notional charges	3,4	(9,866)	(4,634)	5,232
Movement in working capital	13, 14	(10,954)	(9,800)	1,154
Use of Provision	15	3,596	3,613	17
Total Accruals to cash adjustment		**(25,690)**	**(15,404)**	**10,286**
Net cash requirement		**5,548,910**	**5,833,819**	**284,909**

As noted in the introduction to the SoAS above, outturn and the Estimates are compiled against the budgeting framework, not on a cash basis. This reconciliation bridges the resource outturn to the net cash requirement.

SoAS note 4. Analysis of income payable to the Consolidated Fund

This note mirrors Part III of the Estimates: Extra Receipts Payable to the Consolidated Fund.

In addition to income retained by the Department, the following income is payable to the Consolidated Fund (cash receipts being shown in italics).

		Forecast 2019-20		Outturn 2019-20	
		Income	Receipts	Income	Receipts
Item	**Note**	**£000**	**£000**	**£000**	**£000**
Operating income and receipts not classified as Accruing Resources		-	-	104	*122*
Non-Operating income & receipts – excess Accruing Resources	SoAS 6	-	-	-	-
Total amount payable to the Consolidated Fund		-	-	104	*122*

SoAS note 5. Reconciliation of income recorded within the Statement of Comprehensive Net Expenditure to operating income payable to Consolidated Fund

		2019-20	2018-19
Item	**Note**	**£000**	£000
Operating income	5	628,983	581,564
Income authorised as Accruing Resources		(628,879)	(581,457)
Operating income payable to the Consolidated Fund	SoAS 4	104	107

SoAS note 6. Non-operating income - Excess Accruing Resources

	2019-20	2018-19
Item	**£000**	£000
Principal repayments of voted loans	-	-
Proceeds on disposal of property, plant & equipment	-	-
Other (analysed as appropriate)	-	-
Non-operating income - excess Accruing Resources	-	-

Notes 1 to 22 form part of these accounts

Other Assembly Accountability Disclosures

The following sections are subject to audit

Losses and Special Payments

Classifications are as defined by Managing Public Money NI and applicable to the consolidated accounts.

Losses Statement for Core Department, HSC Board and PHA

Losses statement	2019-20		2018-19	
	Core Department	**Consolidated***	Core Department	Consolidated
Total number of losses**	**1**	**8**	31	35
Total value of losses (£000)	**1,801**	**1,813**	2,175	2,175

Individual losses over £250,000	2019-20		2018-19	
	Core Department £000	**Consolidated £000**	Core Department £000	Consolidated £000
Administrative write-offs – National Insurance Fund**	**1,796**	**1,796**	2,169	2,169

Special Payments made by Core Department, HSC Board and PHA

Special payments	2019-20		2018-19	
	Core Department	**Consolidated**	Core Department	Consolidated
Total number of special payments	**37**	**45**	38	50
Total value of special payments (£000)	**986**	**1,393**	1,011	4,421

Special Payments over £250,000	2019-20				2018-19			
	Core Department		**Consolidated**		Core Department		Consolidated	
	Number of Cases	**£**	**Number of Cases**	**£**	Number of Cases	£	Number of Cases	£
Compensation payments								
Clinical Negligence	**-**	**-**	-	-	-	-	3	2,914

*In addition to consolidated losses detailed above, the HSC Board establish an estimate of the total annual potential loss due to fraud and error in provision of their family practitioner services. The Counter Fraud and Probity Service within Business Services Organisation, on behalf of HSCB, checks patient exemption entitlement by means of sampling technique. The best estimate available for patient exemption fraud in 2019-20 is £3.9m (2018-19: £4.0m).

**The majority of waivers and remissions in relation to National Insurance contributions are reported in the Northern Ireland National Insurance Fund account but an NHS proportion (approximately 20% of the NI total) is attributed to the health programme. The number of cases of NI Fund Losses (Administrative write off) are not disclosed as the National Audit Office, who audit the NI Fund accounts, made a recommendation for HMRC to work to ensure consistency between the contribution losses figures reported in the NI White Paper Accounts and the HMRC Trust Statement. As a result, the method of collection and calculation of the losses figures has been changed and case numbers are no longer available for reporting.

Remote Contingent Liabilities

In addition to contingent liabilities reported within the meaning of IAS37 shown in Note 16 of the Annual Accounts, the Department also considers liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability. As at 31 March 2020, the Department have the following remote contingent liabilities:

Inquiry Panel membership

It is normal practice for a Department commissioning an inquiry to provide to each member of the Inquiry panel an indemnity whereby the panel member, if he or she has acted honestly and in good faith, will not have to meet out of his or her personal resources any personal civil liability incurred in the execution or purported execution of his or her functions as a member of the inquiry panel, save where the panel member has acted recklessly. The possibility of payment being made under these indemnities is assessed as remote and the potential liability has been assessed as zero.

UK Exit from the EU

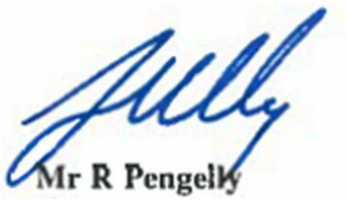
On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK will be determined by negotiations taking place during a transition period ending 31 December 2020.

Any subsequent change in legislation, regulation and funding arrangements are subject to the outcome of the negotiations. As a result, an unquantifiable contingent liability is disclosed relating to structural and competitive EU funding activity undertaken by the Department as part of the EU Multiannual Financial Framework.

Non-Executive Directors

Under the Department's ordinary business practices, on appointment non-executive directors are provided with an indemnity whereby provided they have acted honestly, reasonably and in good faith, the Department will indemnify against any personal civil liability which is incurred in the execution or purported execution of each non-executive director's Board functions. The likelihood of transfer of economic benefit in settlement is assessed as remote and thus the potential liability is zero.

This accountability report is approved and signed:



Accounting Officer
24 September 2020

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 Department of Health for the year ended 31 March 2020 under the Government Resources and Accounts Act (Northern Ireland) 2001. The financial statements comprise: the Consolidated Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes, including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them.

I have also audited the Statement of Assembly Supply, and the related notes, and 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 Department's affairs as at 31 March 2020 and of its net expenditure for the year then ended; and
- have been properly prepared in accordance with the Government Resources and Accounts Act (Northern Ireland) 2001 and Department of Finance directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects:

- the Statement of Assembly Supply properly presents the outturn against voted Assembly control totals for the year ended 31 March 2020 and shows that those totals have not been exceeded; and
- 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 Department of Health 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.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the Department of Health's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Department of Health have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Department of Health's ability to continue to adopt the going concern basis.

Other Information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in 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 Finance directions made under the Government Resources and Accounts Act (Northern Ireland) 2001; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Responsibilities of the Accounting Officer for the financial statements

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

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 Government Resources and Accounts Act (Northern Ireland) 2001.

My objectives are 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 (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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 Statement of Assembly Supply properly presents the outturn against voted Assembly control totals and that those totals have not been exceeded. I am also 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

28 September 2020

Financial Statements

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

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

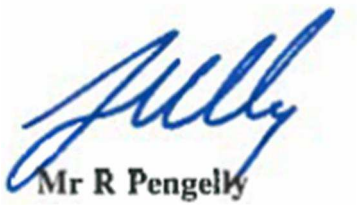
		2019-20		2018-19	
		Core Department	**Consolidated**	Core Department	Consolidated
	Note	**£000**	**£000**	£000	£000
Revenue from contracts with customers	5	(196)	(55,547)	(239)	(53,187)
Other operating income	5	(571,755)	(573,395)	(526,865)	(528,342)
Total Operating income		**(571,951)**	**(628,942)**	(527,104)	(581,529)
Staff costs	3,4	26,802	77,105	22,719	66,823
Purchase of goods and services	3,4	4,929,243	6,057,341	4,630,140	5,722,293
Depreciation, amortisation and impairment charges	3,4	1,701	4,825	4,531	7,270
Provision expense	3,4	32	3,641	(17)	(6,348)
Other operating expenditure	3,4	42,843	53,924	39,929	48,168
Total operating expenditure		**5,000,621**	**6,196,836**	4,697,302	5,838,206
Finance income	5	(27)	(41)	(20)	(35)
Finance expense	3,4	1	1	11	11
Net expenditure for the year		**4,428,644**	**5,567,854**	4,170,189	5,256,653
Other Comprehensive Expenditure					
Items that will not be reclassified to net operating costs:					
Net (gain)/loss on revaluation of Property, Plant and Equipment	6	(211)	(3,821)	(1,087)	(1,291)
Net (gain)/loss on revaluation of Intangibles		(1)	(2)	-	(2)
Items that may be reclassified to net operating costs:					
Net (gain)/loss on revaluation of investments		-	-	-	-
Total comprehensive net expenditure for the year ended 31 March 2020		**4,428,432**	**5,564,031**	4,169,102	5,255,360

Notes 1 to 22 form part of these accounts

Consolidated Statement of Financial Position
As at 31 March 2020

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

	Note	31 March 2020		31 March 2019	
		Core Department	**Consolidated**	Core Department	Consolidated
		£000	**£000**	£000	£000
Non-current assets					
Property, plant and equipment	6	47,653	68,408	45,937	62,677
Intangible assets	7	46	2,510	-	2,321
Financial assets	10	2,009,000	2,009,644	2,009,000	2,009,703
Trade and other receivables	13	-	-	-	-
Total non-current assets		**2,056,699**	**2,080,562**	2,054,937	2,074,701
Current Assets					
Assets classified as held for sale	6	-	-	5,597	5,597
Inventories	11	-	-	-	-
Trade and other receivables	13	15,532	21,801	15,004	20,406
Other current assets	13	84	124	467	621
Financial assets	10	-	117	-	113
Cash and cash equivalents	12	-	2,130	-	1,320
Total current assets		**15,616**	**24,172**	21,068	28,057
Total assets		**2,072,315**	**2,104,734**	2,076,005	2,102,758
Current liabilities					
Trade and other payables	14	38,236	221,965	26,477	200,531
Provisions	15	520	3,234	1,491	3,357
Financial liabilities	10	-	-	-	-
Total current liabilities		**38,756**	**225,199**	27,968	203,888
Total assets less current liabilities		**2,033,559**	**1,879,535**	2,048,037	1,898,870
Non-current liabilities					
Provisions	15	584	31,584	720	31,416
Total non-current liabilities		**584**	**31,584**	720	31,416
Total assets less total liabilities		**2,032,975**	**1,847,951**	2,047,317	1,867,454
Taxpayers' equity					
General Fund		2,014,940	1,817,446	2,026,053	1,837,331
Revaluation Reserve		18,035	30,505	21,264	30,123
Total taxpayers' equity		**2,032,975**	**1,847,951**	2,047,317	1,867,454



Accounting Officer
24 September 2020

Notes 1 to 22 form part of these accounts

Consolidated Statement of Cash Flows for the year ended 31 March 2020

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Department of Health during the reporting period. The statement shows how the department 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 department. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the department's future public service delivery.

	Note	**2019-20 £000**	2018-19 £000
Cash flows from operating activities			
Net operating expenditure	SoCNE	(5,567,854)	(5,256,653)
Adjustments for non-cash transactions	3,4,5	18,352	5,286
(Increase)/decrease in trade & other receivables	13	(898)	(8,101)
less movements in receivables relating to items not passing through the Statement of Comprehensive Net Expenditure			
Supply amounts due from the consolidated fund	13	(4,824)	4,824
(Increase)/Decrease in Inventories	11	-	-
(Decrease)/Increase in trade & other payables (adjusted for bank overdraft)	14	21,737	12,470
less movements in payables relating to items not passing through the Statement of Comprehensive Net Expenditure			
Movements in payables relating to the purchase of property, plant & equipment	14	693	(61)
Movements in payables relating to purchase of intangibles	14	57	(548)
Non cash adjustments to working capital		(4,411)	-
Supply amounts due to the consolidated fund	14	(5,972)	8,772
Movements in payables relating to CFER items	14	3	(24)
Use of provisions	15	(3,596)	(6,098)
Net cash outflow from operating activities		(5,546,713)	(5,240,133)
Cash flows from investing activities			
Purchase of property, plant & equipment	6,14	(6,678)	(4,732)
Purchase of intangible assets	7,14	(809)	(228)
FTC loans issued to GPs	10	(43)	-
Proceeds of disposal of property, plant and equipment		-	192
FTC loans repaid by GPs	10	118	115
Net cash outflow from investing activities		(7,412)	(4,653)
Cash flows from financing activities			
From the Consolidated Fund (Supply) - current year		5,550,934	5,240,529
From the Consolidated Fund (Supply) - prior year		4,411	-
Net financing		5,555,345	5,240,529
Net increase/(decrease) in cash and cash equivalents in the period before adjustment for payments to the Consolidated Fund		**1,220**	(4,257)
Payments of amounts due to the Consolidated Fund		(107)	(83)
Net increase/(decrease) in cash and cash equivalents in the period after adjustment for receipts and payments to the Consolidated Fund		**1,113**	(4,340)
Cash and cash equivalents at the beginning of the period	12	**560**	4,900
Cash and cash equivalents at the end of the period	12	**1,673**	560

Notes 1 to 22 form part of these accounts.

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

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

	Note	General Fund	Revaluation Reserve	Taxpayers' Equity
		£000	£000	£000
Balances at 31 March 2018		1,835,514	28,922	1,864,436
Changes in taxpayers' equity for 2018-19				
Net assembly funding		5,249,764	-	5,249,764
Supply (payable)/receivable adjustment		4,361	-	4,361
CFERs repayable to Consolidated Fund		(107)	-	(107)
Net Assembly Funding		5,254,018	-	5,254,018
Comprehensive Expenditure for the Year		(5,256,653)	1,293	(5,255,360)
Non-Cash Adjustments:				
Auditor's remuneration	3, 4	138	-	138
Other	3, 4	4,241	-	4,241
Movements in Reserves:				
Transfer of Asset ownership		(19)	-	(19)
Other reserves movements including transfers		92	(92)	-
Balances at 31 March 2019		1,837,331	30,123	1,867,454
Changes in taxpayers' equity for 2019-20				
Net assembly funding		5,550,934	-	5,550,934
Settlement of prior year trade payable/(trade receivable)		4,411	-	4,411
Supply (payable)/receivable adjustment		(6,435)	-	(6,435)
CFERs repayable to Consolidated Fund		(104)	-	(104)
Net Assembly Funding		5,548,806	-	5,548,806
Comprehensive Expenditure for the Year		(5,567,854)	3,823	(5,564,031)
Non-Cash Adjustments:				
Auditor's remuneration	3, 4	154	-	154
Other	3, 4	4,340	-	4,340
Non cash adjustment to working capital		(8,772)	-	(8,772)
Movements in Reserves:				
Transfer of Asset ownership		-	-	-
Other reserves movements including transfers		3,441	(3,441)	-
Balances at 31 March 2020		**1,817,446**	**30,505**	**1,847,951**

Notes 1 to 22 form part of these accounts

Core Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

	Note	General Fund	Revaluation Reserve	Taxpayers' Equity
		£000	£000	£000
Balances at 31 March 2018		2,021,018	20,269	2,041,287
Changes in taxpayers' equity for 2018-19				
Net assembly funding		4,166,592	-	4,166,592
Supply (payable)/receivable adjustment		4,361	-	4,361
CFERs repayable to Consolidated Fund		(107)	-	(107)
Net Assembly Funding		4,170,846	-	4,170,846
Comprehensive Expenditure for the Year		(4,170,189)	1,087	(4,169,102)
Non-Cash Adjustments:				
Auditor's remuneration	3,4	64	-	64
Other	3,4	4,241	-	4,241
Movements in Reserves:				
Transfer of Asset ownership		(19)	-	(19)
Other reserves movements including transfers		92	(92)	-
Balances at 31 March 2019		2,026,053	21,264	2,047,317
Changes in taxpayers' equity for 2019-20				
Net assembly funding		4,420,571	-	4,420,571
Settlement of prior year trade payable/(trade receivable)		4,411	-	4,411
Supply (payable)/receivable adjustment		(6,435)	-	(6,435)
CFERs repayable to Consolidated Fund		(104)	-	(104)
Net Assembly Funding		4,418,443	-	4,418,443
Comprehensive Expenditure for the Year		(4,428,644)	212	(4,428,432)
Non-Cash Adjustments:				
Auditor's remuneration	3,4	79	-	79
Other	3,4	4,340	-	4,340
Non cash adjustment to working capital		(8,772)	-	(8,772)
Movements in Reserves:				
Transfer of Asset ownership		-	-	-
Other reserves movements including transfers		3,441	(3,441)	-
Balances at 31 March 2020		**2,014,940**	**18,035**	**2,032,975**

Notes 1 to 22 form part of these accounts

Notes to the Departmental Resource Accounts

1. Statement of Accounting Policies

These financial statements have been prepared in accordance with the 2019-20 Government Financial Reporting Manual (FReM) issued by the Department of Finance. The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context.

Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Department of Health for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Department are described below. They have been applied consistently in dealing with items considered material to the accounts.

In addition to the primary statements prepared under IFRS, the FReM also requires the department to prepare one additional primary statement, The Statement of Assembly Supply and supporting notes show outturn against Estimate in terms of the net resource requirement and the net cash requirement.

1.1. Accounting Convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and liabilities.

1.2. Currency and Rounding

These accounts are presented in £ sterling and rounded in thousands.

1.3. Basis of Consolidation

These accounts comprise a consolidation of the Core Department and those entities which fall within the departmental boundary as defined in the FReM, interpreted for Northern Ireland. Transactions between entities included in the consolidation are eliminated.

A list of all those entities within the Departmental boundary is given at Annex A.

1.4. Property, Plant and Equipment and Intangible Assets

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 business;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; *and*
- the item has a cost of at least £5,000; *or*
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; *or*
- items form part of the initial equipping and setting-up cost of a new unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment and intangible non-current assets are measured at cost including any expenditure, such as installation, directly attributable to bringing them into working condition.

Assets classified as "under construction" are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when they are brought into use.

Emergency planning stockpiles are included within plant and machinery and are capitalised in accordance with FReM.

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately for the rest of the business or which arise for contractual or other legal rights. Intangible assets are considered to have a finite life.

Intangible assets includes any of the following held – software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible assets under construction. Intangible non-current assets in use comprise IT, software and websites.

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 non-current asset. There is no difference between the requirements for (a) intangible assets that are acquired externally and (b) internally generated intangible non-current assets, whether they arise from development activities or other types of activities.

The capitalisation threshold for intangible assets is the same as for tangible assets.

Valuation

All Property, Plant and Equipment and Intangible non-current assets are carried at fair value.

Fair value for Property is estimated as the latest professional valuation revised annually by reference to indices supplied by Land and Property Services.

Fair value for Plant, Equipment and Intangibles is estimated by restating the value annually by reference to indices compiled by the Office of National Statistics (ONS), except for assets under construction which are carried at cost, less any impairment loss. This year, indices at the end of December 2019 were used.

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

A formal revaluation was last carried out as at 31 January 2020, by Land and Property Services with the next review due by 31 January 2025.

Properties are valued on the basis of open market value for existing use, unless they are specialised, in which case they are valued on the basis of depreciated replacement cost.

Properties surplus to requirements are valued on the basis of open market value less any material directly attributable selling costs.

1.5. Depreciation

Property, plant and equipment and intangible non-current assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. Depreciation is charged in the month of acquisition.

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 not in use are not depreciated. Capital expenditure on leasehold improvements is depreciated over the shorter of the life of the asset or the remaining term of the lease.

Depreciation is charged on short life assets (up to 5 years) based on the historic cost without indexation being applied.

Depreciable assets normally have useful lives in the following ranges:

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT Assets	3 – 10 years
Software /Licences	3 – 10 years
Other Equipment	3 – 15 years

The majority of furniture and fittings are rented from the Department of Finance and have not been capitalised. Instead this forms part of the notional accommodation costs included in the Statement of Comprehensive Net Expenditure.

Most of the buildings used by the core Department are part of the government estate. As rents are not paid for these properties, notional accommodation costs are based on a capital charge for the properties. These costs have been charged to the Statement of Comprehensive Net Expenditure.

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

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 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. Impairments

At each reporting period end, the Department checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

If there has been an impairment loss due to price change, 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 the Statement of Comprehensive Net Expenditure.

DoF/HM Treasury has directed that economic impairments be treated in a different way from that shown in IAS 36 for 2010-11 and future periods. As a result where the loss arises from an economic impairment the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and there is a corresponding movement from the revaluation reserve to the Statement of Comprehensive Net Expenditure reserve up to the amount of the economic impairment which is in the revaluation 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 to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.8. Profit/Loss on sale of Non-Current Assets

The profit from sale of land which is a non-depreciating asset is recognised within Income. The profit from sale of any depreciating assets is shown as a reduction in the expense within the Statement of Comprehensive Net Expenditure The loss from sale of land or loss from the sale of any depreciating assets is shown as an increased expense.

1.9. Non-Current Assets Held for Sale

The Department classifies a non-current asset as held for sale where its value is expected to be realised 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 its 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 through appropriate marketing at a reasonable price and the sale is considered likely to be concluded within one year. Non-current assets held for sale are valued on the basis of open market value where one is available or at carrying amount if an open market value is not available less any material directly attributable selling costs.

1.10. Stockpile Goods

The Department has acquired equipment and stock for use in the event of a national emergency.

These stocks consist mainly of drugs and protective clothing and are regarded as the minimum levels necessary to provide an emergency response. In accordance with FReM, these minimum levels are treated as Property, Plant and Equipment (PPE). The goods are recorded at the lower of cost price and net realisable value. It is considered that depreciation is not applicable for the majority of emergency stock items held. An impairment charge is recognised for any stockpile goods which are disposed of e.g. because they are past their 'use by' date. The Department also considers that due to the unique nature of stockpile goods it is inappropriate to apply a capitalisation threshold. The Emergency Planning Branch of the Department is responsible for managing these items.

1.11. Investments

The only Interest Bearing Debt (IBD) remaining is in relation to the Northern Ireland Ambulance Service (NIAS) as the IBD in the legacy Trusts was cancelled and replaced by Public Dividend Capital (PDC) when the new Trusts were established on 1 April 2007. The IBD held by the Department in respect of NIAS is no longer legally classed as a debt repayable to the Department.

The Public Dividend Capital (PDC) of the Trusts is held in the name of the Secretary of State. The Trusts are not required to make a dividend payment in respect of PDC. These bodies are managed independently from the Department and their accounts are not consolidated with those of the Department.

The Department's investment in these bodies is shown, in line with public sector interpretation and DoF NI-specific guidance, in the Statement of Financial Position at historical cost.

1.12. Inventories and Work in Progress

Inventories are valued at the lower of cost and Net Realisable Value (NRV) and are included exclusive of VAT.

Within the Core Department, HSC Board and PHA, inventories consist only of consumable items and are therefore expensed in the year of purchase.

1.13. Research and Development

Research and Development expenditure is expensed in the year it is incurred in accordance with IAS 38.

1.14. Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with departmental activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the five essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of the Department and is recognised on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

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

The Department is in receipt of the Northern Ireland share of NHS National Insurance contributions. The Department accounts for this as income rather than as financing through the General Fund - this is a departure from FReM which has been authorised by the Department of Finance.

1.15. Leases

Department, HSC Board and PHA as lessee

Where substantially all the benefits of control of a leased asset are borne by the business, it is recognised as a finance lease and the asset is recorded as property, plant and equipment, with a corresponding liability to the lessor of the minimum lease payments discounted by the interest rate implicit in the lease. The interest element of the finance lease payment is charged to the Statement of Comprehensive Net Expenditure over the period of the lease at a constant rate in relation to the balance outstanding.

Where a lease is for land and buildings, the land and building components are separated where the amounts are material. Leased land is treated as an operating lease. Leased buildings are assessed as to whether they are operating or finance leases. The Department does not currently hold any finance leases.

Other leases are regarded as operating leases and the rentals are charged to the Consolidated Statement of Comprehensive Net Expenditure on a straight-line basis over the term of the lease.

Department, HSC Board and PHA as a lessor

The Department leases a number of land and building assets to voluntary bodies for which it receives small sums of money know as peppercorn rent. These land and buildings assets are included within the Department's Property, Plant and Equipment asset register.

1.16. Financial Instruments

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

The Department, HSC Board and PHA has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

Financial assets

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

Financial assets are classified into the following categories:

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

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

Financial liabilities

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

Financial liabilities are initially recognised at fair value.

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets and liabilities and held at fair value. The Department, HSC Board and PHA do not have any embedded derivatives.

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 manner in which they are funded, financial instruments play a more limited role in creating risk than would apply to a non-public sector body of a similar size, therefore the Department, HSC Board and PHA are not exposed to the degree of financial risk faced by business entities. There are 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 its activities. Therefore the Department, HSC Board and PHA are exposed to limited credit, liquidity or market risk.

Currency Risk

The Department, HSC Board and PHA are principally domestic organisations with the majority of transactions, assets and liabilities being in the UK and sterling based. There is therefore low exposure to currency rate fluctuations.

Interest Rate Risk

The Department, HSC Board and PHA have limited powers to borrow or invest and therefore there is low exposure to interest rate fluctuations.

Credit and Liquidity risk

As the Department, HSC Board and PHA are funded largely with government funding there is low exposure to credit risk and to significant liquidity risks.

1.17. 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.

1.18. Grants Payable

Grants payable are recorded as expenditure in the period that the underlying event or activity giving entitlement to the grant occurs.

1.19. Provisions

The Department provides for legal or constructive obligations which are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation where this can be determined. Where the effect of the time value of money is significant the estimated risk-adjusted cash flows are discounted using the Treasury Discount Rate.

The Department does not reflect the HSC Trust clinical negligence provision as a core provision, rather the cash funding issued to HSC Trusts in respect of clinical negligence is accounted for as grant in aid.

1.20. Contingent Liabilities

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

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

1.21. Change to Estimation Technique

As a result of uncertainties inherent in all business activities, many items in financial statements cannot be measured with precision but can only be estimated. Where estimates have been required in order to prepare these financial statements in conformity with FReM, management have used judgements based on the latest available, reliable information.

Management continually review estimates to take account of any changes in the circumstances on which the estimate was based or as a result of new information or more experience.

1.22. Value Added Tax

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

1.23. Administration and Programme Expenditure

The Consolidated Statement of Comprehensive Net Expenditure is analysed between administration and programme expenditure. The classification of expenditure as administration or as programme follows the definition of administration costs as set out in Managing Public Money Northern Ireland (MPMNI), issued by the Department of Finance.

Administration costs reflect the costs of running the Core Department.

Core programme costs reflect non-administration costs and mainly consist of expenditure in health and social services. This includes payments of capital and current grants and other disbursements by the Department.

The costs of the HSC Board and PHA which are consolidated into the Departmental account are both treated as programme costs.

1.24. Employee Benefits including pensions

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.

Past and present employees of the Department are covered by the Principal Civil Service Pension Scheme (PCSPS) (NI). The defined benefit schemes are unfunded. The Department recognises the expected cost of these elements on a systematic and rational basis over the period during which it benefits from employees' services by payment to the PCSPS(NI) of amounts calculated on an accruing basis. Liability for payment of future benefits is a charge on the PCSPS(NI). In respect of the defined contribution schemes, the Department recognises the contributions payable for the year.

The HSC Board and PHA participate in the HSC Pension Scheme, which is administered by the Business Services Organisation. Under this defined benefit scheme both the HSC Board and the PHA employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the HSC Pension Scheme.

The cost of early retirements are met by and charged to the SoCNE at the time a commitment is made to fund the early retirement.

As per the requirements of IAS 19 and IAS 26, as amended by FReM, 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.

1.25. Impact of implementation of ESA 2010 on research and development expenditure

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

1.26. Accounting Standards issued not included in 2019-20 FReM

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

IFRS 16 *Leases*:

IFRS 16 *Leases* replaces IAS 17 *Leases* and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021. Due to the practical expedient advised by HM Treasury on initial application, management have assessed that there will be minimal impact on application to the Department's consolidated financial statements.

IFRS 17 *Insurance Contracts:*

IFRS 17 *Insurance Contracts* will replace IFRS 4 *Insurance Contracts* and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023. Management currently assess that there will be minimal impact on application to the Department's consolidated financial statements.

IFRS 10 *Consolidated Financial Statements*, IFRS 11 *Joint Arrangements*, IFRS 12 *Disclosure of Interests in Other Entities*:

The IASB 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 were 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 and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

2. Statement of Operating Costs by Operating Segment

The Operating segments are:

The following are separate identifiable units of business which have their own set of activities which contribute to the Department's objectives. The funding for all reportable segments is shown in the table below. No material transactions occurred between the segments.

	2019-20		
	Gross Expenditure £000	**Income £000**	**Net Expenditure £000**
Funded Bodies			
Health & Social Care Board	1,119,816	(56,852)	1,062,964
Public Health Agency	76,548	(3,426)	73,122
Business Services Organisation	34,939	-	34,939
Patient Client Council	1,578	-	1,578
NI Practice & Education Council for Nursing & Midwifery	2,130	-	2,130
NI Social Care Council	2,899	-	2,899
Health and Social Care Regulation and Quality Improvement Authority	6,776	-	6,776
NI Medical & Dental Training Agency	19,282	-	19,282
NI Guardian Ad Litem Agency	4,577	-	4,577
NI Fire & Rescue Service	101,681	-	101,681
Health and Social Care Trusts	4,706,585	-	4,706,585
Centrally Managed			
Administration	30,546	(223)	30,323
Programme	84,655	(568,482)	(483,827)
Depreciation / Impairments	4,825	-	4,825
Total	**6,196,837**	**(628,983)**	**5,567,854**

NI Blood Transfusion Service expenditure is included within Centrally Managed Programme Expenditure.

2. Statement of Operating Costs by Operating Segment (cont'd)

	2018-19		
	Gross Expenditure £000	Income £000	Net Expenditure £000
Funded Bodies			
Health & Social Care Board	1,072,931	(53,243)	1,019,688
Public Health Agency	65,494	(1,197)	64,297
Business Services Organisation	48,839	-	48,839
Patient Client Council	1,497	-	1,497
NI Practice & Education Council for Nursing & Midwifery	1,256	-	1,256
NI Social Care Council	3,196	-	3,196
Health and Social Care Regulation and Quality Improvement Authority	7,021	-	7,021
NI Medical & Dental Training Agency	18,266	-	18,266
NI Guardian Ad Litem Agency	4,421	-	4,421
NI Fire & Rescue Service	94,105	-	94,105
Health and Social Care Trusts	4,410,235	-	4,410,235
Centrally Managed			
Administration	27,937	(260)	27,677
Programme	75,749	(526,864)	(451,115)
Depreciation / Impairments	7,270	-	7,270
Total	5,838,217	(581,564)	5,256,653

The operating segments in this note are those reported to the Department of Health Departmental Board for financial management purposes. The operating segments are:

2. Statement of Operating Costs by Operating Segment (cont'd)

Health and Social Care Board (HSCB)
The HSCB is responsible for commissioning the provision of health and social care, monitoring health and social care performance and ensuring the best possible use of the resources of the health and social care system.

Public Health Agency (PHA)
The PHA is responsible for improvements in health and social well-being, health protection and service development.

Business Services Organisation (BSO)
The BSO is responsible for the provision of a range of business support and specialist professional services to other health and social care bodies.

Patient Client Council (PCC)
The PCC is responsible for ensuring a strong patient and client voice at both regional and local level, and strengthening public involvement in decisions about health and social care services.

NI Practice and Education Council for Nursing and Midwifery (NIPEC)
NIPEC provides advice and guidance on best practice and matters relating to nursing and midwifery.

NI Social Care Council (NISCC)
NISCC registers and regulates the social care workforce, setting and monitoring the standards for professional social work training and promoting training within the broader social care workforce.

Health and Social Care Regulation and Quality Improvement Authority (RQIA)
The RQIA registers and inspects a wide range of HSC services and has a role in assuring the quality of services provided by a number of HSC bodies.

NI Medical and Dental Training Agency (NIMDTA)
NIMDTA ensures that doctors and dentists are effectively trained to provide the highest standards of patient care and to fund, manage and support postgraduate medical and dental education.

NI Guardian Ad Litem Agency (NIGALA)
NIGALA is responsible for maintaining a register of Guardians Ad Litem who are independent officers of the Court experienced in working with children and families.

NI Fire and Rescue Service (NIFRS)
NIFRS is responsible for delivering Fire and Rescue Services.

Health and Social Care Trusts
The six HSC Trusts are responsible for providing goods and services for the purpose of health and social care work and, with the exception of the Ambulance Service Trust, are also responsible for exercising on behalf of the Health and Social Care Board certain statutory functions. The Ambulance Service Trust provides emergency response to patients with sudden illness and injury and non-emergency patient care and transportation.

2.1 Reconciliation between Operating Segments and CSoFP

	2019-20		
	Total assets £000	**Total liabilities £000**	**Net assets less liabilities £000**
Funded Bodies			
Health & Social Care Board	29,024	(207,110)	(178,086)
Public Health Agency	3,944	(10,882)	(6,938)
Business Services Organisation	-	-	-
Patient Client Council	-	-	-
NI Practice & Education Council for Nursing & Midwifery	-	-	-
NI Social Care Council	-	-	-
Health and Social Care Regulation and Quality Improvement Authority	-	-	-
NI Medical & Dental Training Agency	-	-	-
NI Guardian Ad Litem Agency	-	-	-
NI Fire & Rescue Service	-	-	-
Health and Social Care Trusts	-	-	-
Centrally Managed	2,071,766	(38,791)	2,032,975
Total	**2,104,734**	**(256,783)**	**1,847,951**

	2018-19		
	Total assets £000	**Total liabilities £000**	**Net assets less liabilities £000**
Funded Bodies			
Health & Social Care Board	25,094	(199,907)	(174,813)
Public Health Agency	2,448	(7,498)	(5,050)
Business Services Organisation	-	-	-
Patient Client Council	-	-	-
NI Practice & Education Council for Nursing & Midwifery	-	-	-
NI Social Care Council	-	-	-
Health and Social Care Regulation and Quality Improvement Authority	-	-	-
NI Medical & Dental Training Agency	-	-	-
NI Guardian Ad Litem Agency	-	-	-
NI Fire & Rescue Service	-	-	-
Health and Social Care Trusts	-	-	-
Centrally Managed	2,075,216	(27,899)	2,047,317
Total	2,102,758	(235,304)	1,867,454

3. Other Administration Expenditure

	Note	2019-20		2018-19	
		Core Department	**Consolidated**	Core Department	Consolidated
		£000	**£000**	£000	£000
Staff costs[1]:					
Wages and salaries		16,485	16,308	15,623	15,415
Social security costs		1,695	1,677	1,624	1,599
Other pension costs		4,798	4,766	3,490	3,464
Rentals under operating leases		6	6	5	5
Interest charges		1	1	11	11
PFI and other service concession arrangements service charges		-	-	-	-
Research and development expenditure		-	-	-	-
Purchase of goods and services		3,382	3,380	3,139	3,139
		26,367	**26,138**	23,892	23,633
Non-Cash Items					
Depreciation		1	1	7	7
Amortisation		-	-	-	-
(Profit)/loss on disposal of property, plant and equipment		-	-	-	-
(Profit)/loss on disposal of intangibles		-	-	-	-
Auditors' remuneration and expenses [2]		79	79	64	64
Increase/decrease in provisions (Provision provided for in year less any release)	15	-	-	-	-
Borrowing costs (unwinding of discount) on provisions	15	-	-	-	-
Accommodation costs		2,160	2,160	2,146	2,146
Other indirect charges and services		2,170	2,170	2,095	2,095
Total Non-Cash Items		**4,410**	**4,410**	4,312	4,312
Total		**30,777**	**30,548**	28,204	27,945

[1] Further analysis of staff costs is located in the Accountability Section.

[2] During the year, the Department purchased no non-audit services from its auditor (NIAO).

4. Programme Expenditure

	Note	2019-20		2018-19	
		Core Department	**Consolidated**	Core Department	Consolidated
		£000	**£000**	£000	£000
Staff costs[1]:					
Wages and salaries		2,821	41,511	1,562	36,794
Social security costs		256	4,375	131	3,933
Other pension costs		747	8,468	289	5,618
Rentals under operating leases		38	140	126	332
Interest charges		-	-	-	-
PFI and other service concession arrangements service charges		-	-	-	-
Research and development expenditure		-	10,884	4	7,956
Purchase of goods and services[2]		4,925,861	6,053,961	4,627,001	5,719,154
Other Grants and Disbursements		38,390	38,390	35,511	35,511
		4,968,113	**6,157,729**	4,664,624	5,809,298
Non-Cash Items					
Depreciation		239	2,670	232	2,382
Amortisation		2	715	-	622
(Profit)/loss on disposal of property, plant and equipment		-	20	(22)	(15)
Auditors' remuneration and expenses		-	75	-	74
Increase/decrease in provisions (Provision provided for in year less any release)	15	32	3,884	(17)	(5,542)
Borrowing costs (unwinding of discount) on provisions	15	-	(243)	-	(806)
Permanent diminution in value		1,459	1,439	4,292	4,259
		1,732	**8,560**	4,485	974
Total		**4,969,845**	**6,166,289**	4,669,109	5,810,272

[1] Further analysis of staff costs is located in the Accountability Section

[2] This figure incorporates Grant in Aid paid to the HSC as a means of supporting health care provision.

5. Income

5.1 Revenue from contracts with customers

	2019-20		2018-19	
	Core Department	**Consolidated**	Core Department	Consolidated
	£000	**£000**	£000	£000
Income from customers	77	3,768	87	1,647
Income from other departments	119	25,717	152	25,597
Family Health Service receipts	-	26,062	-	25,928
Interest receivable and other similar income	27	41	20	35
Total revenue from contracts with customers	**223**	**55,588**	239	53,187

5.2 Other operating income

	2019-20		2018-19	
	Core Department	**Consolidated**	Core Department	Consolidated
	£000	**£000**	£000	£000
EU income	2,892	2,892	2,613	2,613
Miscellaneous Grants and Disbursements	-	-	-	192
Health & Social Services Grants and Disbursements*	568,863	570,503	524,252	525,552
Profit on disposal of non-depreciable property, plant and equipment	-	-	-	-
Total other operating income	**571,755**	**573.395**	526,885	528,377

*Health & Social Services Grants and Disbursements include National Insurance contributions received of £564m (2018-19: £518m).

6. Property, plant and equipment 2019-20

6.1 Consolidated Property, plant and equipment 2019-20

	Land	Buildings	Dwellings	Information Technology	Plant & Machinery	Transport Equipment	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation								
At 01 April 2019	49,588	13,452	467	19,212	9,859	21	275	92,874
Additions	-	119	-	2,880	3,002	-	(16)	5,985
Disposals	-	(1)	-	(1,692)	-	-	-	(1,693)
Transfers	-	-	-	(150)	-	-	-	(150)
Impairments transferred to Revaluation Reserve	(54)	(444)	-	-	-	-	-	(498)
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	(873)	(575)	-	-	(1,545)	-	-	(2,993)
Reclassifications	210	141	-	-	-	-	-	351
Indexation	-	9	-	2	-	-	-	11
Revaluations	(11,867)	91	3	-	-	-	-	(11,773)
At 31 March 2020	**37,004**	**12,792**	**470**	**20,252**	**11,316**	**21**	**259**	**82,114**
Depreciation								
At 01 April 2019	12,940	4,023	198	12,710	128	21	177	30,197
Charged in year	-	544	13	2,070	36	-	8	2,671
Disposals	-	(1)	-	(1,672)	-	-	-	(1,673)
Transfers	-	-	-	-	-	-	-	-
Impairments transferred to Revaluation Reserve	-	(352)	-	-	-	-	-	(352)
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	(1,118)	(416)	-	-	-	-	-	(1,534)
Reclassifications	115	11	-	-	-	-	-	126
Indexation	-	5	-	1	-	-	-	6
Revaluations	(11,937)	(3,589)	(209)	-	-	-	-	(15,735)
At 31 March 2020	**-**	**225**	**2**	**13,109**	**164**	**21**	**185**	**13,706**
Carrying amount at 31 March 2020	**37,004**	**12,567**	**468**	**7,143**	**11,152**	**-**	**74**	**68,408**
Carrying amount at 31 March 2019	36,648	9,429	269	6,502	9,731	-	98	62,677
Asset financing:								
Owned	37,004	12,567	468	7,143	11,152	-	74	68,408
Finance leases	-	-	-	-	-	-	-	-
On-balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-
Carrying amount at 31 March 2020	**37,004**	**12,567**	**468**	**7,143**	**11,152**	**-**	**74**	**68,408**
Of the total:								
Department	32,954	3,024	468	-	11,152	-	55	47,653
Agencies	4,050	9,543	-	7,143	-	-	19	20,755
Carrying amount at 31 March 2020	**37,004**	**12,567**	**468**	**7,143**	**11,152**	**-**	**74**	**68,408**

6.2 Consolidated Property, plant and equipment 2018-19

	Land	Buildings	Dwellings	Information Technology	Plant & Machinery	Transport Equipment	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation								
At 01 April 2018	47,875	13,018	454	17,756	12,907	21	195	92,226
Additions	100	236	-	3,049	1,328	-	80	4,793
Disposals	(20)	-	-	(1,586)	(54)	-	-	(1,660)
Transfers	(19)	30	-	(14)	-	-	-	(3)
Impairments transferred to Revaluation Reserve	-	-	-	-	-	-	-	-
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	32	9	-	-	(4,322)	-	-	(4,281)
Reclassifications	-	-	-	-	-	-	-	-
Indexation	1,620	159	13	7	-	-	-	1,799
Revaluations	-	-	-	-	-	-	-	-
At 31 March 2019	49,588	13,452	467	19,212	9,859	21	275	92,874
Depreciation								
At 01 April 2018	12,495	3,436	180	12,472	112	14	171	28,880
Charged in year	-	522	12	1,803	39	7	6	2,389
Disposals	(5)	-	-	(1,579)	(23)	-	-	(1,607)
Transfers	-	5	-	11	-	-	-	16
Impairments transferred to Revaluation Reserve	-	-	-	-	-	-	-	-
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	5	6	-	-	-	-	-	11
Reclassifications	-	-	-	-	-	-	-	-
Indexation	445	54	6	3	-	-	-	508
Revaluations	-	-	-	-	-	-	-	-
At 31 March 2019	**12,940**	**4,023**	**198**	**12,710**	**128**	**21**	**177**	**30,197**
Carrying amount at 31 March 2019	**36,648**	**9,429**	**269**	**6,502**	**9,731**	**-**	**98**	**62,677**
Carrying amount at 31 March 2018	35,380	9,582	274	5,284	12,795	7	24	63,346
Asset financing:								
Owned	36,648	9,429	269	6,502	9,731	-	98	62,677
Finance leased	-	-	-	-	-	-	-	-
PFI and other service concession arrangements	-	-	-	-	-	-	-	-
Carrying amount at 31 March 2019	**36,648**	**9,429**	**269**	**6,502**	**9,731**	**-**	**98**	**62,677**
Of the total:								
Department	33,064	2,793	269	-	9,731	-	80	45,937
Agencies	3,584	6,636	-	6,502	-	-	18	16,740
Carrying amount at 31 March 2019	**36,648**	**9,429**	**269**	**6,502**	**9,731**	**-**	**98**	**62,677**

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation - Professional Standards in so far as these are consistent with the specific needs of the HSC. The last valuation was carried out on 31 January 2020 by Land and Property Services (LPS) which is part of the Department of Finance. 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. As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of uncertainty in terms of informing opinions of value**.** Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore the need for further future valuations will remain under consideration, subject to resources.

6.3 Assets Classified as Held for Sale

	Land		**Buildings**		**Total**	
	31 March 2020	31 March 2019	**31 March 2020**	31 March 2019	**31 March 2020**	31 March 2019
	£000	£000	**£000**	£000	**£000**	£000
Opening Balance at 1 April	846	846	4,751	4,875	5,597	5,721
AHFS Reclassifications from/(to) Non-current assets	(846)	-	(4,751)	-	(5,597)	-
Disposals of carrying value	-	-	-	(124)	-	(124)
Impairments	-	-	-	-	-	-
Closing Balance at 31 March	-	846	-	4,751	-	5,597

Non-current assets held for sale comprise non-current assets that are held for resale rather than for continuing use within the business. The carrying value represents estimated sales proceeds.

At 31 March 2020, there were no land and buildings assets (2018-19: 6) held by Core Department which were classified as held for resale with a fair value of Nil (2018-19: £5,597k).

7. Intangible Assets

7.1 Consolidated Intangible Assets 2019-20

	Information Technology	Software Licences	Development expenditure	Payments on account & Assets under construction	Total
	£000	£000	£000	£000	£000
Cost or Valuation					
At 01 April 2019	5,788	2,437	44	49	8,318
Additions	72	218	47	415	752
Disposals	(32)	(1)	-	-	(33)
Transfers	-	-	-	150	150
Indexation	1	-	1	-	2
Impairments transferred to Revaluation Reserve	-	-	-	-	-
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	-	-	-	-	-
Revaluations	-	-	-	-	-
At 31 March 2020	**5,829**	**2,654**	**92**	**614**	**9,189**
Amortisation					
At 01 April 2019	4,510	1,443	44	-	5,997
Charged in year	440	273	2	-	715
Disposals	(32)	(1)	-	-	(33)
Transfers	-	-	-	-	-
Impairments transferred to Revaluation Reserve	-	-	-	-	-
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	-	-	-	-	-
Revaluations	-	-	-	-	-
At 31 March 2020	**4,918**	**1,715**	**46**	**-**	**6,679**
Carrying amount at 31 March 2020	**911**	**939**	**46**	**614**	**2,510**
Carrying amount at 31 March 2019	1,278	994	-	49	2,321
Asset financing:					
Owned	911	939	46	614	2,510
Finance leased	-	-	-	-	-
Carrying amount at 31 March 2020	**911**	**939**	**46**	**614**	**2,510**
Of the total:					
Department	-	-	46	-	46
Agencies	911	939	-	614	2,464
Carrying amount at 31 March 2020	911	939	46	614	2,510

7. Intangible Assets

7.2 Consolidated Intangible Assets 2018-19

	Information Technology	Software Licenses	Development expenditure	Payments on Account & Assets Under Construction	Total
	£000	£000	£000	£000	£000
Cost or Valuation					
At 01 April 2018	5,598	2,334	44	-	7,976
Additions	321	406	-	49	776
Disposals	(118)	(303)	-	-	(421)
Transfers	(16)	-	-	-	(16)
Indexation	3	-	-	-	3
Impairments transferred to Revaluation Reserve	-	-	-	-	-
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	-	-	-	-	-
Revaluations	-	-	-	-	-
At 31 March 2019	5,788	2,437	44	49	8,318
Amortisation					
At 01 April 2018	4,241	1,526	44	-	5,811
Charged in year	402	220	-	-	622
Disposals	(118)	(303)	-	-	(421)
Transfers	(16)	-	-	-	(16)
Impairments transferred to Revaluation Reserve	-	-	-	-	-
Impairments transferred to Consolidated Statement of Comprehensive Net Expenditure	-	-	-	-	-
Revaluations	1	-	-	-	1
At 31 March 2019	4,510	1,443	44	-	5,997
Carrying amount at 31 March 2019	1,278	994	-	49	2,321
Carrying amount at 31 March 2018	1,357	808	-		2,165
Asset financing:					
Owned	1,278	994	-	49	2,321
Finance leased	-	-	-		-
Carrying amount at 31 March 2019	1,278	994	-	49	2,321
Of the total:					
Department	-	-	-	-	-
Agencies	1,278	994	-	49	2,321
Carrying amount at 31 March 2019	1,278	994	-	49	2,321

8. Impairments

	2019-20	2018-19
	£000	£000
Impairment charged to Statement of Comprehensive Net Expenditure within Net Expenditure	1,439	4,259
Impairment charged to Statement of Comprehensive Net Expenditure as Other Comprehensive Expenditure	-	-
Total Impairment	**1,439**	4,259

9. Financial Instruments

As the cash requirements of the department are met through the Estimates process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body of a similar size. The majority of financial instruments relate to contracts for non-financial items in line with the department's expected purchase and usage requirements and the department is therefore exposed to little credit, liquidity or market risk.

10. Investments and loans in other public sector bodies

	2019-20			2018-19		
	Investments in Trusts	**Financial Transactions Capital**	**Total**	Investments in Trusts	Financial Transactions Capital	Total
	£000	**£000**	**£000**	£000	£000	£000
Balance at 1 April	2,009,000	816	2,009,816	2,009,000	898	2,009,898
Additions	-	43	43	-	-	-
Disposals	-	-	-	-	-	-
Repayments and redemptions	-	(118)	(118)	-	(115)	(115)
Interest capitalised	-	-	-	-	-	-
Revaluations	-	-	-	-	181	181
Impairments	-	20	20	-	(148)	(148)
Balance at 31 March	**2,009,000**	**761**	**2,009,761**	2,009,000	816	2,009,816

The above investments are held by the Core Department and represent the Department's original investment in the 6 Health and Social Care Trusts as formulated during 2009 and representing the then net value of the Trusts Statement of Financial Position. In line with NI-specific treatment within the FReM, investments in public bodies are carried at historical cost, less any impairment.

The Financial Transactions Capital (FTC) investments are held by the HSCB and represent the GP Infrastructure Loans Scheme. FTC under the scheme is in the form of loans to GPs to undertake premises developments and improvements for HSC purposes. These assets have been initially recognised at fair value in the Statement of Financial Position.

11. Inventories

	31 March 2020		31 March 2019	
	Core Department	**Consolidated**	Core Department	Consolidated
	£000	**£000**	£000	£000
Inventories	-	-	-	-

12. Cash and cash equivalents

	2019-20		2018-19	
	Core Department	**Consolidated**	Core Department	Consolidated
	£000	**£000**	£000	£000
Balance at 1 April	(760)	560	(1,048)	4,900
Net change in cash and cash equivalent balances	303	1,113	288	(4,340)
Balance at 31 March	**(457)**	**1,673**	(760)	560
The following balances at 31 March are held at:				
Government Banking Service	-	-	-	-
Commercial banks and cash in hand	(457)	1,673	(760)	560
Short term investments	-	-	-	-
Balance at 31 March	**(457)**	**1,673**	(760)	560

The consolidated 'Cash and Cash Equivalent' balance in the Statement of Financial Position reflects the HSCB and PHA bank balances of £2,130k (2018-19: £1,320k). As the Core bank balance at 31 March 2020 was overdrawn by £457k (2018-19: £760k) this has been reflected in Trade Payables in the Statement of Financial Position.

12.1 Reconciliation of Liabilities arising from financing activities

The Department's source of financing is from the Consolidated Fund. Any asset or liability arising from the Consolidated Fund is settled with the Department of Finance on an annual basis and so the year end asset or liability is shown in the appropriate note.

13. Trade receivables, financial and other assets

	2019-20		2018-19	
	Core Department	**Consolidated**	Core Department	Consolidated
	£000	**£000**	£000	£000
Amounts falling due within one year:				
VAT	254	1,083	455	2,436
Trade receivables	3,641	6,190	2,075	5,003
Deposits and advances	-	282	-	59
Other receivables	11,637	14,246	7,650	8,143
Amounts due from the Consolidated Fund in respect of supply	-	-	4,824	4,824
Current Trade and Other Receivables	**15,532**	**21,801**	15,004	20,465
Prepayments	84	124	438	533
Accrued income	-	-	29	29
Other Current Assets	**84**	**124**	467	562
Total amounts falling due within one year	**15,616**	**21,925**	15,471	21,027
Included within Other Receivables is that which will be due to the Consolidated fund once the debts are collected	31	31	49	49

14. Trade payables, financial and other liabilities

	2019-20		2018-19	
	Core Department	**Consolidated**	Core Department	Consolidated
	£000	**£000**	£000	£000
Amounts falling due within one year:				
Bank overdraft	457	457	760	760
Other taxation and social security	-	1,397	-	956
Trade revenue payables	362	66,218	302	49,133
Trade capital payables – property plant & equipment	-	42	-	735
Trade capital payables - intangibles	-	567	-	624
Other payables	59	16,319	59	15,951
Government grants payable	66	66	40	40
Accruals	30,386	129,373	21,785	128,521
Deferred income	367	987	2,961	3,241
Amounts issued from the Consolidated Fund for supply but not spent at year end	6,435	6,435	-	-
Other amounts due to the Consolidated Fund	-	-	463	463
Consolidated Fund extra receipts due to be paid to the Consolidated Fund:				
received	73	73	58	58
receivable	31	31	49	49
Total Payables falling due within one year	**38,236**	**221,965**	26,477	200,531

15. Provisions for Liabilities and Charges

15.1 Core Provisions for liabilities and charges 2019-20

	2019-20			2018-19		
	Clinical Negligence	**Other**	**Total**	Clinical Negligence	Other	Total
Core	**£000**	**£000**	**£000**	£000	£000	£000
Balance at 1 April	**-**	2,211	2,211	-	3,410	3,410
Provided in the year	-	32	32	-	-	-
Provisions not required written back	-	-	-	-	(17)	(17)
Provisions utilised in the year	-	(1,139)	(1,139)	-	(1,182)	(1,182)
Borrowing costs (unwinding of discounts)	-	-	-	-	-	-
Balance at 31 March	**-**	**1,104**	**1,104**	**-**	2,211	2,211

Analysis of expected timing of discounted flows

	2019-20			2018-19		
	Clinical Negligence	**Other**	**Total**	Clinical Negligence	Other	Total
Core	**£000**	**£000**	**£000**	£000	£000	£000
Not later than one year	-	520	520	-	1,491	1,491
Later than one year and not later than five years	-	240	240	-	397	397
Later than five years	-	344	344	-	323	323
Balance at 31 March	**-**	**1,104**	**1,104**	-	2,211	2,211

15.2 Consolidated Provisions for liabilities and charges 2019-20

	2019-20			2018-19		
	Clinical Negligence	**Other**	**Total**	Clinical Negligence	Other	Total
Consolidated	**£000**	**£000**	**£000**	£000	£000	£000
Balance at 1 April	21,986	12,787	34,773	32,757	14,462	47,219
Provided in the year	2,119	2,230	4,349	1,520	964	2,484
Provisions not required written back	(271)	(194)	(465)	(7,509)	(517)	(8,026)
Provisions utilised in the year	(1,852)	(1,744)	(3,596)	(3,989)	(2,109)	(6,098)
Borrowing costs (unwinding of discounts)	(271)	28	(243)	(793)	(13)	(806)
Balance at 31 March	**21,711**	**13,107**	**34,818**	21,986	12,787	34,773

Analysis of expected timing of discounted flows

	2019-20			2018-19		
	Clinical Negligence	**Other**	**Total**	Clinical Negligence	Other	Total
Consolidated	**£000**	**£000**	**£000**	£000	£000	£000
Not later than one year	2,037	1,197	3,234	1,245	2,112	3,357
Later than one year and not later than five years	3,179	2,376	5,555	4,310	2,321	6,631
Later than five years	16,495	9,534	26,029	16,431	8,354	24,785
Balance at 31 March	**21,711**	**13,107**	**34,818**	21,986	12,787	34,773

Clinical Negligence

Provision is made for HSCB clinical negligence claims only where it is more probable that a settlement will be required. Contingent liabilities for clinical negligence are given in Note 16. The DoH accounts show the clinical negligence provision for the HSCB because the HSCB is within the DoH accounting boundary and fully consolidated into the DoH accounts, whereas the HSC Trusts are outside the accounting boundary and HSC Trust expenditure is reflected as Grant in Aid.

Other - Legal

The one material legal claim against the Department continues into 2019-20. A provision has been set up in respect of potential legal and compensatory claims arising from a UK-wide initiative. £0.3m represents Northern Ireland's share under the Barnett formula as at 31 March 2020.

DoH has provided for a lifetime personal injury award of £0.3m (2018-19: £0.3m). The full amount of this provision is shared jointly with the Department for Communities.

Other - Hepatitis C Compensation Scheme

This provision was set up in 2004, following a decision in 2003 by the Secretary of State for Health and Health Ministers of the Devolved Administrations to introduce a UK-wide scheme to make ex-gratia payments to certain persons who had been infected with Hepatitis C virus from blood products received through NHS treatment. This became known as the Skipton Fund. Provision was made for Hepatitis C first and second stage lump sum payments and also from March 2011 for the additional financial measures introduced across the UK following a DH (L)-led expert team review for patients infected with contaminated blood.

It was announced by the government in 2017 that, following further financial reform, the existing charities providing financial support to individuals infected with, or otherwise affected by, Human Immunodeficiency Virus (HIV) and/or Hepatitis C Virus (HCV), through contaminated blood, tissue or blood products provided during National Health Service (NHS) treatment were to close and each UK country would have sole responsibility for its own beneficiaries. This included the Skipton Fund.

The Department of Health in NI directed the Regional Business Services Organisation (BSO) to administer the payments for beneficiaries in Northern Ireland and the Infected Blood Payment Scheme for Northern Ireland was subsequently established. The Northern Ireland scheme has been operational from November 2017.

One-off lump sum payments continue to be paid for those diagnosed with HIV or Hepatitis C, when they first join the scheme and there is a one-off bereavement lump sum provided to eligible widows/widowers. In addition, the provision is used to make discretionary payments, being one-off grants to provide additional, time-limited financial support to beneficiaries and their families in financial hardship in order to address immediate needs.

The provision is £0.5m at 31 March 2020.

16. Contingent liabilities

The Department, HSC Board and PHA have the following contingent liabilities:

Clinical Negligence Claims

The HSC Board has contingent liabilities of £222k (2018-19: £180k) representing clinical negligence incidents. The Department are in direct receipt of litigation from a small number of patients which may result in a financial outflow however at this stage it is not possible to determine the timing or financial impact, if any. Other litigation claims could arise in the future due to incidents which have already occurred. The expenditure which may arise from these claims cannot be determined as yet. In addition to the above contingent liability, the provision for HSC Board clinical negligence is given in note 15.

Contingent liabilities held by the HSC Trusts, in respect of clinical negligence incidents, total £12.8m (2018-19: £12.6m).

Change in Discount Rate

A discount rate is applied by courts to a lump sum award of damages for future financial loss in a personal injury case which provides a multiplier to calculate the present value of the prospective loss over a claimant's lifetime. Following review of the discount rate in England and Wales under their new legal framework, the rate in that jurisdiction was changed to -0.25% with effect from August 2019. Primary legislation was also made in Scotland to change how their rate is set and following a review under the new legal framework, the rate in Scotland remained at -0.75%. The Department of Justice is currently consulting with the Government Actuary and the Department of Finance on a proposed new rate of -1.75% under the current legal framework. As a final decision on this consultation remains outstanding at this time significant uncertainty remains around the timing and the financial effect hence it is not currently possible to quantify the potential impact on the Department of any change in discount rate. This currently presents a possible obligation which may only become certain once consultation concludes and legislation is passed in Northern Ireland.

Neurology

Before the COVID-19 pandemic, the Department was in the process of developing the redress arrangements in respect of recalled patients who were potentially misdiagnosed by a consultant neurologist at Belfast Health and Social Care Trust and who have suffered harm as a result. Appropriate action will be taken at a suitable future time on as timely a basis as possible. Consequently, at present there continues to be significant uncertainty in respect of the total number of patients who would be expected to seek redress thus it is not possible to quantify the timing or financial impact.

Court of Appeal judgment on backdated PSNI Holiday Pay

On 17 June 2019 the Court of Appeal ruled in respect of Northern Ireland Industrial Tribunal's November 2018 decision on cases taken against the PSNI on backdated Holiday Pay. It is recognised that the final detail remains to be determined by the Industrial Tribunal who will be guided by the Court of Appeal's Judgement.

This is an extremely rare and complex case with a significant number of issues that still need to be resolved, including further legal advice with regards to the Judgement; the scope; timescales; process of appeals and engagement with Trade Unions. The legal issues arising from this judgment and the implications for the Northern Ireland Civil Service (NICS) and wider public sector will need further consideration. The Department of Finance (DoF) is leading a piece of work to assess implications across the NICS. Until there is further clarity when this work has concluded, and based on the inherent uncertainties in the final decision that will be made, a reliable estimate cannot be provided at this stage.

The outcome of this legal case extends to have potential impact on the holiday pay position HSC-wide under Agenda for Change. Legal implications are being worked through and depending on outcome it is anticipated that extensive union negotiation will follow and a policy review to establish a remedy will be sought as appropriate. Given the continuing inherent uncertainties around the liability, timing and amount, the potential financial effect cannot be reliably estimated at this time.

Historical institutional child abuse cases

The Department is a named defendant, along with others, in a number of civil cases relating to allegations by individuals that they were abused as children while in the care of institutions where the Department's predecessor organisations and/or its Arms' Length Bodies had some level of responsibility. The periods to which the claims relate and the institutions to which they relate vary. Some of the cases have been on-going for years. Given the nature of the cases and the stage of proceedings there is uncertainty around the amount and timing of any financial impact therefore it is unquantifiable at present.

Other litigation cases

There is an ongoing medical litigation case lodged against the Department which does not fall into any of the above categories. At this stage there is no certainty around the timing or financial outflow, if any, and until such times as a Court decision is granted the financial impact is unquantifiable.

Details of the Department's remote contingent liabilities are disclosed within Other Assembly Accountability Disclosures section of the Audit and Accountability report.

16.1 Financial Guarantees, Indemnities and Letter of Comfort

The Department has entered into the following guarantees, indemnities or provided letters of comfort.

Guarantees

The Department is a party to the Deed of Safeguard for the following PFI/PPP agreements;

- Altnagelvin Laboratories and Pharmacy (April 2005) (Altnagelvin is now within the Western HSC Trust);
- The Royal Group of Hospitals Managed Equipment Service (December 2005) (RGH is now within the Belfast HSC Trust); and
- South Western Hospital at Enniskillen (Western HSC Trust).

Under the terms of the Deed of Safeguard the Department, in the event of Trust insolvency or inability to meet its obligations, excluding succession by another body, is obliged to fulfil the Trust's obligations under the agreement.

There were no new Guarantees issued during 2019-20.

Indemnities

There is a financial indemnity issued by the Department in respect of one of its arm's length sponsor bodies to indemnify against the exceptional circumstance of a short term funding deficit.

The Department has entered into a short term indemnity arrangement across a number of healthcare and related areas in response to Covid-19. The likelihood of crystallisation is unknown at present and is unquantifiable at this time.

Letters of Comfort

There is a letter of comfort issued by the Department to one of its special agencies, being agreement by the Department to fund the disposal of specialist equipment on behalf of the agency should the need arise. The current estimated cost is £60k. The likelihood of occurrence is unknown at present. This letter of comfort will act as a guarantee to ensure the agency complies with the necessary regulations.

The Department has signed a Letter of Comfort for a Third Party Developer (3PD) Project - Lisburn Primary and Community Care Centre (October 2018). Under the terms of the Letter of Comfort, if the Health and Social Care Trust were unable to meet its obligations (including its liabilities to its contractors or their financiers), the Department would intervene in a timely manner to ensure that either the Trust itself, or anybody to which its liabilities were transferred in accordance with the relevant legislation, would be in a position to meet its liability on time and in full. The likelihood of transfer of economic benefit is minimal and thus has been measured at nil.

During 2019-20 the Department entered into a letter of comfort with one of its ALBs in relation to a new volunteer initiative GoodSAM (Good Smartphone Activated Medics) in support of suitably qualified volunteers with certification validation being included on a worldwide application in the event that there is a medical emergency and to provide immediate life-saving intervention whilst an emergency vehicle is en route. This covers the risk of any potential liability should it arise when a volunteer is responding to a cardiac arrest situation to endeavour to maximise the volunteer pool. The likelihood of a transfer of economic benefit is unknown thus the financial impact is unquantifiable at present.

17. Leases

17.1 Finance Leases

The Department, HSC Board and PHA have no finance leases.

17.2 Operating Leases

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

	31 March 2020		31 March 2019	
	Core Department	**Consolidated**	Core Department	Consolidated
	£000	**£000**	£000	£000
Land				
Not later than one year	-	-	-	-
Later than one year and not later than five years	-	-	-	-
Later than five years	-	-	-	-
	-	-	**-**	**-**
Buildings				
Not later than one year	-	157	20	226
Later than one year and not later than five years	-	67	-	223
Later than five years	-	-	-	-
	-	**224**	20	449
Other				
Not later than one year	-	-	-	-
Later than one year and not later than five years	-	-	-	-
Later than five years	-	-	-	-
	-	-	**-**	**-**

18. Commitments under PFI contracts and other service concession arrangements

The Department, HSC Board and PHA do not have any commitments under PFI contracts, or other service concession arrangements.

19. Capital and Other Commitments

19.1 Capital commitments

The Core Department, HSC Board and Public Health Agency have no Capital Commitments.

19.2 Other Financial commitments

The Department and its agencies have entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements), to manage and maintain its Health counter measures stockpile. The payments to which the department and its agencies are committed are as follows.

	2019-20		2018-19	
	Core Department	Consolidated	Core Department	Consolidated
	£000	£000	£000	£000
Not Later than one year	1,907	1,907	1,883	1,883
Later than one year and not later than five years	2,966	2,966	2,306	2,306
Later than five years	30	30	45	45
Total	**4,903**	**4,903**	4,234	4,234

20. Related-party transactions

The Department of Health (DoH) is the parent of its agencies, listed at Annex A and sponsors of those bodies listed at Annex B. These bodies are regarded as related parties with which the Department has had various material transactions during the year.

In addition, the Department has had a small number of transactions with other government departments and other central government bodies. Most of these transactions have been with the Department of Finance.

No Minister, board member, key managers or other related parties has undertaken any material transactions with the Department during the year.

21. Third-party assets

The Department has no third party assets.

22. Events after the Reporting Period

There are no events that have taken place after the reporting period date affecting these accounts.

Date of authorisation for issue

The Accounting Officer authorised the issue of these financial statements on 28 September 2020.

ANNEX A

BODIES WITHIN THE DEPARTMENTAL BOUNDARY

The accounts of the following bodies have been consolidated in the group accounts of the Department:

- Health and Social Care Board; *and*
- Public Health Agency

Health and Social Care (HSC) Bodies – General

A framework document sets out the main priorities and objectives of each health and social care body. Each HSC body also has an individual management statement and financial memorandum (MSFM). This sets out the arrangements for operations, financing, accountability and control of the body and the conditions under which government funds are provided to it. HSC bodies are furthermore subject to the principles of the guidance in *Managing Public Money Northern Ireland* and circulars issued by the Department. Further details on the individual health and social care bodies are given below.

The Health and Social Care Board (HSCB)

The **Health and Social Care (HSC) Board**, as agent of the Department, commissions health and personal social services for the Northern Ireland population from a range of providers, including HSC Trusts and voluntary and private sector bodies.

The Board was established by the Health and Social Care (Reform) Act (Northern Ireland) 2009. In addition to statute, it is governed by the strategic documents mentioned above, standing orders, standing financial instructions, circulars from the Department and the need to seek approval for any expenditure which exceeds certain limits set by the Department.

The Health and Social Care Board has a Board of Directors including Executives and Non- Executives. The Chief Executive is appointed by the Department as Accounting Officer and is personally accountable to the Departmental Accounting Officer (DAO) and through the DAO to the NI Assembly and Parliament for the stewardship of resources supplied to the Board. It also holds the budget for five Local Commissioning Groups, (LCGs), which, in collaboration with the Public Health Agency, provide information on the health and wellbeing needs for their local area and feed into an overall commissioning plan for the region.

The Reform Act requires the HSCB, in respect of each financial year, to prepare and publish a commissioning plan in full consultation with and approved by the Public Health Agency (PHA). The commissioning direction specifies the form and content of the commissioning plan in terms of the services to be commissioned and the resources to be deployed. In addition, the HSC Board reports monthly to the Department on financial performance, and annually on actual and planned spend on programmes of care and key services. These in turn feed into the Department's Estimates process, informing bids for resources.

The Public Health Agency (PHA)

The Public Health Agency has a health improvement, health promotion and health protection role. This entails developing and providing or securing provision of programmes and initiatives designed to improve the Northern Ireland population's health and wellbeing and to reduce health inequalities. The Agency also has a role in the prevention and control of communicable disease and other dangers to health and wellbeing, including those arising out of environmental or public health grounds or arising out of emergencies.

The Agency liaises with the HSC Board and the Local Commissioning Groups in devising the commissioning plan for health and wellbeing services in Northern Ireland and to this end it may engage in or commission research, obtain and analyse data, provide laboratory and other technical and clinical services and provide training, information, advice and assistance as appropriate.

The Safeguarding Board for Northern Ireland (SBNI)

A Regional Safeguarding Board for NI (SBNI) was established on 17 September 2012 under the Safeguarding Board (Northern Ireland) Act 2011 (The Act) by the Department as an unincorporated statutory body. It is sponsored by the Department and hosted by the PHA.

The SBNI is a multi-disciplinary interagency partnership and its statutory objective is to coordinate and ensure the effectiveness of activities undertaken by its members to safeguard and promote the welfare of children in Northern Ireland.

The Department will exercise oversight of the SBNI on an ongoing basis throughout the year. SBNI must provide regular performance reports and documentation demonstrating progress against strategic priorities agreed by the Department. In terms of assurance mechanisms, these will include twice yearly meetings between the Department and the SBNI Chair to specifically provide assurance on the SBNI's exercise of its statutory objective, functions and duties. As corporate host to the SBNI, the PHA will be accountable to the Department through ALB assurance arrangements.

Non-Executive Non-Departmental Public Bodies

These small bodies have specialist functions with either few or no permanent staff. They are classed as inside the boundary as any expenditure is managed by sponsor branches within the Department.

- Clinical and Excellence Awards Committee – previously this committee had a complement of 9 members drawn from medical and lay backgrounds with a publicly appointed chair. It met two to three times a year to score self-nominations from medical and dental consultants for centrally funded awards, however it has not been required in a number of years. The members' expenses and secretariat are provided by the Department's Pay and Employment Unit, but there are no annual costs associated with it currently.

- Poisons Board- the Northern Ireland Poisons Board was set up in 1976 to advise the Department on substances to be treated as non-medicinal poisons and matters concerning their sale, supply and storage. It has been in abeyance but consideration has been given to re-establishing the Poisons Board.

- Tribunal under Schedule 11 to the HPSS (NI) Order 1972 – This tribunal meets on an ad hoc basis upon request of the Health and Social Care Board to the Department to consider requests to remove family practitioners from public service because of fraud or improper conduct. The Chair and Chief Executive are appointed by the Lord Chief Justice. The tribunal has not met for a number of years as there have been no such requests and there are currently no staff or members.

ANNEX B

BODIES OUTSIDE THE BOUNDARY

DoH has operational relationships with a number of bodies outside the Departmental boundary for which the Minister has some degree of responsibility.

These include 6 Health and Social Care Trusts, 3 Health and Social Care Agencies, 2 Health and Social Care bodies, 4 NDPBs and 2 North-South bodies.

Health and Social Care Trusts

- Belfast HSC Trust
- Northern HSC Trust
- South Eastern HSC Trust
- Southern HSC Trust
- Western HSC Trust
- Northern Ireland Ambulance Service HSC Trust

The Health and Social Care Trusts are the main providers of health and social care services and work within the commissioning arrangements agreed with the HSC Board. They have responsibility for the management of staff and services of hospitals and other health and social care establishments. Although managerially independent, Trusts are accountable to the Minister. There are 6 Trusts in Northern Ireland. One Trust, the NI Ambulance Service HSC Trust, provides ambulance services for the whole of Northern Ireland.

Trust Chief Executives are appointed as Accounting Officers by the DoH Accounting Officer and each Trust has a Board of Directors with both Executive and Non-Executive members. The Board operates subject to standing financial instructions, standing orders, delegated limits set by the Department and financial guidance issued by the Department as well as the principles of the guidance in Managing Public Money Northern Ireland. Their reporting relationships and the respective responsibilities of each trust and the Department are summarised in individual Management Statement and Financial Memorandums (MSFMs).

Trusts are required to meet certain financial targets which are enshrined in legislation. The Commissioning Plan provides the framework for each HSC Trust to develop its annual Trust Delivery Plan (TDP) detailing the Trust's response to the annual commissioning priorities and targets set out in the commissioning plan.

The Trusts also submit monthly monitoring returns to the HSC Board which provide an overall assessment of their financial position at the end of each month detailing actual and planned spend and a forecast of their position to the end of the year. The HSC Board then sends a return to the Department which summarises the trusts' financial positions and also includes individual trust tables covering non-cash, provisions and capital spend.

This information assists the Department in assessing its performance in achieving its objectives, planning for future healthcare services and bidding for resources.

Health and Social Care Agencies and Other HSC Bodies

- **Northern Ireland Blood Transfusion Service** (Special Agency) - supplies blood and blood products and related clinical services to all hospitals and clinical units.
- **Northern Ireland Guardian Ad Litem Agency** (Special Agency) - establishes and maintains a panel of guardians who are appointed by the courts to safeguard the interests of children in proceedings specified under the Children (NI) Order 1995 and the Adoption (NI) Order 1987.
- **Northern Ireland Medical and Dental Training Agency** - oversees the postgraduate education and training of doctors and dentists. It is also responsible for the development and delivery of vocational training and continuing medical education for General Practitioners and General Dental Practitioners.
- **Business Services Organisation** - established under the Health and Social Care (Reform) Act (Northern Ireland) 2009, as a shared services organisation to provide or secure provision of a range of services in the most economic, efficient and effective way possible. It provides a wide range of support services to other health and social care bodies, including financial, personnel, legal, information technology, procurement, internal audit and fraud prevention services. The other HSC bodies are charged for these services.
- **Patient Client Council** - established under the Health and Social Care (Reform) Act (Northern Ireland) 2009, this body has the role of representing the interests of the public, promoting involvement of the public, providing assistance to individuals making a complaint about a health and social care body and promoting the provision of advice and information to the public about the design, commissioning and delivery of health and social care.

The bodies' relationships with the Department are governed through an individual MSFM and circulars issued by the Department. The MSFM is a relationship document which sets out management (including board composition), reporting and monitoring arrangements, delegated limits and the respective responsibilities of each body and the Department through its particular nominated sponsoring team. The sponsor team, a branch within the Department, has responsibility for liaison on budgetary and performance matters and is the main point of contact for each body in obtaining approval for its corporate and business plans, securing resources and in resolving any issues with the Department.

Performance of each body is monitored quarterly by the department. Financial monitoring returns are submitted monthly. In addition, regular (at least biannual) review meetings are held between the bodies and their sponsor team to discuss financial and performance issues and progress against the objectives set out in their corporate plan, as augmented by their annual business plan. Twice yearly accountability meetings are held by the Permanent Secretary.

The Chief Executive of each body is designated as an Accounting Officer by the Departmental Accounting Officer. The Accounting Officer is personally accountable to the Departmental Accounting Officer (DAO) and through the DAO to the NI Assembly and Parliament for the stewardship of resources supplied.

Executive Non-Departmental Public Bodies

- **Health and Social Care Regulation and Quality Improvement Authority (RQIA) -** has two main functions: inspection of the services provided by the HSC system in Northern Ireland and regulation of specified health and social care services provided by the HSC and independent sector. This includes, since dissolution of the Mental Health Commission for Northern Ireland under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the duty of keeping under review the care and treatment of persons suffering from mental disorder.

- **Northern Ireland Social Care Council** - is responsible for developing, promoting and regulating social work and social care education and training. It is also responsible for regulating the social care workforce.

- **Northern Ireland Practice and Education Council for Nursing and Midwifery** - seeks to support the best performance of nurses and midwives in all contexts, through developing their practice and enhancing their education.

- **Northern Ireland Fire and Rescue Service** - is responsible for providing regional fire and rescue services efficiently mobilised to emergencies and for keeping the public safe from fires and other dangers. It is charged with extinguishing fires while saving lives, protecting the environment and property and responding effectively to all emergency situations in Northern Ireland including road traffic collisions, collapsed buildings and specialist rescues.

These bodies are chiefly funded by grant-in-aid, which is a provision voted by the Assembly and recorded as a grant in the Department's resource accounts. The Department remains answerable for the general manner in which a NDPB discharges its functions and the bodies therefore operate within guidelines issued by the Department.

Accountability arrangements are generally similar to those for agencies. Governing guidelines for NDPBs are principally contained within a management statement and financial memorandum issued by the Department. In addition, NDPBs are subject to the rules in Managing Public Money Northern Ireland, relevant Departmental circulars and guidance issued by the Department of Finance. Each NDPB has a Board of Directors with both executive and non-executive members and the Chief Executive is appointed as the Accounting Officer for the organisation by the Departmental Accounting Officer.

Regular (at least biannual) review meetings are held between the bodies and their sponsor team to discuss financial and performance issues and progress against the objectives set out in their corporate plan, as augmented by their annual business plan. Twice yearly accountability meetings are held by the Permanent Secretary.

North- South Bodies

The Department has relationships with 2 North- South bodies: The Institute of Public Health in Ireland (IPHI) and Safefood (previously known as the Food Safety Promotion Board).

Institute of Public Health in Ireland (IPHI)

The IPHI is a charitable limited company and is funded by both the Department, which meets one third of its costs and the Department of Health and Children in the Republic of Ireland (RoI), which funds the other two thirds expenditure. As the RoI is the main funder, the accounts of the Institute are audited by its Comptroller and Auditor General. The Department is represented on the IPHI Board of Directors and also on its finance sub-committee, both of which meet regularly during the year.

Safefood (formerly Food Safety Promotion Board)

Safefood was established under the Good Friday Agreement and is funded 30% by the Department and 70% by the RoI Department of Health and Children. It is therefore required to prepare a corporate plan on a tri-annual basis for the North South Ministerial Council, which is augmented by an annual business plan. These are also approved by the respective departmental ministers. The Department's relationship with the body is set out in a financial memorandum and, as for NDPBs, a sponsor branch (the Health Protection Team) liaises with the body throughout the year on progress against financial and performance targets.