Health and Social Care Board

2018/19

ANNUAL REPORT & ACCOUNTS

HEALTH AND SOCIAL CARE BOARD

ANNUAL REPORT & ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2019

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ANNUAL REPORT

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PERFORMANCE REPORT

Welcome to the Health and Social Care Board's Annual Report covering the financial year 2018/19.

About the Health and Social Care Board

The Health and Social Care Board (HSCB) is a non-profit making statutory body responsible for the commissioning of health and social care services for the population of Northern Ireland. The role of the HSCB is broadly contained across three functions:-

1. To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.8 million people who live in Northern Ireland.

2. To performance manage Health and Social Care Trusts that directly provide services to people and support service improvements in pursuit of optimal quality and value for money, in line with relevant government targets.

3. To effectively deploy and manage its annual funding from the Northern Ireland Executive – currently around £5.1 billion – to ensure that this is targeted upon need and reflects the aspirations of local communities and their representatives.

The HSCB is accountable to the Department of Health (DoH) and for translating the vision for health and social care into a range of services that deliver high quality and safe outcomes for users, good value for the taxpayer and compliance with statutory obligations.

The work of the HSCB has the potential to reach everyone at some point in their lives – its expenditure amounts to around £14 million on every single day of the year – as it strives to ensure that services provided daily, to people in their homes, by their GP, in hospital or in the community, deliver what is expected of them.

The HSCB is required by statute to prepare and publish a Commissioning Plan in response to the DoH issuing a Commissioning Plan Direction, setting out the range of services to be commissioned and the associated costs of delivering these. The HSCB prepares the annual Commissioning Plan in partnership with the Public Health Agency (PHA) and publishes this Commissioning Plan on the website www.hscboard.hscni.net.

The HSCB and PHA take forward the regional commissioning agenda through a series of integrated service teams. The HSCB's commissioning processes are currently underpinned by the five Local Commissioning Groups (LCGs) which are

Committees of the HSCB, and are responsible for ensuring that the health and social care needs of local populations across Northern Ireland are addressed. The groups are geographically coterminous with each of the five Health and Social Care Trusts that directly provide services to the community.

The LCGs incorporate a range of professional interests such as GPs, nurses, dentists, pharmacists and social workers, as well as voluntary and elected representatives, to ensure that the work of the HSCB has sensitivity and influence at a local level. The PHA is also represented on each of the five LCGs.

All of the service teams responsible for commissioning services are comprised of HSCB and PHA staff, demonstrating the common agenda shared by both organisations and the close working with one another.

The HSCB also commissions services from voluntary and community organisations. This feeds directly into local economies and is responsive to local demands. These approaches are underpinned by effective stakeholder engagement and Personal and Public Involvement.

The HSCB is committed to embedding Personal and Public Involvement into its culture and practice. It is currently implementing a joint Personal and Public Involvement Strategy with the Public Health Agency (available online at www.hscboard.hscni.net/publications). This Strategy aims to ensure that service users, carers and the public influence the planning, commissioning and delivery of health and social care services in ways that are meaningful to them.

Objectives for 2018/19

The HSCB's Corporate Plan sets out the key objectives, grouped under six themes, which reflect how the organisation will conduct its business and manage its resources to ensure that the HSCB commissions, and supports, the delivery of high quality health and social care services.

The six themes are:-

Theme 1: Ensure high quality, safe, accessible and integrated health and social care services, and performance manage delivery to achieve quality outcomes.

Theme 2: To improve the health and social wellbeing of the population of Northern Ireland with a focus on prevention and health inequalities, promoting equality, human rights and diversity in all the HSCB's functions.

Theme 3: Provide value for money through the effective use of resources ensuring robust financial management.

Theme 4: Effectively engage with key stakeholders in an open and transparent manner, particularly service users and carers, benefiting from their personal experiences.

Theme 5: Maintain and develop effective internal systems and processes and maximise the potential of our staff by ensuring that they are skilled, motivated and valued.

Theme 6: 'Health and Wellbeing 2026 - Delivering Together' Transformational Activity.

Reporting on transformational and reform activity for 2018/19 is integrated into the narrative on the objectives detailed within the Performance Analysis on the first 5 Themes listed above. Where relevant, transformational activity is directly linked to service delivery and improvements achieved and accounted for performance improvements in these service areas.

Chair's Report

I am delighted to present to you the Annual Report of the Health and Social Care Board, as we mark our 10th anniversary as a regional organisation. Whilst the financial year 2018/19 was characterised by continued changes and challenges it is important to reflect on the achievements of the past decade and to look forward to the real opportunities we have to continue to transform health and social care.

Over the last three years the Health and Social Care Board (HSCB) has been going through a major period of transition following the announcement in November 2015 that the organisation was to close.

The majority of functions will transfer to the Department of Health (DoH), effected through a host organisation arrangement with the Business Services Organisation (BSO), while the functions and staff of the Social Care and Children Directorate will transfer to the Public Health Agency.

The Permanent Secretary has confirmed that we are now working towards a closure date of March 2021 dependent on an Assembly being in place to enact the necessary legislation.

Over the last 12 months the imminent closure has continued to present risks to business continuity and on changes in workforce. With this in mind I am grateful for the dedication demonstrated by our staff and for their sustained hard work during these unsettled times.

There has been strong continuity in the non-executive team and I am grateful to my fellow non-executive board members whose support and challenge during these uncertain and changing times remains constant and robust. Full information on non-executive membership and the roles of our various statutory committees is available in the Accountability Report and in the Governance Statement.

The HSCB played a key role in supporting Trusts and the wider system in relation to a number of major pieces of work of significant public interest. This has included the recall of around 3,500 neurology patients at the Belfast Trust who had been under the care of a Consultant Neurologist; the outworkings of the Level Three serious review into the care and treatment of adult in-patients at Muckamore Abbey Hospital; and the changes to the paediatric pathology service which moved on an interim basis from Belfast to Alder Hey Children's Hospital in Liverpool.

The HSCB also continues to work with the DoH and wider HSC system to implement the recommendations made by the Inquiry into Hyponatraemia-related deaths published in January 2018.

Major public consultations have now been launched by the DoH in relation to Reshaping Stroke Care in Northern Ireland and also in relation to Breast

Assessment Services. The aim is to ensure that everyone in Northern Ireland has equal access to highly specialist care, delivered by teams of experienced professionals, using the very latest equipment.

As non-executive board members, representing the interests of the public, we believe that meaningful engagement with patients, their families and carers, is key to the effective planning and design of quality health and social care services. Our ongoing commitment to co-production, or the collaboration of people who plan and manage services with people with lived experience of health and social care services, is reflected in Sections 4.4 and in Section 6 of the Governance Statement. These illustrate a range of initiatives involving key stakeholders in the development, co-ordination and improvement of services.

I would like to take this opportunity to put on record my thanks to the many people who give of their time, views and energies to facilitate stakeholder engagement. Their contribution is invaluable.

Despite ongoing pressures and demands, I am pleased to report that the HSCB has met its financial commitments, achieved by significant effort on the part of the Finance Directorate, working closely with staff across the organisation. There is no doubt that the new financial year will bring many more challenges, not least with continued local political uncertainty and also on the national stage with EU Exit.

Nonetheless, I am confident that the committed staff of the HSCB will rise to meet these challenges and will continue to commission and support the delivery of health and social care services for the people of Northern Ireland.

Dr Ian Clements
Chairman

Overview from Chief Executive

I am pleased to report on the achievements of 2018/19 in the delivery of our key objectives set out in the HSCB Corporate Plan. It is important, as we look back on the year of the HSCB's 10th anniversary that we do not lose sight of the tremendous progress that has been achieved.

This is due in no small part to our staff who I commend for their professionalism, commitment and resilience in the face of continued uncertainty. I remain very confident that they will continue to play a key role in developing and enhancing health and social care into the future.

There is significant work ongoing, as detailed in this report, in partnership with the Department of Health (DoH) to shape the new working arrangements for the HSCB. As we move towards the closure date of March 2021, the HSCB will continue to work closely with the DoH in developing new ways of working and to ensure that the key functions of the HSCB continue to be delivered across all of the core business areas.

On a wider note, the Health and Social Care (HSC) system continues to be under considerable strain, particularly in relation to waiting times for emergency and planned care, and is also facing pressures both in primary and social care.

A combination of factors, including a growing older population, an increased demand for services, and new specialist treatments means there simply isn't either the money, or required staffing levels, to sustain the current model of care.

While additional investment would allow us to tackle short term pressures, the only long term answer is to continue to transform services.

As highlighted in the Performance Analysis section of the report, the HSCB, DoH and wider HSC system, have continued to take forward innovative reforms at both a strategic and grass roots level in line with the DoH's 10 year plan 'Health and Wellbeing 2026 - Delivering Together'. And the non-recurrent funding from the Confidence and Supply deal has helped the HSC progress a number of transformation projects.

Day case surgery hubs, as recommended in 'Systems, Not Structures - Changing Health and Social Care' (Bengoa, 2016), are aimed at transforming Northern Ireland's healthcare system. Operational from December 2018, these were originally only announced for cataracts and varicose vein procedures.

I am pleased to confirm that by 2020 day case surgery hubs will be rolled out across a wide range of specialities including General Surgery and Endoscopy, Urology, Gynaecology, Orthopaedics, ENT, Paediatrics and Neurology.

Also, Integrated Care Partnerships and GP Federations, in partnership with Elective Care Leads from both the HSCB and Public Health Agency (PHA), have been instrumental in designing primary care alternatives to hospital referrals.

Investment of transformation funding in developing our community pharmacy infrastructure facilitated the establishment of the first element of the Pharmacy First Service which focuses on winter ailments. Likewise, the delivery of compliance support at Community Pharmacies supported people in medicines management and made better use of our excellent network of pharmacies in Northern Ireland.

Similarly, the High Street Oral Surgery Pilot saw an increase in patients availing of specialist dental care which would have traditionally required referral for treatment in hospital settings. The reduction in these referrals to hospital-based oral surgery has eased demand on hospital services and ensured that patients are seen within more acceptable times.

GP-led services for dermatology, general surgery and gynaecology are underway across Belfast and South Eastern Trust areas. Such transformation initiatives serve dual benefits. They deliver crucial clinical capacity providing an alternative to hospital treatment but also, in providing a leadership and education framework for GPs, ensure long term sustainability of skills and training.

All of these new developments in services enable patients to receive high quality assessment and treatment more quickly, and also help to free up appointments and treatment for urgent and complex cases in secondary care.

In primary care, there has also been investment, as well as significant ongoing work, against the backdrop of workforce pressures, to ensure everyone in Northern Ireland continues to have access to a GP.

With widely reported pressures on adult social care services, the HSCB led a regional project to develop a new model for the delivery of care and support at home. This will help ensure Northern Ireland's future care and support system is sustainable, focused on outcomes and also values staff working in this important area.

The positive contribution of technological advances in modernising health and social care is undeniable. In January 2019, I welcomed the introduction of the A to Z Symptom Search. Listing over 600 conditions and illnesses this facility allows people to find useful information about their health. Complementing initiatives like the 'Stay Well This Winter Campaign', resources like the A to Z encourage our public to seek advice from authoritative and reliable sources and to use services appropriately and more responsibly. Also during 2018/19 the encompass Programme, one of the largest investments in digital technology in NI, continued to progress. This initiative, introducing a digital integrated care record for everyone in NI, will bring information into one record allowing healthcare

professionals to access patient information on a range of devices, wherever they are, safely and securely.

It is vitally important we build on all of this innovative work with our partners at a local level in primary care, in the community and voluntary sector and right across secondary care and social care. There is much work still to be done.

However, it is my firmly held view that with challenge comes opportunity. We have a real platform to reshape and sustain health and social care services now and into the future. Looking to the future, I look forward to hearing the findings of the Expert Panel for the review of acute care for people experiencing mental illness. Their recommendations for best practice and consistency across the province will be available in the summer of 2019. Also, having successfully completed the commissioning of the regional Major Trauma Centre, it is anticipated that the new centre, with enhanced rehabilitation input to a new trauma ward, will be fully operational in the summer of 2019. In addition, a consultation on a regional model of urgent and emergency care is due to be launched later this year, These are only a couple of examples of the work, and challenges, that we face in 2019/20.

Many of our achievements this year would not have been possible without the active and meaningful involvement of people who use our services, their carers and the public. Their important contribution underpins and adds value to our commissioning processes, and, to the design of service changes and improvements. I wish to extend my gratitude to our many service users and community, voluntary and statutory partners for their consistent support and valuable input throughout 2018/19.

The following report aims to provide an insight into some of this work.

Mrs Valerie Watts
Chief Executive

Overview of Organisational Performance

Corporate Objectives

Our Corporate Objectives are grouped under six key themes set out within the overview. The HSCB Corporate Plan for 2018/19 was approved by the Board of the HSCB at its meeting on 12 April 2018 and subsequently approved by the Department of Health.

Financial Management

The HSCB received an opening allocation for 2018/19 of £4.8bn from the DoH to commission health and social care services for the population of Northern Ireland. During the year this funding was supplemented by £236m of non-recurrent allocations, comprising transformation funding relating to the Confidence & Supply agreement between the Conservative Party and the Democratic Unionist Party (£62m), Trust residential pressures (£31m), funding for general HSC pressures (£9m), Education & Training (£39m), Pay Review (£81m), and various other allocations.

In addition to this, the HSCB received £56m of income from other sources, which primarily consisted of £25m from the Department for Education for the delivery of Early Years Children's Services (SureStart) and £28m of Family Health Service receipts, mainly relating to dental and medical services.

At the end of 2018/19 the HSCB achieved a financial position of £26.5m surplus against its Revenue Resource Limit (RRL) of £5.1bn. This position has been carefully managed in conjunction with colleagues in the Department of Health to ensure the wider HSC achieves a breakeven position for the year. Of the £26.5m surplus, £24.5m was held to offset pressures in Trusts, with the remaining £2m arising from surpluses on internal budgets with HSCB.

Developing Services

The HSCB working with the Public Health Agency, Trusts and other key partners have played a key role in developing a range of new and innovative health and social care services aimed at keeping people well; providing care closer to communities in the first place; and ensuring that when people need specialist care it is organised and available in a way that leads to the best possible outcomes. The Performance Analysis report below provides examples of these developments.

Key Issues and Risks

During 2018/19, we have continued to drive forward improved outcomes for patients and service users in line with Departmental direction. We remain committed to creating a modern 'patient centred' system that is able to respond to increasing demand, whilst ensuring the best and most effective use of resources for the population. A number of risks have been highlighted below. See Section 10b of the Governance Statement for full details of issues and risks.

Financial Position

The current financial climate significantly limits additional resources for health and social care developments and requires Trusts and the wider system to deliver very challenging financial savings targets. We remain concerned that this will impact on the quality and safety of health and social care services. Along with our HSC partners, we continue to try to mitigate the impact of this as set out under Theme 3 of the Performance Analysis and within Section 10.b of the Governance Statement.

Waiting Times

Waiting times across Northern Ireland for outpatient, diagnostic, inpatient and day cases remain a significant challenge.

There are also continued pressures in unscheduled care (unplanned hospital attendances) which are often a symptom of the wider challenges faced throughout primary, secondary, community and social care.

Fuller detail of the considerable work ongoing to address both areas is set out in Section 1.1 and 1.2 of the Performance Analysis.

General Practice (GP)

A shortage of GPs as well as an ageing GP workforce, with a number of imminent retirements in the coming years, has continued to have considerable impact on service delivery including difficulty in recruiting GPs and securing adequate locum cover, particularly in rural areas.

Additional investment in GP training, secured by the HSCB, has facilitated the increase in GP training since 2015/16. The HSCB has continued to support GP practices with recruitment challenges, encouraging more partnership working with other neighbouring practices, to ensure everyone in Northern Ireland has access to a GP.

Further details are provided in Section 1.5 of the Performance Analysis and within Section 10.b of the Governance Statement.

Business Continuity

As outlined in the Chief Executive's Overview, the closure date for the HSCB is expected to be March 2021, dependent on an Assembly being in place to enact the necessary legislation.

This continues to present risks to business continuity and on movement and changes in workforce.

The HSCB will continue to identify and address any risks and prioritise resources accordingly to ensure core work and statutory functions are delivered.

An Oversight Board, chaired by the Richard Pengelly, Permanent Secretary at the Department of Health, was set up to provide direction and leadership on the closure of the HSCB and the successful transition to the new arrangements.

A number of Design Groups, co-chaired by senior staff within the HSCB and Department of Health, and comprising of a range of health and social care staff and staff side representatives stakeholders, were set up.

Each Design Group is designing the operational arrangements for their area and looking at what improvements can be made to better integrate and streamline services in the future. They will also plan for the transition to new arrangements in their area.

Further details are provided in the Performance Analysis and within Section 10.b of the Governance Statement.

Social Care

Domiciliary Care

Achieving sufficient capacity in workforce levels and volumes of domiciliary service delivery continues to pose a significant challenge across the system and at a local level. The challenge is particularly acute at times of seasonal pressures. A recent re-banding of Domiciliary Care Workers in two of the Trusts resulted in most staff moving from a Band 2 to a Band 3. Whilst this facilitated further development of the role and associated responsibilities, which is to be welcomed, it will also pose a significant financial challenge across the system. It is anticipated that the work the HSCB is leading on, in relation to a redesign of domiciliary care services, will address some of these challenges in 2019/20.

Further details are provided within Section 10.b of the Governance Statement.

Independent Care Homes

Throughout 2018/19, the HSCB has been aware of increasing fragility within the independent care home sector. A significant number of providers have sought to re-register their facilities as residential rather than nursing facilities, thus reducing the number of nursing home beds available across the system. In addition, providers report significant challenges in the recruitment and retention of nursing staff and associated financial challenges in the use of agency staff.

Published in June 2018, the Commissioner for Older People's 'Home Truths: A Report on the Commissioner's Investigation into Dunmurry Manor Care Home' sought assurances that care being commissioned for the residents of care homes is safe and effective. Committed to addressing the report's recommendations, the HSCB is working with the DoH to progress a review of this sector and to implement any changes required to secure the provision of quality care for vulnerable older people.

The HSCB is also working with HSC Trusts to develop an Emergency Response Plan for the region in the event of a service failure within the care home sector.

Further details are provided within Section 10.b of the Governance Statement.

Adult Safeguarding

In 2018/19, the HSCB and PHA received the report of a Level 3 Serious Adverse Incident Review into a number of incidents of abuse of patients in Muckamore Abbey Hospital. The review team have made a number of far-reaching recommendations for action, both in relation to adult safeguarding practice and the model of care and treatment within the facility.

In 2019/20, the HSCB, in partnership with Belfast Trust, will take forward the recommendations at a local level and also ensure that a co-ordinated regional response to the recommendations and associated action plans is implemented, both within services to support people with a learning disability and within adult safeguarding.

Further details are provided within Section 10.c of the Governance Statement.

Children's Services

Unallocated Cases

Unallocated cases remain a significant challenge. Unallocated cases are defined as child protection, family support and disability services cases that are not allocated to a Social Worker within regionally agreed time frames. In 2018/19 the

Threshold Group continued to address an action plan but this has not significantly impacted on the actual numbers of cases. The Regulation and Quality Improvement Authority (RQIA) 2018 Inspection Report referred to unattended cases; the HSCB will progress with an audit across all five Trusts to determine the extent of such cases and whether or not they should be classified as unallocated. In the longer term this may require a re-definition of unallocated cases to a waiting list system in line with other parts of the health and social care system.

Review of Regional Facilities

As part of the Reform and Modernisation of Looked after Children (LAC) Services an independent Review of Regional Facilities for Children and Young People was completed to help inform the reconfiguration of future services. The Review Report has now been issued and the recommendations are being progressed and will be managed by a project board jointly chaired by the Department of Health and Department of Justice. It will also form part of a larger reform of Looked after Services.

Signs of Safety Framework

The HSCB and Trusts embarked on a major reform and modernisation of Children's Services by introducing the Signs of Safety Framework. The Framework assists social workers with risk assessment and safety planning in child protection and family support cases and additional training continued to be rolled out in 2018/19. This consistent approach to practice provides the core methodology for how social workers will work with families into the future. The benefits of this person centred approach to practice helps improve safety for children and families, by enhancing life chances and building resilience through better engagement with families. It provides the catalyst for change and empowerment of families.

PERFORMANCE ANALYSIS

The performance analysis has been carried out in line with the 2018/19 Corporate Plan and the 2018/19 Commissioning Plan.

Theme 1 – Providing high quality, safe and accessible care

The provision of high quality, safe and accessible care through commissioned services delivered by the Trusts and other stakeholders remains a key priority for the HSCB. The HSCB is responsible not just for the performance management of services delivered through hospital-based care, but also care delivered in the community by GPs, dentists, pharmacists, ophthalmology and social care services. The performance of the six Trusts, including the NI Ambulance Service, is reported on a monthly basis and these reports are available on the HSCB website. A number of key areas of work are highlighted below.

1.1 Enhancing Unscheduled Care

Pressures on our emergency services continue across Northern Ireland, similar to other regions of the UK and Ireland. Rising demand from an ageing population with more complex needs, together with workforce pressures within primary care, nursing and domiciliary care all have contributed to increasing attendances at Emergency Departments and ambulance service call outs. Nearly 823,000 patients attended Emergency Departments (ED) in 2018/19, an increase of 3.6% on the level of attendances in the previous year.

During 2018/19, there was a significant rise in the number of patients who waited longer than 12 hours and performance against the 4-hour target remained below the level required (the standard being that 95% of patients attending an ED are either treated and discharged home, or admitted, within four hours of their arrival; and no patient should wait longer than 12 hours).

In the last five years, the overall number of ED attendances in Northern Ireland has increased by 17%. Significantly, in this same period, there has also been an increase in the most seriously ill patients attending Emergency Departments. Often frail and elderly patients require longer inpatient stays and more complex social care packages when they are ready to leave hospital. These increases are additional to demand on an already very busy system, and responding to spikes in pressures is increasingly more difficult.

During 2018/19 the HSCB and PHA, working through the regional unscheduled care structures, continued to work with Trusts to support the more effective delivery of unscheduled care services across Northern Ireland. More than £14m has been invested this year to reform and enhance services to help reduce the pressures on emergency care. Of this, the £3m announced in January 2019 has

been targeted at key areas including recruitment of staff for domiciliary care, care package provision for older people with dementia, and, procurement of disability and community care equipment.

Considerable efforts were made across health and social care to plan for the winter period and to enhance the resilience of the system to respond to expected increased pressures during this period. Detailed plans were put in place to alleviate some of the pressures this year. The plans focused on providing alternatives to hospital admissions in appropriate settings; ensuring patients can leave hospital quickly when they are clinically fit; and in improving ambulance turnaround times at Emergency Departments.

This was further supported by the 'Stay Well This Winter' campaign, which encouraged people to take positive steps to prevent illness, to seek advice from pharmacists when appropriate and to use services responsibly.

Examples of winter pressures initiatives include:-

- Extra investment in GP services which enabled GPs to offer additional consultations with patients during the winter period.
- A new Pharmacy First service was available from participating community pharmacies from December 2018 until March 2019 which enabled patients to have a consultation in a private area with their community pharmacist for advice and treatment for sore throats, colds and flu-like illness.
- Belfast Trust created an emergency care village over the winter period which included a range of enhanced services to ensure people were seen, assessed, treated and either discharged or admitted to hospital as quickly as possible.
- A Direct Assessment Unit in Antrim Hospital provided an alternative to the Emergency Department and meant that patients could be referred to the Unit directly from GPs via the Emergency Department or from the Northern Ireland Ambulance Service (NIAS).
- NIAS worked in collaboration with the South Eastern Trust and voluntary and private Ambulance Service providers to pilot the use of ambulance receivers

in the Ulster Hospital. Over the winter period this pilot was extended to a number of acute hospital sites. The initiative allows appropriately trained personnel from voluntary and private Ambulance Services to accept patients from Ambulance crews until their care was transferred to a member of the Emergency Department team. This process supported the safe and timely transfer of patients into hospital care and also freed up ambulance crews, who would have previously waited with patients, to respond to urgent calls.

Despite the considerable efforts across the region to ensure effective arrangements were in place to manage winter pressures demand, all Trusts experienced increased pressures over the Christmas and New Year period with an average increase of 5% in Emergency Department attendances regionally and a 3% increase in adult non-elective admissions compared with the previous year. However, notwithstanding this increased demand, and testament to the considerable efforts of staff, 4-hour performance improved from 58% last year to 62% this year. Also, the number of patients who waited longer than 12 hours reduced by 745 (41%) from 1,795 to 1,050 and, 551 more patients were discharged.

Planned, longer term measures will also ease the burden on Emergency Departments. This is part of the transformation agenda for health and social care. This includes offering new routes or pathways to medical care – for instance, direct GP referrals to other parts of a hospital for investigations or treatments for certain conditions, including respiratory, gastroenterology and diabetes conditions. There is ongoing investment in improving care available to people in their homes which also reduces the need for emergency and hospital attendances.

Looking ahead, the DoH has announced a Northern Ireland wide review of urgent and emergency care. It aims to establish a new regional care model, with particular focus on meeting the needs of the rising proportion of older people in our population.

1.2 Elective Care (Primary Care/Primary & Secondary Care Interface/ Secondary Care)

It is unacceptable that any patient has to wait longer than they should for assessment or treatment, and ensuring that patients have access to safe, quality and timely care remains a key priority for the HSC. However, as demand for elective care services continues to exceed health service capacity for both new outpatients and inpatient/daycase treatments, regrettably it is inevitable that waiting times are expected to increase.

In March 2018, the DoH confirmed an allocation of £30m non-recurrent funding from the Confidence and Supply Transformation Fund for additional elective care

activity to reduce hospital waiting times. This is in line with Bengoa's 'Systems not Structures' and 'Health and Wellbeing 2026 - Delivering Together' transformation reports, which cited the need to address waiting times as a stabilisation measure. The additional funding was also targeted at those with the highest clinical need, as well as those who had been waiting the longest.

In addition, Trusts undertook additional activity to reduce the number of patients waiting longer than 26 weeks for a diagnostic test and 13 weeks for treatment by Allied Health Professionals (AHP). The investment has meant that an additional 64,700 patients have been assessed during 2018/19; 21,500 patients have received treatment; 23,400 patients have received AHP treatment such as occupational therapy or physiotherapy; and, an additional 12,200 diagnostic tests have been completed.

Whilst this non-recurrent investment has been helpful and improves waiting times in the short term, longer term solutions are required to sustain services in the future. As part of the Department's transformation programme, the Elective Care Plan (published in February 2017) set out how waiting lists can be tackled in a sustainable way. This will require significant ongoing investment to implement in full, and, major reform and innovation will be required. It will involve maximising hospital capacity through innovations such as specialist elective care centres (see below for further details) and the further development of ambulatory assessment and treatment centres (which offer same day emergency care to patients at the hospital without going through an Emergency Department). It will also require better use of the skills of primary care professionals and doing more outside acute hospital settings.

In line with the direction of travel set out in the Elective Care Plan, prototype day-case elective care centres have been established to undertake routine day surgery for two conditions – varicose veins and cataracts. These new standalone specialist day surgery units have the potential to significantly improve patient access to care and are expected to have a significant impact on the number of patients treated. The DoH has committed to moving all day-case surgery to new elective care centres by December 2020.

In addition, non-recurrent funding was made available to continue to take forward a range of transformation initiatives in 2018/19 consistent with the direction of travel set out in the Elective Care Plan. These included:-

– Expansion of the ophthalmology initiative to manage non-complex post-operative cataract reviews and many stable Ocular Hypertension reviews in High Street Optometrists. In addition, continued roll-out of the NI Primary Eyecare Assessment and Referral Service ensures that many more non-sight

threatening acute eye problems can be safely managed by primary care optometrists.

- Additional orthopaedic mega clinics to assess and treat back/spinal patients.
- Dedicated scoliosis mega clinics to clear the backlog of patients waiting for assessment. This coupled with the appointment of two new spinal consultants will ensure that this waiting list reduction is sustainable, with patients now being seen within 9 weeks.
- Rollout of virtual fracture clinics to two further Trusts (Belfast and Southern) to ensure patients are seen by the most appropriate clinic thereby improving the quality of the service at existing fracture clinics.
- A networked arrangement for the provision of spinal cord stimulation to improve the timeliness and quality of service provision.
- Provision of sacral nerve stimulation in Northern Ireland rather than patients having to travel to the UK. This is an implanted system which can help improve bladder function by sending electrical signals to the nerves that control the bladder, and it can help restore the normal function of the bladder. This service will lead to a significant improvement in the quality of life for this group of patients.
- For those suffering from long term pain, introduction of a range of initiatives to support patients to self-manage their condition, including a web campaign on NI Direct, funding of local support groups and delivery of self-management courses by voluntary organisations.
- GPs supported to manage patients with headache pain in primary care as an alternative to referring patients to hospital-based neurology services.

Furthermore, the primary care elective transformation work has progressed during 2018/19. GP led services for dermatology, musculoskeletal, gynaecology, general surgery and vasectomy are all underway across Belfast and the South Eastern areas. These transformation pathways not only deliver the clinical capacity to see and treat patients quickly as an alternative to a hospital visit, but provide the leadership and education framework for GPs at a GP Federation level, to ensure the long term sustainability of skills and knowledge to better manage these patients.

Dermatology Photo Triage: digital images of suspected skin cancer are sent directly to a dermatologist, who decides whether the patient needs further assessment.

Dermatology Photo Triage is already being utilised by GP practices in Mid-Ulster and South Belfast and this pathway supports the transfer of high quality images, with the GP referral, to hospital consultants to better manage presenting conditions and avoid unnecessary hospital appointments for patients.

Given that diagnostics are essential in diagnosing patient conditions and enabling a treatment plan to be put in place, and recognising the increased demand (both scheduled and unscheduled), recurrent funding was allocated to the Trusts in 2018/19 to expand health service capacity for Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) and non-obstetric ultrasound scans. Trusts were also allocated additional non-recurrent funding from the Confidence and Supply transformation funds to reduce the number of patients waiting longer than 26 weeks for a diagnostic test at the end of March 2018.

The HSCB and PHA will continue to work with Integrated Care Partnerships, Trusts and GP Federations to further develop plans to reform and modernise elective care services consistent with the commitments set out in the Elective Care Plan.

In relation to cancer services, increased demand for services coupled with recruitment challenges has impacted negatively on performance. However, the majority of patients are being seen within the recommended timescales and the HSCB and Trusts are continuing to focus on reducing the number of patients who are waiting in excess of 62 days and on reducing the length of time patients are waiting.

The HSCB continues to work with Trusts to identify and address capacity constraints across the different tumour sites, e.g. urology and upper GI. To facilitate this work, and to ensure that good practice is highlighted and shared across Trusts, the HSCB is holding a series of regional workshops involving representatives from Trusts and the Northern Ireland Cancer Network. These workshops will focus on individual tumour sites and the service improvement initiatives required to address the delays in the patient journey.

1.3 Integrated Care Partnerships

In 2018/2019, the collaborative work of the Integrated Care Partnerships (ICPs) remained a key priority for the HSCB. Established to design and co-ordinate local

health and social care services, ICPs bring together healthcare professionals (including doctors, nurses, pharmacists, social workers, and hospital specialists), the voluntary and community sectors, local council representatives and service users and carers.

In November 2018, the DoH's Transformation Implementation Group (TIG) approved the ICP work plan to focus on seven priority areas for 2018/19: Frailty, Care Home Transformation, Diabetes, Palliative and End of Life Care, Person Centred Care, Stroke Prevention and Respiratory. This work plan included a focus on the scale and spread of a number of ICP initiatives such as Nursing Home In-Reach, Diabetes Foot Pathway and Social Prescribing.

There is significant other local work underway to provide local intelligence for the development of improved service models and to maintain, monitor, and continuously improve services previously designed and implemented through ICPs. Other areas of local work underway include:-

- Dementia pathway testing
- Work on local unscheduled care initiatives
- Contribution to development and local implementation of primary care Multi-Disciplinary teams (MDTs) in Down and Derry/Londonderry

The rollout of Enhanced Care at Home in the South Eastern area continued in 2018/19. This initiative provided an alternative to hospital admission for older people (65 years+), helping to maintain them in their own home. The service provided tailored medical, nursing and social care for a limited period of time, for frail older people identified with needs that would have otherwise resulted in hospital attendance and/or admission.

Enhanced Care at Home is delivered in partnership by primary and secondary care, working together in a co-ordinated multi-disciplinary way to provide active treatment in the person's own home or normal place of residence. This model brings together consultants, nursing, social care and therapy professions, working with GPs and their practice teams in a fully integrated model. The service is demonstrating:-

- Improved patient experience.
- A reduction in avoidable Emergency Department (ED) attendances and admissions to acute hospital beds.
- Significant redesign of existing services to support more people in the community.
- User independence through enabling them to remain in their own homes, with demonstrable improved recovery times.

Social Prescribing is another area of work in which ICPs continue to be involved. Most recently ICPs facilitated a regional workshop to share both the good practice and the challenges to social prescribing initiatives currently underway across the region, and to inform the future development and roll out of social prescribing initiatives.

Pictured at the regional Social Prescribing Workshop in January 2019 are Director of Integrated Care Dr Sloan Harper and Belfast GP Dr Grainne Bonnar with visiting speakers Dr Marcello Bertolli, Dr Helen Kingston and Dr Marie Polley.

Further details are provided within Section 10.b of the Governance Statement.

1.4 Advances in eHealth

In 2018/19, the award winning NI Electronic Care Record continued to be extended with the introduction of a 'Key Information Summary'. Completed by GPs with patients who have significant care needs, this important development ensures better care decisions for the most vulnerable in hospitals and other settings. Support for improved medicines management practice, aimed at reducing medication errors in hospital settings, was also introduced over the past year. An electronic discharge summary to further improve the quality of information exchanged between primary and secondary care was introduced.

The Regional Information System for Oncology and Haematology (RISOH) continues to be rolled out across Northern Ireland. A single common wireless network infrastructure across all HSC facilities was completed in 2018/19. This allows seamless mobile access to ICT services by HSC staff, and facilitates the delivery of wifi services to patients and clients.

The encompass Programme continues to gather pace. This HSC-wide initiative, introducing a digital integrated care record to NI, supports the transformation of health and social care in order to improve health outcomes and create better experiences for those receiving, using and delivering services. A business case has been approved allowing procurement to begin. A dedicated programme team is being established and wide scale consultation with health care professionals has been taking place to promote a single system wide approach across the HSC. It is expected that procurement will be completed in 2019/20 and a contract signed. A lead Trust has been identified with Go-Live of encompass planned for 2021.

1.5 Primary Care

Whilst challenges in GP recruitment and retention continued in 2018/19, work is ongoing to address future GP workforce demands. To further support workforce capacity issues, the GP Retention Scheme was launched in 2018/19. Similar to the GP Retainer Scheme, 25 places are available and targeted at those doctors who may be considering retirement, leaving general practice or reducing their sessional commitment.

In year, the HSCB commissioned the Northern Ireland Medical and Dental Training Agency (NIMDTA) to develop and pilot a three year Northern Ireland General Practitioner Mentoring Scheme. The three-year scheme is intended to help practising GPs who need mentoring support in addressing the challenges that they face. All of the mentors in the scheme are GPs and trained appraisers with a broad range of experience.

See the Key Issues and Risks at Section 1.2 of the Performance Overview and 10.b of the Governance Statement for further information.

Primary Care Infrastructure

The primary care infrastructure programme continues and supports service integration and bringing care closer to home, through the co-location of GP services with Trust, community and outpatient services via a “hub and spoke” model.

The regional prioritisation of Tranche 2 Hub developments has been completed and five business cases are currently in development to commence the roll out of Tranche 2 of the Strategic Investment Plan (SIP). The DoH is developing a 10 year capital plan with the HSCB as part of the planning process. Bids for primary care premises have been submitted. Ring-fenced funding has been secured in 2018/19 for investment in spoke facilities. This is expected to continue on a rolling basis subject to budgetary constraints. Work has also been completed to identify the priority spoke developments in relation to Trust owned spoke facilities. Business cases are being developed in 2019/20 for these priority projects.

Investment from the primary care infrastructure programme, through the GP Loan Scheme and Improvement Grants Scheme, has delivered improvements in smaller (spoke) GP facilities. Work continues in prioritising projects which will enable additional capacity to support the multi-disciplinary working pilot areas (Derry/Londonderry, Down and Belfast (West).

1.6 Local Commissioning Groups

The HSCB's commissioning processes are underpinned by the five Local Commissioning Groups (LCGs). LCGs are responsible for ensuring that the health and social care needs of local populations across Northern Ireland are addressed. A number of examples of their work during 2018/19 are detailed below:

Belfast LCG

The Belfast LCG has continued to take a lead role in the Community Planning Partnership to address health inequalities in Belfast. In the past year it has led the development of an Age Friendly Plan 2018-21 with commitments to action from a wide range of partners in tacking social isolation, increasing physical activity, improving physical infrastructure and reducing poverty among older people.

The Belfast LCG is also taking a lead role in developing a comprehensive plan for preventing avoidable winter deaths, which is taking an outcomes-based accountability approach to reducing the risk factors such as flu, cold weather and cold homes, which contribute to excess deaths over the winter.

Belfast LCG has responsibility to commission responsive and modern urgent care services. In 2018/19, the LCG commissioned an ambulatory surgical service at the Royal Victoria Hospital. The service enables patients who have urgent, but not life threatening conditions, such as abscesses and mild diverticulitis, to be managed immediately in a new environment without being added to a waiting list. The development includes improved assessment arrangements, additional theatre sessions, and endoscopy capacity. The service will help Belfast Trust reduce the number of emergency surgical patients admitted and protect beds for the more seriously ill.

Northern LCG

The Northern LCG continued to work with Mid and East Antrim, Causeway Coast and Glens, Mid Ulster and Antrim and Newtownabbey Borough Councils to implement the actions in the Community Plans. The Northern LCG represents the HSCB across these four council areas both at Strategic Partnership Board level and in the various health and wellbeing working groups.

The Northern LCG played a key role in a process with community planning partners in the Mid and East Antrim area to develop an 'Ageing Well Model'. The model, which was designed by the partners following consultation with older people, seeks to ensure that *'our older people are active, respected and supported in their community'*. This is an evolving model and will require that partners continue to work together and also continue to engage with older people in the local community to identify and meet needs using approaches which are

both innovative and responsive. The model was used to commission ageing well services on behalf of the Community Planning Partnership.

The Northern LCG has also worked with community planning partners to promote "Take 5 Steps to Wellbeing" by organising a very successful event introducing practical ways to implement the five steps. This was attended by a range of staff from organisations across the statutory sector.

Fiona McConnell, HSCB and Maureen Hetherington, Northern Trust, pictured with Benzodiazepine and Z-drug Reduction Programme staff from the Northern Trust, Bronagh McCann, Pamela McClean, and Louise Trueman

The Northern LCG commissioned a benzodiazepine and Z drug reduction community services outreach programme from the Northern Health and Social Care Trust (NHSCT). Through engagement with stakeholders, an integrated multidisciplinary reduction programme was successfully implemented in 5 Northern GP practices including the second largest practice in the Northern area. The implementation of this new service model, utilising the specialist knowledge of a pharmacist and specialist nurse working with the patient's GP, has led to significant clinical benefits for patients by ensuring that they are receiving evidence based prescribing, monitoring and support. These drugs are high risk for addiction and misuse and have significant negative health consequences.

An evaluation has demonstrated that out of the 836 patients who participated over a three month period, 65% (546) reduced and stopped taking benzodiazepines/z-drugs, a further 25% (205) either stabilised on a lower dose or are continuing on the reduction programme. These results demonstrated the value of the pharmacist and specialist nurse working together with the GP for the benefit of the patient.

South Eastern LCG

During 2018/19, the South Eastern LCG (SE LCG) worked with the South Eastern Health and Social Care Trust (SEHSCT) to support the commissioning of the new inpatient ward block at the Ulster Hospital. The unit provides for 288 single rooms all with en-suite facilities. Work continues with the Trust to complete the full Phase B project which will include the completion of a second block, providing a future 170 en-suite rooms and a new emergency department.

The SE LCG worked with SEHSCT to commission the first of two new hospital blocks as part of the development of the Ulster Hospital. Work is now ongoing with the Trust to finalise commissioning arrangements for the new specialist services block which is scheduled to be commissioned in 2020. The SE LCG is progressing a number of other capital projects with the Trust, mainly an Acute Mental Health facility, Primary and Community Care centres and opportunities to improve the community infrastructure in Colin.

The SE LCG has been working at a strategic level within the Ards and North Down and the Lisburn and Castlereagh City Councils' Community Planning arrangements. These arrangements are strengthened by the community and statutory approach to a range of issues specifically related to the detriments of health. The Community Planning Partnership launched their Community Plans in 2017/18, and plans were fully endorsed by the LCG.

Southern LCG

Daisy Hill Pathfinder Project

The Daisy Hill Hospital (DHH) Pathfinder Project was set up in response to ongoing difficulties with the recruitment of senior medical staff to work in the Emergency Department (ED). The project adopted a co-production approach to deliver recommendations for the future model of emergency care for the Newry and Mourne area. Throughout 2018/19, much progress has been made with the recent opening of the Direct Assessment Unit at Daisy Hill Hospital. Services in the new unit began with the Day Clinical Centre, Older People's Assessment Unit and Clinical Decision Unit which have relocated from other parts of the building. By the end of 2018/19, the Ambulatory Team will also be taking referrals for suitable patients directly from GPs and the Northern Ireland Ambulance Service (NIAS).

The Direct Assessment Unit is staffed by a team of doctors, nurses, social workers, pharmacy and allied health professionals with administrative support. The unit will offer diagnostics, observation and treatment for a range of symptoms including lower respiratory tract infections, urosepsis, renal colic, pulmonary embolism, DVT and non-specific chest pain.

Children and Young People

In relation to children's services across the Southern Area, the Children and Young People's Strategic Partnership (CYPSP) has mandated the multi-agency Southern Outcomes Group to implement outcomes based planning to understand how well our children and young people are doing in terms of the NI Children's Strategy outcomes. They are also putting into place services designed to improve these outcomes across 6 Locality Planning Groups and 3 family support hubs. Work is ongoing through a number of task groups to deliver on the Outcomes Group Plan.

A number of initiatives have been delivered locally including Summer Schemes in South Armagh, Holiday Hunger project in Portadown, Healthy Relationships programme in Dungannon, Disability Inclusion work in Armagh and Newry and Mental Health work across the Southern Area. From March 2018 to April 2019, the Southern Family Support Hubs have supported 764 families and 1,150 children. The www.familysupportni.gov.uk website has been updated and provides information locally and regionally on all family support services and child care services.

Western LCG

The Western LCG continues to play a significant role in two Community Planning Partnerships covering Derry and Strabane and Fermanagh and Omagh. The Western LCG is closely involved in work on health and wellbeing outcomes, mental health, poverty, transport and community development workstream. The LCG has also provided input to work being led by Derry City and Strabane District Council to realise a Masterplan for Strabane town centre, including the development of the primary care hub.

The Western LCG has fulfilled its commitment to commission the enhancement of the existing Erne Health Centre, which opened in early 2018, as a primary care hub. The LCG has commissioned the Western Health and Social Care Trust (WHSCT) to undertake a business case for the development of a primary care hub for the Cityside in Derry and continues to work co-operatively with the WHSCT to progress the much needed primary care hub in Lisnaskea.

The Western LCG has commissioned local community networks to undertake an engagement exercise, to increase understanding about how health and social care works, with at least 500 people. This builds on work in 2018 on Unscheduled Care from which the networks obtained the views of over 1,000 people living in the Western area which fed into the Western Unscheduled Care Network.

1.7 Co-operation and Working Together

Co-operation and Working Together (CAWT), the cross-border health services partnership, has gained approval for 4 projects which will be grant funded by the Special European Union Programmes Body under the INTERREG VA measure. The funding will enable the CAWT partner organisations to: extend acute services in the cross-border region in unscheduled care, in areas such as Emergency Department reform; and, unscheduled care in urology, dermatology and vascular services; pilot a community paramedic model; put in place targeted interventions to support children and families who are at risk or vulnerable; establish cross-border recovery colleges to support people with mental health problems; and establish locality health and wellbeing hubs. In addition to the Health Service Executive in the Republic of Ireland, NHS Scotland is now a

partner in these projects. The Scottish partner is leading on a further project to support healthy ageing and independent living for older people.

The projects are all now established and are expected to be operational until

At the launch of the EU funded €8.8m CAWT cross border Acute Hospital Services Project are Brian McAleer, Commissioning, HSCB, Bernie McCrory, Chief Officer, CAWT and Paul Cavanagh, Assistant Director of Commissioning/Western Commissioning Lead, HSCB

2022. Following the UK EU referendum result, CAWT's EU INTERREG VA programme of work will continue as planned. This has been enabled by the removal of the risk to project funding by both the British and Irish Governments agreeing to underwrite the EU funding allocated, to ensure such projects are implemented in full as planned. So there is no risk from 'Brexit' to the project funding.

1.8 Cancer Services

Cancer Services

Significant work has taken place during 2018/19 to support the expansion of non-medical prescribing of Systemic Anti-Cancer Therapy (SACT) within both oncology and haematology. This investment will, over a period of 4 years, see up to 60% of chemotherapy being delivered by non-medical prescribers, releasing critical consultant resource to enable services to keep pace with the increase in demand. This work is being supported by an agreed regional service specification, competency framework and training module.

The HSCB is now in Year 3 of the 5-year clinical nurse specialist (CNS) expansion plan, jointly funded by Macmillan. To date, we have seen an additional 30 Clinical Nurse Specialists (CNS) come into the system with a further 7 planned over the next two years. Despite some early delays in recruitment, the

Cancer Patient Experience Survey 2018 findings have already demonstrated the beneficial impact of the nursing expansion on the patient experience of care. Significantly more patients reported having access to a named CNS and having access to a CNS was positively correlated with being significantly more satisfied on all areas of care. Northern Ireland scored significantly higher or the same as England on the majority of questions within the survey, and patients in Northern Ireland scored their overall care as 8.97 out of 10 which was significantly higher statistically than the English patient score of 8.80.

Radiotherapy

The NI Cancer Centre has introduced a pilot of Deep Inspiration Breath Hold for patients with breast cancer, and the HSCB is working to provide this as standard going forward in both cancer centres. The HSCB has commissioned the superficial skin cancer suite at the North West Cancer Centre with plans to develop as a regional service over the next year. This will be an important treatment option for people with skin cancer, particularly those cases in which the cancer affects the facial area. The HSCB is also supporting an ongoing linear accelerator replacement programme and enhanced systems at the Northern Ireland Cancer Centre.

Palliative Care

In 2018/19 the effective planning and delivery of palliative care services continued with particular focus on the identification of those patients who would benefit from a palliative care approach, to enable optimal support and care. The first phase of the primary care identification project was completed. Initial results demonstrate an increase of 70% on average in the identification of palliative patients within participating practices. As the prototype continues into 2019/20, it is anticipated that the number of practices participating in this initiative will increase. Work has also progressed to support identification within Emergency Departments (EDs). A project which commenced at the Ulster Hospital ED in 2018 will be replicated at other EDs across NI during 2019/20.

Specialist Palliative Care Workforce and Education and Training capacity across all localities has been supported under the Transformation Programme and will continue during 2019/20.

A major audit into care in the last days of life, the ‘National Audit for Care at the End of Life’ (NACEL), has commenced regionally. Part of a national 3-year project led by NHS Benchmarking, this audit focuses on the quality and outcomes of care experienced by people in their last admission in acute, community and mental health hospitals. Work on this project will be completed by 2022/23.

1.9 Planning for Trauma, Air Ambulance and Emergency Ambulance Services

Major Trauma Centre

The HSCB completed the commissioning of the Major Trauma Centre at the Royal Victoria Hospital following approval of the Belfast Trust's business case in December 2018. A key part of the regional major trauma system, it is anticipated that the new centre will be fully operational in the summer of 2019 with additional capacity for staffing, theatres and radiology as well as enhanced rehabilitation input to a new trauma ward. Work is also underway to develop major trauma care for children and young people at the Royal Belfast Hospital for Sick Children.

Conference speakers and organisers pictured at NI's inaugural Major Trauma Conference held at Queen's University, Belfast on 8 March 2019.

The Northern Ireland Major Trauma Network has made significant progress in improving trauma services in the region. This includes: regional clinical protocols; trauma teams in local Emergency Departments; ongoing collaboration with the Helicopter Emergency Service (HEMS); regional trauma training; local damage control surgery capability; and data submission to produce Trauma Audit and Research Network (TARN) Clinical Reports. Key developments were shared with approximately 200 delegates at the Network's conference in March 2019.

NI Ambulance Service

As part of the Northern Ireland Ambulance Service (NIAS) programme to put in place alternative pathways to hospital conveyance, the HSCB has supported the setting up of the Clinical Support Desk (CSD) in Ambulance Control. The CSD is staffed by experienced paramedics who provide advice to patients as to whether they need an ambulance response and other actions they could take to resolve

their non-emergency problem. The CSD also provides paramedics at the scene with support to make the best decision for the patient. CSD and other alternative care pathways have led to an increase in the number of patients who did not require to be conveyed to an Emergency Department.

Following involvement in the emergency ambulance capacity and demand exercise in 2017, during 2018/19, the HSCB has supported NIAS to introduce the new Clinical Response Model which has included a major public consultation. In tandem, the HSCB has supported the development of a new paramedic foundation degree course which has allowed for a sharp increase in the number of emergency ambulance staff being trained in line with requirements to considerably increase the workforce.

The HSCB is working closely with NIAS to consider the implication of Regulation Quality Improvement Authority's (RQIA) inspections of ambulances and ambulance stations which identified deficiencies in infection control. NIAS has put in place improved cleaning regimens and enhanced clinical governance to address the issues raised by RQIA and will bring forward a business case for resources necessary to have in place a robust, resilient system for the future.

Helicopter Emergency Medical Service

The HSCB continues to commission the Helicopter Emergency Medical Service (HEMS) which commenced operations in July 2017. Air Ambulance NI, in collaboration with NIAS, provides a doctor-paramedic response in daylight hours in cases where pre-hospital care would benefit patients who have experienced major trauma.

1.10 Delivery of Plastic Surgery and Burns Services

The Plastic Surgery and Burns Group is taking forward major reform of services, assessing the provision of care for hand and limb trauma, people suffering burns, those who need elective (planned) surgery and treatments for people with skin cancer. Enhancement of orthoplastics has been commissioned, as has additional consultant capacity in parallel with service improvements currently underway in the South Eastern and Belfast Trusts. The Plastic Surgery and Burns Group also provides oversight to the implementation of RQIA recommendations on Plastic and Burns services.

1.11 Changes to Paediatric Pathology Services

During the 2018/19 year, there have been changes to the Paediatric Pathology Service, with paediatric post-mortem examinations now being carried out on an interim basis at Alder Hey Children's NHS Foundation Trust in Liverpool. Following the resignation of the sole paediatric pathologist at Belfast Trust, the HSCB, PHA and Belfast Trust made significant efforts to retain a service within

Northern Ireland, including repeated recruitment drives both nationally and internationally.

The HSCB also approached every NHS provider of paediatric pathology services across the UK, as well as those in the Republic of Ireland (RoI). Regrettably, no organisation was identified that could provide continuity through an in-reach service to Northern Ireland for the provision of hospital perinatal and paediatric post-mortems.

To ensure that families could still access a service, interim arrangements were put in place to provide paediatric pathology services at Alder Hey in Liverpool.

This interim service commenced on 3 January 2019 and, to date, a number of Northern Ireland families have been supported in their decision to transfer babies or children for hospital consented post-mortem.

The HSCB and PHA have been working very closely with families, staff, charities and other partners to take every possible step to ensure that any baby or child who requires a post-mortem is treated with the utmost respect, dignity and sensitivity throughout their journey now and in the future, and that families will have full support when facing these very traumatic circumstances.

Looking at the medium to longer term, health officials from Northern Ireland and RoI will investigate the feasibility of an all-island approach to the delivery of paediatric pathology services.

Senior DoH officials have had a constructive preliminary discussion with counterparts from the Irish Republic's Department of Health on exploring the potential options for an all-island network model for providing this service in the future.

It is important to acknowledge at this stage that any potential solution is unlikely to be deliverable in the immediate future, due to current capacity constraints in RoI, and the time required for new trainees to specialise in this area.

In the meantime, the HSC will work closely with the relevant Royal Colleges and training organisations to encourage and support training in this specialty in the future. An open-ended recruitment process with an agency specialising in international recruitment is also ongoing.

1.12 Reshaping Stroke Services

In March 2019, the DoH launched a formal public consultation seeking views on a range of proposals to reshape stroke services in Northern Ireland. The consultation was informed by a pre-consultation led by the HSCB and PHA in 2017, and the work of a Task and Finish Group made up of health and social care professionals, clinicians, stroke charities and stroke survivors.

During 2018/19, many of the proposed improvements outlined within the 2017 pre-consultation have been implemented:-

- GP Federations and Integrated Care Partnerships are piloting a range of initiatives to improve the treatment of patients with known Atrial Fibrillation (irregular heartbeat) which increases the risk of stroke.
- The Northern Ireland Stroke Network is collaborating with Integrated Care Partnerships and Community Pharmacy to find opportunities to improve the identification of people with high blood pressure and then support their ongoing management and care.
- Transformation Funding has enabled the Belfast Trust to implement a planned expansion in access to Mechanical Thrombectomy – a revolutionary clot removal procedure. The Royal Victoria Hospital in Belfast is now one of the leading centres in the UK carrying out this procedure.
- Community stroke teams have been expanded using Transformation Funding to provide Early Supported Discharge in all five Trusts to ensure patients are seen within 24 to 48 hours following discharge from hospital.
- The Northern Ireland Stroke Network is seeking to design a new streamlined regional pathway for support services following stroke. This will assist stroke survivors optimise their quality of life and ensure equity and consistency in access to services across the region.

1.13 Review of Breast Assessment Services

There is widespread agreement that the current model for Breast Assessment services is not sustainable. Increasing numbers of referrals and ongoing workforce shortages within radiology have presented an ongoing challenge in terms of our ability to consistently deliver on the waiting time standards for assessing patients referred to a clinic with symptoms and for those attending breast screening recall clinics.

On 25 March 2019, the DoH published proposals for the future of breast assessment services in Northern Ireland. The proposals, involving services being consolidated at three hospital sites, are the subject of a public consultation which will run until 17 June 2019. The proposals in the document were informed by the work of the Breast Assessment Project Board, led by the HSCB and PHA.

The Breast Assessment Project Board, which included service user representation, established a rigorous process for assessment of these options. This included receiving feedback from a broad range of stakeholders. The Project Board included a total of 16 healthcare professionals representing the various disciplines involved in providing breast assessment services: radiography, radiology, pathology, nursing, screening services, breast surgery and public health. HSCB and PHA engagement with a range of individuals and

organisations contributed to the development of the consultation proposals and criteria for use in assessment of a number of options for service reconfiguration.

1.14 Regional Quality 2020 Strategy

Providing quality services is a collective endeavour, requiring shared effort and collaboration between the HSCB, PHA, Trusts and individuals at every level of the health and social care system. In 2018/19 the HSCB and PHA, linking closely with DoH, Trusts and ALBs, continued to oversee the implementation of the Regional Quality 2020 Strategy. The Strategy aims to protect and improve the quality of health and social care in NI. In line with this strategy, the HSCB and PHA oversee the measurement of improvement and ensuring that lessons are learned, areas of high performance are duplicated and areas of lower performance are supported to improve. See Section 4.1 of the Performance Analysis for an update on collaborative working on regional learning.

In October 2018, the publication of the 'Quality Improvement Plan Report: April 2016 - March 2018' was noted by HSCB Board Directors. Informed by data collated from Trusts, and reviewed and analysed by HSCB/PHA staff, the Quality Improvement Plan includes indicators identified in the HSCB/PHA Commissioning Plan as well as locally identified quality improvement indicators. The report provides measurement on the regional priority areas to improve outcomes for patients and service users and review the process through which this will be achieved. The Quality Improvement Plan Report is available on the HSCB website at http://www.hscboard.hscni.net/meeting/board-meetings-2018.

Theme 2 – Improving Health and Reducing Inequalities

One of the key priorities for the HSCB, working closely with the PHA, is improving the health and wellbeing of the population of Northern Ireland and reducing inequalities for people living in more deprived communities and circumstances.

Northern Ireland has a population of approximately 1.8 million people and this is projected to rise by a further 5.3% by 2024 (Office for National Statistics). Deprivation has a large impact on health and wellbeing in many ways resulting in the lack of social support, low self-esteem, unhealthy lifestyle choices, risk taking behaviour and poor access to health information and quality services. Improving health, and reducing health inequalities, requires us to coordinate action across health and social care, government departments and a range of delivery organisations in the statutory, community, voluntary and private sectors.

Major health challenges, as identified in the HSCB Commissioning Plan 2018/19 at www.hscboard.hscni.net, are consistent across our five localities. They include:-

- Changing demographics including a growing ageing population with escalating and complex health needs.
- Poor health compared to the rest of the UK. A major risk to health and wellbeing in Northern Ireland comes from lifestyle factors such as obesity, smoking and alcohol abuse.
- Excess deaths, particularly from heart disease, cancer and respiratory problems. We have increasing numbers of people living with long term conditions or multiple conditions such as COPD, diabetes, stroke, asthma and hypertension.
- An over-reliance on hospital care.
- Health inequalities across the province.

Despite these challenges, in 2018/19 the HSCB worked with other agencies across the health and social care system to deliver some innovative, and life changing, work to improve the health and wellbeing of the population, which is highlighted within the section below.

2.1 Community Planning

The HSCB continues to engage with its Community Planning partners in fulfilment of its obligations, working in partnership with the wider health and social care family, local Councils and other statutory partners, to help implement Community Plans. The plans will provide a shared, long term vision to improving social, health, education, economic and environmental wellbeing and will help to reduce duplication of services and create new and innovative ways of working.

See Section 1.6 for LCG examples of partnership working and Section 4 of the Governance Statement for further details.

2.2 Social Care

Reform of Adult Social Care

In 2018/19, the HSCB led a regional project to develop a new model for the delivery of care and support at home, formerly called Domiciliary Care Services.

The HSCB worked with a broad range of stakeholders to inform the work on the development of a new model for care and support at home. A series of engagement events were held across the region, to which users, carers, advocates staff representatives and front line staff were invited to. In addition, the HSCB worked with the Age NI peer network to seek views of older people who may be users of care services in the future, and undertook a range of telephone and postal surveys. As the new model has emerged, the HSCB hosted workshops to receive feedback on the proposal. Invitations to these workshops were also extended to all those who had responded to the previous events.

Regional Trauma Network

In 2018/19, the HSCB has led on the establishment of a regional managed care network for people with psychological trauma difficulties. This is in line with the Stormont House Agreement, national and international best practice guidelines and stepped care principles. Services will range from low-to-moderate intensity treatment provided by the community and voluntary sector organisations, to high intensity treatment provided within the health and social care system.

Services to Support Adults with a Learning Disability

Throughout 2018/19, the HSCB's project to develop the regional service model for learning disability has continued to work closely with all key stakeholders at a local level to identify needs, plan and deliver improved services in learning disability.

Mental Health Services

In partnership with the DoH and Trusts, the HSCB has commenced a review of acute care for people experiencing mental illness. The field work for this review was completed at the end of March 2019 and the Expert Panel are scheduled to formally reporting their findings and make recommendations for best practice and improved consistency across the region by 31 May 2019.

The HSCB is also leading on the development of Early Integrated Liaison services in each Trust area. This will provide a mental health service in the general hospital setting across all age groups and will include psychiatric liaison,

psychiatry of old age, learning disability, responding to cases of self-harm and an alcohol liaison service.

Physical and Sensory Disability Strategy and Action Plan (2012–2015) - Closure of Action Plan

In 2018/19, the HSCB marked the closure of the Action Plan associated with the Physical and Sensory Disability Strategy (2012-15). The Strategy and Action Plan addressed a range of initiatives over the past 6 years using both recurrent and non-recurrent funding and has made a considerable difference in the lives of many people who have a physical disability and/or those with a sensory loss.

This was achieved through a strong ethos of collaboration and co-working with users and their representatives as well as the voluntary, community and independent sectors.

The Strategy emphasised the importance of social inclusion and monies have been issued to help Trusts develop in-house community access as well as work in partnership with the community and voluntary sector who have been at the forefront of developing sustainable social inclusion models.

Delegates at an event held on International Day of People with Disabilities 2018 at Parliament Buildings to celebrate the initiatives developed through implementation of the Physical and Sensory Disability Strategy and Action Plan (2012-2015).

2.3 High Street Oral Surgery Pilot

A new dental pilot Personal Dental Service (PDS) scheme to increase the provision of high street oral surgery and reduce referrals to secondary care was established in October 2017. Evaluation of the 2017/18 pilot (Phase 1) identified a 26% increase in Primary Care oral surgery and a 14% reduction in General Dental Practitioner (GDP) oral surgery referrals to Trusts. Phase 2 (April to September 2018) was essentially a continuation of the 2017/18 pilot with 10% additional activity. GDP annual referrals to hospital oral surgery show a reduction of 26% compared to the pre-pilot period. Phase 3 (October 2018 to March 2019) includes pre-orthodontic surgery activity to enable Trust referrals to be further reduced. Longer term funding for the service is being explored.

In addition, Confidence and Supply transformation funding is currently being used for intensive oral surgery training for Dental Foundation trainers. It is hoped that this will continue into 2019/20.

2.4 Pharmacy and Medicines Management

With the support of transformation funding, significant progress was made in relation to developing the community pharmacy infrastructure and enabling new service provision. This included:-

- The establishment of the first element of the Pharmacy First Service which focused on winter ailments.
- Development of IT infrastructure in community pharmacies to facilitate compliance with the Falsified Medicines Directive and connectivity with the HSC Network to support HSC mail, Electronic Care Record (ECR) access and secure connection with the FPS Payments Portal.
- Development of workforce through the establishment of student pharmacy technician placements in primary and secondary care; and support for development of the pharmacist workforce in community pharmacy.
- Laying down the processes for a structured approach to pharmacy based Health Improvement campaigns.

Further investment in pharmacy facilitated the delivery of compliance support to people, living in community settings, requiring support in relation to medicines administration. It is anticipated that the establishment of a clear financial framework and the use of transformation funding, provides the opportunity to fully utilise the excellent network of community pharmacies in Northern Ireland to improve the public's health and wellbeing.

Early evaluation of further development of the GP practice based pharmacist role in 2018/19 demonstrated significant benefits. This workforce has demonstrated delivery against the objectives and further expansion is planned, albeit, careful consideration is being given to the emerging pressures on the pharmacy workforce as a whole.

Work also continues with primary care providers and the public to reduce medicine waste. Substantial efficiencies have been achieved through optimising prescribing choice, increasing generic prescribing and the review of unnecessary medicines. Further detail is provided within Section 10.b of the Governance Statement.

A range of service development pilots in prescribing and pharmacy have contributed to more positive patient outcomes. For example, the benzodiazepine reduction programme based in the Northern LCG area (see Section 1.6) was

extremely successful and has signalled a process which could be replicated for problem drug issues.

The roll-out of the Hidden Carers pilot, initially tested in the South Eastern LCG, has now been established in four of the five LCG/Trust areas. It offers a mechanism for identifying and signposting carers from community pharmacies and has been hugely beneficial.

There have also been challenges in seeking the expansion of certain drug misuse schemes such as the needle and syringe exchange service. Through pro-active community engagement, it is anticipated that further sites will be identified leading to reduction in the risk of discarded drugs paraphernalia and reduction of risk of hepatitis and other blood borne diseases for those who are injecting drugs.

2.5 Building Capacity in Ophthalmology Services

The development of integrated planning and delivery of eye-care services remained a focus in 2018/19. Key to capacity building in Ophthalmology Services has been the implementation of an electronic referral, via the Clinical Communications Gateway (CCG), from General Ophthalmic Services (GOS) directly to secondary care Ophthalmology Services. During 2018/19, 85% of GOS contractors have been enabled to go live on CCG to generate e-referrals. Benefits realised from electronic referrals include improved direct access between primary and secondary care and more rapid access for patients to secondary care Ophthalmology Services.

A pilot of GOS access to the NI Electronic Care Record (NIECR), supporting effective and safe care provision, was established in 2017/18. NIECR access enables primary care optometrists to view important and essential information about their patients which assists in their decision making with respect to clinical coding. Optometrists, in collaboration with their patients, can make better informed and considered decisions about their care. As of January 2019, 206 NIECR accounts have been issued to primary care optometrists.

A new enhanced service for the review and monitoring of patients with Ocular Hypertension has been funded and will be implemented in late 2018/19 in collaboration with the Belfast Trust in the first instance.

As referenced in Section 1.2 of the Performance Report, a significant project is also underway to establish Cataract Daycase Elective Care Centres. The timeframe for delivery is early 2019. This initiative will act as one of the prototypes for wider elective care reform. As envisaged in ‘Health and Wellbeing 2026 - Delivering Together’ and the subsequent Elective Care Plan, the aim is to provide capacity for up to 100,000 elective assessments and procedures

annually, delivered in non-acute centres of excellence geographically distinct from acute centres with Category 1 Emergency Departments.

Launching Project ECHO NI are (front row, from left): HSCB Chief Executive Valerie Watts, Department of Health's Director of Transformation Sharon Gallagher, HSCB Chair Dr Ian Clements, HSCB Director of eHealth Sean Donaghy, Chief Executive Hospice UK Tracey Bleakley, HSCB Project Director Martin Hayes. Back row: HSCB Director of Integrated Care Dr Sloan Harper and Project ECHO NI Clinical Lead Professor Max Watson.

Two Optometry/Ophthalmology Project ECHO Networks are now in existence. Supporting transformation across the glaucoma pathway for patients with ocular hypertension, Project ECHO involves the use of video conferencing technology to help train primary care clinicians to provide specialist care services for people with complex conditions. Patients will be able to access their ocular hypertension monitoring/clinical reviews in primary care optometry practices.

Theme 3 - Providing value for money through the effective use of resources ensuring robust financial management

The HSCB is responsible for balancing the challenges of commissioning safe and sustainable services which meet the emerging and changing needs of local populations within the financial resource constraints and the aim of ensuring resources available are maximised.

The Finance Directorate of the HSCB works closely with the DoH to deliver financial planning and financial management of the overall HSC budget.

3.1 Financial Planning

The HSCB worked closely with DoH and Trusts to prepare a Financial Plan for 2018/19, taking into account the significant budgetary constraints and varied and mounting pressures across the HSC sector. This Financial Plan was supported by the development of Trust Delivery Plans (TDPs) which were scrutinised by the HSCB and DoH.

Looking forward into 2019/20, the current financial context significantly limits the additional resources available for health and social care developments and requires the HSC system to deliver very challenging financial savings targets. There continues to be a risk that this will impact on the quality and safety of health and social care services which the HSCB, along with the sector, continues to try to mitigate. In addition, the political uncertainties and the resultant impact on budgetary uncertainty add more pressure to the HSC sector.

3.2 HSC Financial Stability

The HSCB works with the DoH to ensure the overall financial stability of the health and social care system within Northern Ireland including the Trusts, HSCB and the PHA. The significant and ongoing financial constraints required rigorous planning, monitoring, management and decision making with respect to the budget by the HSCB and DoH during 2018/19.

Throughout the year, the HSCB worked closely and proactively with all Trusts and the DoH in order to address the ongoing severe financial challenges faced by the HSC system. The financial position was formally monitored on a monthly basis and appropriate actions taken. Through careful financial management, at the end of 2018/19 the wider HSC showed a breakeven position.

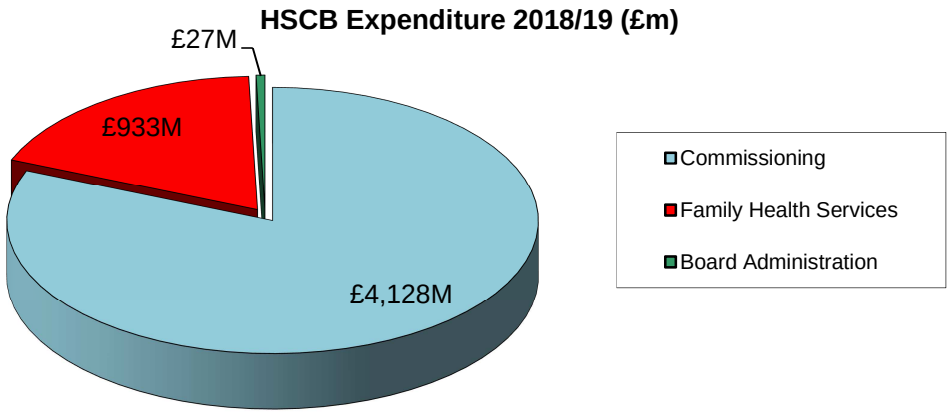
3.3 HSCB Breakeven Duty

During 2018/19, the HSCB received a budget of £3.9m capital resource and £5,100m revenue resource from the DoH, along with income from other sources of £56m. The financial statements presented in this Annual Report and Accounts show a surplus of £26.5m. The surplus held by HSCB offsets the £24.4m control total for the Western Health and Social Care Trust, which has been authorised by the Department of Health in 2018/19. This has ensured that the HSC achieved a breakeven position across all organisations.

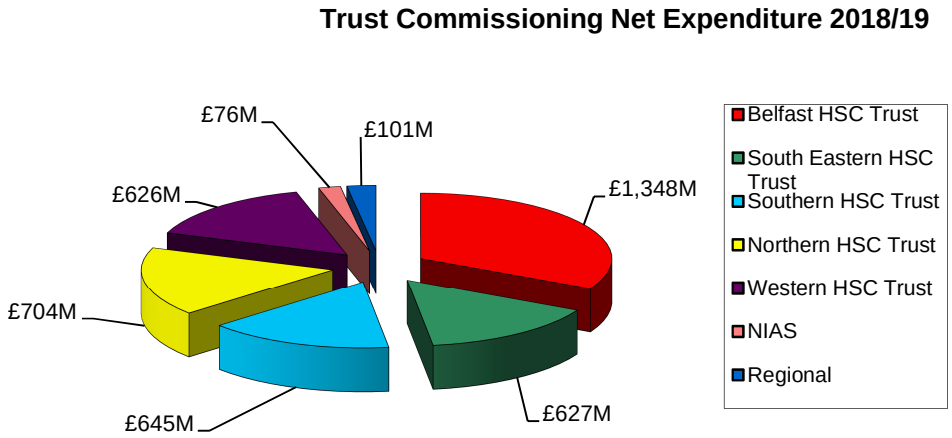
This was achieved by significant effort on the part of the Finance Directorate and all budget holders in managing the wide range of pressures and demands, and the delivery of significant efficiencies in both the Family Health Services (FHS) and Management and Administration budgets.

The following charts highlight how the HSCB's revenue funds have been utilised during 2018/19.

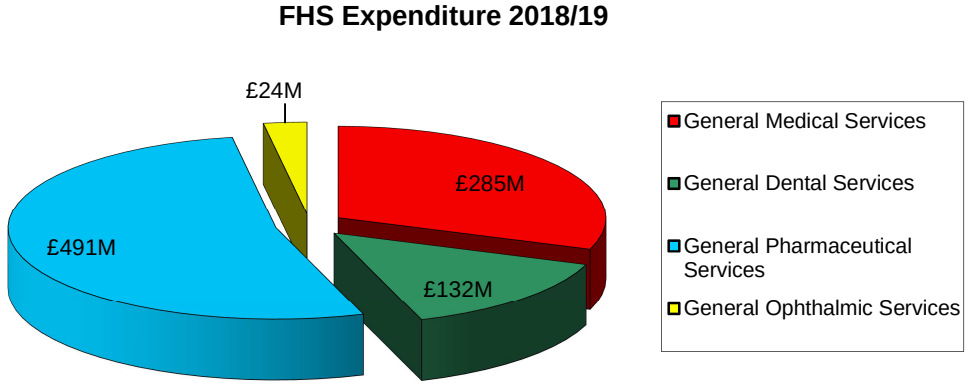
a. HSCB Net Revenue Expenditure 2018/19



b. Commissioning Expenditure Analysis by Provider 2018/19



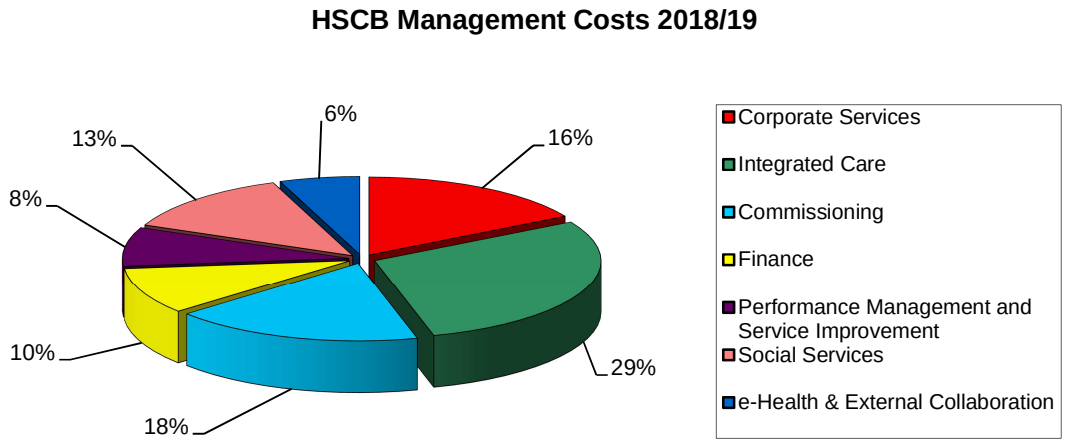
c. Family Health Services Expenditure 2018/19



During the 2018/19 financial year, the HSCB continued with the difficult task of managing to successfully deliver its many and complex functions within a significantly reduced Management and Administration budget. Delivery of these savings, set against the backdrop of significant organisational uncertainty regarding the closure of the HSCB, has created a significant and ongoing challenge for the HSCB to ensure that core functions continue to be delivered and governed to the standard that its stakeholders expect.

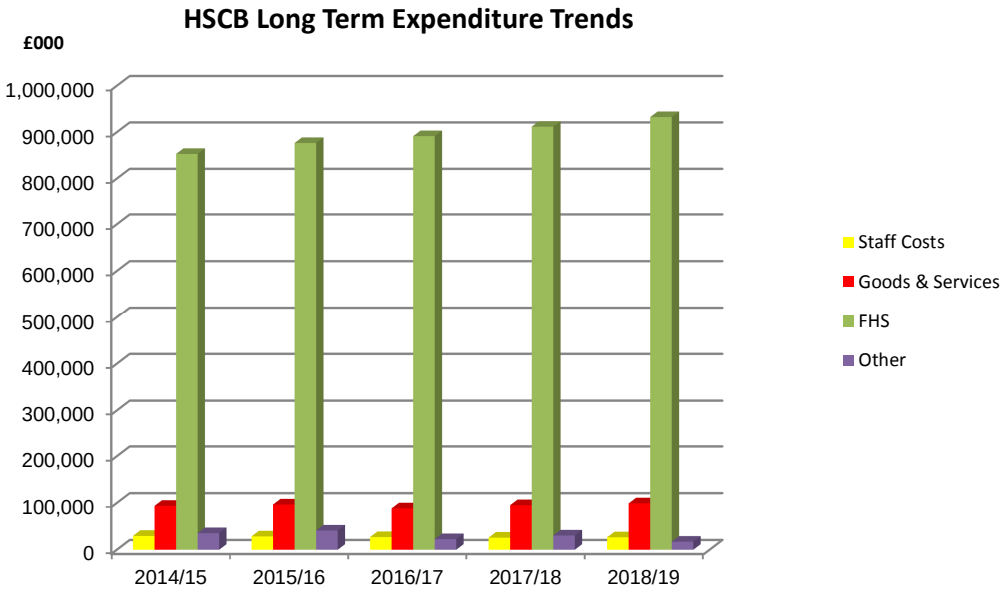
At the end of 2018/19, the HSCB was successful in delivering a wide range of efficiencies on a recurrent basis. The outlook for 2019/20 is increasingly constrained – please refer to *Quality, Quantity and Financial Controls* within Section 10b of the Governance Statement for further details.

d. HSCB Management Costs 2018/19



3.4 Long Term Expenditure Trends

The following bar chart highlights how the main categories of expenditure within the Statement of Comprehensive Net Expenditure (SoCNE) have moved over the last 5 years. This relates to the revenue expenditure of the HSCB.



Theme 4 –Engaging with stakeholders, particularly service users and carers, in an open and transparent manner

The HSCB is committed to involving patients, carers and the public in the design and delivery of health and social care services. The section below covers the initiatives we are undertaking to listen to, and engage with, patients and their families, as well as identifying learning opportunities and improving outcomes from Serious Adverse Incidents (SAIs) and complaints for which we have overall responsibility, along with the PHA, for all the health and social care family.

4.1 Recognising the value of partnership with service users, carers and staff

Regional Learnings from Serious Adverse Incidents

The HSCB/PHA remain committed to identifying learning from Serious Adverse Incidents (SAIs), to improve services for service users and their families and to reduce the risks of recurrence by working collaboratively with the reporting organisations and across the HSC as a whole. The dissemination of learning following SAIs and ensuring that quality improvements are embedded into practice remains a key priority for the HSCB/PHA.

During 2018/19, the HSCB/PHA issued a number of alerts in the form of reminders of best practice and professional letters, which were issued across the HSC and to primary care practitioners. Learning from SAIs, which fell within a specialist area, were also shared with relevant networks and fora. Learning Matters Newsletters were issued which covered a range of topical areas all of which related to learning from SAIs. Two biannual SAI learning reports were issued for the periods 1 October 2017 to 31 March 2018 and 1 April 2018 to 30 September 2018. The format of the latter issue was revised in order to create a more public-facing document.

The 4th Annual Regional SAI Learning Event was held on 7 June 2018 for 160 delegates from across the wider HSC system. The aim of the event was to use collaborative learning and an open approach to:-

- Share learning from a number of SAIs and identify themes to drive improvement.
- Improve ability to disseminate learning across the system.
- Develop and agree a high quality, robust, insightful approach to the review of SAIs across the HSC system.

Informed by learning from SAIs completed or in progress, the HSCB and PHA are currently conducting a number of internal reviews relating to the SAI process, including care and support for service users, their families and carers, or, any

member of the public who has been affected or impacted by a SAI, from the time of the incident and throughout the duration of the review. The reviews will also focus on the processes to provide the appropriate support for HSC staff. This may lead to a revision of some elements of the current SAI procedure over the next number of months and at the same time will also link with the work being led by the DoH in relation to recommendations from the Inquiry into Hyponatraemia-related Deaths. It is also intended to make resources available to HSC staff on the HSCB website which will assist them in reviewing both adverse and serious adverse incidents.

In September 2018, an outline business case was approved by the DoH for the Alignment of Adverse Incident Coding and Datix Systems across HSC organisations and is currently being led by the HSCB and PHA. Moving forward into 2019/20 all Trusts will use the same risk management software for incident reporting using the same common classification system codes. In doing so, the HSCB/PHA will be able to collect actionable data and facilitate learning though the identification of causality and important contributing factors resulting in causality.

Complaints

During 2018/19, 25 complaints were received regarding the HSCB. These related to policy, commercial and purchasing decisions of the Board, as well as staff attitude and communication.

In addition, the Board is able to act as an 'honest broker' in complaints concerning Family Practitioner Services (FPS), with the agreement of both the complainant and Practice. During this period the Board acted as an honest broker in relation to 104 complaints regarding General Medical Practitioners; the main categories of complaint were treatment and care, communication and staff attitude. In respect of General Dental Practitioners, the Board acted as honest broker in relation to 9 complaints, the main category of complaint was treatment and care. The Board also acted as honest broker in relation to 5 complaints concerning Pharmacies, which related to staff attitude, communication and treatment and care.

As part of the Board's requirement to have oversight of complaints in HSC, it also receives anonymised copies of written complaints and responses from FPS Practices. During this period the Board received 152 returns from General Medical Practitioners and 26 returns from General Dental Practitioners. No returns were received from Pharmacies or Opticians during this period.

Complaints of a clinical nature are shared with the Board's Medical Advisers to review and to advise if there are any clinical/professional/regulatory issues and to recommend any further action.

4.2 HSC Online

Launching the new online A-Z Symptom Search in January 2019 are Department of Health Permanent Secretary Richard Pengelly with Dr Edward O'Neill, Health and Social Care Board, Karen Mooney, Patients Group, Royal College of General Practitioners Northern Ireland and Caron Alexander, Department of Finance.

In January 2019, the HSCB, in conjunction with the DoH, PHA, Patient and Client Council, and Land and Property Services, launched the A to Z symptom search.

Hosted on www.nidirect.gov.uk, this resource will help users find high quality, trusted information on a variety of conditions aimed at making it easier to self-manage their condition, or know when, and how, to seek help from a healthcare professional. Over 600 conditions and illnesses are currently listed on the site, with a further 100 planned by Summer 2019. People can search using symptoms they may be experiencing, or using the name of a condition if they already know it. They will also be able to browse the entire A to Z list of health conditions published, finding useful information in a clear, easy to read format.

The site has been developed with the help of patients who have helped shape the content. Links to GP surgeries, community pharmacies and other HSC services are also available on the site.

4.3 Communications, Engagement and Digital Channels

In 2018/19, the HSCB Communications Team continued to work in partnership with the DoH, PHA, Trusts and a wide range of other partners, to ensure that staff, stakeholders and the wider public are informed about key health and social care developments and changes to services.

Providing a professional service across a wide range of areas, the HSCB Communications Team undertakes media engagement, stakeholder engagement, internal communications, projects and partnerships, campaigns and digital media, providing co-ordination to the wider HSC on key proactive and reactive issues.

The HSCB continued to develop its digital channels, creating a range of creative content (videos, animations, infographics), to improve and enhance engagement with stakeholders. This work was recognised at the first Northern Ireland Public Sector Communications Forum awards in March 2019 with the HSCB and PHA Communications Teams winning Best Digital Campaign for the Stay Well This Winter campaign. The joint campaign by the HSCB and the PHA, which ran over the winter months, helped ensure people, who are most at risk of preventable emergency admission to hospital, were aware of, and motivated to take, key actions to help them stay well.

The Communications Team also played a key role in supporting colleagues in the HSCB and wider HSC to communicate and engage with patients, charities, carers, political representatives and the wider public on key projects across the full range of channels, for example, in relation to service changes to the paediatric pathology services, reshaping stroke services, winter pressures, and dementia. In October 2018, the HSCB ran the ‘Adoption Changes Lives’ campaign. The key aims of this multi-channel campaign were to encourage more applications from potential adoptive parents who can meet the needs of specific groups of children including sibling groups, children aged 4 years and over and children with disabilities. The campaign outlined the adoption process and clarified who can and cannot adopt in NI. It was shortlisted in the External Communications category at the 2019 NI Public Sector Communications Forum Excellence Awards.

4.4 Support Working with Key Stakeholders on the Planning and Co-ordination of Service Delivery

During 2018/19, the HSCB continued to demonstrate its commitment to meaningful engagement with patients, their families and carers, and working with key stakeholders to plan and design services. The following examples offer a range of initiatives where the HSCB through co-production, or the collaboration of people who plan and manage services with people with lived experience of health

and social care services, has supported key stakeholders in the development and co-ordination of services.

In May 2018, HSCB and the NSPCC's Child Trafficking and Advice Centre (CTAC) organised an international event – 'Improving Safeguarding for Children Being Moved across Borders including those at risk of Trafficking/Slavery'. Representative of the wide range of key stakeholders who work, or come into contact, with children who have been moved, social workers, police, immigration officers, health professionals and NGOs from across the UK and Europe examined the risks faced by children who are being moved across borders and the risks of child trafficking and modern slavery. They reviewed best practice and examined current systems of protection and support available to them. Leading experts collaborated with stakeholders in workshops designed to gain insight of how working across agencies and international borders will improve safeguarding for these vulnerable children and young people.

Throughout 2018/19, building on last year's co-production on the planning and design of services for people living with a dementia, their families and carers, the HSCB led on the development of the 'Regional Dementia Care Pathway: Supporting Each Person's Individual Journey'. This Care Pathway was jointly developed using the expertise of people working in dementia care, and, seeking the views of people living with dementia, Dementia NI and the family and carers of people living with dementia. The Care Pathway will assist practitioners in the delivery of high quality dementia care services from initial engagement to the end of life stage of the dementia journey. The HSCB recognises that engaging with people with a dementia about their experiences is essential when determining service need and helping shape future dementia services in NI. The needs of younger people with a dementia and persons with a learning disability are recognised and addressed. With this in mind, during 2018/19, the HSCB collaborated with Trust staff and service users from Learning Disability Services in co-designing 5 easy read booklets, complemented by a series of animations. These resources are aimed at raising awareness of dementia for people with a learning disability, building their understanding and informing them of their care and treatment options.

From November 2018, the HSCB, PHA and Belfast Trust developed plans to manage the perinatal and paediatric pathology service in NI with paediatric post-mortem examinations carried out on an interim basis at Alder Hey Children's NHS Foundation Trust in Liverpool. The HSCB supported key stakeholders, including families, staff, and charities, in working together to ensure that any baby or child who needs a post-mortem is treated with dignity and sensitivity and that full support is available to families facing these traumatic circumstances. For more information on the changes to the Paediatric Pathology Service see Section 1.11 of the Performance Analysis.

December 2018 saw the close of the Physical and Sensory Disability Strategy Implementation Group which was tasked with the implementation of the strategy and its action plan from its launch in 2012. See Section 2.2 of the Performance Analysis for further details. The achievements of the group relied on collaborative working with people living with disabilities, their families and carers working in partnership with local voluntary and health and social care organisations. The creation of opportunities for meaningful stakeholder engagement, taking on board the views and feedback of people with real life experience of using disability services, in the co-design and co-production of services helped to improve outcomes for people with disabilities. The value of this approach was widely recognised and has resulted in plans to establish a Regional Disability Forum involving people with a physical or sensory disability or a communication difficulty on an ongoing basis.

The online A-Z symptom search, launched in January 2019, assists service users make the best choices about their health and lifestyle. Through facilitating the contribution of patients in the development of the information and guidance, the HSCB have ensured that the public can access healthcare advice in a clear, straightforward and customer-friendly way. See Section 4.2 of the Performance Analysis to find out more about the introduction of the symptom search.

In March 2019, Integrated Care Partnerships (ICPs) launched 'Making Every Contact Count' (MECC), an approach to behaviour change that uses the thousands of day-to-day interactions that health and social care workers have with service users to support them in making positive changes to their health and wellbeing. Health literacy is an important aspect of MECC and is about people having the knowledge, skills, understanding and confidence they need to make decisions about their health. A total of 17 health literacy training sessions ran in each of the ICP areas, with training facilitated by experienced trainers with expertise in health literacy.

During 2018/19 the HSCB and PHA continued to fund the 10,000 More Voices initiative, a patient focused approach to improving the way health and social care services are shaped and delivered. This initiative asks people to identify what was important to them in their experience and to describe their overall feelings by 'telling their story' using Sensemaker® methodology. This approach blends together qualitative and quantitative data, with patient stories providing a rich source of information from which themes and trends can be identified. Further details of the service surveys and findings reports from 2018/19 can be viewed at https://10000morevoices.hscni.net.

Further information is available within Section 6 - Public Stakeholder Involvement, in the Governance Statement.

Theme 5 – Developing and maintaining internal systems and maximising the potential of our staff

5.1 Valuing Staff: Ensuring Effective Transitional Arrangements during the Change Process

The HSCB remains committed to ensuring that robust systems and processes are in place to maximise the potential of its staff ensuring that they are skilled, motivated and valued. As outlined in Section 2.0 of the Overview of Organisational Performance the Permanent Secretary has confirmed the HSCB closure date of March 2021. With this in mind, the Chief Executive, the Chair and Senior Management Team have engaged with staff and Trade Unions regarding the future closure of the HSCB ensuring staff are kept fully informed and supported through this time of change and that any impact is minimised.

In 2018/19, BSO have continued to provide HR services including pay and conditions, employee relations (both improvement of working relationships and resolution of individual cases) and retained recruitment (i.e. quality assurance role in respect of posts advertised and job evaluations). This involved working with managers, staff and Trade Union organisations. A number of new and amended policies have been rolled out within HSCB with associated planned training.

5.2 Preparing for Change: Organisational and Workforce Design

The Recruitment Scrutiny Group involving senior management and HR continues to meet regularly to manage the recruitment process taking into account transitional arrangements and the provision of business continuity, whilst awaiting the development and implementation of future models of care.

As an Equal Opportunities employer, training and development opportunities are available and offered to all staff throughout the year. HR staff support and work with HSCB colleagues to improve the health and wellbeing of staff through a number of initiatives. This is delivered via the Attendance Management Policy, Occupational Health Service and external support organisations as and when required. BSO HR also assists in the provision of short information sessions to address targeted health issues identified through attendance monitoring.

During 2018/19 HSCB staff had access to workplace wellbeing services such as mental health support, counselling and other therapeutic interventions through partnership working with Inspire.

Equality, Human Rights and Diversity

During 2018/19, the HSCB continued to engage with staff on equality and disability responsibilities. Staff are required to attend face-to-face training which raises awareness of the needs and experiences of equality target groups and

provides a summary of equality legislation, its key concepts and requirements. The HSCB continued to facilitate and support Tapestry, the Disability Staff Network for the 11 regional Health and Social Care organisations. The main aim of the Network is to raise awareness of disability and to act as a contact point for staff with a disability. The development of the dedicated website https://tapestry.hscni.net/ provides a safe space and shares informal peer support and information, e.g. Disability Action Plans, Access to Work and Placement Schemes. Meeting quarterly the Tapestry Disability Staff Network also makes recommendations on relevant workplace policies.

5.3 Emergency Preparedness

In 2018/19, the HSCB and PHA maintained collaborative working arrangements with Trusts, other Arm's Length Bodies and multi-agency partners on the development of the regional health operational plan for a mass casualty incident. Significant progress continued on identifying casualty capability across the five Trusts, and, in enhancing their major incident plans to deal with incidents of this nature. Learning from a previous regional desktop exercise was incorporated into an NI Regional Mass Casualty Plan which remains subject to continual review and testing. The Joint Response Emergency Plan (JREP) was also updated to reflect the work relating to mass casualties.

Health Silver was established in shadow form in March 2018 in response to a severe weather incident (heavy snowfall) primarily involving the Southern Trust and to a lesser extent the South Eastern Trust. During September 2018, Health Silver participated in Regional Multiagency Teleconferences regarding adverse weather. In addition from January 2019, Health Silver have developed the health response to a potential EU Exit (no deal) scenario working collaboratively across the HSC in relation to preparedness. This required the development and activation of a Health SitRep process informing DOH and Health Silver participation in EU Exit table top exercises. This involved the development of an information reporting process to support the associated timescales for onward transmission of information outlining any EU Exit related impacts on the HSC to the DoH, the NI Hub, the NI Civil Contingencies Group and ultimately the Secretary of State.

5.4 Departmental/Private Office and Freedom of Information Requests

During 2018/19, 108 FOI requests were received. As of 31 March 2019, 104 FOI requests were closed, with 68% being answered within 20 working days. Seventeen Subject Access Requests were received and as of 31 March 2019, 13 were closed. The General Data Protection Regulations (GDPR) were implemented on 25 May 2018. 66% of the requests received prior to then were answered within 40 calendar days, and 50% of requests received after the implementation date were answered within one calendar month. No serious personal data related incidents occurred in 2018/19.

Sustainability

The HSCB is committed to sustainability, environmental, social and community issues and to support this, a number of key policies and protocols are in place. The principles are also embedded within the business principles.

The HSCB has continued to implement a number of energy saving initiatives which support the policies on environmental and waste management. During 2018/19, the programme of work continued in one HSCB office to replace existing light fittings with Light Emitting Diodes (LED) to reduce energy consumption and costs which, in turn, will deliver carbon emission savings and provide better lighting conditions.

The HSCB continued to encourage staff initiatives in an effort to reduce its carbon footprint. The use of tele-conferencing and video-conferencing facilities in each of the four HSCB offices has reduced the need to travel for business purposes.

The Sustrans workplace initiative 'Leading the Way with Active Travel' encourages more sustainable travel by staff within Belfast and a further 6 staff availed of the Cycle to Work Scheme, which also promoted a healthier lifestyle. The Business Rail Translink Scheme encourages staff to make use of public transport to help reduce environmental pollution.

Mandatory sustainability and environmental requirements are also included in tender processes for all prospective contractors and considered in the award of contracts.

Rural Needs Act

The HSCB has a new statutory duty under the Rural Needs Act (Northern Ireland) 2016, which became operational for the HSCB from 1 June 2018. This requires the HSCB to have due regard to rural needs defined in the Act as the 'social and economic needs of persons in rural areas'. The HSCB has adopted a Rural Needs Impact Assessment process which is undertaken in developing, adopting, implementing or reviewing policies, strategies and plans when designing and delivering public services.

During the period 1 June 2018 to 31 March 2019, the HSCB carried out 9 Rural Needs Impact Assessments and, in compliance with Section 3 of the Act, the information in the template below will be provided to the Department of Agriculture, Environment and Rural Affairs (DAERA) for inclusion in its Rural Needs Annual Monitoring Report.

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***
Review of 2018/2019 GP practice boundary (area) applications.	Health or Social Care	The key principles in the Procedure to apply for Change to Practice Area, made by a General Medical Services Contractor, takes into consideration patients living in rural areas as the entire HSCB area must be covered by the areas of GMS contractors, and each household should fall within the areas of at least 2 or preferably 3, GMS contactors to facilitate patient choice which includes patients living in rural areas.
Enhanced Services for GP Practices both Northern Ireland wide (NI Local Enhanced Services) and in Local Commissioning Areas (Local Enhanced Services).	Health or Social Care	The Enhanced Services Group has developed an approval process for the development, approval and rollout of new and existing Enhanced Services to GP Practices, regionally and locally.
NI Weighted Capitation Formula: Review of Family and Childcare Model	Health or Social Care	An updated Family and Childcare formula, with the Guided model (regional costs and Sure Start included) was incorporated into the overall Capitation Formula. This will provide significant improvement on the current formula due to the use of a more recent and costed dataset better reflecting prevailing needs. As the capitation formula has a specific adjustment to address the differential costs of service provision in rural area, no rural needs impact assessment was carried out.
Acquired Brain Injury (ABI) Adult Training and Rehabilitation Service	Health or Social Care	Access to Acquired Brain Injury (ABI) services is a regional issue since people with ABI needs can reside in any part of NI. A model is being developed which will require the provider to deliver services either directly or indirectly, via a provider base or community and faith-based venues across Northern Ireland.
Regional Parenting Support Helpline	Health or Social Care	A Service Specification has been developed which requires provides to demonstrate how they will undertake outreach activities to ensure that all people irrespective of diversity, rurality,

		poverty and language should have access to the helpline for support, advice and information on parenting and services that are needs-based.
Counselling and Education Service for Victims and Survivors of Sexual Violence and Abuse	Health or Social Care	This regional service covers rural areas, with outreach services provided in a range of community venues. This flexible service can be provided outside office hours to suit the needs of the individual.
Family Support and Information Service for Children and Young People with an Acquired Brain Injury and their Carers	Health or Social Care	Acquired Brain Injury is not a condition dependent upon location and services are delivered on the basis of HSC needs and assessment. As location has no impact on this service, no rural needs impact assessment was carried out.
Family Support to Parents and Carers with Prematurely Born Babies and those requiring Special or Intensive Care at Birth	Health or Social Care	The service is based on child and family need and is available to all families regardless of location. No rural needs impact assessment was carried out.
Reconfiguration of Hospital Stroke Services	Health or Social Care	A pre-consultation was undertaken on the design of a service model for hospital stroke services capable of delivering high quality and sustainable care, as detailed in NICE Clinical Guidelines (2019) on an equitable basis. The key objectives were: • Design a sustainable model for stroke services by identifying the most appropriate number and size until that can deliver high quality seven day services for the NI population; • Identify options for optimum locations for provision of a sustainable stroke service model; • Identify options capable of delivering better clinical outcomes for the population, reduced stroke related death and disability. (Please see RNIA for further details)

Mrs Valerie Watts
Chief Executive

Date: 13 June 2019

ACCOUNTABILITY REPORT – GOVERNANCE REPORT

DIRECTORS' REPORT

The Board of the HSCB is made up of a Non-Executive Chair, seven Non-Executive Directors and five Executive Directors, including the Chief Executive.

The Chief Executive is directly accountable to the Chair and Non-Executive Directors for ensuring that Board decisions are implemented, that the organisation works effectively in accordance with government policy and public service values, and for the maintenance of proper financial stewardship.

Executive Directors are senior members of the HSCB's full time staff who have been appointed to lead each of the major professional and corporate functions.

The Non-Executive Chair is responsible for leading the Board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole. The Chair is accountable to the Minister/Department of Health.

Non-Executive Directors are appointed by the Health Minister in accordance with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland. The Non-Executive Directors are independent and reflect wider outside and community interests in the decision making of the Board. There is currently a Non-Executive Director vacancy.

During the period 1 April 2018 to 31 March 2019, Board membership comprised the following Directors:

Non-Executive Directors

Dr Ian Clements
Chairman

Mr Robert Gilmore

Mr Stephen Leach

Dr Melissa McCullough

Mr Brendan McKeever

Mr John Mone

Mrs Stephanie Lowry

Executive Directors

Mrs Valerie Watts
Chief Executive

Ms Marie Roulston[1]
Director of Social Care and Children

Mr Paul Cummings
Director of Finance

Dr Miriam McCarthy
Director of Commissioning

Mrs Lisa McWilliams[2]
Interim Director of Performance Management and Service Improvement

A number of officers from the HSCB's Senior Management Team also attend its meetings; these individuals are as follows:

- Dr Sloan Harper, Director of Integrated Care
- Mr Sean Donaghy, Director of eHealth and External Collaboration, (Mr Donaghy retired in December 2018)
- Dr Carolyn Harper, Executive Medical Director/Director of Public Health, Public Health Agency
- Mrs Mary Hinds, Director of Nursing and Allied Health Professionals, Public Health Agency
- Ms Louise McMahon, Director

In addition, meetings of the Board are also attended by the Chairperson of each of the Board's five Local Commissioning Groups, and by representatives of the Patient and Client Council.

[1] Ms Roulston joined the Board in August 2018
[2] Mrs McWilliams took up the post of Interim Director of PMSI in April 2018

Board of Directors

Dr Ian Clements OBE, Chairman

Dr Clements lives in Newtownards, where he had practised as a GP for 27 years. Throughout his GP career, Dr Clements has continually sought to improve health and care services for patients through his involvement in the commissioning process. He also contributed his expertise as a doctor over many years, to a wide array of leading health and care organisations. Dr Clements received an OBE for Services to Healthcare and the Community in Newtownards in the Queen's Birthday Honours List in 2018.

Mrs Valerie Watts, Chief Executive

Valerie Watts was appointed Chief Executive of the HSCB in July 2014 and also agreed to taking up the additional role of Interim Chief Executive of the Public Health Agency on the retirement of Dr Eddie Rooney in October 2016. Mrs Watts has over 30 years management experience in the public sector across Health and Social Care and Local Government in both Scotland and Northern Ireland – latterly in the position as Chief Executive of Aberdeen City Council (2011-2014) and formerly as Town Clerk and Chief Executive of Derry City Council (2009-2011).

Mr Robert Gilmore OBE, FCIS, FCMI, Non-Executive Director

Mr Gilmore lives in Co. Down and is a Public Sector Advisor and former Local Authority Chief Executive. He has been a Non-Executive Director of the HSCB since April 2009 and was previously a lay member of the Southern Local Commissioning Group (Health and Social Services). He was formerly a Director in a Local Enterprise Agency, a Governor in a Further and Higher Education Institute, a Commissioner in the Local Government Staff Commission and an Independent Board Member in the Department for Infrastructure.

Mr Stephen Leach CB, Non-Executive Director

Mr Leach lives in North Down and has been a Non-Executive Director of the HSCB since 2009. He is a former senior civil servant and was Chair of the Northern Ireland Criminal Justice Board from 2000 to 2009. He was a Parole Commissioner for Northern Ireland from 2009 to 2015 and is currently a Commissioner with the Criminal Cases Review Commission.

Mrs Stephanie Lowry, Non-Executive Director

Mrs Lowry has 30 years' experience working in both the private and public sector throughout her career. She has held several public appointments in a variety of areas, including Independent Board Member with the Department of Culture, Arts and Leisure, Deputy Chair of the Health and Safety Executive and was a member of the Office of the First Minister and Deputy First Minister (OFMDFM) Audit Committee and an Independent Assessor for Public Appointments.

Dr Melissa McCullough PhD, MSc Clinical/Bioethics, LLB, Non-Executive Director

Dr McCullough lives in Belfast and is a Visiting Lecturer at the Royal College of Surgeons in Ireland. Melissa was appointed to the National Institute for Clinical and Care Excellence (NICE) Guideline Committee for Lyme disease in 2016, and has recently been appointed as a Panel Assessor and Chair for Undergraduate Medical Education with the Medical Council Ireland. Melissa has worked as a senior academic in medical education specialising in ethics & law, professionalism and leadership in medical schools in the UK and Ireland since 2005, and her teaching and research interests are primarily in clinical ethics, public health ethics, human rights & healthcare, diversity & inclusion, equality and justice in health and social care and health policy. She also has an interest in public engagement including performing arts & ethics and works with local voluntary bodies in Belfast and the USA.

Mr Brendan McKeever MSc, PGCE, Non-Executive Director

Mr McKeever is a User Consultant at Queen's University and the Ulster University and has undertaken work to support projects to improve the care of people with disabilities. He has written widely on these matters and continues to assist organisations that provide and develop services for users and carers.

Mr John Mone MSc, BA, Non-Executive Director

Mr Mone lives in Co Armagh. He is a Non-Executive Director of the HSCB since 2009. He spent his career in the health service and is a former Director of Nursing. He is a primary school governor and a member of the NI Research Ethics Committee.

Mr Paul Cummings, Director of Finance / Deputy Chief Executive

Paul Cummings is Director of Finance, HSCB, having taken up the position when the HSCB was established in 2009. He has previously been a Director of Finance in the South Eastern, Mater and Ulster Community and Hospitals Trusts with over 25 years' experience in health and social care and was the national chair of the Healthcare Financial Management Association in 2002/03, continuing to be an active member.

Ms Marie Roulston OBE, Director of Social Care and Children

Marie has over 30 years' experience in working with children and families. Marie has worked across the range of children's services and moved into a managerial role as Area Manager in 2002 in the Northern Trust. In May 2007 she was appointed as Assistant Director in the Women and Children's Directorate. She had responsibility for Looked after Children Trustwide, encompassing children in residential care, children in foster care, the Northern Trust Adoption service, recruitment of foster carers and 16+ services.

Marie took up post as Director of Children's Services/Executive Director Social Work within the Northern Trust in September 2012 and had responsibility for Women, Children & Families from 2015 and in August 2018 took up post as Director of Social Care & Children at HSCB. She was awarded an OBE in the New Year's Honours List (2019) with respect to services to health care and young people.

Dr Miriam McCarthy, Director of Commissioning

Miriam McCarthy is the Director of Commissioning at the HSCB, having taken up post in December 2017. Miriam is a medical doctor trained in both general practice and public health. While she has spent most of her career working in Northern Ireland, she has also worked and studied for many years in the USA. Miriam has extensive experience in policy and strategy development.

As a senior civil servant during the period 1998 to 2011, she led many high profile service reviews which have shaped the direction of acute and specialist hospital services in Northern Ireland. She subsequently took up a position as consultant in public health, based at the PHA where she worked in partnership with commissioners in shaping and developing hospital services across NI, with particular focus on specialist services, cancer and medicines management. Miriam has also been closely involved with the work of the National Institute for Health and Care Excellence (NICE) and was a member of a Technology Appraisal Committee between 2013 and 2017. In her role as Director of

Commissioning Miriam provides leadership to improve patient care, ensure sustainable services and transform the delivery of care.

Mrs Lisa McWilliams, Interim Director of Performance Management and Service Improvement

An economist by training Lisa worked in the private and public sector before joining the HSC in 2004. Lisa has been the Interim Director of Performance Management and Service Improvement for the Health and Social Care Board since April 2018. Lisa's substantive post is the Assistant Director of Scheduled Care for the Health and Social Care Board and had responsibility for elective care reform, service improvement and performance management. Lisa previously held the posts of HSCB Assistant Director of Commissioning overseeing clinical networks and NICE processes. Prior to that Lisa was the lead for Northern Ireland's Managed Clinical Network for Cancer Services where she led a number of regional service improvement initiatives and became a peer reviewer with the NHS England Peer Review Team.

Related Parties Transactions

The HSCB is an arm's length body of the Department of Health and as such the Department is a related party with which the HSCB has had various material transactions during the year.

Mr Danny Power (Interim Chair of Belfast Local Commissioning Group) is a member of the Board of Directors of Clan Mor Surestart and the West Belfast Partnership Board, both of which are organisations that do business with the HSCB.

During the year, none of the board members, members of the key management staff or other related parties has undertaken any material transactions with the HSCB.

Register of Directors' Interests

Details of company directorships or other significant interests held by Directors, where those Directors are likely to do business, or are possibly seeking to do business with the HSCB where this may conflict with their managerial responsibilities, are held on a central register.

A copy is available on the HSCB website at www.hscboard.hscni.net.

Audit Services

The Health and Social Care Board's statutory audit was performed by ASM Chartered Accountants on behalf of the Northern Ireland Audit Office and the notional charge for the year ended 31 March 2019 was £52,000.

Audit Disclosure

All Directors can confirm that they are not aware of any relevant audit information of which the external auditors are unaware. The Accounting Officer has taken all necessary steps to ensure that all relevant audit information which she is aware of has been passed to the external auditors.

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the DoH has directed the HSCB to prepare for each financial year a statement of accounts in the form and on the basis set out in the HSC Manual of Accounts. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the HSCB, of its income and expenditure, changes in taxpayers' equity and cash flows for the financial year.

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

- Observe the HSC Manual of Accounts issued by the DoH including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the HSCB will continue in operation.*
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the HSCB.
- Pursue and demonstrate value for money in the services the HSCB provides and in its use of public assets and the resources it controls.
- To confirm that the annual report and accounts as a whole are fair, balanced and understandable and to take personal responsibility for the annual report and accounts, and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the DoH, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland, has designated Mrs Valerie Watts as the Accounting Officer for the HSCB. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSCB's assets, are set out in the Accountable Officer Memorandum, issued by DoH.

* It should be noted that the then Minister for Health announced in November 2015, confirmed by the subsequent Minister, the intention to close the HSCB and realign its activities across the wider HSC system. It has now been confirmed that the HSCB will not close before 31 March 2021 and as such, the HSCB will continue as constituted for the 2019/20 financial year. The financial statements, therefore, have been prepared on a going concern basis.

GOVERNANCE STATEMENT

1. Introduction/Scope of Responsibility

The Board of the HSCB is accountable for internal control. As Accounting Officer and Chief Executive of the HSCB, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health (DoH).

Processes in place by which the HSCB works with partner organisations

Public Health Agency (PHA)

Under Section 8 of the Health and Social Care (Reform) Act (Northern Ireland) 2009, the HSCB is required to produce an annual Commissioning Plan in accordance with the Commissioning Direction as issued by the DoH, and in full consultation and agreement with the PHA. In practice the employees of the HSCB and the PHA work in fully integrated multi-disciplinary teams to support the commissioning process at both local and regional levels.

Business Services Organisation (BSO)

The BSO provides a broad range of support functions for the HSCB under a Service Level Agreement (SLA) between the two organisations. Functions include: financial services; human resource management; training; equality and human rights; information technology; procurement of goods and services; legal services; internal audit and fraud prevention.

Health and Social Care Trusts

Trusts provide services in response to the Commissioning Plan and must meet the standards and targets set by the Health Minister. In order that these obligations are met, service and budget agreements (SBAs) between Trusts and the HSCB are established setting out the range, quantity and quality of services to be provided, linking volumes and outcomes to cost.

Working in close collaboration with the PHA, the HSCB has in place a robust performance management framework. The framework provides the mechanism for managing and monitoring the achievement by Trusts of agreed objectives and targets and also provides a process whereby the HSCB and PHA can work closely in supporting Trusts to improve performance and achieve desired outcomes.

Inter-relationship with DoH

The HSCB and DoH engage in a collaborative relationship to ensure that progress towards the achievement of all objectives is fully communicated.

The HSCB provides the DoH with prescriptive monthly financial monitoring returns highlighting financial performance and reporting progress towards the achievement of the statutory duty to break-even.

In addition, the HSCB provides the DoH with quarterly (or as required) assessments of the progress being made in the delivery of DoH strategic objectives and relevant targets in the current Programme for Government, Public Service Agreements (PSAs) and Commissioning Directions, demonstrating how resources are being used to achieve these objectives.

Senior HSCB officers attend bi-annual accountability reviews, with senior DoH officials, to discuss the HSCB's operational and financial performance; policy developments and corporate control issues.

2. Compliance with Corporate Governance Best Practice

The Board of the HSCB applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of the HSCB does this by undertaking continuous assessment of its compliance with Corporate Governance best practice by having in place the following:

Standing Orders

The Standing Orders, reserved and delegated powers and Standing Financial Instructions provide a comprehensive business framework for the HSCB and enable the organisation to discharge its functions. They reflect the following: Framework Document (September 2011); Management Statement/Financial Memorandum; Code of Conduct and Code of Accountability for Board Members of HSC bodies (2011); 7 Nolan Principles; Public Service Values and Code of Openness.

The HSCB Standing Orders and Standing Financial Instructions are reviewed on an annual basis, considered by the HSCB Audit Committee and approved at the subsequent public Board Meeting. Section 6 of the Standing Orders relates to the Conduct of Board Business and includes, amongst others, potential conflicts of interest. This section also applies to the conduct of public meetings of the Local Commissioning Groups (LCGs).

During the period there were no conflicts of interests declared at Board meetings. There were dissentions from voting on a number of occasions and these are recorded in the public Board minutes.

Register of Interests

The HSCB has in place Registers of Interests for the following groups – Directors, Committee members, staff and non-HSCB officers involved in Board Committees. The Registers are reviewed annually and are available on the HSCB's website (with the exception of staff and the non-HSCB officers involved in Board Committees).

Gifts and Hospitality Policy

The HSCB Gifts and Hospitality Policy was published in April 2012 and is compliant with the following circulars issued by DoH - HSS (F) 49/2009, HSS (F) 35/2009 and FD (DFP) 19/09. A nominated Officer in each HSCB Directorate maintains a log with a periodic report reviewed by the Governance Committee.

Performance Appraisal System

The DoH carried out its annual appraisal with the HSCB Chair who, in turn, carried out an annual assessment of each Non-Executive Director.

Interim LCG Chairs continued to meet with the HSCB Chair on a regular basis during the period under review.

Training

'Essential Skills' training is being planned for HSCB Board, Committee and Senior Management Team members in autumn 2019.

Self-Assessment

- The Audit Committee completed the National Audit Office self-assessment checklist and assurance is provided within the Mid-Year Assurance Statement.
- The Board Governance Self-Assessment Tool is a retrospective review exercise. The Self-Assessment Tool covering the period 2017/18 was approved by the Board at its meeting in March 2019. Work is now underway to complete the Self-Assessment Tool for 2018/19 and assurance will be provided in the Mid-Year Assurance Statement.

3. Governance Framework

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

- A schedule of matters reserved for Board decisions, some of which may have been delegated to Committees.
- A scheme of delegation, which devolved decision making authority within set parameters to the Chief Executive and other officers.
- Standing Orders and Standing Financial Instructions, which set out the HSCB's governance regulations (referred to above).
- The operation of a Governance Committee and an Audit Committee (comprised of Non-Executive Directors) to assure adherence to those regulations (as above).
- The adoption of a Governance Framework which consists of a suite of documents that provides the Board with the necessary assurances that the organisation is discharging its functions in a way which ensures that risks are managed as effectively and efficiently as possible to acceptable standards of quality.

The Governance Framework aims to protect the organisation against loss, the threat of loss and the consequence of loss, whilst at the same time having a framework in place that highlights the roles, responsibilities, reporting and monitoring mechanisms that are necessary to ensure commissioning and delivery of high quality health and social care.

During the reporting period a review of the Governance Framework was carried out in consultation with directorate governance leads with each section updated in line with current legislation, structures and processes. The key amendment within the review was the implementation of the HSC Risk Management Model (including a regional HSC Regional Risk Matrix) following the expiration of the license for the Australian/New Zealand Risk Management standard. The HSC model was prepared by a group of senior governance and risk managers across the HSC (including HSCB) and approved at a Chief Executives forum in September 2018. The revised Framework was subsequently approved by the Governance Committee at its meeting on 7 February 2019.

The following describe in more detail the role of the Board of the HSCB, its Committee structure and attendance during the reporting period.

The Board

The Board has corporate responsibility for ensuring the HSCB fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources by the HSCB. The Board of Directors is comprised of a Non-Executive Chair, seven Non-Executive Directors, the Chief Executive and four Executive Directors – the Director of Finance, Director of Commissioning, Director of Social Care and Children and Director of Performance and Service Improvement. From 1 October 2017 there has been one Non-Executive Director vacancy. There has been no governance risk associated with this vacancy and this will continue to be assessed.

A number of Directors from the HSCB's Senior Management Team also attend Board meetings including the Director of Integrated Care, the Director of eHealth and External Collaboration, the Director responsible for Community Planning, the Executive Medical Director/Director of Public Health (PHA), and the Director of Nursing and Allied Health Professionals (PHA).

Name	Title	Meetings attended	Meetings scheduled to attend
Dr Ian Clements	Chair	8	9
Mr Robert Gilmore	Non Executive Director	9	9
Mr Stephen Leach	Non Executive Director	7	9
Mrs Stephanie Lowry	Non Executive Director	9	9
Mr John Mone	Non Executive Director	8	9
Mr Brendan McKeever	Non Executive Director	9	9
Dr Melissa McCullough	Non Executive Director	5	9
Mrs Valerie Watts	Chief Executive	9	9
Mr Paul Cummings	Director of Finance	8	9
Dr Miriam McCarthy	Director of Commissioning	7	9
Mrs Lisa McWilliams	Interim Director of Performance Management & Service Improvement (from 01/04/18)	9	9
Ms Marie Roulston	Director of Social Care & Children (from 01/08/18)	6	6
Mr Cecil Worthington	Acting Director of Social Care & Children (until 31/07/18)	3	3
Mrs Fionnuala McAndrew	Director of Social Care & Children (until 30/04/18)	0	1

In addition, meetings of the Board are also attended by the Chairperson of each of the HSCB's five Local Commissioning Groups and by representatives of the Patient Client Council.

During the period 1 April 2018 to 31 March 2019, the Board met on nine occasions and was quorate on each occasion. There were no special Board meetings held during this period.

Role of the Audit Committee

The role of the Audit Committee is to support the Board and Accountable Officer in respect of their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. The Audit Committee's membership comprises four Non-Executive Directors. The Director of Finance has a standing invitation to attend, with the exception of the annual meeting with the External and Internal Auditors, and the Committee is also attended by other internal operational staff as required. The Internal Auditor and External Auditor are invited to attend all meetings of the Committee.

The Terms of Reference of the Audit Committee are in accordance with the Good Practice Principles contained within the Audit and Risk Assurance Committee Handbook (NI) and are kept under review in light of any emerging or changing accountability arrangements for the HSCB. The Code of Conduct and Code of Accountability for Board Members of HSC Bodies (July 2011) clarifies the composition and role of the Audit Committee as reflected in the HSCB Standing Orders.

Since 2011/12, the Board has had separate Governance and Audit Committees. This ensures that equal weight is afforded to all of the governance domains including financial, organisational and clinical and social care, thereby allowing the Board to ensure a balanced and proportionate consideration of the full range of its corporate governance responsibilities, particularly those concerning safety and quality.

During the 2018/19 the Audit Committee met on five occasions with 100% attendance at four meetings and 75% attendance at one meeting along with a joint meeting with the Governance Committee to consider the mid-year Assurance Statement. The Audit Committee assessed itself against the five good practice principles published in the Audit and Risk Assurance Committee Handbook (NI) and can demonstrate adherence to these principles covering:-

- Membership, independence, objectivity and understanding
- Skills
- The role of the Audit Committee

- Scope of work
- Communication and reporting

Role of the Governance Committee

The Governance Committee supports the Board in all aspects of corporate and clinical and social care governance by:

- Seeking assurances and advising the Board on the scope and effectiveness of the system of internal control.
- Ensuring an assurance framework is in place for the organisation relating to the corporate and clinical and social care governance, and that it is both effective and robust.
- Seeking assurances and advising the Board on the strategic processes in place for the management of risk and corporate governance requirements for the organisation.
- Reviewing the content of the annual Governance and mid-year assurance statements.
- Approving the Governance Framework, Governance Strategy and other governance related policies and procedures. These include reviewing Board officers' responses and actions in relation to regional procedures in respect of the management and follow up of serious adverse incidents and complaints where the HSCB has a regional responsibility.
- Seeking assurances and advising the Board on protocols in respect of the HSCB's social care statutory responsibilities.

A Non-Executive Director (NED) vacancy since October 2017 impacted upon the Governance Committee's Non Executive Director membership which was reduced to three with the full complement of four being reinstated in March 2019. In the 2018/19 year, the Governance Committee met on three occasions with 75% attendance at two meetings and 50% attendance at one meeting (7 June 2018) where the Committee was inquorate. The meeting scheduled to take place on 28 March 2019 was also cancelled.

In addition to the overarching Governance and Audit Committees, the other Committees of the Board are:-

- Disciplinary Committee
- Assessment Panel
- Local Commissioning Groups
- Pharmacy Practices Committee
- Reference Committee
- Remuneration and Terms of Service Committee
- Review Panel

The Disciplinary Committee, the Assessment Panel and Review Panel, which meet on an ad hoc basis, did not meet during the 2018/19 financial year. The other Committees have complied with their Terms of Reference with minutes and reports provided at Board meetings.

Each Committee, with the exception of the Disciplinary Committee, is chaired by a Non-Executive Director and the Terms of Reference are kept under review throughout the year. The Chair of the Disciplinary Committee is an independent professional with the required relevant expertise.

4. Business Planning and Risk Management

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

Business Planning

The HSCB has a range of statutory duties and shall, as a corporate body, exercise the functions assigned to it by the DoH, including those set out in Article 8 (1-7) of the Health and Social Care Reform Act (NI) 2009 and any other statutory provision deemed by the DoH to be the functions of the HSCB, including the Government Resources and Accounts Act (NI) 2001.

Commissioning Plan

In line with the above statute, the HSCB is required to prepare and publish an annual Commissioning Plan setting out the health and social care services to be commissioned and the associated costs of delivery. The preparation of the Commissioning Plan is done in partnership with the PHA and is implemented through a series of integrated service teams. It takes full account of the financial parameters set by the DoH and is consistent with the direction and priorities, as set out in the Commissioning Plan Direction. It incorporates the system transformation agenda, to ensure that the HSCB, as the commissioner of health and social care services, is able to make the best use of the resources available to support the continued reform and modernisation of HSC services.

Community Planning

The Local Government Act (NI) 2014 requires Community Planning partners to participate in community planning, to the extent that it is connected to their

functions, and the partners must assist the council in carrying out its community planning duties. All organisations involved in community planning must have regard to their legal obligations and the potential impact on the community planning process. The HSCB is a statutory partner listed in the legislation. Partners should actively seek to integrate community planning into their corporate and business planning regimes, as per the statutory guidance for Operation of Community Planning, Department of the Environment, Oct. 2015 (issued under Section 111 of the Act).

Corporate Plan

Many of the HSCB's objectives and responsibilities for the year 2018/19 are reflected in the Commissioning Plan. The Corporate Plan does not seek to duplicate the detailed objectives and activities set out in the Commissioning Plan, but rather to outline the key objectives for the organisation in addition to those associated with the Commissioning Plan, and those that will support its delivery.

As such, the Corporate Plan includes objectives that primarily relate to how the HSCB will seek to commission the delivery of high quality health and social care services for the population of Northern Ireland, and how it conducts its business and ensures that its organisational arrangements are fit for purpose. Taken together with the Commissioning Plan and policies for the effective and efficient management of resources, the Corporate Plan provides an overarching planning framework for the work of the HSCB.

The key objectives for the focal year 2018/19 have been subject to bi-annual review. The DoH requested inclusion of an additional theme in the 2018/19 plan focusing on 'Health and Wellbeing 2026 - Delivering Together'. The first of the biannual reviews was carried out as at 30 September 2018 and was approved by the Governance Committee at its meeting on 7 February 2019. The year-end review was carried out as at 31 March 2019 and will be approved by SMT prior to being approved by the Governance Committee at its meeting in June 2019.

Planning for 2019/20 Corporate Plan

The 2019/20 Corporate Plan was approved by the Governance Committee at is meeting on 7 February 2019 and subsequently forwarded to DoH for approval. Following DoH's response, the plan was amended and referred back to the Governance Committee on 6 June 2019 prior to onward referral to the Board for noting at its meeting on 13 June 2019.

Business Continuity Plan

The Board Corporate Business Continuity Management System (Policy and Plan) is aligned to the requirements of the International Standards Organisation (ISO) 22301. The Plan identifies the HSCB functions deemed as 'critical', which must continue to be delivered during an interruption to normal business. During 2018/19, each Directorate undertook a risk analysis and developed strategies and tactics to detail how the critical functions would be delivered during an interruption. The Plan is available on the HSCB intranet site, along with guidance for staff.

Risk Management

The HSCB recognise that risk management is a key component of the Governance Framework and it is therefore essential that systems and processes are in place to identify and manage all risks as far as reasonably possible. Therefore, the HSCB has in place a process for the management of Board-wide risks as part of its Governance Framework (revised February 2019.)

The purpose of risk management is not to remove all risk, but to ensure that risks are recognised and their potential to cause loss fully understood. Based on this information, action can be taken to direct appropriate levels of resource at controlling the risk or minimising the effect of potential loss.

The HSCB has recognised the need to adopt such an approach and has put in place an independently assured risk management system that conforms to the principles of the regionally agreed HSC Regional Model for Risk Management. This model is based on the principles of the ISO 31000:2018 standard which largely has the same broad principles, framework and processes which the former AS/NZ standard used.

In implementing this model, the HSCB has agreed (along with all other Departmental Arm's Length Bodies) to adopt the 'spirit' of ISO 31000:2018, by applying the principles of the standard, but will not be seeking accreditation. This will ensure there continues to be a systematic and unified process for the management of risks across all areas of the Board's activity by having in place a fully functioning risk register at both directorate and corporate levels.

Risk Management Leadership

The Board exercises strategic control through a system of corporate governance, by which the organisation is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness.

It is vital that the HSCB establishes robust governance arrangements to ensure it discharges its functions in a way which ensures that risks are managed as effectively and efficiently as possible and to acceptable standards of quality. The specific objective is to protect the organisation against loss, the threat of loss and the consequences of loss, whilst at the same time having a framework in place that highlights the roles, responsibilities, reporting and monitoring mechanisms that are necessary to ensure commissioning and delivery of high quality health and social care.

The adoption of an overarching Governance Framework, which was revised in February 2019, ensures the HSCB has the basic building blocks in place for good governance; to lead, direct and control its functions in order to achieve organisational objectives and by which it relates to its partners and the wider community. The Framework highlights the key components that underpin a sound system of governance and internal control, and embraces the structure and process for managing and leading risk throughout the organisation.

An e-learning risk management awareness programme has been developed within the HSCB and is mandatory for all HSCB staff. Completion rates are actively monitored with 83% of staff trained. Training in risk management is also incorporated in the overarching corporate induction programme. Over the next few months the HSCB will work with other HSC Governance Leads with a view to updating the e-learning package in line with the new regionally approved HSC Risk Management Standard.

The HSCB working in conjunction with the PHA has in place a robust structure to support safety and quality. This consists of a range of forums inclusive of an overarching Quality, Safety and Experience (QSE) group. The main objective of this group is to consider learning from good or poor practice, patterns, themes or areas of concern from all sources of information and to agree appropriate actions to be taken.

Categorisation of Risk

All risks do not carry the same likelihood of occurrence or degree of impact (consequence) in terms of actual or potential impact on service users, patients, staff, visitors, the organisation, or its reputation or assets.

Once the organisation’s objectives have been approved and a consensus on principal risks reached, it is important to ensure a consistent and uniform approach is taken in categorising risks in terms of their level of priority in order that appropriate action is taken at the appropriate level of the organisation.

The HSC Regional Risk Matrix, adopted by the HSCB with effect from April 2013, updated in June 2016 and more recently in August 2018, is included as an appendix to the Governance Framework and is consistent with DoH mandatory guidance 'An Assurance Framework: A Practical Guide for Boards of DoH Arm's Length Bodies'. This matrix which is used to categorise potential risks, incidents, complaints and claims, facilitates the prioritisation of risk in terms of likelihood and impact (consequence). In doing so, this will help identify the nature and degree of action required and levels of accountability for ensuring such action is taken.

Risk Appetite

The HSCB recognises that it is impossible and not always desirable to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources in order to achieve health and social care benefits for the local population.
From time to time the HSCB may be willing to accept a certain level of risk. For example: promoting independence for individuals; or in order to take advantage of a new and innovative service; or due to the high costs of eliminating a risk in comparison with the potential threat. In these circumstances the risk will continue to remain on the Risk Register and will be monitored and reviewed at regular intervals.

However, as a general principle the HSCB will seek to eliminate and control all risks which have the potential to:-

- Harm staff, service users, patients, visitors and other stakeholders.
- Result in loss of public confidence in the HSCB and/or its partner agencies or would have severe financial consequences and which would prevent the HSCB from carrying out its functions on behalf of the population.

Embedding of Risk

Risk Registers continue to be monitored on a quarterly basis, with the reviews at the end of March and September requiring a substantive review, and the reviews for June and December quarters being reported on by exception only.

The substantive review as at 31 March 2019, involved the Governance Team meeting with Directors and their senior staff to review both Directorate and corporate risks and making the necessary additions/amendments in respect of:-

- Identification/removal of risk
- De-escalation/escalation of risk
- Existing controls

- Internal and external assurances
- Gaps in controls and assurances
- Action being taken forward

The Governance Committee is currently in the process of approving the substantive review as at 31 March 2019 for onward referral to the Board for noting at its meeting in June 2019.

Stakeholder Risk

Serious Adverse Incidents (SAIs)

The HSCB continues to implement the procedure for the reporting and follow up of SAIs, which was revised and issued to the HSC sector in October 2016. Refer to Section 4.1 of the Performance Analysis section of the Annual Report.

Complaints

The HSCB has oversight of all HSC complaints and is responsible for the monitoring of complaints and processes and for the identification and dissemination of learning from complaints (refer to 4.1 of the Performance Analysis section of the Annual Report).

Emergency Preparedness

Each HSC organisation is required to have in place detailed emergency preparedness plans which are reviewed annually and which are part of an annual programme of testing and validating. The Joint HSCB/PHA and BSO Emergency Preparedness Plan has been developed since 2009/10 and has been reviewed, tested (or activated) and updated on an annual basis.

An Annual Report provides an update on HSC Emergency Preparedness is prepared by the PHA/HSCB and BSO each year and submitted to the DOH.

The Joint Emergency Preparedness (JEP) Board is chaired jointly by the Director of Public Health (PHA) and the Interim Director of Performance and Service Improvement. This JEP Board oversees the wider HSC preparedness and co-ordination of planning for major events and preparation for adverse events (refer to 5.3 of the Performance Analysis section).

Fraud

The HSCB takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and

Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation.

Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

5. Information Risk

The identification and management of information risks is a key element of the HSCB's overall Information Governance Framework. Structures, policies, procedures and guidance have all been developed and implemented to facilitate the identification, management, monitoring and where necessary the escalation of information risks.

Structures include the roles of Senior Information Risk Owner, Data Protection Officer, Personal Data Guardian, Information Asset Owners and Administrators all of which are supported by the HSCB's Information Governance Team. Escalation and de-escalation of information risks is facilitated via a range of fora across all levels of the organisation. Examples include the Records Management Working Group, Information Governance Steering Group, Senior Management Team and the HSCB Governance Committee.

2018/19 saw continued maintenance and update of the HSCB Information Asset Register. Data flow analysis and risk assessments were completed and reviewed as necessary for all information assets. Treatment plans were produced to highlight and address any identified risks. Identified actions were agreed with Information Asset Owners who in turn provided assurance to the Senior Information Risk Owner on progress. During 2018/19 preparations continued for the introduction of the General Data Protection Regulations (GDPR) / Data Protection Act 2018 on 25 May 2018; an action plan was developed and HSCB staff participated both internally and regionally in a range of working groups to address those actions. Staff also completed relevant training.

The HSCB deploys a number of mandatory Information Governance e-learning training programmes to staff. The programmes, developed regionally by HSC staff, are formally updated every three years with less formal awareness updates issued annually. Completion rates are actively monitored and as at 31st March 2019, 83% of staff had completed the Records Management programme, 85%

had completed the IT Security programme, and 83% had completed the Data Protection programme. These figures are reported to the HSCB Senior Management Team and Governance Committee as Key Performance Indicators (KPIs).

The Accounting Officer and Board received assurances on information risk via formal reporting mechanisms. The Information Governance Steering Group, chaired by the Senior Information Risk Owner, met quarterly with updates provided as necessary at each meeting. Reports to the HSCB Governance Committee were provided from the Senior Information Risk Owner who attends both groups. Further assurances were sought via Internal Audit with an Information Management audit being completed in February 2018 showing a Satisfactory level of assurance.

6. Public Stakeholder Involvement

The HSCB, working collaboratively with the PHA, recognises that Personal and Public Involvement (PPI) is core to the effective and efficient commissioning, design, delivery and evaluation of HSC services. PPI is the active and meaningful involvement of service users, carers and the public in those processes. All commissioning teams and Local Commissioning Groups actively consider PPI in all aspects of their work, ensuring that the input of service users and carers underpins the identification of commissioning priorities and in the development of service models and service planning, and in the evaluation and monitoring of service changes or improvements.

The HSCB funds a service, currently provided by a community and voluntary sector provider, to support the voices of children and young people with disability. This service provides input both to the HSCB and Children and Young People's Strategic Partnership to ensure the duties in respect of the United Nations Convention on the Rights of the Child and the United Nations Convention on the Rights of Persons with Disabilities are complied with in terms of the child's wishes and views being included in areas of impact. The HSCB also ran a series of engagement events to support the development of a new model of domiciliary care/care and support at home. These events were attended by service users, their carers, families, advocates and front line staff. In addition, Age NI was commissioned to conduct face-to-face interviews with service users and a telephone survey was conducted with those people who were unable to attend a focus group.

7. Assurance

Assurance Framework

As part of the overarching Governance Framework, the HSCB has in place an Assurance Framework (the Framework).

The Framework has been compiled in conjunction with all Directorates and provides the systematic assurances required by the Board of Directors on the effectiveness of the system of internal control, by highlighting the reporting and monitoring mechanisms that are necessary to ensure the achievement of corporate objectives and the commissioning and delivery of high quality health and social care.

The Framework is reviewed annually by the Governance Committee and provides a clear, concise structure for reporting key information to the Board, Committees of the Board, SMT and other groups/forums. It also identifies which of the organisation's objectives are at risk because of any inadequacies in the operation of controls, or where the Board has insufficient assurance about them. In conjunction with the Board's Corporate Risk Register and Corporate and Commissioning Plans it also provides structured assurance about how risks are managed effectively to deliver agreed objectives.

The Assurance Framework is reviewed on an annual basis, the most recent review carried out in consultation with directorate governance leads as at 31 March 2019. This review also took account of any additional assurances highlighted by directorate governance leads which were required to be added to the framework in light of the DoH decision to cease Controls Assurance Standards. The Assurance Framework will be approved by the Governance Committee at its meeting on 6 June 2019.

Quality of Board Papers

Section 3.4 of the Governance Self-Assessment tool refers to the 'Quality of Board papers and timeliness of information'. Board members gave this a 'green' rating and indicated their satisfaction with the information received quoting evidence to support as follows:-

- Documented information requirements (standing agenda items).
- Evidence of challenge e.g. from Board minutes.
- Board Meeting timetable.
- Process for submitting and issuing Board papers.
- Content of Board papers.
- Data quality updates (performance reports).

Delegated Statutory Functions

Trusts submit an annual monitoring report on the delivery of statutory functions with a mid-year return on Corporate Parenting. This is analysed by HSCB and an overview report on findings was considered by the Board at its meeting on 13 September 2018 and submitted to DoH. Trusts have developed action plans where remedial action was required. The quality of supporting data has continued to improve and together with regular monitoring meetings, ensures that this area is kept under constant review.

8. Sources of Independent Assurance

The HSCB obtains independent assurance from the following sources:-

- Internal Audit
- Regulation and Quality Improvement Authority (RQIA)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

In addition, the HSCB receives an opinion on regularity from the External Auditor in the Report to Those Charged with Governance.

Internal Audit

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

In 2018/19 Internal Audit performed the following audit assignments, with overall levels of assurance given as shown:-

- Compliance with DoH Permanent Secretary's Instructions Regarding Travel – Satisfactory;
- Management of Contracts with the Community and Voluntary Sector – Satisfactory;
- General Ophthalmic Services – Satisfactory;
- General Pharmaceutical Services – Satisfactory;
- Risk Management – Satisfactory;
- Integrated Care Partnerships – Limited;
- Governance, pending closure of HSCB – Satisfactory;
- GP Federations – Limited;
- Financial Review – Satisfactory;
- eHealth Cyber Security – Limited;
- Social Care and Children Directorate Risk Audit – Satisfactory for Management of Statutory Functions, Limited for Directorate Governance Arrangements; and
- Assurance Process post Controls Assurance Standards – not applicable.

In the Annual Report, the Internal Auditor reported that there is a satisfactory system of internal control designed to meet the HSCB's objectives. However, there were 6 Priority 1 findings and recommendations identified within the eHealth Cyber Security audit carried out during 2018/19. Management regularly review and are working towards the implementation of all recommendations made by Internal Audit.

Regulation Quality Improvement Authority (RQIA)

The HSCB/PHA has a system in place via the Safety and Quality Alerts Team (SQAT) to provide the appropriate assurance mechanism that all HSCB/PHA actions contained within RQIA reports are implemented.

This system of assurance takes the form of a six monthly report which details the progress on implementation of RQIA recommendations. The report for the period ending 30 June 2018 was approved by SMT on 18 September 2018 and noted at Governance Committee on 27 September 2018.

The most recent six monthly report on progress for the period ending 30 December 2018 was approved by the Governance Committee on 6 June 2019.

National Confidential Enquiry into Patient Outcome and Death Reports

A system is in place for the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reports whereby all NCEPOD reports are considered by the HSCB/PHA Safety and Quality Alerts Team (SQAT) to review the reports and confirm the relevant Director/Lead and any actions required through SQAT, other existing structures, or bespoke Task and Finish Groups.

This system of assurance takes the form of a six monthly report which details the progress on implementation of NCEPOD recommendations. The report on progress for the period ending 30 September 2018 was approved by SMT on 18 September 2017 and noted at the Governance Committee at its meeting on 7 February 2019.

The most recent six monthly report on progress for the period ending 31 March 2019 and will be approved by the Governance Committee at its meeting June 2019.

External Audit

For the year ended 31 March 2018, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity opinion of the HSCB's accounts. A Report to Those Charged with Governance on additional matters did not identify any priority 1 or 2 issues.

9. Review of Effectiveness of the System of Internal Governance

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

10. Internal Governance Divergences

(a) Update on prior year control issues which have now been resolved and are no longer considered to be control issues

Lakewood Secure Care Centre

Lakewood Secure Care Centre had been experiencing challenges in service delivery due to reductions in staff available to fill rotas, largely due to levels of sickness in the core team. The increased reliance on agency staff was not conducive to continuity of care.

The HSCB and HSC Trusts worked together to support the Centre and agreed a number of measures to mitigate the risks. Secure beds were managed on a regional basis and staffing issues were addressed. The Lakewood facility is also part of the review of Regional Facilities for Children and Young People which will provide a focus for redesign of services to more accurately meet identified need.

Leases

Following the NIAO identification of irregular spend in November 2017, controls were put in place to ensure timely approval of leases. As at mid-May 2018, a business case for the renewal of a lease for office accommodation in County Hall, Ballymena for the period 1 October 2017 to 30 September 2020 remained under consideration by the Department of Finance (DoF). However, DoF provided holdover approval which ensured HSCB did not incur irregular spend whilst the business case remained under consideration.

On 3 July 2018, DoH advised that DoF was content to convey approval of the final version of the business case for the renewal of a lease for office accommodation in County Hall, Ballymena of the period 1 October 2017 to 30 September 2020.

(b) An update on prior year control issues which continue to be considered control Issues

Quality, Quantity and Financial Controls

This issue reflects the continued and increasing difficulty faced by the HSCB in fully commissioning and supporting levels of health and social care services provided to the population of Northern Ireland by Health and Social Care Trusts, providers of Primary Care services and other independent health and social care providers within available resources.

Health and Social Care in Northern Ireland continued to face very significant financial challenges during 2018/19. The HSCB worked closely and proactively with all Trusts and the DoH throughout the year in order to address the difficulties faced. This collaborative approach enabled the HSC system to achieve financial breakeven for the 2018/19 year.

In the continuing absence of an Executive and a sitting Assembly, the Northern Ireland Budget Act 2018 was progressed through Westminster, receiving Royal Assent on 20 July 2018, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2019 which received Royal Assent on 15 March 2019. The authorisations, appropriations and limits in these Acts provide the authority for the 2018/19 financial year and a vote on account for the early months of the 2019/20 financial year as if they were Acts of the Northern Ireland Assembly.

Whilst an overall breakeven financial position in the year to 31 March 2019 was achieved, this was only possible as a result of additional in-year funding from DoF. The significant budgetary challenges continue into 2019/20.

The Secretary of State announced the 2019/20 Budget for NI Departments on 28 February 2019. The 2019/20 Budget outcome has provided a measure of protection for Health. Additional revenue funding and flexibilities has provided a total increase of 3.8% for the Department of Health against actual comparable funding levels in 2018/19. However, this falls short of the funding requirement to maintain existing services. Extensive budget planning work is therefore on-going between the Trusts, HSCB and DoH in order to achieve a 2019/20 financial plan, however, a significant funding gap is currently forecast. The HSCB remains committed to working with the DoH and Trusts in seeking to find solutions to enable it to live within its budget.

Western Trust Financial Support

During 2018/19, the financial difficulties within the Western Health and Social Care Trust seen in previous years, continued. Despite significant additional non-recurrent financial support in-year, DoH has been required to approve a control total of £24.4m for the Trust, the consequence being that financial balance will not be achieved for 2018/19. Whilst a number of HSC Trusts have continued to require significant interventions and additional assistance in 2018/19, the level provided to the Western Trust for the fifth consecutive year remains above that provided to other Trusts. DoH has approved that the Trust now enter into a three year financial recovery process and HSCB will continue to work with the Trust and DoH in relation to improving the Trust's financial position and performance.

Business Services Transformation Project/Shared Services (Payroll)

The audit assignment finalised in March 2017 on Payroll Shared Services resulted in an unacceptable level of assurance being received from the Internal Auditor. While the issues raised in this audit report had less impact on the HSCB than some other HSC organisations, it was of some concern that progress on issues identified previously had not been made. As a result of this Payroll audit, an action plan was developed by BSO to attempt to address the control and system stability issues identified. Internal Audit subsequently provided limited assurance in the 2017/18 audits of Payroll Shared Services and have continued to provide this level of assurance up to the present. Limited assurance has been provided on the basis that the majority of previously agreed outstanding recommendations have not been fully implemented. A number of key functions have not yet stabilised and significant control issues remain.

Health Visiting

The Department of Health Healthy Child, Healthy Future (2010-2015) Child Health Promotion Programme (CHPP) requires universal health visitor contacts to be offered to all families with pre-school children. As a result of significant workforce pressures the child health promotion programme was not being fully delivered. Decrease in CHPP delivery creates risk to children and families from a prevention and early intervention perspective, as well as placing undue pressure on other services such as Primary Care Teams, Paediatrics, Emergency Departments, Allied Health Professionals and Social Services.

Investment has resulted in the regional health visiting workforce increasing from 362.2 Whole Time Equivalent (WTE) to 397.5 WTE resulting in an average WTE caseload of 250 preschool children. The PHA continues to work closely with the DoH, HSCB and Trusts to increase health visiting capacity and compliance with the child health promotion programme. Phase 4 Delivery Care (health visiting)

has been completed and the proposed workforce model accepted by DoH. Further investment is required.

Regular workforce updates from Trusts continue to be analysed. The funded vacancy rate at 31 January 2019 has increased to 34 WTE. All student health visitors who graduated in September 2018 have been provided with permanent contracts. Due to nursing workforce pressures and demands on the nursing education commissioning budget the number of student health visitors available is less than is needed. An additional part time Health Visiting course commenced in January 2019 providing an additional 19 students who will complete the two year course.

Compliance with the Child Health Programme per Trust and regionally continues to be measured on a three monthly basis using regionally agreed Indicator of Performance tolerances. Improvements have been made in compliance with the earlier contacts (ante-natal to 1 year old) but there remains significant under compliance with the older contacts (2-4 years) with a number of children missing out on consecutive contacts. The PHA continues to work with DoH and Trusts to support compliance with the delivery of the Child Health Promotion Programme.

GP Out of Hours (OOH) Services

GP OOH Services remain under considerable pressure as a consequence of difficulties in filling clinical shifts. Also a general shortage of GPs in Northern Ireland is leading to medical workforce recruitment and retention issues. The causes are multifactorial and include busier and more complex daytime general practice, together with shifting attitudes in relation to work life balance. It should be noted that recent pension changes have also had an adverse impact on the OOH GP workforce.

It remains the case that not all OOH providers are meeting KPI standards set out in the service specification. Concerns relate to the 20 minute and 1 hour triage targets, particularly during busy times such as weekends and public holidays.

From 1 January to 31 December 2018, 89% of urgent calls have been responded to within 20 minutes and 74% of routine calls have been responded to within 1 hour. Patient satisfaction remains high.

On occasion, OOH bases must be closed when insufficient staff are available. The high demand for the service at peak times such as weekends and public holidays coupled with the lack of medical capacity has led to significant delays particularly in some areas of Northern Ireland, thereby increasing clinical risk.

A range of actions required to improve performance has been identified. There is a need to update and agree a regional GP pay structure for Out of Hours provision. Two business cases were submitted to the Department of Health (DOH) in September 2018 and await approval.

Similar to 2016/17 and 2017/18, the HSCB made available £1.7million in 2018/19 to OOH providers to enable them to pay an incentive to GPs. The HSCB also made available £500k to fund OOH Local Enhanced Services (LESs) in 2018/19. These enhanced services will be evaluated in terms of the volume of additional GP hours or sessions secured at the end of March 2019 and revised, as appropriate, on the basis of outcomes.

In November 2018, the HSCB allocated £750k to support OOH providers in meeting the increased demands on the service during the busy winter period. This was followed by a further 'Winter Pressures' allocation of £415k in February 2019.

Following the Review of GP Led Services in March 2016, 11 recommendations were made in relation to the provision of an effective OOH service. The HSCB continues to steer the implementation of these actions.

In addition, GP OOH has been reviewed by the Regulation and Quality Improvement Authority (RQIA) and its report is due in the near future.

Service and Budget Agreements

Service and Budget Agreements (SBAs) have been issued to all Trusts in February 2019. The HSCB recognises that SBAs should ideally be issued as early in the year as possible. The HSCB is committed to issuing SBAs earlier in the 2019/20 financial year, but notes these can only be issued following completion and approval of Trust Delivery Plans which will similarly need to be earlier in the year.

GP Workforce

A shortage of GPs has continued to impact on service delivery in year including the level of supply of sessional doctors available to provide day time locum sessions in practices and on some practices experiencing difficulties recruiting new partners. GP OOH providers have also continued to report difficulty in filling shifts.

In response to workforce capacity concerns, the number of WTE GP training places has been increased from 65 (which had been the intake for several years until 2015-16) to 85 in 2016-17, 95 in 2017/18 and 111 per year in 2018/19.

There are currently a total of 301 trainees. In 2016/17, 48 new GPs qualified and this increased to 57 in 2017/18. The number for 2018/19 was not available at the time of writing.

A GP Retainer Scheme with 25 places was developed and introduced in 2016 to support the retention of qualified GPs by providing a two year programme of stable work in general practice. In addition to this, a further 25 places were made available in 2018/19. These GP Retainers are attached to a practice and also commit to a number of Out of Hours clinical sessions and to a mandatory Continuing Professional Development (CPD) programme.

A further development in late 2018/19 was the launch of a GP Retention Scheme with an additional 25 places targeted specifically at doctors who may be considering retirement, leaving general practice or reducing their current sessional commitment. The scheme operates in the same way as the GP Retainer Scheme.

As noted above, growth in the GP workforce has not kept pace with rising patient demand in recent years and there are significant signs that the speciality is under considerable and growing pressure. Locally, anecdotal evidence suggests that recently trained GPs are leaving general practice to return to work in staff grade posts in Trusts or to work abroad. Additionally, there is a need to encourage younger GPs locally to undertake partnership roles in practices to ensure 'future proofing' of services to patients.

There is a body of evidence to demonstrate that the mentoring of practitioners improves both retention and performance. Consequently in 2018/19 the HSCB commissioned NIMDTA to develop and pilot The Northern Ireland General Practitioner Mentoring Scheme. The three year Scheme is intended to help practising GPs who need some mentoring support and address challenges they are facing. All of the mentors in the scheme are GPs and trained GP appraisers with a broad range of experience.

Intended benefits from the Scheme include:-

- Development of a mentoring scheme for GPs to enable professional peer support to be offered to GPs who request it.
- Development of a supportive environment for GPs should help those GPs under pressure to find ways of managing the pressures in their working lives and encourage them to remain in the workforce in NI.
- It is expected that supporting GPs through mentoring will have an ongoing positive impact on GP retention and recruitment in NI.

Benefits to GPs of engagement with mentoring include:-

- Improved performance.
- Improved ability to work within teams within the sphere of their practice and across wider primary and secondary care interfaces.
- Improved focus and self-awareness.
- Improved motivation and ability to relate to others (London Deanery, 2010).

Finally, the HSCB has sought to mitigate the GP workforce issue at an operational level by providing additional funding to general practices to increase staff capacity, such as funding additional sessions for nurses and counsellors and the continuing roll out of practice based pharmacist posts.

For further information see Key Issues and Risks (1.2), and Section 1.5 of the Performance Analysis.

Child Sexual Exploitation (CSE)

The HSCB continues, through the Trusts, to respond to concerns about CSE under the Protocol for Joint Investigation in conjunction with the Police Service of Northern Ireland (PSNI).

The HSCB continues to meet with the PSNI and Trusts at both local and regional levels to coordinate responses to CSE. The assessment/screening tool was updated and reissued to Trusts and PSNI in 2016. Additional investment from the HSCB has enabled the appointment on a permanent basis of a CSE Lead (Senior Practitioner) in each Trust. The CSE Leads are co-located in the PSNI Public Protection Units, on a part-time basis.

The HSCB has procured from a non-statutory provider an ongoing therapeutic support service to young people that are particularly vulnerable to CSE. Separate arrangements have procured training for Trust staff in relation to CSE.

The HSCB and the PSNI continue to monitor and refine the missing person's guidance and improve preventative strategies and responses. An action plan has been implemented and a number of key areas are being progressed to address the joint PSNI/HSC action plan on missing children. Data collection systems assist in promoting our understanding and identifying emerging trends and issues. Voice of Young People in Care (VOYPIC) also continues to engage young people directly to ensure that their views are considered and taken into account.

The DoH has stood down the response team which reviewed the Marshall Action Plan as the recommendations have been addressed and associated costings where available have been identified.

The Safeguarding Board for Northern Ireland (SBNI) reported on its Thematic Review in December 2015 and the HSCB/Trusts completed a follow up audit in November 2016. The SBNI reviewed both the PSNI and HSC reports. The SBNI intend to complete a follow up audit later this year.

Domiciliary Care/Independent Home Care

Establishing a sustainable service that can achieve the necessary capacity across the region in terms of workforce and volumes of domiciliary care service delivered, remains extremely challenging. All Trusts report some level of difficulty in achieving timely access to domiciliary care. Such difficulties can vary between individual Trust localities and may be most keenly experienced in terms of Winter Pressures and support for timely discharge from the acute sector to the community.

The HSCB leads on the development of a revised model for domiciliary care/care and support at home that will be sustainable, affordable, flexible, outcome-focussed and meet wider strategic objectives. It has provided Trusts with Transformational Fund monies to support this change process and is in the process of completing an outline business case with e-Health colleagues for an electronic system that will mark a movement to real-time ‘live’ monitoring of care at home and improve use of existing resources.

Providers continue to make representations to Trusts and the HSCB for enhancements to the hourly rate paid for care, with recruitment/retention difficulties, Living Wage costs and other inflationary pressures being central to these discussions. Using Transformational Fund monies, the HSCB has facilitated a dynamic systems modelling approach to analyse the relationship between any changes to the domiciliary/care and support at home model and the rest of the health and social care system. This has included consideration of the cost of care services and will contribute to the evidence base for decisions in relation to the reform of adult social care.

The HSCB has also deployed Transformational Fund monies to enhance the training provided by the social care workforce, including the management of dysphasia; continence; medicines management and supervisory skills/leadership of front line staff.

Sector stability is monitored via regular, scheduled meetings with Trusts and other providers. The issue remains on the HSCB Corporate Risk Register and is an agenda item at Delegated Statutory Function meetings with Trusts.

For further information see Key Issues and Risks and Section 2.2 of the Performance Analysis.

HSCB Business Continuity

The closure of the Health and Social Care Board was confirmed as a priority by the then Minister in October 2016 when launching 'Health and Wellbeing 2026 - Delivering Together' and there continues to be a risk to the ability of the HSCB to deliver its statutory, mandatory and business planning requirements. When the HSCB closes, the majority of its functions will move to DoH. HSCB staff are actively involved in a number of Design Groups to plan for the transition and implementation of the future operating model, by the anticipated dissolution date of 31 March 2021. See the Chair's Report and Chief Executive's Overview, and also Key Issues and Risks section.

The DoH has produced, in line with Orange Book guidance, a report of the 'Risk Assessment of the Transition Period to the Closure of the HSCB' which sets out potential risks in a period of considerable change and transition. The report also includes recommended actions to effectively mitigate these risks which HSCB staff are starting to implement, working in partnership across the impacted organisations.

Currently, the HSCB has put in place the following controls:-

- Chief Executive is a member of the Oversight Board participation in the Oversight Group established to provide strategic oversight and leadership to the closure of the HSCB.
- Director of Finance/Deputy Chief Executive is member of a Design Advisory Team which provides oversight, co-ordination and challenge to the work of the Design Groups.
- HSCB staff participation in Design Groups, which cover the 8 key functional areas of the HSCB and are jointly chaired by HSCB and DoH colleagues.
- Director of Finance/Deputy Chief Executive and interim Director of Performance and Service Improvement participation in Closure of HSCB Staff Side Forum which is jointly chaired by Staff Side.
- Active and ongoing consideration of business priorities within SMT and with DoH colleagues as issues arise.
- Regular updates to staff when information is available.
- Regular review of key duties as staff leave the HSCB.
- A corporate approach to recruitment, retention and VES.

Other associated issues which have been identified and will require careful management include the potential loss of the HSCB's corporate memory and knowledge during the period of transition. To ensure this risk is appropriately addressed, a number of actions have been identified and included in the Information Governance Action Plan for 2018/19 and are expected to carry forward into the 2019/20 Action Plan.

Prescribing Efficiency Targets

Over successive years, significant attention has been paid to the costs of medicines supplied in primary care with the following efficiencies delivered:

- 2016/17 - £23m delivered
- 2017/18 - £17m delivered

In 2018/19, another substantial target of £32m was proposed by DoH. It is expected that £8m of efficiencies will be delivered through a range of projects with the shortfall being made up through the reduction of prices and other actions which will reduce volume. With the range of actions currently underway, it is now expected that the primary care prescribing budget will break-even.

The HSCB will continue to work closely with the DoH, Trusts and other key stakeholders in order to make the most effective use of the available budget without impacting patient care.

For further information see Section 2.4 of the Performance Analysis.

Supported Housing

The Northern Ireland Housing Executive (NIHE) budget pressures have resulted in the capping of revenue funding (Supporting People Funding), thereby limiting the capacity to jointly plan and develop new supported housing schemes with HSC organisations. NIHE has removed all supported housing schemes for HSC client groups from their capital development plans for 2017/18 and beyond, unless they already have committed funding. This will limit the capacity of HSC organisations to develop appropriate housing options for vulnerable client groups. It is likely to impact negatively on the ability to discharge people with additional needs from hospital to appropriate community settings, and avoid inappropriate admissions to hospital.

Acute Service Continuity

There are currently challenges in maintaining services at some smaller acute hospital sites, primarily related to levels of hospital consultant, staff grade and junior doctor vacancies with a corresponding over-reliance on locum doctors. The HSCB will continue to work with Trusts and other key stakeholders to identify and, as far as possible, mitigate potential risks to service continuity.

In the development of a proposed model to meet the unscheduled care needs of the Newry and Mourne area the Daisy Hill Pathfinder Group completed a population health needs assessment for the area and work is progressing with the implementation of recommendations of the Group. The DoH Transformation Implementation Group (TIG) subsequently indicated its intention to take forward completion of population health needs assessments across the region as part of the broader considerations on the future of urgent and emergency care.

For further information see Section 1.2 and the Southern LCG Section at 1.5 of the Performance Analysis.

Cyber Security

The eHealth programme, through the HSC Information Security Forum, had commissioned BSO to undertake a cybersecurity scoping review prior to the attack in the NHS (see Internal Audit - Section 8 of the Governance Statement for further details). In light of that attack, DoH requested that BSO identify immediate action required, in addition to developing a medium and long term plan for review by the eHealth programme. A Capital Resource Limit of £950,000 was provided in 2017/18 to the BSO to implement urgent actions to mitigate the risk of cyber security threats impacting on HSC services.

A risk has been added and updated on the HSCB corporate risk register outlining the response to the threat of cyber-attacks on the HSC network leading to potential loss of access to systems for a sustained period and/or the potential loss of data. A review of existing business continuity plans is underway to ensure they reflect the nature of the potential threat. This includes the review of incident management processes, and the development of additional guidance to ensure clarity on the operation of existing business continuity arrangements in the event of a cyber-attack with potential or actual impact on the HSC. Internal Audit is continuing ICT audits based around the National Cyber Security Centre (NCSC) “10 Steps to Cyber Security”. The recommendations and outcomes of the audits across HSC organisations are being incorporated into the Cyber Security work programme and plans.

In January 2019, the Cyber Security Programme reported the following update to the eHealth and Care Strategic Board. Key achievements to date:-

1. Emergency Cyber Security Outline Business Case (OBC) has been approved by Department of Health (DoH).
2. BSO Cyber Security Programme Manager has been recruited and is in post.
3. DXC ISO 27001 Gap Analysis has been completed and is being used to inform a Regional Cyber Security Business Case.
4. £440k recurring revenue has been identified for Trusts to improve Patching Compliance on receipt and approval of Business Case.
5. Interim 24/7 Out of Hours Business Case is currently being developed.
6. Draft HSC Cyber Incident Response Plan developed. This outlines the relationship between individual organisations and the escalation process and link to Silver Command.

Plans for next period:-

1. Review current Governance Structures and clarify local and regional roles and responsibilities for Cyber Security Programme.
2. Endorse and test HSC Cyber Incident Response.
3. Regional Patch Compliance reporting mechanism to be finalised and implemented (linked to point 4 above).
4. DXC report findings, risks and recommendations are available to further inform the Cyber Security Programme Board on the next steps.

Integrated Care Partnerships (ICPs)

Work has continued to support Integrated Care Partnerships (ICPs) in 2018/19. In May 2018, confirmation was received that funding would be made available for ICPs until end March 2019, but with a 16% budget reduction. Funding has recently been extended by SMT to 30 September 2019. The iterative nature of funding is having an adverse impact on retention and recruitment of ICP support staff with staff in post now at 54 percent of original funded capacity. The DoH has confirmed ongoing support for ICPs as extant policy direction.

Following a discussion at the Transformation Implementation Group on 10 January 2018, a paper outlining a work plan was submitted to TIG on 9 May 2018. Monthly meetings are now being held with DoH Transformation leads to discuss progress.

An internal audit of ICPs published in January 2019 identified two areas of concern, one regarding performance management and one regarding governance. The recommendations made by Internal Audit were accepted with

the caveat that the uncertainty around funding will impact on the work to address these findings going forward.

An ICP Transition Leadership Group, chaired by Dr Tony Stevens, has been established to support the ongoing development of ICPs and to ensure that appropriate governance arrangements, including strategic direction, are in place.

The Director of Integrated Care has continued to provide assurance to SMT on the operation of ICPs. Local Commissioning Groups (LCGs) continue to hold ICPs to account for any local services commissioned in line with the Local Accountability Agreement and quarterly monitoring reports which are submitted to each LCG.

For further information see Section 1.3 in the Performance Analysis.

Instability in Independent Care Home Market

All nursing homes and most residential homes are owned and managed by independent providers. A small but significant number of small businesses are closing due to retirement of the owner/manager. Larger companies continue to seek cost efficiencies and the reduction of costs through consolidation of their estate and withdrawing from areas where profits are deemed to be low or reducing.

Nursing homes in particular are finding it difficult to recruit and retain appropriately qualified staff to deliver the required level of care and leadership within homes. There is an emerging trend of home owners seeking to change their registration status from nursing to residential care in an effort to manage this challenge.

The HSCB continues to:-

- Host regular meetings with HSC Trusts to share information and access the state of provision on a regional basis.
- Support HSC Trusts where local contingency plans have to implemented on the occasion of the re-registration or closure of a home and make sure any regional learning is identified and shared.
- Develop a regional process to provide regular updates on bed availability. This includes the testing of a “real time” system to access information from the HSC Trusts.
- Meet regularly with the independent sector to better understand the pressure affecting the market that could impact on market instability, including sector cost pressures.

- Monitor any relevant Failure to Comply Notices issued by the regulator, to identify trends and manage risks.
- Take forward any relevant actions arising from the recent Commissioner for Older People's 'Home Truths' report regarding service failures at Dunmurry Manor Care Home to ensure public confidence in the quality and safety of the sector.
- Plan for a regional response in the event of a serious or catastrophic failure within the sector.

In addition, the PHA has recently commenced a review of nursing levels within independent care homes.

For further information see Key Issues and Risks Section 3.2 and Section 2.2 of the Performance Analysis.

EU Exit

The impact of any changes to regulations as a result of the planned EU exit is still not defined. A key potential negative impact remains around the recruitment and retention of staff for whom there is uncertainty regarding their legal status post-EU exit pending agreement of EU exit arrangements.

HSCB will work closely with DoH and other HSC bodies to determine potential impacts and to agree requirements for strengthening of business continuity arrangements. In particular, the HSCB is actively scoping the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the DoH. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

The HSCB continues to co-operate with preparations for EU Exit under the direction of the Department of Health.

For further information see Section 5.3 of the Performance Analysis.

Neurology Call Back

The HSCB and PHA continue to liaise with the Trusts and Independent Sector providers through the Regional Co-Ordination Group for the Neurology Recall to co-ordinate the work necessary to complete the recall process. Phase 1 of the recall process has been completed and a report on activity and outcomes will be completed by the end of June 2019. Phase 2 of the recall is expected to be completed in Summer 2019. The timescale for the issue of a report on the outcomes of Phase 2 has yet to be confirmed.

The Regional Co-Ordination Group will ensure that a consistent approach is taken both during the review and reporting of outcomes to enable patients to be assessed and receive appropriate treatment and care where it is required.

The DoH has established an independent inquiry panel to examine how concerns about an individual clinician are communicated and responded to. The DoH has also directed RQIA to undertake an expert review of the records of deceased patients under the care of the clinician in question, whose deaths occurred over the past ten years.

Furthermore, the DoH has requested the RQIA to undertake a review of the governance of outpatient services in the Belfast Trust with a particular focus on neurology services, and HSCB are participating in this review.

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

Delivery of Transformational Programmes including Multi-Disciplinary Teams

Primary Care is experiencing pressures and demands which impact on the ongoing delivery of services, a result of increases in population, long term chronic illnesses and greater clinical complexity, patient expectations and a shortage of GPs. Transformational funding has been provided for investment into primary care with the aim of trying to address these increased demands and improve the way that services will be delivered in future.

Funding was allocated in the current financial year for a number of Transformational Programmes, with a key programme being the development of Multi-Disciplinary Teams (MDTs). Funding was allocated for this development in 2018/19. Three pilot sites have been approved and the funding has been used to employ physiotherapists, social workers, mental health practitioners and increased number of district nurses and health visitors. These programmes are being delivered by GP Federations and Trusts working together. Programme Boards have been set up for the pilot sites including representation from DoH, HSCB, Trust and GP Federations. These Programme Boards have responsibility for overseeing the implementation of MDTs and to ensure that appropriate governance arrangements are in place. The funding was allocated on a capitation basis and will be monitored on a regular basis. Funding has also been allocated for training, specialist support and evaluations.

In addition, as part of the Transformation Programme, funding has been allocated for other schemes, for example Advanced Nurse Practitioner schemes, development of paramedic support, further support for the Practice Based

Pharmacy scheme, together with a number of Pharmacy and Dental schemes. Pharmacy schemes include Pharmacy First, Living Well, Safer Community Pharmacies, Improving Medicines Safety and Connection to HSC Network. Dental schemes include Oral Health surgery, Fluoride Varnish programmes and training for General Dental Practitioners.

The risks around taking forward these programmes include a potential lack of suitably qualified staff, insufficient interest in training programmes, together with the knock on effects on other parts of the service, and the availability of suitable accommodation in GP Practices. The HSCB is working with all interested parties (DoH, PHA, Trusts, NIGPC, and Universities etc.) to take forward the various programmes.

For further information see Section 1.2 and 1.3 of the Performance Analysis.

Confidence and Supply Funding – Business Case Approval Process

A condition of the Confidence and Supply funding provided to each HSC organisation was approval of each business case by the organisation's Senior Management Team/Director and then HSCB approval by 31 March 2019. Of the total 400 schemes that were funded, 370 had been approved by both the organisation's senior management team and HSCB by 31 March. Of the remaining 30 schemes (5 of which were allocations received post 31st March), 5 had not had their business case approved by the Trust Senior management team (£866k) and the 30 (£2,083k) had not been approved by HSCB. With the exception of one of the schemes funded after 31st March, the outstanding schemes have all now been approved.

Insufficient Placements

- Foster Care: Trusts are struggling to meet the demand for foster care. A number of initiatives have been addressed and in particular marketing and recruitment strategies but these are unlikely to resolve the increased demand for placements in the immediate future.
- Children with a Disability: All Trusts continue to report significant pressures in regard to availability of placements for children with disability including complex health care needs who require longer term care arrangements. The HSCB convened a workshop to review the issues, however, the trend continues on an upward trajectory, not only in terms of prevalence of need but also in terms of impact on the outcomes for the young people involved but also in terms of significant financial pressures for Trusts with numbers of placements having to be outsourced to private providers or out of the jurisdiction placements.

Workforce Pressures

All Trusts report increased pressures in securing sufficient staffing levels in some areas of children's services which has been compounded by the additional posts identified within the transformation process, sick leave and other related Human Resources issues.

Muckamore Abbey Hospital

A number of serious adverse incident (SAI) reports from raising concerns about the care and treatment of adult in-patients with a learning disability led to a Level 3 Independent Review of the care and treatment of care and treatment at the Hospital under SAI procedures. Adult Safeguarding investigations were also commenced, and a police investigation is ongoing. A number of staff have been suspended pending disciplinary and criminal proceedings. Relevant referrals have been made to relevant professional/registering bodies.

Belfast Trust has developed and commenced work on actions to ensure the safety and wellbeing of patients. Health and Social Care Trusts, with patients in the hospital whose discharge is delayed, are accelerating work to identify and develop suitable community placements to enable discharge/resettlement. The HSCB has established and will chair a Directors' forum to oversee this work.

The HSCB is leading on work to review and modernise services for people with a learning disability. Assessment and Treatment for people with a learning disability experiencing mental health difficulties (currently treated in Learning Disability Hospitals) has been identified as an accelerated work stream of the review.

For further information see Section 3.3 of the Performance Analysis.

11. Conclusion

The HSCB has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI).

Further to considering the accountability framework within the HSCB and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the HSCB has operated a sound system of internal governance during the period 2018/19.

REMUNERATION AND STAFF REPORT

Remuneration Report

A Committee of Non-Executive Board members exists to advise the full Board on the remuneration and terms and conditions of service for Senior Executives employed by the Health and Social Care Board.

While the salary structure and the terms and conditions of service for Senior Executives is determined by the Department of Health (DoH), the Remuneration and Terms of Service Committee has a key role in assessing the performance of Senior Executives and, where permitted by DoH, agreeing the discretionary level of performance related pay.

DoH Circulars on the 2016/17, 2017/18 and 2018/19 Senior Executive pay awards had not been received by 31 March 2019. Any related payments, therefore have not been made to Executive Directors.

The 2015/16 Senior Executive's pay award was set out in DoH circular HSC(SE) 1/2016 and was paid in line with the Remuneration Committee's agreement on the classification of Executive Directors' performance, categorised against the standards of 'fully acceptable' or 'incomplete' as set out within the circular.

The salary, pension entitlement and the value of any taxable benefits in kind paid to both Executive and Non-Executive Directors is set out within this report. None of the Executive or Non-Executive Directors of the HSCB received any other bonus or performance related pay in 2018/19. It should be noted that Non-Executive Directors do not receive pensionable remuneration and therefore, there will be no entries in respect of pensions for Non-Executive members.

Non-Executive Directors are appointed by the DoH under the Public Appointments process and the duration of such contracts is normally for a term of 4 years initially with a possibility of extension.

Executive Directors are employed on a permanent contact unless otherwise stated in the following remuneration tables.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to current or past Senior Executives during 2018/19.

Membership of the Remuneration and Terms of Service Committee:

Dr Ian Clements - Chair
Dr Melissa McCullough – Non-Executive Director
Vacant – Non-Executive Director

The Committee is supported by the Director of Finance and the Director of Human Resources (BSO).

Senior Employees' Remuneration

The salary, pension entitlements, and the value of any taxable benefits in kind of the most senior members of the HSCB were as follows (it should be noted that there were no bonuses paid to any Director during 2018/19 or 2017/18):

Non Executive Members (Table Audited)

	2018/19				2017/18			
Name	**Salary £000s**	**Benefits in Kind (Rounded to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £000s**	**Salary £000s**	**Benefits in Kind (Rounded to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £000s**
Dr Ian Clements (*Chair*)	35-40	-	-	35-40	30-35	200	-	30-35
Mr Stephen Leach	10-15	-	-	10-15	5-10	-	-	5-10
Dr Melissa McCullough	10-15	-	-	10-15	5-10	-	-	5-10
Mr Robert Gilmore	10-15	100	-	10-15	5-10	100	-	5-10
Mr Brendan McKeever	10-15	-	-	10-15	5-10	100	-	5-10
Mr John Mone	10-15	-	-	10-15	5-10	200	-	5-10
Dr Robert Thompson (Leaver 30th Sep 2017)	-	-	-	-	0-5	-	-	0-5
Mrs Stephanie Lowry	10-15	-	-	10-15	5-10	-	-	5-10

Notes

Some non-executive members may have received benefits in kind below £50 – this will be rounded down to nil as specified in the 2nd column of the table above.

Circular HSC(F) 01-2019 entitled The Payment of Remuneration of Chairs and Non-Executive Members Determination (Northern Ireland) 2019 was issued in January 2019 which resulted in back dated remuneration to non-executive members.

Executive Members (Table Audited)

	2018/19				2017/18			
Name	**Salary £000s**	**Benefits in Kind (Rounded to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £000s**	**Salary £000s**	**Benefits in Kind (Rounded to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £000s**
Mrs Valerie Watts *Chief Executive*	155-160	200	32,000	185-190	155-160	100	41,000	195-200
Mrs Fionnuala McAndrew *Director of Social Care and Children* (Leaver 30th Apr 2018)	5-10 (90-95 FYE)	-	-	5-10	90-95	200	7,000	95-100
Mr Cecil Worthington *Acting Director of Social Care and Children* (Leaver 31st Jul 2018)	30-35 (90-95 FYE	-	-	30-35	25-30 (90-95 FYE)	-	-	25-30
Ms Marie Roulston *Director of Social Care and Children* (Starter 1st Aug 2018)	55-60 (80-85 FYE)	100	-	55-60	-	-	-	-
Mr Paul Cummings *Director of Finance / Deputy Chief Executive*	120-125	5,600	107,000	230-235	110-115	4,900	19,000	130-135
Dr Sloan Harper *Director of Integrated Care*	125-130	5,000	(14,000)	115-120	125-130	2,600	40,000	165-170
Mr Dean Sullivan *Director of Commissioning* (Leaver 31st Jul 2017)	-	-	-	-	35-40 (105-110 FYE)	200	-	35-40
Dr Miriam McCarthy *Director of Commissioning*	115-120	100	213,000	325-330	30-35 (100-105 FYE)	-	-	30-35
Mr Michael Bloomfield *Director of Performance and Corporate Services / Deputy Chief Executive* (Leaver 31st Mar 2018)	-	-	-	-	100-105	200	81,000	180-185
Mrs Lisa McWilliams *Interim Director of Performance Management & Service Improvement*	80-85	100	15,000	95-100	-	-	-	-
Mr Sean Donaghy *Director of eHealth and External Collaboration* (Leaver 14th Dec 2018)	85-90 (125-130 FYE)	-	-	85-90	125-130	200	7,000	130-135
Ms Louise McMahon *Director*	105-110	-	21,000	130-135	105-110	-	30,000	140-145

Pensions of Senior Management – Executive Members (Table Audited)

	2018/19				
Name	**Real increase in pension and related lump sum at age 60**	**Total accrued pension at age 60 and related lump sum**	**CETV at 31/03/18**	**CETV at 31/03/19**	**Real increase in CETV**
	£000s	**£000s**	**£000s**	**£000s**	**£000s**
Mrs Valerie Watts *Chief Executive* (1)+(2a)	2.5 - 5	15 - 20	231	301	41
Mr Paul Cummings *Director of Finance / Deputy Chief Executive*	5 - 7.5 plus lump sum of 15 - 17.5	50 - 55 plus lump sum of 160-165	984	1,231	123
Dr Sloan Harper *Director of Integrated Care*	0 - 2.5 plus lump sum of 0 - 2.5	55 - 60 plus lump sum of 175-180	1,254	1,407	5
Dr Miriam McCarthy *Director of Commissioning*	10 - 12.5	15 – 20	59	274	208
Mrs Lisa McWilliams *Interim Director of Performance Management & Service Improvement*	0 - 2.5	15 - 20 plus lump sum of 35 - 40	215	266	11
Ms Louise McMahon *Director* (2b)	0 - 2.5	20 - 25 plus lump sum of 15 - 20	380	461	23

Notes

(1) Since 17/10/16 the post holder has also been the Interim Chief Executive of the Public Health Agency and had dual responsibility for the HSCB and the Public Health Agency. All remuneration and pension information has been reported under the substantive post in the HSCB and referenced as such in the PHA report.

(2) CETV at 31/03/18 has been adjusted by Pensions branch, based on the current framework prescribed by the Institute and Faculty of Actuaries as follows:
(a) 162 to 231 (b) 407 to 380

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, plus the real increase in any lump sum, less the contributions made by the individual. The real increases exclude increases due to inflation or any increase decrease due to transfer of pension rights.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are a member's accrued benefits in 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 a member leaves the scheme and chooses to transfer their 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 the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC pension scheme. They also include any additional pension benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV – this reflects the increase in CETV effectively funded by the employer. It takes account of the increase of 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.

Pension contributions deducted from individual employees are dependent on the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

Fair Pay Disclosures (Table Audited)

The relationship between remuneration of the most highly paid director and the median remuneration of the workforce is set out below. There has been no significant change to the ratio when compared to 2017/18.

	2019	2018
Band of Highest Paid Director's Remuneration (band in £000s)	155-160	155-160
Median Total Remuneration (£)	34,062	35,224
Ratio	4.55	4.40

No employee received remuneration in excess of the highest paid director, and remuneration ranged from £3,744 to £155,000 in both years. The lowest salary relates to Local Commissioning Group (LCG) members.

Staff Report

Staff Costs Comprise (Table Audited):

	2019			2018
	Permanently employed staff	Others	Total	Total
	£000s	£000s	£000s	£000s
Wages and salaries	20,331	836	21,167	20,567
Social security costs	2,187	90	2,277	2,225
Other pension costs	3,058	126	3,184	3,126
Total staff costs reported in Statement of Comprehensive Expenditure	**25,576**	**1,052**	**26,628**	**25,918**
Less recoveries in respect of outward secondments			(527)	(411)
Total net costs			**26,101**	**25,507**

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

Average Number of Persons Employed (Table Audited)

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

	2019			2018
	Permanently employed staff	Others	Total	Total
Commissioning of Health and Social Care	452	26	**478**	**487**
Less average staff number relating to capitalised staff costs	-	-	**-**	**-**
Less average staff number in respect of outward secondments	(7)	-	**(7)**	**(6)**
Total net average number of persons employed	**445**	**26**	**471**	**481**

Staff Composition

At 31 March 2019 the HSCB's headcount is 491 employees which equates to 440.98 WTE. Of this figure, 435 are permanent staff members with 56 temporary staff. The ratio of female to male employees is 361 women to 130 men.

There were 80 senior staff who earn over £67k or would earn over £67k if they were 1.00 WTE, of these 36 are women and 44 men.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2019	2018	2019	2018	2019	2018
<£10,000	-	-	-	-	-	-
£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 by type	**0**	**0**	**4**	**1**	**4**	**1**
Total resource cost £000s	**£0**	**£0**	**£154**	**£222**	**£154**	**£222**

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the HSCB and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Staff Benefits

The HSCB had no staff benefits in 2018/19 or 2017/18.

HSCB Management Costs

	2019 £000s	2018 £000s
HSCB management costs	31,267	29,481
Income:		
RRL	5,074,709	4,800,366
Less non cash RRL excluding element to cover clinical negligence provision	3,553	(10,446)
Income per Note 4	56,405	55,090
Less interest receivable	(15)	(17)
Total Income	**5,134,652**	**4,844,993**
% of total income	**0.61%**	**0.61%**

The management costs have been prepared on consistent basis from previous years and have been based on the appropriate HSCB elements contained in the circular HSS (THR) 2/99.

Retirements due to ill-health

During 2018/19 there were no early retirements from the HSCB agreed on the grounds of ill-health.

Sickness Absence Data

The corporate cumulative annual absence level for the HSCB for the period from 1 April 2018 – 31 March 2019 is 4.27% (2017/18 3.67%).

There were 36,794 hours lost due to sickness absence (2017/18 32,625 hours), or the equivalent of 75 hours (2017/18 65 hours) lost per employee. Based on a 7.5 hour working day, this is equal to 10.01 days (2017/18 8.67 days) per employee.

Staff Policies Applied During the Financial Year

The Board is committed to promoting equality of opportunity and good relations for all groups under Section 75 of the Northern Ireland Act and Equality of Opportunity Policy. In respect of recruitment, the introduction of Shared Services enabling online recruitment continues to be embedded and the process updated as required within the HSCB and other HSC organisations. A number of HR policies have been updated and are available on the HSCB website including, Attendance Management, Special Leave and Family Pack and all staff have

access to a range of organisational policies and procedures in respect of flexible working arrangements which have been equality screened. It is anticipated that training in respect of updated policies and especially in respect of Attendance Management for HSCB staff will be rolled out in Summer 2019/20. In addition, this year has also seen the introduction of a Gender Identity Policy to support staff in the workplace. This is currently going through the required approval processes prior to implementation.

The Board along with several other organisations continues to participate in the Disability Placement scheme which provides a 6 month employment placement for individuals with a disability. After 4 months of placement, these individuals can apply for internal posts within organisations participating in the scheme.

The Occupational Health Service provided to the organisation under a SLA continues to support managers and staff as required. Any recommendations in respect of reasonable adjustments where necessary, are implemented in order to facilitate and maintain the staff member within the working environment. This may include relocation of an individual to another post and all appropriate training required will be facilitated. Human Resource colleagues work closely with all parties involved. The Disability legislation is part of the Selection and Recruitment training for Board staff. All staff including those with a disability have the same opportunity and access to training, development and promotion in respect of career development. This is assisted by the participation of all staff in the Performance Appraisal process which affords discussion on career development and progression.

Within the incoming year (2019/20), the HSCB will be launching the new Conflict, Bullying & Harassment at work Policy. As part of the launch of the new Regional Policy resources will be developed and training provided throughout the organisation.

Expenditure on Consultancy

The HSCB had no expenditure on consultancy projects during 2018/19 (nil in 2017/18).

Off-Payroll Engagements

The HSCB is required to disclose whether there were any staff or public sector appointees contracted through employment agencies or self-employed with a total cost of over £58,200 during the financial year, which were not paid through the HSCB Payroll. In 2018/19 there were no such ‘off-payroll’ engagements (2017/18 – none).

ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Regularity of Expenditure

The HSCB has robust internal controls in place to support the regularity of expenditure. These are supported by procurement experts (BSO PaLS), annually reviewed Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority and the dissemination of new Departmental guidance where appropriate. Expenditure and the governing controls are independently reviewed by Internal and External Audit, and during 2018/19 there has been no evidence of irregular expenditure.

Losses and Special Payments (Table Audited)

Type of loss and special payment		2018/19		2017/18
		Number of Cases	£	£
Administrative write-offs				
	Bad Debts	-	-	-
Cash losses				
	Cash Losses – Overpayments of salaries, wages and allowances	-	-	284
Special Payments				
	Compensation payments:			
	- Clinical Negligence	8	3,077,262	236,750
	- Employers Liability	3	197,994	28,025
TOTAL		**11**	**3,275,256**	**265,059**

Special Payments

There were no other special payments or gifts made during the year (2017/18 – none).

Other Payments and Estimates

There were no other payments made during the year (2017/18 – none).

Estimate of Patient Exemption Fraud and Error

The calculation was carried out by the Business Services Organisation (BSO) Information and Registration Unit on the following basis:

1. The BSO, on behalf of HSCB handles payments to contractors providing family practitioner services. The Counter Fraud and Probity Service within the BSO are responsible for checking patient exemption entitlement and for taking follow-up action where a patient's claim to exemption from statutory charges has not been confirmed.

2. Given the volume of Dental and Ophthalmic claims each year, sampling is used to establish an estimate of the total annual potential loss due to fraud and error. Patients aged 80 and over are excluded from the population from which the sample is drawn. The sample data is passed to the Department for Works and Pensions and the NHS Business Services Authority to provide independent verification of entitlement across a number of exemption categories. Following these checks, the sample data is returned and uploaded to the Electronic Prescribing and Eligibility System (EPES) case management system. All cases where verification of entitlement has not been confirmed are referred within EPES for further investigation.

3. To estimate the total annual loss due to patient exemption fraud and error in the population, the BSO applies the estimated rate of loss for each exemption category in the sample to the volumetric and average liability for that category in the population.

4. Those cases which are discontinued and not followed up (for example where the patient is terminally ill or in a nursing home) are now excluded from the calculation.

5. With regard to this year’s sample, due to staffing issues within the Information Unit, it was necessary to exclude 200 cases from the overall sample which were not updated on the system in the required timescales. However, these are believed to be a random selection of cases and their exclusion should not, therefore, impact on the central estimate or on the comparison with last year’s results.

The best estimate available for patient exemption fraud for 2018/19 is £4.0m (£3.1m Dental, £0.9m Ophthalmic). The combined estimate for 2017/18 was £3.6m. If the revised figures for 2017/18 were then uplifted to 2018/19 activity levels, the estimated combined figure would have been £3.5m.

Losses and Special Payments over £250,000 (Table Audited)

Losses and Special Payments over £250,000		Number of Cases	2018/19 £	2017/18 £
Special Payments				
	Compensation payments:			
	- Clinical Negligence	3	2,914,345	-
TOTAL		**3**	**2,914,345**	**-**

Remote Contingent Liabilities

In addition to contingent liabilities reported within the meaning of IAS37 shown in Note 21 of the Annual Accounts, the HSCB also considers liabilities for which the likelihood of a transfer of economic benefit in settlement is considered too remote to meet the definition of contingent liability. As at 31 March 2019, the Board is not aware of any remote contingent liabilities.

Mrs Valerie Watts

Chief Executive

Date: 13 June 2019

GLOSSARY OF TERMS

ALB – Arm's Length Body

Ambulatory Team – clinical care centre that offers direct access to diagnostic tests, hospital consultants and specialist staff on an outpatient basis. Safe care is designed around the needs of the patients with the aim of avoiding unnecessary hospital admissions.

BSO – Business Services Organisation

Community planning – Councils, and other community partners, provide the opportunity for public services to work together to address local problems and to deliver better services ensuring that processes are put in place to engage with local people and communities on the decisions which affect them.

DoH – Department of Health

ED – Emergency Department

E-Health – the use of information and communication technologies (ICT) for health.

Elective Care – care that is planned, for example, when a patient has an appointment for an operation or procedure or just to see a specialist as an out-patient

encompass - a HSC-wide initiative that will introduce a digital integrated care record to Northern Ireland

GP – General Practitioner

Health inequalities – the differences in health and the rates of illness across different sections of the population and different areas where people live. For instance, we know that in areas of social and economic deprivation, more people tend to suffer from illnesses such as heart disease.

HSC – Health and Social Care

Integrated Care Partnerships (ICPs) – collaborative networks of health and social care professionals, community and voluntary sector, users and carers, working as part of a multidisciplinary team to provide and support a more complete range of services.

Local Commissioning Groups (LCGs) – Committees of the Health and Social Care Board that are comprised of GPs, dentists and social workers and community and elected representatives. Their role is to commission health and social care services at a local level.

Locum doctors – doctors whose work is based upon short term or temporary contracts.

Managed clinical networks – the provision of clinical services to patients through expert, closely linked and effective teams of staff.

NICE - National Institute for Clinical Excellence. A national body that oversees standards of clinical practice across the UK and approves the effectiveness of new treatments, new drugs and other innovations.

NED – Non Executive Director

NIAS – Northern Ireland Ambulance Service

Palliative care – services for people who are terminally ill and who suffer from conditions such as advanced cancer.

PHA – Public Health Agency

PPI – Patient and public involvement

Primary care – the care services that people receive while living at home in the community from people such as their GP, district nurse, physiotherapist or social worker

Project ECHO - the use of video conferencing technology to help train primary care clinicians to provide specialist care services for people with complex conditions

Public and stakeholder engagement – the process of meeting, discussing and consulting with people and communities who use health and social services.

RQIA – The Regulation and Quality Improvement Authority is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in NI, and recommending improvements in the quality of those services.

TIG – the Transformation Implementation Group leads the design, development and implementation of the Transformation Programme. Chaired by the DoH Permanent Secretary, it includes leaders and clinicians from across DoH and the HSC system.

Trusts – organisations that directly provide care to patients and clients through such facilities as hospitals and social services centres.

Unscheduled Care - any unplanned contact with the health or social services such as urgent care and emergency care.

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 Health and Social Care Board for the year ended 31 March 2019 under the Health & Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: the 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 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 Health and Social Care Board affairs as at 31 March 2019 and of the net expenditure for the year then ended; and

- have been properly prepared in accordance with the Health & Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis of opinions

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

Other Information

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

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

Opinion on other matters

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health & Social Care (Reform) Act (Northern Ireland) 2009; 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 Board and Accounting Officer for the financial statements

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

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify & report on the financial statements in accordance with the Health & Social Care (Reform) Act (Northern Ireland) 2009.

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 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.

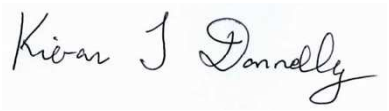
Matters on which I report by exception

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[3] 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

26 June 2019

HEALTH AND SOCIAL CARE BOARD

ANNUAL ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2019

FOREWORD

These accounts for the year ended 31 March 2019 have been prepared in a form determined by the Department of Health (DoH) based on guidance from the Department of Finance's Financial Reporting Manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Health and Social Care Board

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2019

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

	NOTE	2019 £000	2018 £000
Income			
Revenue from contracts with customers	4.1	54,739	53,591
Other operating income (excluding interest)	4.2	1,651	1,482
Total operating income		56,390	55,073
Expenditure			
Staff costs	3	(26,628)	(25,918)
Purchase of goods and services	3	(1,031,683)	(1,007,097)
Depreciation, amortisation and impairment charges	3	(2,530)	(2,345)
Provision expense	3	6,142	(8,035)
Other expenditure	3	(20,896)	(20,186)
Total operating expenditure		(1,075,595)	(1,063,580)
Net Expenditure		**(1,019,205)**	**(1,008,508)**
Finance income	4.2	15	17
Finance expense	3	0	0
Net expenditure for the year		(1,019,190)	(1,008,490)
Revenue Resource Limits (RRLs) issued (to)			
Belfast Health & Social Care Trust		(1,347,842)	(1,278,726)
South Eastern Health & Social Care Trust		(627,148)	(586,620)
Southern Health & Social Care Trust		(645,346)	(593,818)
Northern Health & Social Care Trust		(704,072)	(669,550)
Western Health & Social Care Trust		(626,307)	(591,259)
NIAS Health & Social Care Trust		(76,448)	(69,904)
NI Medical & Dental Training Agency		(1,826)	(1,646)
PCC		(5)	(5)
Total RRL issued		(4,028,994)	(3,791,528)
Total Commissioner resources utilised		(5,048,184)	(4,800,019)
Revenue Resource Limit (RRL) received from DoH	24.1	5,074,709	4,800,366
Surplus / (Deficit) against RRL		**26,525**	**347**

OTHER COMPREHENSIVE EXPENDITURE	**NOTE**	**2019 £000**	**2018 £000**
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2/8	201	225
Net gain/(loss) on revaluation of intangibles	6.1//6.2/8	2	8
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March		**(1,018,987)**	**(1,008,258)**

The notes on pages 122 to 151 form part of these accounts.

The surplus held by HSCB offsets the £24.4m control total for the Western Health and Social Care Trust, which has been authorised by the Department of Health in 2018/19. This has ensured that the HSC achieved a breakeven position across all organisations. Further details are provided within the Governance Statement.

STATEMENT of FINANCIAL POSITION as at 31 March 2019

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

	NOTE	2019 £000	£000	2018 £000	£000
Non Current Assets					
Property, plant and equipment	5.1/5.2	16,385		14,998	
Intangible assets	6.1/6.2	2,160		1,979	
Financial assets	7	703		787	
Total Non Current Assets			19,248		17,764
Current Assets					
Trade and other receivables	12	4,958		4,993	
Other current assets	12	26		49	
Financial assets	7	113		111	
Cash and cash equivalents	11	749		5,479	
Total Current Assets			5,846		10,632
Total Assets			**25,094**		**28,396**
Current Liabilities					
Trade and other payables	13	(167,345)		(156,127)	
Provisions	15	(2,075)		(5,633)	
Total Current Liabilities			(169,420)		(161,760)
Total assets less current liabilities			**(144,326)**		**(133,364)**
Non Current Liabilities					
Provisions	15	(30,487)		(37,812)	
Total Non Current Liabilities			(30,487)		(37,812)
Total assets less total liabilities			**(174,813)**		**(171,176)**
Taxpayers' Equity and other reserves					
Revaluation reserve		8,809		8,606	
SoCNE reserve		(183,622)		(179,782)	
Total equity			**(174,813)**		**(171,176)**

The financial statements on pages 118 to 151 were approved by the Board on 13 June 2019 and were signed on its behalf by:

Signed  (Chairman) Date 13 June 2019

Signed  (Chief Executive) Date 13 June 2019

Health and Social Care Board

STATEMENT of CASH FLOWS for the year ended 31 March 2019

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

	NOTE	2019 £000	2018 £000
Cash flows from operating activities			
Net surplus after interest/Net operating cost	SoCNE	(1,019,190)	(1,008,490)
Adjustments for non cash costs	3	(3,553)	10,446
(Increase)/decrease in trade and other receivables	12	58	(585)
Increase/(decrease) in trade payables	13	11,218	10,740
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant and equipment	13	(64)	(259)
Movements in payables relating to the purchase of intangibles	13	(592)	102
Use of provisions	15	(4,741)	(2,352)
Net cash outflow from operating activities		(1,016,864)	(990,399)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(3,135)	(1,845)
(Purchase of intangible assets)	6	(143)	(1,123)
(FTC loans issued to GPs)	7	0	0
FTC loans returned by GPs	7	115	113
Net cash outflow from investing activities		(3,163)	(2,855)
Cash flows from financing activities			
Grant in aid		1,015,298	997,692
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net financing		1,015,298	997,692
Net increase (decrease) in cash & cash equivalents in the period		(4,730)	4,438
Cash & cash equivalents at the beginning of the period	11	5,479	1,041
Cash & cash equivalents at the end of the period	11	**749**	**5,479**

The notes on pages 122 to 151 form part of these accounts.

Health and Social Care Board

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2019

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

	NOTE	SoCNE Reserve £000	Revaluation Reserve £000	Total £000
Balance at 31 March 2017		**(169,035)**	**8,373**	**(160,662)**
Changes in Taxpayers' Equity 2017/18				
Grant from DoH		997,692	0	997,692
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(1,008,490)	233	(1,008,258)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	52	0	52
Balance at 31 March 2018		**(179,782)**	**8,606**	**(171,176)**
Changes in Taxpayers' Equity 2018/19				
Grant from DoH		1,015,298	0	1,015,298
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(1,019,190)	203	(1,018,987)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	52	0	52
Balance at 31 March 2019		**(183,622)**	**8,809**	**(174,813)**

The notes on pages 122 to 151 form part of these accounts.

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

1 Authority

These financial statements have been prepared in a form determined by the Department of Health (DoH) based on guidance from the Department of Finance's Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009.

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 Health and Social Care Board (HSCB) for the purpose of giving a true and fair view has been selected. The particular policies adopted by the HSCB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

In addition, due to the manner in which the HSCB is funded, the Statement of Financial Position will show a negative position. In line with the FReM, sponsored entities such as the HSCB which show total net liabilities, should prepare financial statements on a going concern basis. The cash required to discharge these net liabilities will be requested from the Department when they fall due, and is shown in the Statement of Changes in Taxpayers' Equity.

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 inventories.

1.2 Currency and Rounding

These accounts are presented in UK Pounds (£) sterling. The figures in the accounts are shown to the nearest £1,000, which may give rise to rounding differences.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Plant & Machinery, Information Technology, and Furniture & Fittings.

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 HSCB;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and

- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 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 building or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard. Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the HSCB are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

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

Modern Equivalent Asset

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

Assets under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation

commences when they are brought into use. The HSCB had no AUC in either 2018/19 or 2017/18.

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the HSCB expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

The following asset lives have been used.

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation

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

1.6 Subsequent expenditure

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

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

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

Recognition

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

They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the HSCB where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition may be capitalised if the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

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

1.8 Non-current assets held for sale

The HSCB had no non-current assets held for sale in either 2018/19 or 2017/18.

1.9 Inventories

The HSCB had no inventories as at 31 March 2019 or 31 March 2018.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the HSCB and is recognised 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 are not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure (SoCNE) and is recognised when the right to receive payment is established.

In this year of initial application, the introduction of IFRS 15 has not impacted on the timing of satisfying performance obligations of contracts in existence therefore the transaction price determined has not changed as a result of its introduction. The current impact of its introduction has resulted in reclassification of income based on consideration of whether there is a written, oral or implied contract in existence. Note 4 - Income provides initial application disclosures in line with HM Treasury application guidance on transition to IFRS 15.

Grant in aid

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

1.11 Investments

The HSCB did not hold any investments in either 2018/19 or 2017/18.

1.12 Research and Development expenditure

Following the introduction of the 2010 European System of Accounts (ESA10) from 2016/17, there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, additional disclosures are included in the notes to the accounts.

1.13 Other expenses

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

1.14 Cash and cash equivalents

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

1.15 Leases

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

The HSCB as lessee

The HSCB held no finance leases during 2018/19 or 2017/18.

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

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

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

The HSCB as lessor

The HSCB did not have any lessor agreements in either 2018/19 or 2017/18.

1.16 Private Finance Initiative (PFI) transactions

The HSCB had no PFI transactions during 2018/19 or 2017/18.

1.17 Financial instruments

- Financial assets

Financial assets are recognised on the Statement of Financial Position (SoFP) when the HSCB 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.

During 2015/16 the HSCB introduced one type of financial instrument, the GP Infrastructure Loans Scheme. These assets have been initially recognised at fair value in the SoFP.

IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSCB'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.

- Financial liabilities

The HSCB had no financial liabilities in 2018/19 or 2017/18.

- Financial risk management

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

The HSCB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the HSCB in undertaking activities. Therefore the HSCB is exposed to little credit, liquidity or market risk.

- Currency risk

The HSCB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The HSCB

has no overseas operations. The HSCB therefore has low exposure to currency rate fluctuations.

- Interest rate risk

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

- Credit and liquidity risk

Since the HSCB receives the majority of its funding from the DoH, it has low exposure to credit risk and is not exposed to significant liquidity risks.

The credit risk associated with the financial instruments (GP Loan Scheme) has been assessed as minimal during the application process and will be reviewed on an annual basis.

1.18 Provisions

In accordance with IAS 37, provisions are recognised when the HSCB has a present legal or constructive obligation as a result of a past event, it is probable that the HSCB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting year, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows as at 31 March 2019, using the discount rates issued by the Department of Finance (DoF) below.

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	0.76%
	Medium term (5 – 10 years)	1.14%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	2.00%
	Year 2	2.00%
	Into perpetuity	2.10%

Note that PES issued a combined nominal and inflation rate table to incorporate the two elements – please refer to this table as necessary, as included within issuing e-mail of circular HSC(F) 39-2018.

The discount rate to be applied for employee early departure obligations is +0.29% with effect from 31 March 2019.

The HSCB has also disclosed the carrying amount at the beginning and end of the year, additional provisions made, amounts used during the year, unused amounts

reversed during the year and increases in the discounted amount arising from the passage of time and the effect of any change in the discount rate.

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

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

A restructuring provision is recognised when the HSCB develops a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the HSCB.

1.19 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the HSCB 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.

Under IAS 37, the HSCB discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the HSCB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the HSCB. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been calculated based on the balance remaining in the computerised leave system for all staff as at 31 March 2019. Untaken flexi leave is estimated to be immaterial to the HSCB and has not been included.

Retirement benefit costs

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

The costs of early retirements, except those for ill-health retirements, are met by the HSCB and charged to the Statement of Comprehensive Net Expenditure at the time the HSCB commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension Scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2018/19 HSC Pension Scheme accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 Value Added Tax (VAT)

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 Third party assets

The HSCB had no third party assets in 2018/19 or 2017/18.

1.24 Government Grants

The HSCB had no government grants in 2018/19 or 2017/18.

1.25 Losses and Special Payments

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

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

1.26 Accounting standards that have been issued but have not yet been adopted

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

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 2020.

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

1.27 Changes in accounting policies/Prior year restatement

There were no changes in accounting policies during the year ended 31 March 2019. Due to changes in the template, there have been amendments to the layout and display of some figures.

NOTE 2 - ANALYSIS of NET EXPENDITURE by SEGMENT

The HSCB has identified 3 segments: Commissioning, Family Health Services (FHS) and Administration, including the Dementia Project. Net expenditure is reported by segment as detailed below:

Summary	NOTE	2019 £000	2018 £000
Commissioning	2.1	4,101,578	3,860,527
FHS	2.2	904,159	884,334
Board Administration	2.3	42,447	55,158
Total Commissioner Resources utilised		**5,048,184**	**4,800,019**

2.1 Commissioning

Expenditure	NOTE	2019 £000	2018 £000
Belfast Health & Social Care Trust		1,347,842	1,278,726
South Eastern Health & Social Care Trust		627,148	586,620
Southern Health & Social Care Trust		645,346	593,818
Northern Health & Social Care Trust		704,072	669,550
Western Health & Social Care Trust		626,307	591,259
NIAS Health & Social Care Trust		76,448	69,904
NI Medical & Dental Training Agency		1,826	1,646
Patient and Client Council		5	5
Other Providers	3.1	98,939	95,150
		4,127,933	3,886,678
Income			
Income from activities	4.1	26,355	26,151
Commissioning Net Expenditure		**4,101,578**	**3,860,527**

NOTE 2 - ANALYSIS of NET EXPENDITURE by SEGMENT

2.2 FHS

Expenditure	NOTE	2019 £000	2018 £000
General Medical Services	3.1	284,813	265,356
General Dental Services	3.1	132,103	131,269
General Pharmaceutical Services	3.1	491,236	491,331
General Ophthalmic Services	3.1	24,375	23,818
		932,527	911,774
Income			
Revenue from contracts with customers FHS	4.1	28,368	27,440
FHS Net Expenditure		**904,159**	**884,334**

2.3 Board Administration

Expenditure	NOTE	2019 £000	2018 £000
Salaries and wages	3.2	26,628	25,918
Operating expenditure	3.2	21,052	20,293
Non-cash costs	3.3	(6,116)	8,065
Depreciation	3.3	2,563	2,381
		44,127	56,657
Revenue from contracts with customers			
FTC interest	4.1	15	17
Other Operating Income			
Staff secondment recoveries	4.2	527	412
Canteen	4.2	164	174
Other income	4.2	974	896
		1,665	1,482
Board Administration Net Expenditure		**42,447**	**55,158**

NOTE 3 - EXPENDITURE

3.1 Commissioning:	2019 £000	2018 £000
General Medical Services	284,813	265,356
General Dental Services	132,103	131,269
General Pharmaceutical Services	491,236	491,331
General Ophthalmic Services	24,375	23,818
NHS Trusts	40,061	37,917
Other providers of healthcare and personal social services	58,878	57,233
Total Commissioning	1,031,466	1,006,924

3.2 Operating expenses are as follows:		
Staff costs[1]:		
Wages and salaries	21,167	20,567
Social security costs	2,277	2,225
Other pension costs	3,184	3,126
Supplies and services - general	217	173
Establishment	18,922	18,507
Transport	15	11
Premises	1,302	1,380
Rentals under operating leases	101	0
Costs of exit packages provided for	495	222
Total Operating Expenses	47,680	46,211

3.3 Non cash items:		
Depreciation	2,007	1,976
Amortisation	556	405
Impairments relating to FTC	(33)	(36)
Loss on disposal of property, plant & equipment (including land)	7	14
Increase / Decrease in provisions (provision provided for in year less any release)	(5,346)	8,740
Cost of borrowing of provisions (unwinding of discount on provisions)	(796)	(705)
Auditors remuneration	52	52
Total non cash items	(3,553)	10,446
Total	**1,075,593**	**1,063,581**

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

During the year the HSCB paid its share of regional audit services (£1,101) from its external auditor (NIAO) for the National Fraud Initiative (NFI) and this amount is included in operating costs above.

NOTE 4 - INCOME

4.1 Revenue from Contracts with Customers	2019 £000	2018 £000
Income from Department of Education	25,445	25,296
CAWT	307	252
Family Health Services Receipts	28,369	27,440
FTC interest receivable	15	17
Accommodation	603	603
Total	**54,739**	**53,608**

4.2 Other Operating Income	2019 £000	2018 £000
Canteen	164	174
Seconded Staff	527	412
Other income - Home Office	630	0
Other income - MacMillan	251	329
Other income - Other	94	567
Total	**1,666**	**1,482**

TOTAL INCOME	**56,405**	**55,090**

This is the initial year of application of IFRS 15 - Revenue from Contracts with Customers. Under IAS 18 - Revenue, should IFRS 15 not have been adopted, £55,096k would have been disclosed as "Income from activities" and £1,309k as "Other operating income", totalling £56,405k income for 2018/19. Refer to accounting policy note 1.10 for further information.

NOTE 5.1 - PROPERTY, PLANT & EQUIPMENT (Year ended 31 March 2019)

	Land £000	Buildings (excluding dwellings) £000	Plant and Machinery (Equipment) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation						
At 1 April 2018	3,413	7,492	6	17,181	164	28,256
Indexation	171	35	0	7	0	213
Additions	0	236	0	2,964	0	3,200
Transfers	0	30	0	(14)	0	16
Disposals	0	0	0	(1,565)	0	(1,565)
At 31 March 2019	**3,584**	**7,793**	**6**	**18,573**	**164**	**30,120**
Depreciation						
At 1 April 2018	0	954	6	12,134	164	13,258
Indexation	0	9	0	3	0	12
Transfers	0	5	0	11	0	16
Disposals	0	0	0	(1,558)	0	(1,558)
Provided during the year	0	303	0	1,704	0	2,007
At 31 March 2019	**0**	**1,271**	**6**	**12,294**	**164**	**13,735**
Carrying Amount						
At 31 March 2019	**3,584**	**6,522**	**0**	**6,279**	**0**	**16,385**
At 31 March 2018	**3,413**	**6,538**	**0**	**5,047**	**0**	**14,998**
Asset financing						
Owned	3,584	6,522	0	6,279	0	16,385
Carrying Amount						
At 31 March 2019	**3,584**	**6,522**	**0**	**6,279**	**0**	**16,385**

Any fall in value through negative indexation or revaluation is shown as an impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £nil (2018 - £nil).

The fair value of assets funded from donations, government grants or lottery funding during the year was £nil (2018 - £nil).

NOTE 5.2 - PROPERTY, PLANT & EQUIPMENT (Year ended 31 March 2018)

	Land £000	Buildings (excluding dwellings) £000	Plant and Machinery (Equipment) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation						
At 1 April 2017	3,250	7,121	6	17,079	164	27,620
Indexation	163	65	0	18	0	246
Additions	0	306	0	1,798	0	2,104
Transfers	0	0	0	0	0	0
Disposals	0	0	0	(1,714)	0	(1,714)
At 31 March 2018	**3,413**	**7,492**	**6**	**17,181**	**164**	**28,256**
Depreciation						
At 1 April 2017	0	668	6	12,123	164	12,961
Indexation	0	15	0	6	0	21
Disposals	0	0	0	(1,700)	0	(1,700)
Provided during the year	0	271	0	1,705	0	1,976
At 31 March 2018	**0**	**954**	**6**	**12,134**	**164**	**13,258**
Carrying Amount						
At 31 March 2018	**3,413**	**6,538**	**0**	**5,047**	**0**	**14,998**
At 1 April 2017	**3,250**	**6,453**	**0**	**4,956**	**0**	**14,659**
Asset financing						
Owned	3,413	6,538	0	5,047	0	14,998
Carrying Amount						
At 31 March 2018	**3,413**	**6,538**	**0**	**5,047**	**0**	**14,998**
Asset financing						
Owned	3,413	6,538	0	5,047	0	14,998
Carrying Amount						
At 1 April 2017	**3,250**	**6,453**	**0**	**4,956**	**0**	**14,659**

NOTE 6.1 - INTANGIBLE ASSETS (Year ended 31 March 2019)

	Software Licenses £000	Information Technology £000	Payments on Account & Assets under Construction £000	Total £000
Cost or Valuation				
At 1 April 2018	2,226	5,322	0	7,548
Indexation	0	3	0	3
Additions	377	309	49	735
Transfers	0	(16)	0	(16)
Disposals	(303)	(118)	0	(421)
At 31 March 2019	**2,300**	**5,500**	**49**	**7,849**
Amortisation				
At 1 April 2018	1,427	4,142	0	5,569
Indexation	0	1	0	1
Transfers	0	(16)	0	(16)
Disposals	(303)	(118)	0	(421)
Provided during the year	210	346	0	556
At 31 March 2019	**1,334**	**4,355**	**0**	**5,689**
Carrying Amount				
At 31 March 2019	**966**	**1,145**	**49**	**2,160**
At 31 March 2018	**799**	**1,180**	**0**	**1,979**
Asset financing				
Owned	966	1,145	49	2,160
Carrying Amount				
At 31 March 2019	**966**	**1,145**	**49**	**2,160**

Any fall in value through negative indexation or revaluation is shown as an impairment.

The fair value of assets funded from donations, government grants or lottery funding during the year was £nil (2018 - £nil).

NOTE 6.2 - INTANGIBLE ASSETS (Year ended 31 March 2018)

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2017	1,584	4,932	6,516
Indexation	0	11	11
Additions	642	379	1,021
At 31 March 2018	**2,226**	**5,322**	**7,548**
Amortisation			
At 1 April 2017	1,334	3,827	5,161
Indexation	0	3	3
Provided during the year	93	312	405
At 31 March 2018	**1,427**	**4,142**	**5,569**
Carrying Amount			
At 31 March 2018	**799**	**1,180**	**1,979**
At 1 April 2017	**250**	**1,105**	**1,355**
Asset financing			
Owned	799	1,180	1,979
Carrying Amount			
At 31 March 2018	**799**	**1,180**	**1,979**
Asset financing			
Owned	799	1,180	1,979
Carrying Amount			
At 1 April 2017	**250**	**1,105**	**1,355**

NOTE 7 - FINANCIAL INSTRUMENTS

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

During 2015/16 the HSCB introduced one type of financial instrument, the GP Infrastructure Loans Scheme. This scheme utilises Financial Transactions Capital (FTC) in the form of loans to GPs to enable them to undertake premises developments and improvements for health and social care purposes. The first two loans were issued in 2015/16, with a 3rd loan issued in 2016/17.

These assets have been initially recognised at fair value in the Statement of Financial Position.

	2019 Assets £000	2018 Assets £000
Balance at 1 April	898	975
Additions	0	0
Settlement	(115)	(113)
Impairments	(148)	(181)
Reversal of impairments	181	217
Balance at 31 March	**816**	**898**

Analysis of expected timing of discounted flows

	2019 Assets £000	2018 Assets £000
Not later than one year	113	111
Later than one year and not later than five years	324	421
Later than five years	379	366
	816	**898**

NOTE 8 - IMPAIRMENTS

	2019 Financial Assets £000	2018 Financial Assets £000
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(33)	(36)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0
Total value of impairments for the period	**(33)**	**(36)**

The HSCB had no other impairments in 2018/19 in relation to Property, Plant & Equipment or intangible assets.

NOTE 9 - ASSETS CLASSIFIED AS HELD FOR SALE

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

The HSCB did not hold any assets classified as held for sale in 2018/19 or 2017/18.

NOTE 10 - INVENTORIES

The HSCB did not hold any inventories as at 31 March 2019 or 31 March 2018.

NOTE 11 - CASH AND CASH EQUIVALENTS

	2019 £000	2018 £000
Balance at 1st April	5,479	1,041
Net change in cash and cash equivalents	(4,730)	4,438
	749	**5,479**

The following balances at 31 March were held at	2019 £000	2018 £000
Commercial banks and cash in hand	749	5,479
Net change in cash and cash equivalents	**749**	**5,479**

NOTE 12 - TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2019 £000	2018 £000
Amounts falling due within one year		
Trade receivables	3,315	4,028
VAT receivable	1,173	763
Other receivables - not relating to fixed assets	469	202
Other receivables - relating to intangibles	0	0
Trade and other receivables	**4,958**	**4,993**
Prepayments and accrued income	26	49
Other current assets	**26**	**49**
Amounts falling due after more than one year		
Trade and other receivables	**0**	**0**
Prepayments and accrued income		
Other current assets falling due after more than one year	**0**	**0**
TOTAL TRADE AND OTHER RECEIVABLES	**4,958**	**4,993**
TOTAL OTHER CURRENT ASSETS	**26**	**49**
TOTAL INTANGIBLE CURRENT ASSETS	**0**	**0**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**4,984**	**5,042**

The balances are net of a provision for bad debts of £nil (2018 £nil).

NOTE 13 - TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2019 £000	2018 £000
Amounts falling due within one year		
Other taxation and social security	591	0
Trade capital payables - property, plant and equipment	735	671
Trade capital payables - intangibles	610	18
Trade revenue payables	46,269	44,507
Payroll payables	1,773	1,202
Clinical negligence payables	67	670
VER payables	96	0
BSO payables	4,532	7,962
Other payables	5,881	3,116
Accruals	106,763	97,822
Deferred income	28	159
Trade and other payables	**167,345**	**156,127**
Total payables falling due within one year	**167,345**	**156,127**
Total non current other payables	**0**	**0**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**167,345**	**156,127**

NOTE 14 - PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that HSCB pay their non HSC trade payables in accordance with applicable terms and appropriate Government Accounting guidance. The HSCB's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2019 Number	2019 Value £000s	2018 Number	2018 Value £000s
Total bills paid	14,192	102,755	20,776	92,501
Total bills paid within 30 day target or under agreed payment terms	13,073	97,078	19,234	88,048
% of bills paid within 30 day target or under agreed payment terms	**92.1%**	**94.5%**	**92.6%**	**95.2%**
Total bills paid within 10 day target	11,016	86,146	15,359	76,018
% of bills paid within 10 day target	**77.6%**	**83.8%**	**73.9%**	**82.2%**

14.2 The Late Payment of Commercial Debts Regulations 2002

The HSCB did not pay any compensation or interest for payments made late in 2018/19 (2017/18 - £nil).

NOTE 15 - PROVISIONS FOR LIABILITIES AND CHARGES 2019

	Clinical negligence £000	Other £000	2019 £000
Balance at 1 April 2018	32,757	10,688	43,445
Provided in year	1,520	964	2,484
(Provisions not required written back)	(7,509)	(321)	(7,830)
(Provisions utilised in the year)	(3,989)	(752)	(4,741)
Cost of borrowing (unwinding of discount)	(793)	(3)	(796)
At 31 March 2019	**21,986**	**10,576**	**32,562**

Comprehensive Net Expenditure Account charges	**2019 £000**	**2018 £000**
Arising during the year	2,484	9,289
Reversed unused	(7,830)	(549)
Cost of borrowing (unwinding of discount)	(796)	(705)
Total charge within Operating expenses	**(6,142)**	**8,035**

Analysis of expected timing of discounted flows

	Clinical negligence £000	Other £000	2019 £000
Not later than one year	1,453	621	2,075
Later than one year and not later than five years	4,101	1,924	6,025
Later than five years	16,432	8,031	24,462
At 31 March 2019	**21,986**	**10,576**	**32,562**

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

NOTE 15 - PROVISIONS FOR LIABILITIES AND CHARGES 2018

	Clinical negligence £000s	Other £000s	2018 £000s
Balance at 1 April 2017	26,451	11,311	37,762
Provided in year	8,947	342	9,289
(Provisions not required written back)	(323)	(226)	(549)
(Provisions utilised in the year)	(1,604)	(748)	(2,352)
Cost of borrowing (unwinding of discount)	(714)	9	(705)
At 31 March 2018	**32,757**	**10,688**	**43,445**

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2018 £000s
Not later than one year	4,435	1,198	5,633
Later than one year and not later than five years	4,291	2,683	6,974
Later than five years	24,031	6,807	30,838
At 31 March 2018	**32,757**	**10,688**	**43,445**

NOTE 16 - CAPITAL COMMITMENTS

The HSCB did not have any capital commitments as at 31 March 2019 or 31 March 2018.

NOTE 17 - COMMITMENTS UNDER LEASES

17.1 Finance Leases

The HSCB had no finance leases in 2018/19 or 2017/18.

17.2 Operating Leases

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

Obligations under operating leases comprise	2019 £000	2018 £000
Buildings		
Not later than 1 year	101	101
Later than 1 year and not later than 5 years	51	152
Later than 5 years	0	0
	152	**253**

17.3 Commitments under Lessor Agreements

The HSCB had no lessor obligations in either 2018/19 or 2017/18.

NOTE 18 - COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

The HSCB had no commitments under PFI or service concession arrangements in either 2018/19 or 2017/18.

NOTE 19 - OTHER FINANCIAL COMMITMENTS

The HSCB did not have any other financial commitments at either 31 March 2019 or 31 March 2018.

NOTE 20 - FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

Because of the relationships with HSC Commissioners, and the manner in which the HSCB is funded, financial instruments play a more limited role within the HSCB in creating risk than would apply to a non public sector body of a similar size, therefore the HSCB is not exposed to the degree of financial risk faced by business entities. The HSCB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the HSCB in undertaking activities. Therefore the HSCB is exposed to little credit, liquidity or market risk.

For disclosures relating to HSCB financial instruments in existence at 31 March 2019, please refer to Note 7.

NOTE 21 - CONTINGENT LIABILITIES

Clinical negligence

The HSCB has contingent liabilities of £203k.

	2019 £000	2018 £000
Total estimate of contingent clinical negligence liabilities	180	139
Amount recoverable through non cash RRL	(180)	(139)
Net Contingent Liability	**0**	**0**

In addition to the above contingent liability, provision for clinical negligence is given in Note 15. Other clinical litigation claims could arise in the future due to incidents which have already occurred. The expenditure which may arise from such claims cannot be determined as yet.

Contingencies not relating to clinical negligence are as follows:

	2019 £000	2018 £000
Employers' liability	23	20
Amount recoverable through non cash RRL	(23)	(20)
Total	**0**	**0**

The discount rate which courts in England and Wales must take into account when awarding compensation for future financial losses in a lump sum in personal injury cases changed to -0.75% in March 2017. The Government subsequently legislated to change how the rate in England and Wales is set and the first review of the rate in that jurisdiction under the new legal framework introduced by the Civil Liability Act 2018 is being carried out. The Department of Justice has power to prescribe the discount rate for Northern Ireland (in consultation with the Government Actuary and the Department of Finance). Secondary legislation to change the discount rate for Northern Ireland under the current legal framework has not been taken forward in the absence of a Minister, although the Department of Justice is keeping the rate under review in the context of the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018 and having regard to ongoing legislative developments in the rest of the UK. In these circumstances, it has not been possible at this time to quantify the potential impact on the HSCB of any change in the discount rate. Changing the legal framework for setting the rate in Northern Ireland would require primary legislation.

NOTE 22 - RELATED PARTY TRANSACTIONS

The HSCB is an arms length body of the Department of Health and as such the Department is a related party with which the HSCB has had various material transactions during the year. In addition, the HSCB has material transactions with the Business Services Organisation for which the DoH is regarded as the parent, and also with HSC Trusts.

Mr Danny Power (Interim Chair of Belfast Local Commissioning Group) is a member of the Board of Directors of Clan Mor Surestart and the West Belfast Partnership Board, both of which are organisations that do business with the HSCB.

During the year, none of the board members, members of the key management staff or other related parties has undertaken any material transactions with the HSCB.

NOTE 23 - THIRD PARTY ASSETS

The HSCB had no third party assets in 2018/19 or 2017/18.

NOTE 24 - FINANCIAL PERFORMANCE TARGETS

24.1 Revenue Resource Limit

The HSCB is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit (RRL) for HSCB is calculated as follows:

	2019 Total £000	2018 Total £000
DoH (excludes non cash)	5,076,405	4,789,642
Non cash RRL (from DoH)	(3,553)	10,446
Adjustment for CRL grants received	1,857	278
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**5,074,709**	**4,800,366**

24.2 Capital Resource Limit

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

	2019 Total £000	2018 Total £000
Gross capital expenditure by HSCB	3,935	3,125
(FTC received from third parties)	(115)	(113)
Net capital expenditure	3,820	3,012
Capital Resource Limit	3,862	3,013
Overspend/(Underspend) against CRL	**(42)**	**(1)**

24.3 Financial Performance Targets

The HSCB is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2018/19 £000	2017/18 £000
Net Expenditure	(5,048,184)	(4,800,019)
RRL	5,074,709	4,800,366
Surplus / (Deficit) against RRL	26,525	347
Break Even cumulative position(opening)	8,875	8,528
Break Even cumulative position (closing)	**35,400**	**8,875**

Materiality Test:	2018/19 %	2017/18 %
Break Even in year position as % of RRL	0.52%	0.01%
Break Even cumulative position as % of RRL	0.70%	0.18%

The surplus held by HSCB offsets the £24.4m control total for the Western Health and Social Care Trust, which has been authorised by the Department of Health in 2018/19. This has ensured that the HSC achieved a breakeven position across all organisations.

NOTE 25 - EVENTS AFTER THE REPORTING PERIOD

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

DATE OF AUTHORISATION FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 26 June 2019.