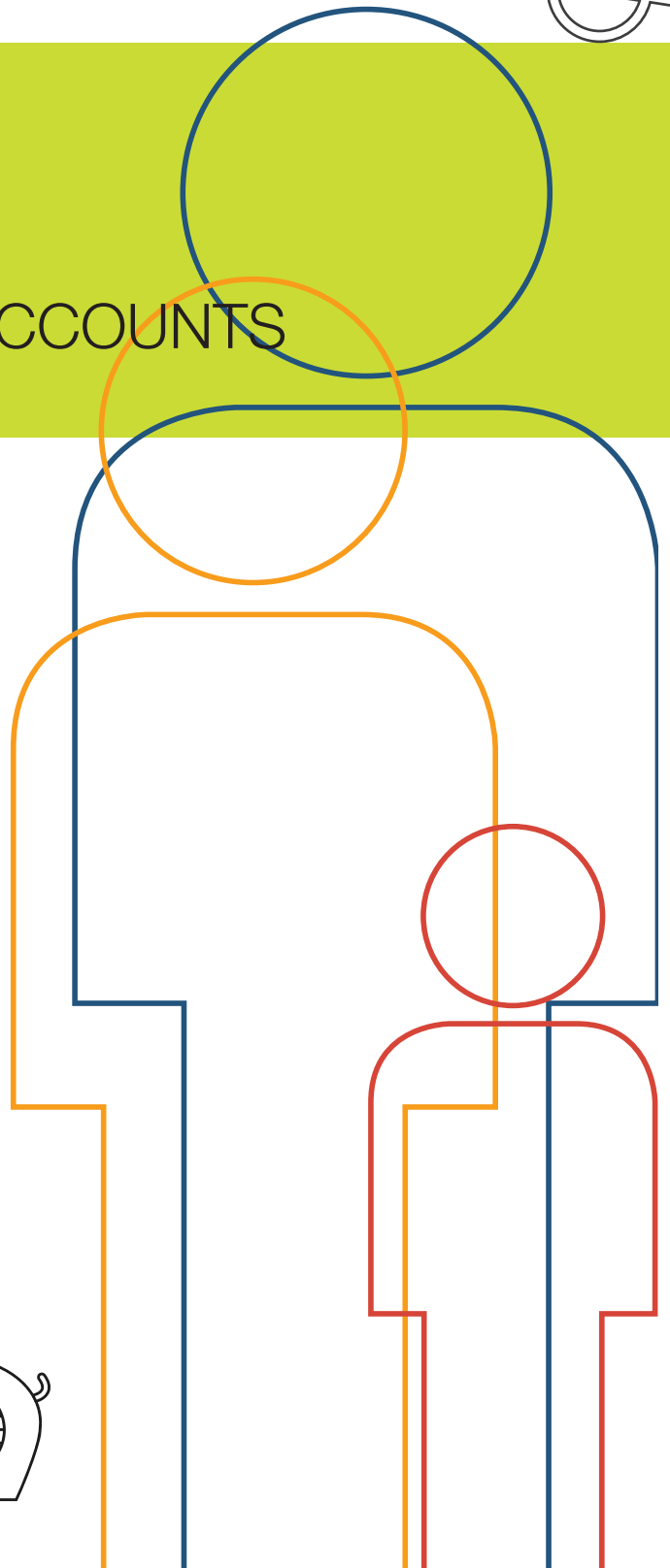
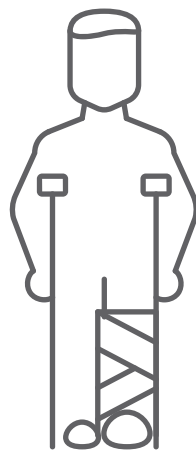
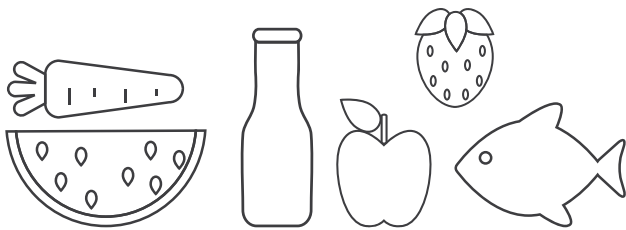


# 2018-19

## ANNUAL REPORT & ACCOUNTS



Belfast Health and Social Care Trust  
Annual Accounts  
for the year ended 31 March 2019

Laid before the Northern Ireland Assembly under Article 90 (5)  
of the Health and Personal Social Services (NI) Order 1972  
(as amended by the Audit and Accountability Order 2003)  
by the Department of Health  
on 4 July 2019

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# Chairman's Foreword



This is the twelfth Annual Report for Belfast Health and Social Care Trust, and I can report that in spite of ongoing pressures, we have met all our financial commitments.

We are one of the largest healthcare providers in the United Kingdom providing health and social care to the population of greater Belfast and part of Castlereagh, as well as most of the regional specialties for Northern Ireland.

I am privileged to Chair this organisation and I would like to pay tribute to our 21,000 staff who are committed to working together to make life better for those in our care. Whilst some will have specific success stories noted in this report, I want to publicly thank every staff member who goes above and beyond to ensure our patients receive the safe and compassionate care everyone should rightly expect in a healthcare setting.

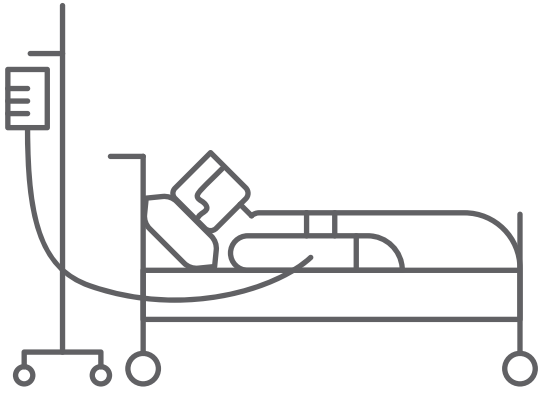
At this year's Chairman's Awards ceremony many services and individuals were recognised for their innovation, determination and drive to improve health outcomes for our patients. I am particularly reminded of the work of the intensive care team at the RBHSC who have worked to promote family centred care by regularly inviting and involving parents to attend morning ward rounds, thus ensuring they are fully informed of their child's progress and fully involved in decisions about their care. I would also highlight the work that has taken place to educate expectant mothers with breech presentation, significantly reducing the need for caesarean section and allowing patients to make informed choices on their own care needs. These are just two examples of the kind of innovation that is currently happening across all services in the Trust, and our determination to ensure patients and carers are fully involved in making choices about their care.

The pages that follow give a flavour of the wide-ranging support that staff in Belfast Trust provide to the entire population of Northern Ireland. We continue to strive to help all our patients to achieve the maximum recovery, we innovate and research to find new treatments and care pathways, and we support our staff enabling them to give of their best.

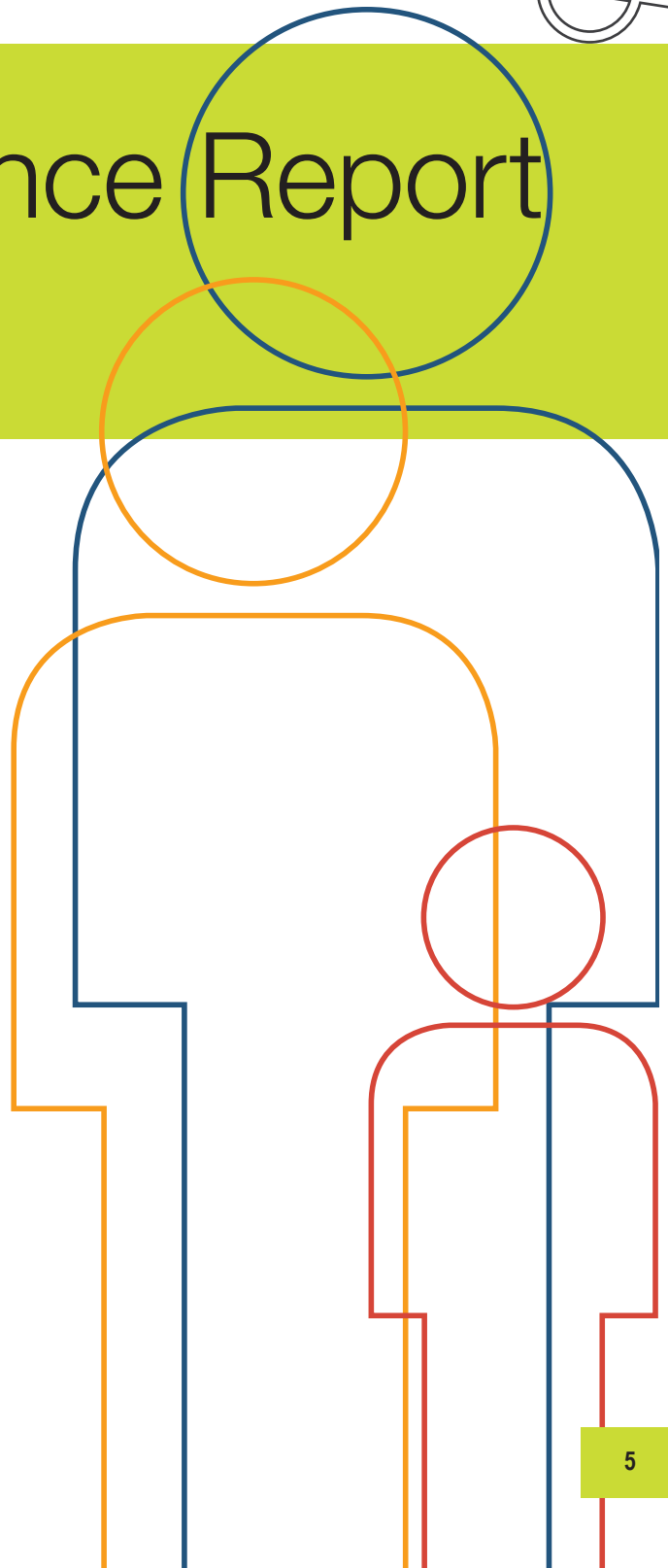
I would like to thank my non-executive colleagues on the board of directors as well as the executive team for their continued support. I also wish to pay tribute to our Chief Executive, Martin Dillon, who continues to lead the organisation with purpose and vision.

A handwritten signature in black ink, appearing to read 'Peter McNaney'.

Peter McNaney, Chairman



# 1. Performance Report



# Performance Report

## Performance Overview

The purpose of the performance overview is to provide a brief summary of the Trust, its aims and risks to the achievement of its objectives. It also provides an overview of the Trust performance over the past year.

## Chief Executive's Statement



As I continue to take every opportunity to meet with as many staff as possible, including the privilege of accompanying them in their work with service users, I am reminded of how extremely proud I am to lead this great organisation. At every turn I have met staff who go the extra mile to provide safe and compassionate care to our patients and I thank every one of them for the continued efforts.

I can report that this year, in spite of ongoing financial pressures, we met all of our financial commitments. We are well aware that demand for healthcare continues to rise and public opinion can sometimes be less than positive about the health system given the

length of waiting lists in some services. Whilst funding is a major issue which we continue to look at, we are in no doubt that major reform is needed at Primary, Community and Social Care levels.

We appreciate these issues cannot be solved overnight which is why we have not stalled in our efforts to increase the quality and safety of our care wherever we can. The Trust remains committed to our Quality Improvement Strategy (2017 – 2020) which outlines how we will create the conditions for the Belfast Trust to become a leader in providing safe, effective and compassionate care. We have also invested in new technologies such as the “Da Vinci Robot” which will provide a robotic prostatectomy service to men suffering from prostate cancer.

We deliver care in an ever-changing environment. The Trust's vision and corporate themes are fundamental to how we deliver care. As demands and priorities increase and change, we must ensure that our vision and themes are dynamic, and reflect the changing environment in which we work. The things that ground us and set out our stall, must also be fit to take the Trust forward in the right direction. We will ensure in the coming years that we deliver care as we know it should be and, equally, that our vision describes the type of organisation we want to be.

The past 12 months have been a challenging period for the Trust.

In May 2018 we took the decision to recall 2,500 neurology patients on the advice of a Royal College of Physicians Report. This is not a decision we took lightly and we tried to mitigate the impact this had on patients as best we could but it was really important that we could provide patients with certainty about their diagnosis and treatment. A further recall of 1,044 patients in

# Performance Report

November 2018 was in keeping with our desire to ensure no one was missed and I am pleased by the efforts of staff to ensure all patients were offered an appointment within 12 weeks of notification. I would like to take the opportunity to apologise to patients for the anxiety and worry they may have experienced during this time and thank them for their co-operation.

In July 2018 we also announced that a safeguarding investigation was being carried out into instances of alleged abuse at Muckamore Abbey Hospital. It appals me that any member of staff would abuse someone in our care. We have taken robust steps to protect patients, including suspending staff involved and establishing a Director-led oversight group. I apologise to patients affected and their families for the distress they must have undoubtedly experienced. We continue to liaise with the PSNI as they conduct their criminal investigation.

Whilst these challenges remain, I have seen first-hand the work that Belfast Trust staff do to continually improve and transform service delivery. We saw and heard about many great examples of this at the Chairman's Awards and other celebratory events throughout this year and of course there are quite a few examples in the pages of this Annual Report.

Martin Dillon, Chief Executive  
Belfast Trust

# Performance Report

## Trust Purpose and Activities

Belfast Trust is one of the largest integrated health and social care Trusts in the United Kingdom.

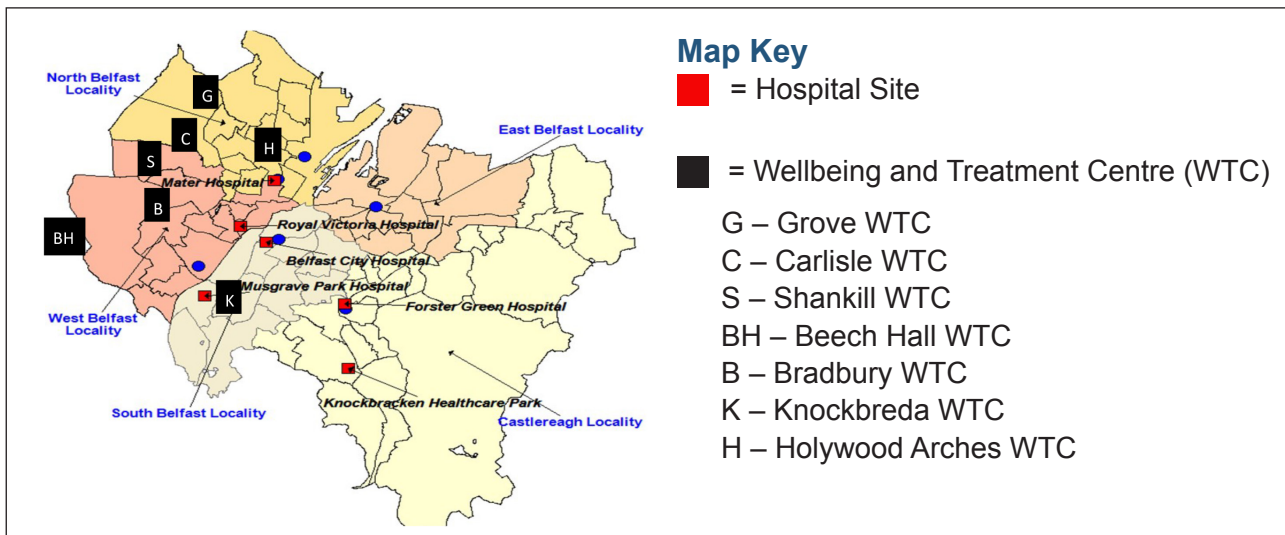
We deliver integrated health and social care to approximately 340,000 citizens in Belfast and provide the majority of regional specialist services to all of Northern Ireland. We have an annual budget of £1.4 billion and a workforce of approximately 21,000 (full time and part time).

Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland.

## Our Annual Activity

- 333,000 District Nurse Visits
- 7,500 people supported in their own homes
- Responsible for 350 children on the Child Protection Register, 750 Looked After Children and over 4,000 children and young people in need
- 160,000 + new attendances at Emergency Departments
- Care for 65,000 day case patients
- Care for 150,000 inpatients
- Care for 600,000 outpatients
- 15,000 critical care bed days
- 140 partnerships + over 1,000 contracts with community, voluntary and private sector organisations
- Supported by 400 volunteers
- Our staff are supported in delivering care by over 40,000 family carers.

## Where our services are based





# Performance Report

## Our Purpose

To improve health and wellbeing and reduce health and social inequalities.

## Our Vision

The vision for the Belfast Trust is that we will become one of the safest, most effective and compassionate health and social care organisations in the United Kingdom. Our aim is to be in the top 20% of high performing Trusts by 2020.

## Our guiding principles:

- We will provide safe, high quality person-centered and compassionate care, ensuring the best possible experience for all the people who use our services
- We will promote wellbeing and early intervention
- We will continuously improve, through integration and partnership working, our delivery of accessible and effective services
- We will innovate to drive improvement in services, translating research into practice and using proven technology to secure positive outcomes for people who use our services
- We will ensure our people have the appropriate knowledge, skills and attributes to deliver a high-quality, person-centred service in a Trust which is a good place to work, train and learn
- We will make a real difference to the impact of health and social inequalities on the lives of local people through our leadership and advocacy, in partnership with local communities
- We will continue to recognise and value the role and contribution of carers and families to our services
- We will achieve efficiency, effectiveness and equity across all our resources (our staff, our services and our facilities) and look after our environment for the future.

## Our Values

Our values are important. They guide our behaviour, our attitudes, the decisions we make and what we expect of one another. Our Staff have told us the Trust's Values are important to them and have a strong impact on how they view our organisation. Our focus will be on embedding and living the Values throughout the Trust.

## The Trust has five core values that underpin everything we do:

- Treating everyone with **respect and dignity** – our colleagues, our patients, our clients and stakeholders
- Displaying **openness and trust** in all our dealings, building a reputation for being trustworthy, providing timely, accessible and appropriate information, keeping people informed

# Performance Report

- Being **leading edge**, encouraging and supporting our staff to be innovative and creative in pursuing our purpose, creating an environment where research and enquiry can flourish. We will translate research and innovative ideas into practical improvements for the people who use our services.
- Maximising **learning and development**, building the capacity of our organisation and our people through learning, development and support. We will empower our people by developing and sustaining a learning culture.
- Being **accountable**, demonstrating personal and professional accountability in the provision of high quality care by competent staff in a safe environment, achieve clear standards in service delivery and care outcomes, contribute to and respect the formal accountability processes of the organisation. We will make the most of the financial and other resources we have through effective and efficient service planning, delivery and evaluation.



respect & dignity



openness & trust



leading edge



learning & development



accountability

## Our Corporate Themes

Our Corporate Themes support the achievement of the Trust's Vision and are well embedded throughout the organisation. The way that our services will be planned and developed from 2018 - 2021 are described under these five themes:

- **Safety, Quality and Experience** – the Trust will work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services.
- **Service Delivery** – the Trust will drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors
- **People and Culture** – the Trust will support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.
- **Strategy and Partnerships** – the Trust will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.
- **Resources** – the Trust will work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.

# Performance Report

## Safety, Quality and Experience

### Quality Improvement – providing quality care

We recognise the need to continually improve the services we offer and the methods we use to provide them.

We, therefore, continue to deliver on our Quality Improvement Strategy (2017-2020) which sets the guidelines through which we intend to create the conditions for the Belfast Trust to become a leader in providing safe, effective and compassionate care.

The five key principles on which to focus our safety and quality efforts were identified in 2017 as:

1. Placing the person clearly at the centre of our goal to become a leading organisation for providing safe, effective and compassionate care
2. Ensuring a relentless focus on safety and quality improvement through the implementation of our Quality Improvement Plan, aligned to our corporate objectives and assurance framework
3. Ensuring that we are an open, transparent and supportive organisation that is continually learning and sharing both within and beyond the organisation
4. Using measurement and real time data, linked to goals, to learn and improve at every level
5. Enhancing our will, capability and structures to undertake quality improvement consistently everywhere and every day.

The HR Learning & Development team continue to support the Trust's Safety & Quality agenda. Delivery of Quality 2020 Level 1 training supports the creation of a culture of continuous improvement and continuously improving practice and patient experiences. In 2018-19, 1,200 staff attended a Q2020 Level 1 workshop and a further 4,500 staff completed an e-learning programme.

At the end of March 2019 the overall Trust percentage of staff trained in Q2020 Level 1 was 70% exceeding the target of 50% set by DoH. 100% of HR staff have completed the Level 1 training.



# Performance Report

## 50th anniversary of the Renal Unit

During the 2018-19 year the Renal Unit celebrated its 50th anniversary at Belfast City Hospital. The unit has performed nearly 2,500 kidney transplants and has the highest number of 'living' kidney donors per head of population in the world. The milestone was marked by a series of celebratory events and a BBC documentary entitled "Life on the List" explored the history of the unit whilst following patients and donors stories over the last 12 months.



In Northern Ireland there are more than 800 people dependent on regular lifesaving dialysis treatment three times per week. 700 of these patients receive dialysis at Belfast City Hospital whilst a large number choose to avail of the treatment option of Home Haemodialysis (HHD), which allows patients to self-treat in their own home having been taught by specialist nurses to undertake all aspects of their care. There are a wide range of clinical benefits to HHD as patients receive more frequent and a larger quantity of dialysis at home than compared to an in-centre facility, therefore increasing life expectancy.

Most patient's ultimate wish is to receive a kidney transplant, to come off dialysis and improve quality of life. Belfast Trust is a world leader in renal transplantation and has systems in place to ensure patients can avail of Altruistic Donor Chains (ADC). In the past 12 months alone over 80 people have come forward to undertake tests establishing their suitability to become an altruistic donor.

## Maternity Led Unit



The Maternity Led Unit (MLU) at the Mater Hospital continues to grow, celebrating its 1,000th birth in January 2018 followed up by a record number of births for the 4th year running.

Established in 2013 the MLU has been specially designed with birthing suites complete with pool, private bathrooms and luxury items such as flat-screen TVs and iPod docking stations. Bed settees in each bedroom also encourage partners to stay overnight and help with the development of parenting skills.

# Performance Report

Water births have been particularly popular in the MLU, with half of parents choosing to give birth in the pools.

Increasing the choices open to new parents, midwives at the MLU have also undertaken additional training in alternative therapies including reflexology and hypnobirthing which are proving popular options.

## Award winning team at The Cancer Centre

The Belfast Trust Cancer Centre won the Cancer Care Award at the 2018 Patient Safety Awards recognising and rewarding outstanding practice in patient safety by our staff.

Improving chemotherapy prescribing was prioritised by the Cancer Centre staff following a review



of adverse incidents and morbidity and mortality cases. A project was then initiated to improve the documentation of chemotherapy assessments with an electronic proforma devised and incorporated into patient's medical notes enabling staff to view the information immediately.

100% of assessments were documented electronically with improved assessment quality and high patient satisfaction. Nine out of ten staff fed back that the new assessment process reduced pharmacy queries and allowed more efficient dispensing.

The judges, who were impressed with the high standards of all entries, said the project really demonstrated “next generation healthcare” alongside incredible dedication from the team. The panel also felt that “the quality and efficiency of this project has allowed for continuous improvement and most importantly has significantly reduced risk and increased patient safety.”

# Performance Report

## Service Delivery

### Robotic assisted prostatectomy service – Da Vinci Robot

Northern Ireland's first ever robotic assisted prostatectomy service was launched at Belfast City Hospital in November 2018.

The "Da Vinci Robot" will perform surgery on up to 100 urology patients per year, focusing mainly on those suffering from localised prostate cancer, with capacity to include further treatments within urology and other services in the future.

Patients can expect a shorter stay in hospital, reduced medication, decreased blood loss during surgery and improved outcomes for erectile dysfunction. This

type of surgery allows greater dexterity at the operation site, which is particularly important when operating in the narrow male pelvis.

The majority of the £2million funding was provided by the Department of Health (£1.8m), with the remainder generously donated by the Men Against Cancer charity. The service will be available to patients from across Northern Ireland and reflects the health sector's commitment to innovation and reform.



### Children's Ophthalmology Department

The Children's Ophthalmology Department consists of a wide range of specialist multidisciplinary teams including the medical, optometry and orthoptic teams and specialist nurses.

The service treats a patient demographic with complex visual, medical, educational and social needs. It was clear these patients would benefit from a tailor-made service where they could benefit from up to four different specialist opinions in the one location.

Many of these services were operating from different sites within the Trust and split-site working was making an effective multidisciplinary approach challenging. Many of the services ran alongside adult clinics in child-unfriendly environments. Centralising the services would lead to safer, more streamlined multidisciplinary working and ultimately improve patient experience.

# Performance Report

The Trust was keen to determine the impact of the split-site service by auditing how many patients attending the low vision and contact lens clinics (based in the Shankhill Wellbeing Centre) were also attending other paediatric eye services in the Royal Victoria Hospital and elsewhere. It was discovered that over a 2-month period, out of 124 patients, 82% of children were already attending another eye clinic at the Royal Victoria Hospital.

Through collaboration with our patient representative groups, Angel Eyes and Royal National Institute of Blind People (RNIB), a patient survey was conducted which showed 19 of 37 parents (51%) surveyed had to take time off work and 25 out of the 26 school-aged children (96%) had to take time off school. Several of these children have complex medical needs and attend up to 20 hospital appointments a year.

A multidisciplinary task force was established and met once a month for a 6-month period to discuss the best way to achieve a dedicated Children's Eye Unit.

Operating within a restricted budget, new clinic premises were identified and restructured. Multidisciplinary clinics were designed and implemented so children could attend several disciplines at one appointment. Facilities were designed specifically for young patients to make the patient experience as pleasant as possible

## **Royal Pharmacy – Are you being served?**

The Pharmacy on Level 2 of the Royal Victoria Hospital which opened in June 2016 continues to go from strength to strength as it responds to pharmacy inpatient workload increases year on year as a result of reduced length of stay and high bed occupancy. The outpatient workload has also increased exponentially due to government funding for new technologies.

The Royal Pharmacy was struggling to meet these competing demands resulting in long waiting times for outpatients and delays in dispensing discharge prescriptions. Recruiting additional staff was not an option as the small Pharmacy footprint could not accommodate them.

There were ongoing complaints from outpatients about the cramped and stuffy waiting area, the time taken to wait for their prescription, lack of privacy and insufficient seating. Staff reported feeling stressed by a reception full of patients waiting for their prescriptions to be dispensed and wards phoning to get their discharge prescriptions urgently dispensed as ambulances etc. were waiting.

A pharmacy store on level 2 was identified as a potential location for an outpatient, patient-friendly pharmacy and a business case was developed to convert the area at the cost of £100,000. The outpatient pharmacy was officially opened less than 6 months after the initial planning. It operated Monday – Friday from 9:30am to 5pm and closed for half an hour at lunchtime to reflect the outpatient workload.

# Performance Report

Patients and staff felt the open-plan layout was a more congenial environment to discuss any queries or concerns about their treatment.

Trust staff asked for increased opening hours to facilitate their patients. It is now open from 8:15am to 5pm, no longer closing for lunch with the plan to extend the opening hours to later in the evening to support clinic times.

Since opening, the Pharmacy has seen a 60% reduction in dispensing times for outpatient prescriptions from 30 minutes to 12 minutes. There has also been a 42% reduction in dispensing time for discharge prescriptions and a 30% increase in the number of prescriptions completed within the 2-hour performance target.

## Centralisation and Modernisation of Cellular Pathology

The Belfast Trust project to support the modernisation of the Cellular Pathology Service is on target for completion in summer 2019. This follows the awarding, in February 2018, of a Managed Equipment and Service (MES) Contract and the phased refurbishment of the Institute of Pathology. This has enabled the consolidation of the service to one site at the Royal Victoria Hospital, Institute of Pathology, which started in June 2018 following the completion of enabling works.

The phased consolidation of services began in June 2018 with the Cervical Cytology Department moving into the offices and laboratories on the ground floor of the building. This amalgamation continued until October 2018 when all Cellular Pathology Services were consolidated at the Institute of Pathology.

A huge effort has been made by all staff implementing the MES contract which is expected to be fully implemented by summer 2019 following validation and verification of equipment and tests.





# Performance Report

## Transition of Lifeline service to Belfast Trust

Lifeline was developed out of The Northern Ireland Suicide Prevention Strategy “Protect Life – A Shared Vision” (Department of Health, Social Services and Public Safety NI, 2006) with substantial input from the statutory, non-statutory organisations, including Church and bereaved families’ representatives. The Public Health Agency funds the implementation of the Protect Life Strategy and Lifeline.

The overarching aim of the Lifeline Crisis Intervention Service is to help reduce the number of deaths as a result of suicide and the number of incidents of self-harm in Northern Ireland, through enabling access to appropriate services for those at immediate risk of self-harm or suicide. The primary objective of the helpline is to provide 24/7 support by trained counsellors to all people at immediate risk of suicide or self-harm across Northern Ireland, thereby helping to reduce the levels of suicide and self-harm incident.

The Trust was asked to take over Lifeline in April 2018. This transition happened in partnership with the Public Health Agency, Business Services Organisation and the Belfast Trust. The Trust transferred 59 staff from the previous organisation and ensured that the emergency 0808 808 8000 number was transferred without a minute of downtime for this essential 24/7 service.

Lifeline answers approximately 50,000 phone calls per year answering 99.5% within 5 seconds. Lifeline provides an immediate response with trained counsellors. Following assessment, Lifeline also provides face-to-face counselling all over Northern Ireland. The core function of the telephone helpline is to de-escalate and counsel callers through an immediate crisis.

## People and Culture

### Harvey’s Gang

The first Harvey’s Gang Tour in the Trust took place in November 2018 with plans to roll this out on a consistent basis.

The initiative invites paediatric patients on a tour of the labs in either the Royal Victoria Hospital or Belfast City Hospital. Biomedical Scientists on site will demonstrate the tests they perform for diagnostic and treatment purposes and children are presented with their own lab coat and goody bag. The tour is designed to help young patients understand their healthcare and, where possible, it is tailored to ensure the patient is educated on their condition and the laboratory tests used to diagnose and treat it.



# Performance Report

Harvey's Gang started in 2013 at the Haematology and Blood Transfusion Laboratory at Worthing Hospital, part of Western Sussex NHS Trust. Harvey Buster Baldwin, an inquisitive 6-year-old asked for a tour of labs to see his own blood analysed as part of his treatment for acute myeloid leukaemia. Sadly, Harvey passed away in 2014 but his legacy lives on through the charity bearing his name. They aim to have 70 Harvey's Gang tours in place across 70 Trusts in the UK by the end of 2019.

## The Early Intervention Team (EIT), Recovery Mental Health Services

The Early Intervention Team, Recovery Mental Health Services is a multi-disciplinary team caring for young people, from the age of 18 to 30, and their families who are experiencing a first episode of a psychotic illness. Research demonstrates that individuals with serious mental ill health have reduced life expectancy, higher rates of coronary heart disease, diabetes, and obesity, amongst other conditions.

This group of patients is less likely to attend appointments with primary health providers such as GPs, practice nurses or dentists for routine monitoring or screening programmes. The team has devised a systematic approach to establishing initial physical health observations with annual health monitoring or immediate follow up as required. This has been achieved by establishing weekly mobile physical health checks clinics facilitated by two practitioners, one of whom must be a registered nurse.

The service includes blood screening, clinical observations and advice on screening for breast, testicular and cervical cancer. It also offers health promotion information and complete screening for side-effects of prescribed anti-psychotic medication. The information is shared with the team and the patient's GP.

## Ward 3 South – What a team

The team from Ward 3 South in Belfast City Hospital celebrated achieving 100% satisfaction for the third time in a UK-wide patient experience feedback survey. All patients interviewed gave the ward team top marks in all categories, which included:

- Pain management
- Respect and dignity
- Information on medicines



# Performance Report

- Noise at night
- Kindness and compassion
- Consistency and coordination of care
- How involved patients were in their care
- How patients perceived the doctors and nurses.

The team members are delighted with this excellent feedback from their patients and are determined to maintain their record.

## Working with our Community Pharmacists

Pharmacist, Aoife McGrath, working in Acute Care at Home (ACAH), developed an innovative way to supply medication to acutely unwell older patients in their own home by working in partnership with eight contracted community pharmacies. Aoife demonstrated the efficiency of community pharmacy in dispensing prescriptions for ACAH patients.

The average dispensing time was 10 minutes, which greatly reduced the time taken to supply patients with medications; including antibiotics (oral and intravenous), injectable medications, nebulised medications, topical medications and analgesics and avoiding the transport times to secondary care.

A successful, integrated partnership with community pharmacy was established, with great communication between all sectors. Ease of access to prescribers was highlighted as an exceptional feature of the service.

Community pharmacists did not experience any problems dispensing acute medicines, which were typically standard prescription items. No errors or missed doses were reported demonstrating a safe and effective, high quality service.

The pilot effectively demonstrated the need for a NI policy change on secondary care prescribing for community based patients. The Department of Health has funded the Health and Social Care Board to establish a governance framework for secondary care prescribing using HS21 prescription.

# Performance Report

## Strategy and Partnerships

### MRI VR App

Dr Cormac McGrath, a Clinical Scientist with the Trust, has won a range of awards for co-developing a free Virtual Reality app that prepares children for their MRI scan.

Dr McGrath, and his fellow developer Dr Jonathan Ashmore from NHS Highlands in Scotland, scooped the Viapath award for Innovation in Healthcare Science, part of the prestigious 2018 Advancing Healthcare Awards.

The multi-award winning app allows children to experience their upcoming MRI scan in Virtual Reality, helping them understand what is involved and preparing them for what can be a scary experience. It takes the child on the full MRI journey, from arrival at the MRI reception to actually having the MRI scan itself.

The benefits of the app include scanning more patients per day, reducing the use of general anaesthetic and giving patients the best possible experience when attending their outpatient appointment.



### Positive Action Employability Initiative

The Trust has been heavily involved in establishing meaningful and sustainable employment within mental health, and last year it agreed to extend the scope of the positive action programme to include Learning Disability. Patient & Client Support Services (PCSS) committed to this and an Employability Programme was developed leading to permanent posts in the Trust. Strong partnership working with a number of organisations including Mencap, NOW Group, Orchardville, Disability Action, Ulster Supported Employment & Learning (USEL) and Northern Ireland Union of Supported Employment (NIUSE) was essential for this to succeed. Learning Disability awareness training was delivered by Mencap to supervisors and staff in PCSS who would be ‘buddying’ with the trainees. PCSS staff were delighted with the recognition their whole team was getting for their valuable contribution to the wider Trust.

# Performance Report

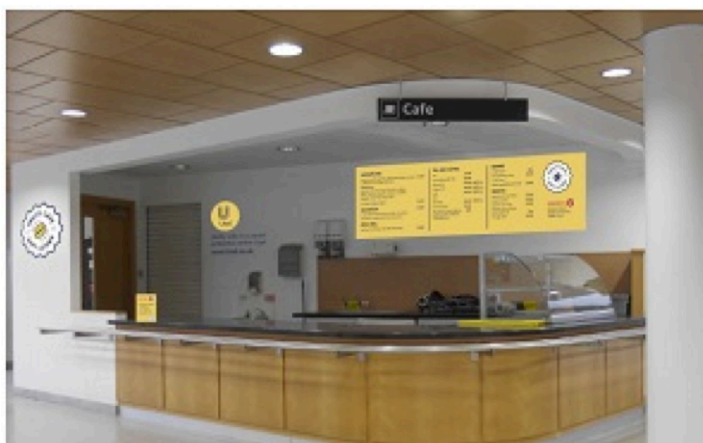
In September 2018, 10 trainees started on the 14 week employability programme which on successful completion would lead to permanent posts. The programme was based around the core PCSS induction covering topics such as customer care, food hygiene, waste management, infection control, moving & handling etc. Belfast Metropolitan College delivered the programme along with our own PCSS Training Team. The trainees were registered as students with Belfast Metropolitan College and alternated between a classroom and a placement week on the Royal Victoria Hospital site.

Throughout the programme there was continual assessment and feedback focussing on retention of information, practical tasks, work skills, punctuality, presentation for work etc. supported by PCSS staff and their Employment Officer. Towards the end, trainees' preferences were matched with vacant posts and appropriate job offers made with a start date for the new employees of January 2019. Nine trainees successfully completed the programme and started in in their new posts as Trust employees in January 2019. This innovative initiative has been praised by the Equality Commission and is seen as one that other Trusts and large employers are now looking to replicate.

## Social Enterprise Café

In May 2018, a social enterprise café opened at Knockbreda Wellbeing and Treatment Centre called the Ability Café. Run through Ulster Supported Employment & Learning (USEL) the café aims to provide adults with learning disabilities from across Belfast with accredited onsite training to enable them to prepare for and access paid employment opportunities in the hospitality industry.

The Ability Café is providing a much-needed service for patients, visitors and staff who access the Centre and is also able to offer catering for corporate meetings, functions, conferences etc. held within the Centre.



Ability Café opening hours are 8.00 am – 3.30pm Monday – Friday and it provides breakfast, lunch and snack options with a daily selection of locally sourced fresh produce including scones, hot snacks, sandwiches, tray bakes etc. The Café also specialises in barista style artisan coffees.

# Performance Report

## Recruitment

The attraction of candidates to the Trust is one aspect of our overarching approach to talent management and is essential if we are to deliver high quality services to our patients and clients.

Traditional methods of attracting applicants are no longer effective due to changing job seeker preferences and the development of new and emerging technologies. To address this the Trust has established a new attraction team to help promote the Trust as an employer of choice and to look at new and innovate approaches to this.

The team has supported the promotion of the Trust as an employer of choice in a number of ways. They have attended local job fairs and are working with the University of Ulster and QUB to develop our placement and graduate opportunities and promote them within the student population.



# Performance Report

## Performance Analysis

Performance is managed through a number of local, directorate and Trust wide performance and accountability structures where underperformance is identified and corrective action discussed. The Trust uses a series of Chief Executive led performance meetings for all Directorates to provide further rigour to the performance management process.

At Trust Board meetings, the Board are provided with data on performance across the Ministerial Targets through the Trust Performance Report. This data is also reported monthly to Executive Team. In 2018-19 the Trust worked to deliver the Ministerial Performance targets as per the commissioning plan direction. The Trust did not fully deliver on performance targets related to the following areas:

- In-patient and daycase access (55% wait no longer than 13 weeks and 52 weeks maximum waiting time)
- Outpatient Access waiting times (50% wait no longer than 9 weeks and 52 weeks maximum waiting time)
- Health Care Acquired Infections (HCAI)
- Hip Fractures (95% wait no longer than 48 hours)
- Emergency Department waiting times (95% wait no longer than 4 hours and no patient longer than 12 hours)
- Cancer access (95% no longer than 62 day pathway)
- Mental Health (CAMHS, Adult Mental Health and Dementia - no patient waits longer than 9 weeks, and Psychological Therapies - no patient waits longer than 13 weeks)
- Diagnostic Waiting times (9 weeks, 26 weeks and 2 day urgent)
- Allied Health Professionals (no patient waits longer than 13 weeks)
- Discharges - Learning Disability (99% of discharges take place within 7 days and no patients wait longer than 28 days for discharge)
- Complex Discharges (90% of patients discharged within 48 hours and no patients wait longer than 7 days for discharge).

## Performance: In-patients and Daycases

By March 2019 the Trust's aim was that 55% of patients should be waiting no longer than 13 weeks for inpatient/daycase treatment and no patient waits longer than 52 weeks. Currently 25% of patients on the inpatient/daycase waiting list are waiting less than 13 weeks with 12,091 waiting over 52 weeks. Last year's performance was 31%.

# Performance Report

Increases in demand from Unscheduled and urgent patients has had an impact on routine waits. A new programme (IMPACT) has been initiated to improve management and flow of unscheduled patients to help improve the service and reduce pressure.

The Trust has treated more than 90,000 Inpatients and daycases from waiting lists over the last year. Some examples of the treatment we have provided for patients from waiting lists are listed below:

- Over 900 cardiac procedures
- 1,300 Hip replacements and 900 knee replacements
- 600 gall bladders removed with keyhole surgery
- Over 3,000 cataract procedures
- Over 400 Appendectomies
- 900 Surgical bowel procedures
- 12,000 endoscopies for bowel and gastric conditions
- 30,000 renal dialysis attendances
- 400 neurosurgical procedures on the brain
- 900 tonsillectomies.

Additionally the Trust has treated over 45,000 unscheduled medical patients and some examples of treatment are included below:

- Over 700 strokes treated
- Over 1,000 chest infections treated
- 1,200 head injuries
- 400 heart attacks treated
- Over 2,000 COPD & asthma patients treated
- Over 5,000 births.

## Performance: Outpatients

The Trust has treated more than 600,000 outpatients over the last year. The Trust's aim was that by March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks. Currently 27% of patients on the outpatient waiting list are waiting less than 9 weeks with 30,948 waiting over 52 weeks. Last year's performance was 27%.

The Trust has recently initiated an improvement programme (IMPACT) for elective care for inpatients and outpatients which will improve pathways and infrastructure through innovation and new practice.



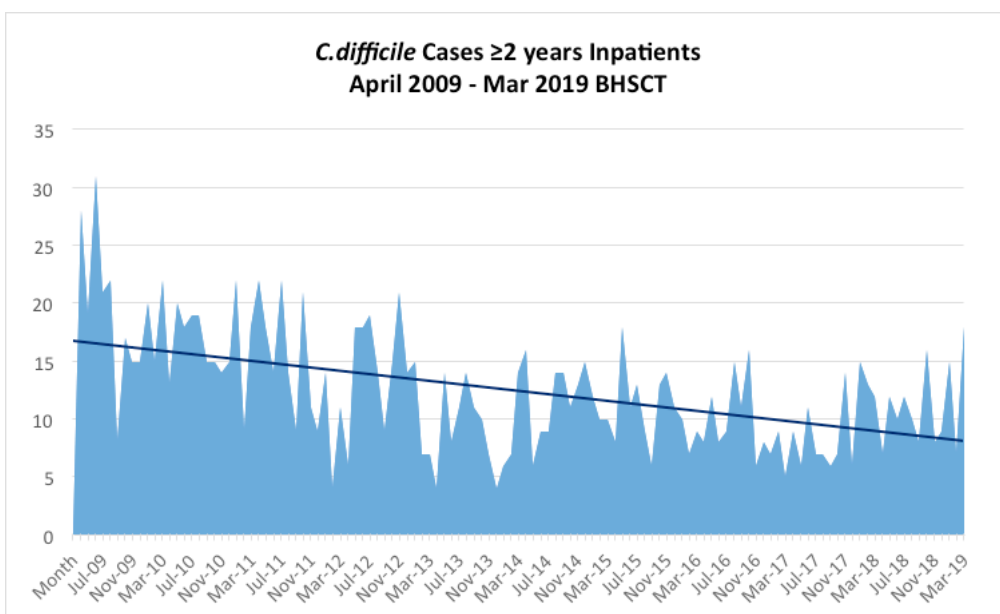
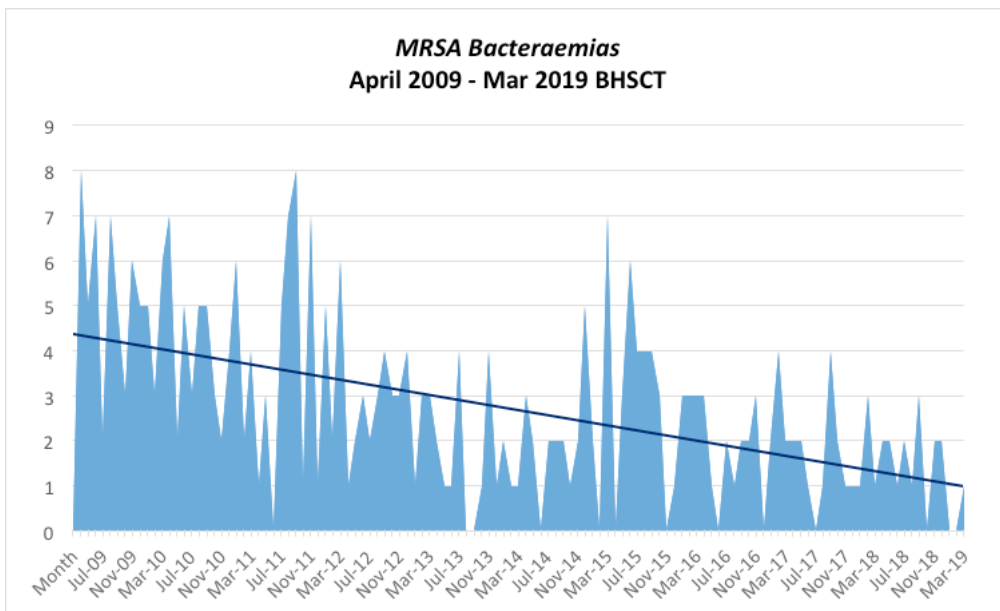
# Performance Report

## Performance: Health Care Acquired Infections

The Trust is striving to be in the top 20% of high performing Trusts in the UK by 2020 whilst being one of the safest, most effective and compassionate Health and Social Care organisations. One of the top priorities for the Trust and an aim of our Quality Improvement Plan (QIP) 2017-2020 is to “reduce harm from Healthcare Associated Infection”.

The graphs below present the picture of the Trust’s performance in relation to MRSA bacteraemia and Clostridium difficile respectively from 2009 to March 2019.

From 2009 it is clear to see that the trend in relation to MRSA bacteraemia and Clostridium difficile has been downward with a clear reduction in case numbers for both infections.



# Performance Report

The Trust though has not achieved the level of reduction mandated in the challenging Ministerial HCAI reduction targets in either 2017-18 or 2018-19.

For the period 2017-18 the reduction target had been set at 97 cases of Clostridium difficile and 15 cases of MRSA bacteraemia, up to the end of March 2018 we recorded 113 cases of Clostridium difficile and 19 cases of MRSA bacteraemia.

For the period 2018-19 the reduction target was set at 110 cases of Clostridium difficile and 12 cases of MRSA bacteraemia, up until the end of March 2019 we recorded 132 cases of Clostridium difficile and 16 cases of MRSA bacteraemia.

In November 2018 Chief Executive, Martin Dillon, concerned about performance in relation to HCAI generally and specifically in relation to cases of Clostridium difficile which had arisen after 72 hours wrote to all staff in the Trust. Mr Dillon reminded staff across the organisation that they all have a role to play in prevention of and reduction of HCAI. He emphasised the following simple measures which can prevent HCAI and he encouraged all staff to engage with the Infection Prevention Control (IPC) message:

- Isolate patients appropriately
- Screen patients where appropriate and send samples appropriately
- Wear and use Personal Protective Equipment (PPE) when required
- Use effective aseptic technique when needed
- Ensure equipment and the environment is properly decontaminated
- Undertake hand hygiene at the appropriate times.

54 IPC related incidents were logged in 2018-19 and included cases of Carbapenemase Producing Organisms, increased incidences of vomiting and or diarrhoea, Varicella Zoster exposure, TB exposure amongst others. 33 IPC outbreaks were logged in 2018-19 and included outbreaks of Glycopeptide Resistant Enterococci, Group A Streptococci, Norovirus and Clostridium difficile. The IPCT worked alongside Divisional Collective Leadership Teams and Ward/ Clinical Teams to support areas affected by IPC Incidents/ Outbreaks. Where required the Trust was supported by the Public Health Agency in our management of some incidents/outbreaks.

This year 4,811 members of staff undertook IPC training specific to their role and some of the role specific training on offer included a wound care course for Band 3 staff, infection control e-learning, an IPC fun study day, MRSA/Clostridium difficile/CPO and TB drop-in sessions and induction for Staff Nurses and Health Care Support Workers. We plan to continue to provide a wide range of role specific training in the incoming year and remain open to requests for bespoke training.

# Performance Report

The IPC team recognised that releasing staff to attend additional IPC training can be a challenge for clinical areas so this year tried a new approach to training which involved the IPC taking training to the wards/ areas rather than wards/areas trying to release staff for training. Two different training weeks for Clostridium difficile and MRSA were undertaken in August and September respectively. The IPC team visited wards/ areas and did on the spot update sessions using carefully designed resource packs which were then left at ward level for onward cascade. During these weeks of action 327 staff received training from an IPC nurse on Clostridium difficile and 352 staff received training on MRSA from an IPC nurse. Feedback from these training sessions was very positive and this type of training will now be part of the IPC annual training calendar.

Every ward/department has a 'Link' person who attends regular meetings with the IPC nurses to update their knowledge and skills so that they can act as a resource for their colleagues and can participate in auditing their area of work. This year the IPC focused training activity on Link Persons, designing and delivering a new 5 day, intensive, bespoke link course for Belfast Trust IPC link persons. This course has been evaluated extremely well and has now been delivered twice with 38 Link Staff attending. In addition to increasing IPC capacity across the organisation, participants were supported to deliver an IPC Quality Improvement project for their area, which they reported on to their group, thus enhancing exposure to QI methodology for participants also.

In total, 471 audits of clinical practice and of clinical environments were carried out by the IPC team in the year using a range of tools to assess practices and clinical settings. The IPC team undertook to change the format of all IPC audit tools used within the Trust and to develop and use a new suite of reporting templates for audits. A standardised dashboard was developed for audit reporting using a more graphical approach. An agreed set of audit escalation points was agreed as was an action plan for next steps in relation to non-compliant audits. These audit process improvements were undertaken collaboratively with input from the key stakeholders such as Ward Managers, PCSS, Divisional Nurses and Clinicians.

## **Performance: Fractures**

The Trusts aim was to ensure that 95% of clinically appropriate patients wait no longer than 48 hours for treatment of hip fractures. In 2018-19 82% of patients were treated within 48 hours which is an improvement on last years figure of 77%. A new multi-disciplinary modernisation group was established to improve the attainment of this target.

## **Performance: Emergency Department**

The Trust had two main aims; to ensure that 95% of patients attending Emergency Departments (ED) in the Trust would be treated, admitted or discharged within 4 hours of their arrival and that no patient would wait longer than 12 hours.

# Performance Report

In 2018-19 our performance for patients treated with 4 hours was 65% compare with 71% last year however this is in the face of growing demand in ED. The number of patients attending ED has risen by 3,800 from last year which is a 2% increase. This is part of a consistent growing demand for ED services as 2017-18 saw a 3% increase from the previous year also. The number of patients waiting more than 12 hours was 4,319. While this represents 2% of total attendances the Trust strongly feels this is unacceptable and is working hard to improve performance.

The Trust has initiated a number of innovative practices to avoid pressure in ED and additional admissions in the face of increased demand. These include an increased capacity in Clinical Assessment Unit (CAU) which is now extended to the Mater Hospital. Last year 26,000 patients attended CAU which has contributed to the Trust's reduction in the admission of patients to hospital who can be cared for in a more appropriate setting. A range of hospital and enhanced community support initiatives have also helped deal with the increased unscheduled demand the Trust is facing.

## **Performance: Cancer**

The Trust aimed to ensure that 95% of patients urgently referred with a suspected cancer began their treatment within 62 days.

Over the year 2018-19 65% of patients had their cancer treatment commenced within 62 days which is an improvement from the previous years figure of 50%. The Trust continues to focus on improving performance against the 62 day target.

## **Breast Cancer**

During 2018-19, all urgent suspected breast cancer referrals should be seen within 14 days. For the year the overall Trust performance was 100%, with every individual month of the year also meeting this target.

## **Performance: Mental Health Services**

The Trust aimed this year to ensure that none of our patients waited for longer than 9 weeks to access child and adolescent or adult mental health services or longer than 13 weeks to access psychological therapies.

In March 2019, 284 patients were waiting longer than 9 weeks to access mental health services. There has been a significant decrease over the last two years from 2016-17 when 618 patients waited over 9 weeks. This is due to a major service improvement initiative.

Of these 78 were waiting to be seen by Primary Mental Health teams, 1 by eating disorder service, 28 by community mental health and 177 by CAMS teams.

# Performance Report

In relation to psychological therapies, there were 748 breaches of 13 week target which is an increase on last year. Of these, 128 were waiting for Adult Mental health, 26 childrens learning disability, 7 adult learning disability, 263 adult health psychology, 62 childrens psychology, and 262 psychosexual.

## **Performance: Diagnostic Waiting Times**

The Trust has several targets in relation to patients waiting for diagnostic tests and significant non-recurrent support has been put in place to address the backlog of patients in this area.

The Trusts aim was that by March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test. In March 2019 41% of patients waited less than 9 weeks for diagnostic tests.

By March 2019, the Trust aimed to have no patients waiting longer than 26 weeks for diagnostic tests. The Number of patients breaching this target was 8,905 although this is an improvement in the longer term.

The Trust aimed to have all urgent diagnostic tests reported on within 2 days of the test being undertaken. The percentage that met this target was 83%.

## **Performance: Allied Health Professional Waiting Times**

The Trust continues to discuss levels of capacity and demand for these services with the HSCB and currently has 1,892 patients waiting over the 13 weeks target.

## **Performance: Discharges – Learning Disability**

The Trust aims to have 99% of patients with a learning disability discharged within 7 days, the Trust discharged 59% of patients within 7 days. Additionally the Trust aims to have no patients waiting over 28 days, the Trust had only 1 patient waiting over 28 days.

## **Performance: Complex Discharges**

The Community Service Plan is focusing on four key areas to support improvement in performance: Discharge to Assess; Domiciliary Care; Reablement; and Acute Care at Home, with the aim of reducing the number of complex delayed discharges. The Trust aims to have 90% of complex patients discharged within 48 hours, in 2018-19 the Trust had discharged 71% of patients within 48 hours.

# Performance Report

## Performance: Children in Care

The Trust is subject to a number of standards in relation to looking after children under our care. The Trust meets these standards in most areas. This year 79% of children leaving our care were in either training, education or employment, improving the performance from 2017-18 (76%).

## Performance: Renal Services

The Trust carried out a total of 110 kidney transplants during 2018-19.

## Quality and Safety

Quality of care and patient safety are the Trusts principal priority. Many new quality and safety initiatives are in place within the Trust, these are proven improvement methods. It can be difficult to measure outcomes and quality of care due to the nature of disease and the methods we have to record and analyse it. There are however some well accepted indicators of quality and safety and these include mortality rates and readmission rates.

### Mortality Rates

Crude percentage mortality rates during 2018-19 are 2.4% in the Trust against 2.9% in the peer, this is a consistent picture with previous years measurements. The Trust also uses statistical modelling to analyse deaths, as crude rates do not take account of the many features of illness and disease and how these contribute to mortality rates. When these more refined statistical models are used they also show that the Trust compares well in terms of its expected and actual mortality rate.

### Readmission Rates

Readmission rates are affected by many issues and not all are related to quality of hospital care, however these are still an important indicator of quality of care. Readmissions are measured for those patients readmitted to hospital as an emergency within 30 days of a previous stay in hospital. The Trust has a readmission rate of 7% against a Northern Ireland average of 7.5%.

## Financial Resources

### Size and Scale

The Belfast Trust had an operating expenditure budget of £1.4 billion in 2018-19 which makes it one of the largest healthcare Trusts in the UK in budgetary terms. The Trust employs over 19,700 (whole time equivalent) staff, including temporary staff, and manages an estate worth over £1.28 billion.

# Performance Report

## Financial Environment

Despite an increase to the 2018-19 budget compared to funding levels in 2017-18, the Belfast Trust, and Health and Social Care sector generally, faced difficult challenges in 2018-19 given that cost pressures were increasing at a greater rate and challenges existed in meeting demand.

Given these financial constraints, and in order to protect frontline services, the Trust implemented a savings plan totalling £23.8m in 2018-19. Approximately one third of the plan, £7.8m, consisted of recurrent cash-releasing efficiencies, with non-recurrent measures making up the remaining £18m. The Trust also implemented workforce vacancy control measures in order to deliver an additional £18m of savings. In total, these measures equate to approximately 3% of the Trust's 2018-19 budget.

The Trust's plans were approved by HSCB as part of the Trust Delivery Plan.

The above savings plans have been fully delivered in 2018-19, albeit the majority have been achieved non-recurrently and therefore will need to be addressed again in 2019-20.

As outlined above, the Trust continues to experience cost increases during 2018-19 particularly in relation to growth in agency costs and high cost drugs, increased laboratories tests, use of interventional radiology and other advanced clinical technologies, children's community services and care packages.

During the year, the Trust implemented a number of service developments and improvements including expansion of ambulatory care, high cost drugs and imaging services.

The Trust commenced the transformation agenda via funding allocated from the Confidence and Supply Agreement. Projects included enhancing multi-disciplinary teams in primary care, reforming community and hospital services such as cancer, stroke, paediatrics and diabetes care and prevention, and implementing transformative change through initiatives such as introducing elective care centres and medicines.

Despite the enormous challenges and increased demand for our services, the Trust achieved financial balance in 2018-19 while continuing to drive forward its transformation and quality/safety agenda. It should be noted, however, that this outcome was attributable largely to a significant level of one-off funding and non-recurrent measures, including slippage on new investments and cost containment measures.

## Financial Targets

While operating within this very challenging financial environment, the Trust has continued to improve the safety and quality of services for its patients and clients and was still able to achieve its statutory financial targets which are outlined below:

# Performance Report

- Breakeven on income and expenditure
- Maintain capital expenditure within the agreed Capital Resource Limit.

The above achievements have been delivered through a combination of sound financial management, the concerted efforts of our staff and the continued implementation of the Trust's efficiency and reform programme.

## Financial Governance

The Trust has continued to maintain sound systems of financial internal control which are designed to safeguard public funds and assets. The same high degree of security is maintained over Patients' and Residents' Monies and Charitable Trust Funds administered by the Trust. Our internal control framework relies on a combination of robust internal governance structures, policies and procedures, control checks and balances, self-assessments and independent reviews. The Chief Executive's assurances in respect of this area are set out in the Governance Statement for 2018-19.

In terms of financial management and control across the Trust, a detailed financial plan is prepared and approved by the Trust Board at the beginning of each financial year and budgets are allocated to directorates. Financial performance is monitored and reviewed through detailed financial reporting to directors on a monthly basis. An aggregate summary of the financial position to date and forecast yearend position is presented by the Director of Finance to Trust Board each month.

## MORE – Maximising Outcomes, Resources and Efficiencies

The Trust's MORE programme was established in 2007-08 to ensure continued delivery of safe and responsive services, against a backdrop of increasing demand, rising cost pressures and year-on-year efficiency savings targets.

The programme's focus is on securing efficiencies through enhancing productivity, changing the way services are delivered, modernising and driving improvements in health and social care, eliminating waste and maximising value for money. The focus of the MORE programme is essentially about ensuring the right care is delivered by the right person, doing the right thing, in the right place.

The programme has been successful in delivering around 3% year-on-year cash releasing/productivity efficiencies over the past eleven years, totalling over £320m. The scale of challenges which the health and social care sector will face over the next few years is significant and 2019-20 is expected to be yet another difficult year from a financial perspective.

As always, the Trust will endeavour to ensure that the required changes are effectively managed through the continued successful operation of the MORE programme with its sound performance management, accountability and reporting frameworks.



# Performance Report

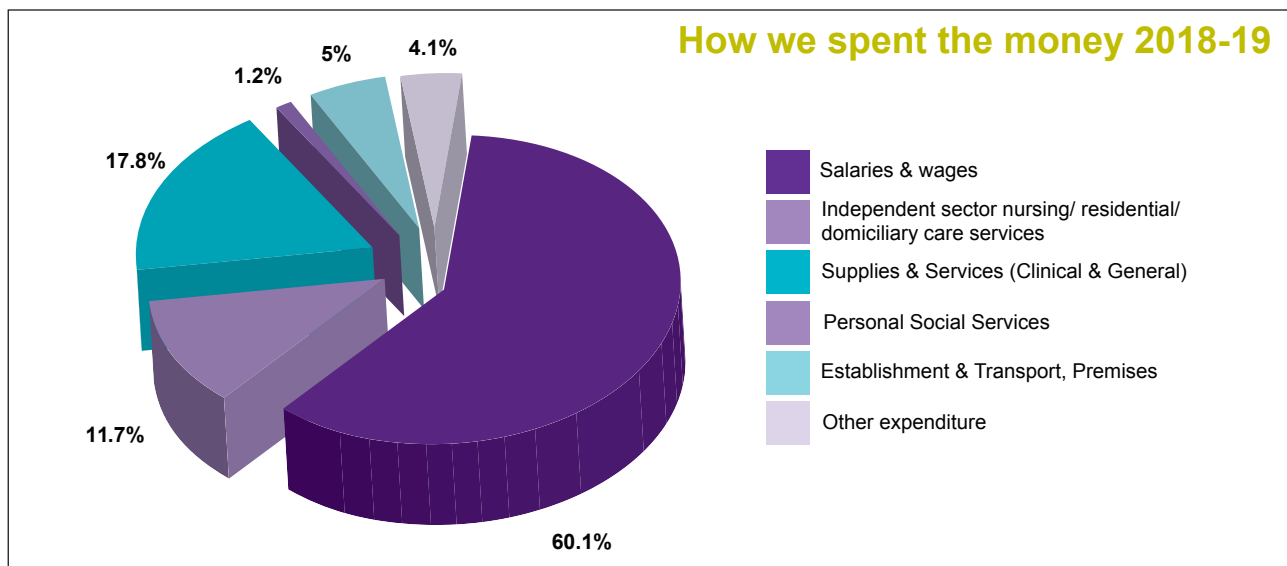
## Income and Expenditure

The information below provides an analysis of Trust's income and a breakdown of expenditure in 2018-19.

The majority of funding, almost 90%, comes from the Department of Health, through the Health and Social Care Board and the Public Health Authority. The Trust also receives funding for medical education and commercial research, from private patients and from clients in residential and nursing homes.

The money which the Trust receives is used to deliver health and social care services for the population of Belfast and a range of regional services such as cardiac surgery and neurosurgery for the population of Northern Ireland.

The chart below shows how the Trust spent this money in 2018-19. The largest cost incurred by the Trust is staff salaries, representing just over 60% of total expenditure. Within this pay total, the Trust spent £211 million on doctors and dentists, £285 million on nurses and midwives and £92 million on social work/social care and domiciliary/homecare staff. Significant non-pay costs include £264 million (18% of total expenditure) for clinical and general supplies such as drugs and medical equipment and £174 million (12% of expenditure) for residential, nursing and domiciliary care delivered by other organisations on the Trust's behalf. The chart below shows the breakdown of expenditure into its key components.



## Investing in Staff

The Trust spends around £892 million on staff salaries, employing around 19,700 staff (whole time equivalents) across a diverse range of professional groups. The Trust endeavours to ensure that staff are effectively deployed to improve the safety and responsiveness of our services. In addition

# Performance Report

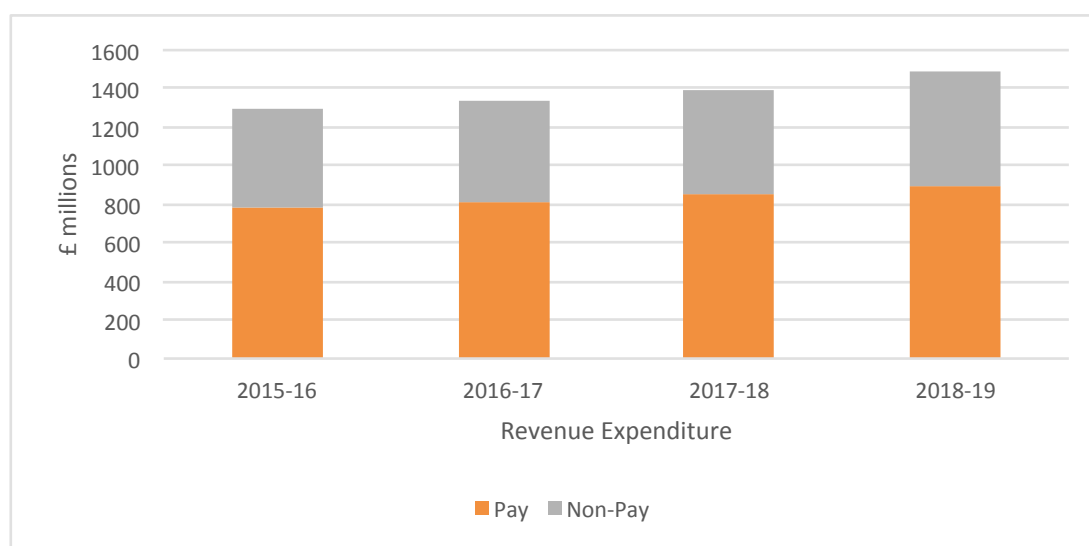
to a number of Human Resources employee related schemes, the Trust provides taxable benefits through a number of salary sacrifice schemes as follows:

- Childcare Vouchers (following a HMRC review, this scheme is now closed to new entrants)
- Cycle to Work scheme
- Private Car Lease scheme.

In addition to providing direct financial benefits for staff through reduced taxation, these schemes aim to promote general overarching benefits in terms of enhancing the general health and well-being of staff.

## Long Term Expenditure Trends

The table below shows the actual revenue expenditure, broken down by pay and non-pay categories, incurred by the Trust from 2015-16 to 2018-19.



## Investing in Facilities

The Belfast Trust has a fixed asset base of £1.28 billion. The Trust continues to maintain and develop this infrastructure to provide the facilities required to support patient and client care.

In 2018-19 the capital funding allocation for the Trust was £75.107m, of which £54.975m related to major specific capital projects and £20.132m was for various minor capital projects funded from the Trust's General Capital Allocation. Expenditure on larger schemes included:

# Performance Report

Capital Scheme	Expenditure £m	Total Approved Value of Project £m
RGH Maternity	13.8	73.9
Acute Mental Health In Patient Unit	10.8	36.6
Children's Hospital	16.9	354.0
ICT Schemes	8.9	8.9

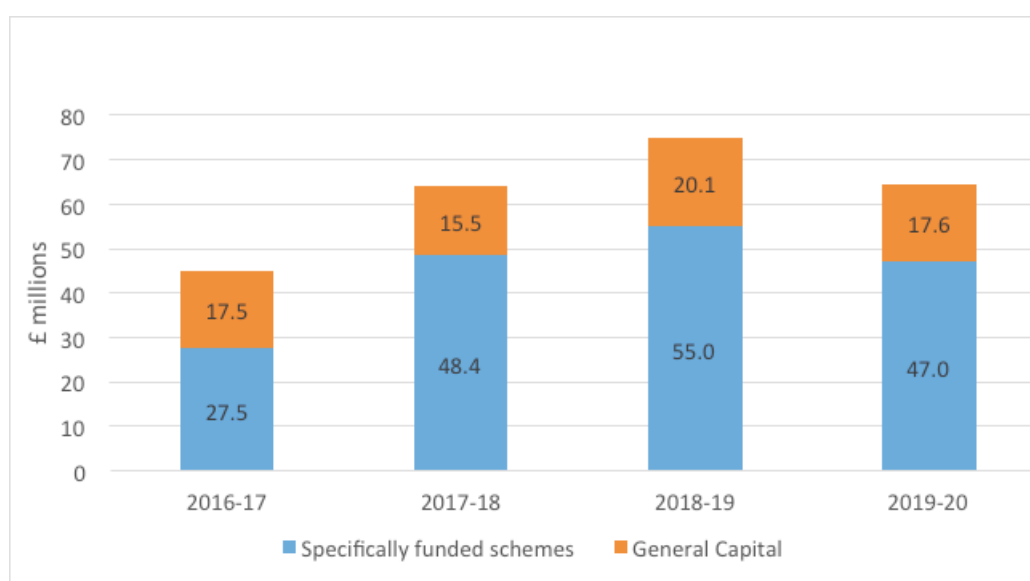
Other specifically funded schemes include GP premises improvement schemes in Trust owned premises, the development of an RGH Energy Centre and a scheme to facilitate the Helicopter Emergency Medical Service at the RGH site.

The work on the Acute Mental Health In-Patient Unit is nearing completion and it is anticipated that the building will be handed over to the Trust early in the 2019-20 financial year. Design and enabling work for the new Children's Hospital is continuing and work on the Maternity Hospital is progressing on site.

In 2018-19 there has also been investment in numerous IT projects ranging from replacing PCs to rolling out mobile devices and improving the IT infrastructure and security.

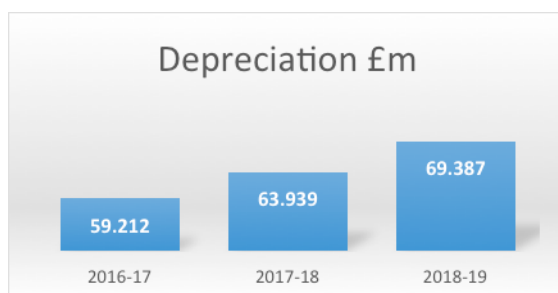
General Capital expenditure included a number of schemes to refurbish Trust buildings to improve patient experience and also to replace a range of clinical equipment including an MRI scanner.

The Trust's funding and spending each year on specifically funded schemes fluctuates based on the number, scale and stage approved schemes have reached. General capital funding is allocated to the Trust each year by the DoH. The table below shows the capital expenditure incurred by the Trust from 2016-17 to 2018-19. The figures for 2019-20 represent the Trust's opening capital allocation for 2019-20. The 2019-20 figure may change as the year progresses.



# Performance Report

As a result of the Trust's capital expenditure and asset base, the Trust incurs depreciation charges each year as the asset value is written off. The depreciation charge, for which the DoH provide financial cover, is as follows for the least 3 years.



## Research and Development

Research and development are core activities within the Trust, and new treatments or procedures are often made available for the first time to patients in the Trust through clinical trials. Staff from all professional groups who come up with new ideas to improve patient outcomes or experience will often try them out for the first time by conducting research.

Patients and clients of the Trust play a key role in the design of research studies, and increasingly act as members of the research team and play a critical role in making sure that the most important issues for patients are addressed through research. Staff within the Trust work closely with colleagues in partner organisations, including local universities, other Trusts, major charities and local and international companies to allow access to new treatments at the earliest possible opportunity in as many areas as possible.

Belfast Trust hosts a number of important elements of the regional Northern Ireland research structure, including the Northern Ireland Clinical Research Network, the Northern Ireland Clinical Research Facility, a Clinical Trials Unit and the Northern Ireland Cancer Trials Network. These provide support for research throughout all HSC Trusts. Funding for research within the Trust comes from a variety of sources, including Government, the EU, Research Councils, Charities and commercial partners. The findings of research conducted in the Trust influence the treatment of patients locally, nationally and internationally.

All research projects taking place in the Trust are approved by an independent ethics committee, and by the Trust research office, which ensures that all research taking place within the Trust is conducted in line with proper ethical standards and all relevant legislation. Around 600 research projects are underway in the Trust at any time, with approximately one hundred and eighty research projects approved in the Trust in the last year. These range from small studies designed to better understand aspects of patient experience through to large national and international clinical trials of new drugs, procedures or devices.

# Performance Report

## Donations and Fundraising

Charitable donations help us to improve the quality of care we provide to our patients and clients across the Trust. During 2018-19 the Trust received donations, income and legacies totalling approximately £1.3m and a further £1.2m in investment income. The donated income is received mainly from former patients, clients and their relatives in recognition of the Trust's work. Individual donors are too numerous to mention, but examples of improvements we have made as a result of donations and legacies received during 2018-19 include:

- The purchase of an Electromagnetic Navigation Bronchoscopy to allow the targeting of lesions and tumours in the thoracic region of the body
- The purchase of Endoscopy equipment for Neurosurgical Theatres for the removal of skull based tumours
- The introduction of the Shopmobility Scheme onto the Belfast City Hospital site to be used by patients
- The purchase of a Camera Stack system for Gynaecology outpatients to allow additional patients to access the service quicker
- The purchase of a van to allow speedy delivery of patients notes to various hospital sites
- The provision of both therapeutic and fun activities for clients and patients in community residential, day care facilities, and inpatients also including social trips
- The provision of play therapy equipment and events for inpatients with RBHSC preparing for theatre, and those attending as outpatients, as a distraction aid
- Provision of Counselling session for patients and families who have suffered Brain Injuries
- Purchase of an air conditioning unit for Ophthalmology patient area in the Mater Hospital
- Purchase of an additional Haemodialysis Machine for Renal patients at Belfast City Hospital.

If you would like to make a donation to the Trust to help us continue to enhance the experiences of patients and clients in our care, please contact:

The Charitable Funds Section,  
1st floor, Dorothy Gardiner Unit  
Knockbracken Healthcare Park  
Saintfield Road, Belfast  
BT8 8BH

Tel: 028 9504 5393

E-mail: [charitabletrustfunds@belfasttrust.hscni.net](mailto:charitabletrustfunds@belfasttrust.hscni.net)

# Performance Report

## Sustainability Report

### Making life better through the delivery of sustainable health and social care

The Trust continues to implement the sustainable Development strategy 2016-20, which identifies methodologies for achieving significant benefits, including health and wellbeing, improving quality and cost savings by adopting an approach based on the sound principles of sustainable development, focusing on environmental issues, economic considerations and social impacts.

The strategy has put governance arrangements in place to ensure that appropriate policies, action plans, targets and monitoring are established to ensure continual improvement across all areas of sustainable development. The working groups continue to strive to deliver on the agreed objectives set out within the strategy.

### Reducing carbon emissions

The Trust continues to monitor energy and water consumption every 30 minutes throughout all our buildings meaning we can identify waste and opportunities for further efficiencies.

The Trust continues to improve building management systems, which allow for better monitoring and control of heating, ventilation and air conditioning systems. This is crucially important to create the appropriate conditions for the delivery of patient care, improving patient safety in critical care areas and thermal comfort across the Trust.



As a Trust we continue to implement a wide range of carbon reduction projects such as installation of LED lighting, insulation, variable speed drives, heat pumps, solar thermal panels and battery storage.

The Trusts energy contract for the supply of electricity and natural gas continues to be a very successful partnership. The supplier is providing ongoing support to the Trust to change people's lives in line with the aims of the public health framework 'Making Life Better'. This has included a range of initiatives, including educational support in the form of work bursaries; support &

# Performance Report

opportunities for looked after children and sustainable transport in the form of two electric vans for use by the Trust.

## **Partnerships**

The Trust's Estates Department have continued their collaboration projects and research with local Universities, schools as well as private businesses focussing on Sustainability, Healthcare Engineering and Estates Risk. The aim of the collaborations are to ensure the Trust is at the leading edge of new technology and to promote the Trust as an ideal location to locate research & development projects. These partnerships have provided research and development opportunities with the aim of improving performance, health & wellbeing and reducing risk.

## **Responsible waste management**

The focus of the Trust's waste management initiatives is to reduce the volume of waste produced in the Trust and to maximise recycling and recovery opportunities in collaboration with our waste contractors. The Trust converts 100% of its clinical waste into a renewable energy source and all of the food waste generated is converted to composting or anaerobic digestion.

# Performance Report

On behalf of the Belfast Health and Social Care Trust, I approve the Performance Report encompassing the following sections:

- Performance Overview
- Performance Analysis



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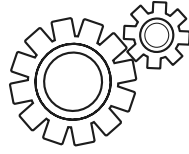
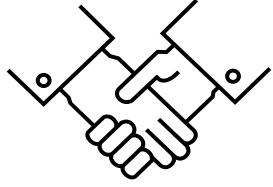
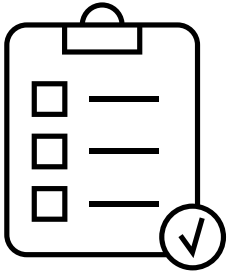
Martin Dillon  
Chief Executive

6/6/19

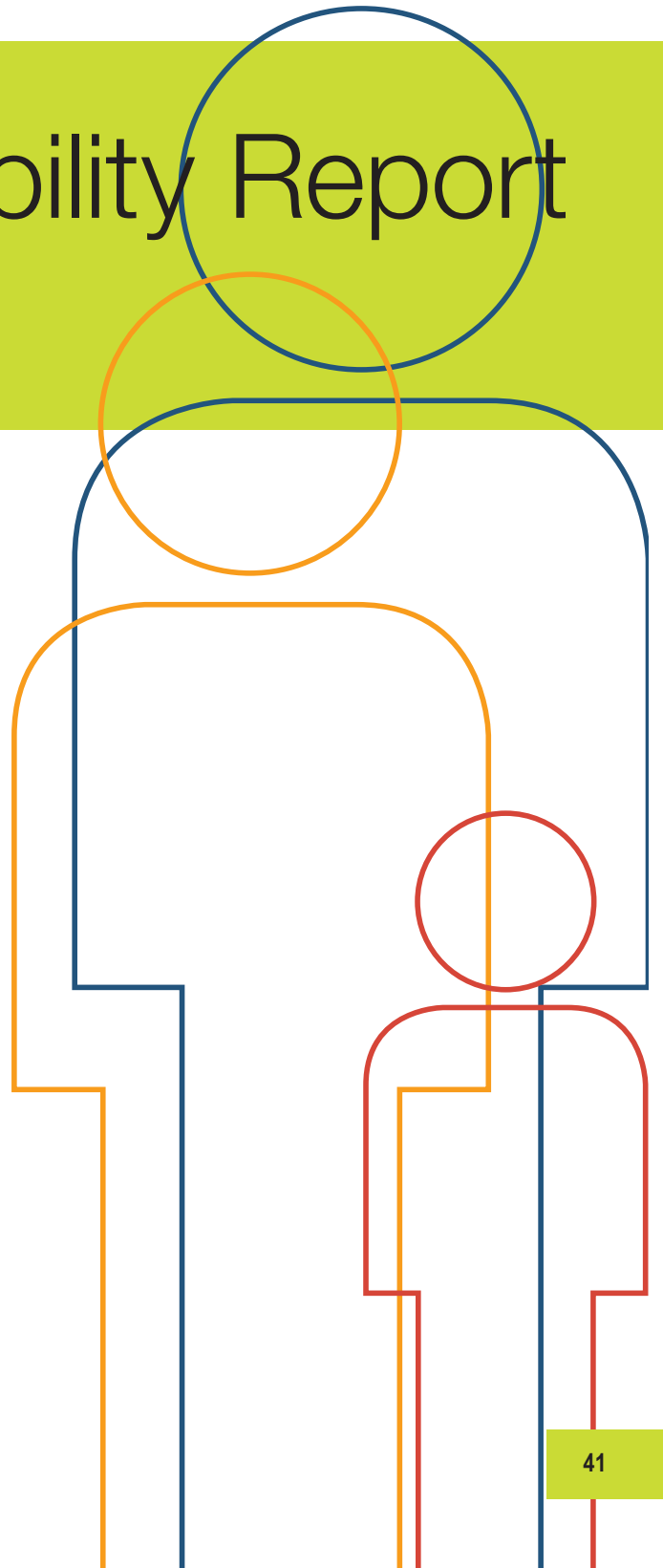
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Date





## 2. Accountability Report



# Accountability Report

## Overview

The purpose of the Accountability Report is to meet key accountability requirements to the Northern Ireland Assembly. The report contains three sections being, the Corporate Governance Report, the Remuneration and Staff Report, and the Accountability and Audit Report.

The purpose of the Corporate Governance Report is to explain the composition and organisation of the Belfast Trust's governance structures and how these support the achievement of the Trust's objectives.

The Remuneration and Staff Report sets out the Belfast Trust's remuneration policy for directors, reports on how that policy has been implemented and sets out the amounts awarded to directors. In addition, the report provides details on overall staff numbers and composition, and associated costs.

The Accountability and Audit Reports brings together the key financial accountability documents within the annual accounts. This report includes a statement of compliance with regularity of expenditure guidance, a statement of losses and special payments recognised in the year and the external auditor's certificate and audit opinion on the financial statements.

## Corporate Governance Report

### Non Executive Directors' Report

The role of the Trust Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions. It is accountable, through the chairman, to the Permanent Secretary at the Department of Health.

It is made up of a Chairman, seven non Executive Directors, five Executive Directors and six other Directors. The Department of Health appoints non-executive directors, with the approval of the Minister for Health.

#### Non-Executive Directors

- Mr Peter McNaney, Chairman
- Professor Martin Bradley
- Mr Gordon Smyth
- Mrs Nuala McKeagney
- Dr Patrick Loughran
- Ms Anne O'Reilly

# Accountability Report

- Mrs Miriam Karp
- Professor David Jones

The Non Executives chair a number of oversight committees including the Audit, Assurance, Social Care, Remuneration and Charitable Funds Advisory committees.

The Audit Committee provides the Trust Board with an independent and objective review on its financial systems of internal control. Mr Gordon Smyth as Chair of the Audit Committee provides the Board with an Annual Report each year. This committee met four times during the year and members achieved 75% attendance. The Audit Committee completes the National Audit Office Audit Committee self-assessment checklist on an annual basis to assess its effectiveness. No performance related issues were identified by Audit Committee members during the year. The work of the Internal Audit and External Audit functions is fundamental to providing assurances on the on-going effectiveness of the system of internal financial control.

The Assurance Committee met on four occasions during the year and members achieved 85% attendance. It is comprised of Non-Executive Directors, Directors and the Trust Chief Executive and chaired by Mr Peter McNaney. The Assurance Committee's role is to assist the Board of Directors in ensuring an effective Assurance Framework is in operation for all aspects of the Trust's undertakings, other than finance. The Assurance Committee is also responsible for ensuring there is a robust system in place for identifying principal risks and significant gaps in controls/assurance for consideration by the Board of Directors.

The Social Care Committee, chaired by Ms Anne O'Reilly, reviews all internal and external inspection and regulator reports relating to Statutory Functions and Corporate Parenting. They provide assurance to the Board that recommendations have been accepted and that their implementation will be monitored by the Committee.

The Remuneration Committee is responsible for advising the Board on the remuneration of the Chief Executive and Directors of the Trust, guided by DoH policy and best practice. The Committee is chaired by the Trust Chairman, Mr Peter McNaney and includes two other Non-Executive Directors, Ms Anne O'Reilly and Mrs Nuala McKeagney.

The Charitable Funds Advisory Committee oversees the management and governance of funds in line with the Trust's Standing Financial Instructions. The Committee is chaired by Mrs Nuala McKeagney.

## Directors' Report

The Trust Board consists of Executive Directors covering the core professional areas with voting rights and other Directors who make up the senior management of the Trust across the operational directorates.

# Accountability Report

## Executive Directors

- Mr Martin Dillon, Chief Executive
- Dr Cathy Jack, Deputy Chief Executive/Medical Director
- Mrs Maureen Edwards, Director of Finance, Estates and Capital Planning
- Miss Brenda Creaney, Director of Nursing and User Experience
- Mr John Growcott, Interim Director of Social Work/Children's Community Services (until 31 August 2018)
- Mrs Carol Diffin, Director of Social Work/Children's Community Services (from 1 September 2018)

## Directors

- Ms Bernie Owens, Director of Unscheduled and Acute Care
- Mrs Jacqui Kennedy, Director of Human Resources/Organisational Development (Interim Director from 1 February 2018 until permanent appointment on 6 November 2018)
- Mr Aidan Dawson, Director of Specialist Hospitals and Women's Health
- Mrs Caroline Leonard, Director of Surgery and Specialist Services
- Mrs Marie Heaney, Director of Adult Social and Primary Care
- Mrs Jennifer Thompson, Interim Director of Performance, Planning and Informatics.

A declaration of Board Members' interests has been completed and is available on the Trust's website [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net). The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 – Related Party Transactions and can be found at Note 21 to the Financial Statements on page 140.

The executive and senior management of the Trust, along with the Director of Finance have the responsibility for the preparation of the accounts and Annual Report. They have provided the auditors with the relevant information and documents required for the completion of the audit. The responsibility for the audit of the Trust rests with the Northern Ireland Audit Office.

In providing the auditors with the relevant information, the Directors have confirmed:

- That so far as they are aware, there is no relevant audit information of which the Trust's auditors are unaware
- That they have taken all the steps that they ought to have taken as directors in order to make themselves aware of the relevant audit information, and to establish that the Trust's auditors are aware of that information

# Accountability Report

- That the annual report and accounts as a whole are fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

The Trust's external auditor is the Northern Ireland Audit Office who have appointed Price Waterhouse Coopers to carry out the detailed audit work to support the C&AG's opinion. The notional cost of the audit for the year ending 31 March 2019 which pertained solely to the audit of the accounts is £65,200 made up as follows, public funds £60,000 and Charitable Trust Funds £5,200. This is reflected within miscellaneous expenditure within note 3 to the accounts.

## Information Governance

Information governance within the Trust provides a framework for handling personal information in a confidential and secure manner to appropriate ethical and quality standards. As part of this, information risk has to be managed in a robust way across the Trust. By May 2018 the Trust had implemented a range of actions to ensure compliance with the new General Data Protection Regulation and the Data Protection Act 2018.

The Trust works with the Information Commissioners Office (ICO) to resolve any complaints received by them into how the Trust handles data. In accordance with legislation data breaches have to be reported within 72 hours, this is a change from the previous requirements. In 2018-19 the Trust referred 22 IG data breaches to the ICO, it is important that learning from these is communicated throughout the organisation to improve our data handling practices.

## Complaints Management

In the patient-centred environment of the Belfast Trust, we continue to encourage patients, relatives and carers to share their thoughts and experiences regarding the treatment and services that they receive.

We recognise the critical importance of having an effective process for investigating and taking appropriate actions in relation to comments, concerns, complaints and compliments about any aspect of care or treatment provided or commissioned by the Belfast Trust in hospital or community settings.

We believe that all concerns and complaints should be received positively, investigated promptly and thoroughly, and responded to sympathetically; and we work hard to ensure that timely and effective action is taken to prevent recurrence when services provided have fallen below acceptable standards.

We continually work to make sure that where concerns or criticisms are raised by patients, these are dealt with in an effective way. In particular, we aim to ensure that:

# Accountability Report

- The process of making a complaint is easy for patients
- Patients' issues are investigated in a fair, thorough and timely manner
- Appropriate actions are taken to address the investigation findings in a way that fully resolves the matter for the complainant
- Any potential for improvements to service delivery identified through complaints investigations are highlighted and shared

The Service User Experience Feedback Group – made up of senior staff from across the Trust – meets every 2 months and discusses key issues associated with complaints and other types of communication from our patients, service users and carers. In particular this group focuses on the use of feedback to lead to Quality Improvement throughout the services we deliver. The Group also looks at Key Performance Indicators aimed at ensuring that the ways in which we deal with complaints are working effectively, and also reviews data to identify any trends in the reasons behind complaints.

The complaints department continues to provide training for staff on how to respond when complaints are raised both face-to-face in wards and departments, and when complainants raise their concerns through the Trust's central Complaints Department.

The number of complaints received for the financial year 2018-19 was 1,885. The Complaints Department were formally notified of over 7,500 compliments received during the year. Further information on the monitoring of complaints is contained in the Complaints Annual Report, which is published on our website. The Trust Complaints Team can be contacted at [complaints@belfasttrust.hscni.net](mailto:complaints@belfasttrust.hscni.net) or Tel: 028 9504 8000.

# Accountability Report

## Statement of Accounting Officer's Responsibility

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

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

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in FRoM 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 Belfast Health and Social Care Trust will continue in operation
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Belfast Health and Social Care Trust
- Pursue and demonstrate value for money in the services the Belfast Health and Social Care Trust provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Mr Martin Dillon of the Belfast Health and Social Care Trust as the Accounting Officer for the Belfast Health and Social Care Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Belfast Health and Social Care Trust's assets, are set out in the Accounting Officer Memorandum, issued by the Department of Health.

# Accountability Report

## Governance Statement

### Introduction/Scope of Responsibility

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

Specifically, the Trust has the following key relationships through which it must demonstrate a required level of accountability:

- With HSC Board commissioners, through service level agreements, to deliver health and social services to agreed specifications. The Trust has established engagement processes with the HSC Board (which includes the Public Health Authority (PHA) for appropriate areas). For example, regular meetings are held with Local Commissioning Group (LCG) representatives and specialist services commissioners to discuss service issues and developments. The Trust and Commissioners have also established Locality Networks arrangements to focus on specific service delivery areas such as Unscheduled Care and Diabetes
- With local communities, through holding public board meetings, and publishing an annual report and accounts
- With patients, through the management of standards of patient care
- With the DoH, through the performance of functions and meeting statutory financial duties.

These are monitored through formal reporting mechanisms and Accountability Review meetings which are held twice yearly and relevant Trust senior staff are in attendance.

### Compliance with Corporate Governance Best Practice

The Board of the Belfast HSC Trust applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of the Belfast HSC Trust does this by undertaking continuous assessment of its compliance with Corporate Governance best practice by for example maintaining assessment against former controls assurance standards, or alternative new processes where available and completing an annual ALB Board Governance self-assessment and action plan. The Trust's self-assessment for 2018-19 was presented and approved by Trust Board workshop in May 2019. The self-assessment covers a number of areas including Board composition and commitment; Board evaluation, development and learning; Board insight and foresight; and Board engagement and involvement. This year an internal assessment was completed in keeping with requirements. The



# Accountability Report

assessment noted the delay of a Remuneration Committee report being presented to the Trust Board in 2019 with the awaited DoH circular regarding the Senior Executive pay award and a red flag of significant unplanned variances in performance with regard to Muckamore Abbey Hospital, Neurology and Dunmurry Manor all of which have been robustly reported and progress updates provided to Trust Board and External Agencies including Department of Health.

In addition, the Trust receives assurance from external and internal auditors through the Report to those Charged with Governance and Internal Audit Reports.

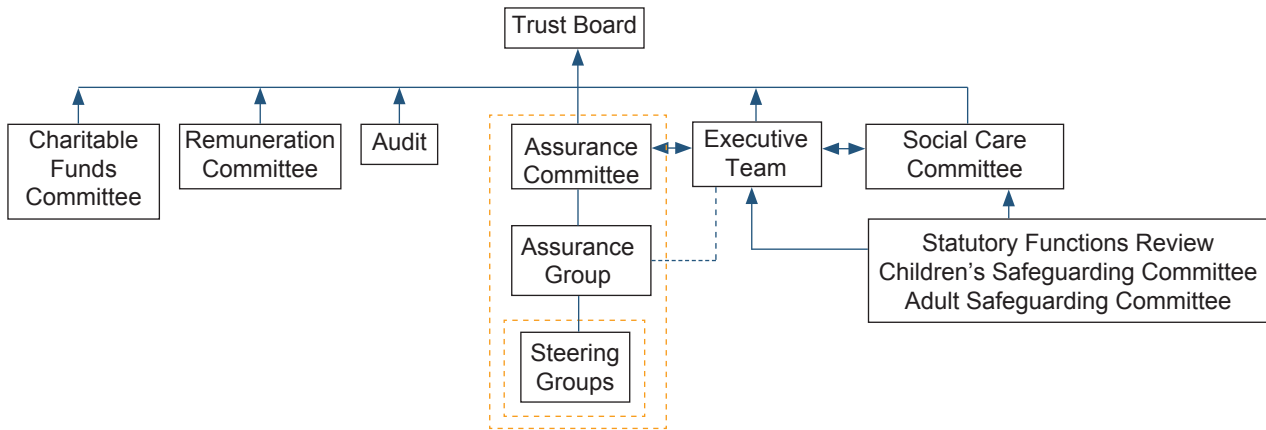
## Governance Framework

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

- A schedule of matters reserved for Board decisions
- A scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers
- Standing Orders and Standing Financial Instructions
- An Audit Committee
- An Assurance Committee
- A Remuneration Committee
- A Governance Steering Group
- A Safety & Quality Steering Group
- A Learning from Experience Steering Group
- A Social Care Steering Group
- An Equality, Engagement & Experience Steering Group
- Service User Experience Feedback Group (incorporating complaints)
- A Charitable Trust Fund Advisory Committee.

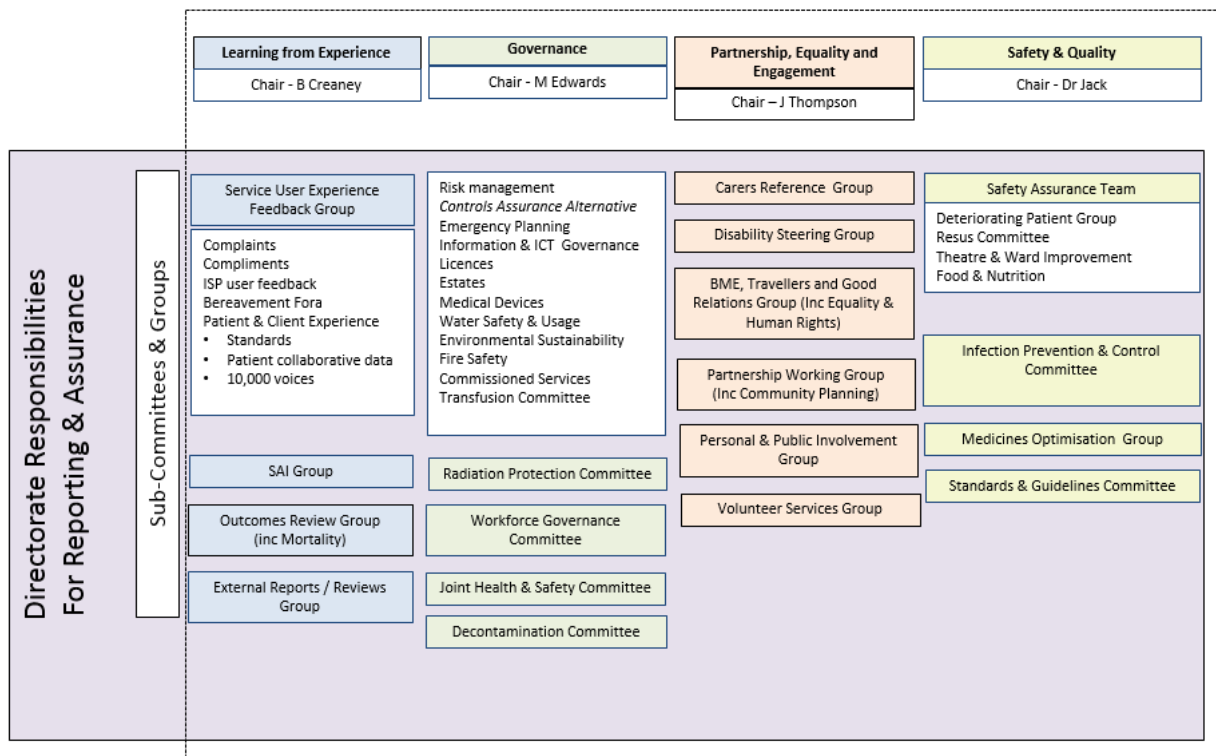
# Accountability Report

## Trust Assurance & Accountability Organisational Overview



Five Corporate Themes				
Safety, Quality & Experience	Service Delivery	Strategy	People & Culture	Resources
Key Objectives				
Deliver Quality Improvement Plan 2017-2020, linked to Experience	Drive improvement across elective care, unscheduled and community services	Develop and deliver strategic change with partners	Implement Collective Leadership and Culture Strategy	Build infrastructure fit for purpose

## Steering Groups and Assurance subcommittees



# Accountability Report

The role of the Trust Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions. Throughout the year the Trust Board has been briefed on control issues by the Chairs of the Audit Committee and Assurance Committee. The Trust held seven Trust Board meetings and five Trust Board workshops during 2018-19. Standing agenda items included reports from the Chief Executive, performance, quality, and financial performance reports.

Trust Board development workshops were held on the 25 October 2018 and 13 December 2018 to review effectiveness and plan for future challenges.

Trust Board attendance records for 2018-19 were as follows:

<b>Non Executive Directors</b>	<b>No. of meetings attended</b>	<b>No. of possible meetings</b>
Peter McNaney	7	7
Martin Bradley	7	7
David Jones	5	7
Nuala McKeagney	4	7
Patrick Loughran	7	7
Anne O'Reilly	6	7
Miriam Karp	6	7
Gordon Smyth	6	7
<b>Executive Directors</b>		
Martin Dillon	7	7
Brenda Creaney	4	7
Maureen Edwards	6	7
Cathy Jack	6	7
Carol Diffin	4	4
John Growcott	3	3
<b>Directors</b>		
Aidan Dawson	5	7
Marie Heaney	6	7
Caroline Leonard	7	7
Bernie Owens	6	7
Jennifer Thompson	7	7
Jacqui Kennedy	5	7

# Accountability Report

The Audit Committee provides the Trust Board with an independent and objective review on its financial systems of internal control. The Chair of the Audit Committee provides the Board with an Annual Report each year. This committee met four times during the year and members achieved 75% attendance. The Audit Committee completes the National Audit Office Audit Committee self-assessment checklist on an annual basis to assess its effectiveness. No performance related issues were identified by Audit Committee members during the year. The work of the Internal Audit and External Audit functions is fundamental to providing assurances on the on-going effectiveness of the system of internal financial control.

The Assurance Committee met on four occasions during the year and members achieved 85% attendance. It is comprised of Non-Executive Directors, Directors and the Trust Chief Executive and Chairman. The Assurance Committee's role is to assist the Board of Directors in ensuring an effective Assurance Framework is in operation for all aspects of the Trust's undertakings, other than finance. The Assurance Committee is also responsible for ensuring there is a robust system in place for identifying principal risks and significant gaps in controls/assurance for consideration by the Board of Directors.

The Remuneration Committee is responsible for advising the Board on the remuneration of the Chief Executive and Directors of the Trust, guided by DoH policy and best practice. The Committee is chaired by the Trust Chairman and includes two other Non-Executive Directors.

The Charitable Funds Advisory Committee oversees the management and governance of funds in line with the Trust's Standing Financial Instructions. The Committee is chaired by a Non-Executive Director.

The Assurance and Charitable Funds Advisory Committees met in accordance with their Terms of Reference throughout the year and no performance related issues were raised by the Board Governance Self-Assessment.

## Business Planning

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 including a formal structure and process for development and approval of business cases to support significant areas of expenditure.

The Trust's 3 year Corporate Plan sets out the vision and purpose, core values and objectives that will shape the strategic direction and priorities. The Trust's overarching vision is to be one of the safest, most effective and compassionate health and social care organisations. The delivery of this vision is articulated through five corporate themes. These are:

- Safety, Quality and Experience
- Service Delivery

# Accountability Report

- People and Culture
- Strategy and Partnerships
- Resources.

The Corporate Plan and the Trust Delivery Plan set out measures and targets to progressively deliver these corporate objectives.

The Trust Delivery Plan is developed annually as a response to the Department's performance indicators and the Commissioning Plans of the Health and Social Care Board as set out in its Annual Commissioning Plan. While the Corporate Plan incorporates these Departmental/ Commissioner targets, it takes a wider view of the organisational responsibilities of the Trust, setting a range of local targets and measures under each corporate objective. The Corporate Objectives and associated targets (regional and local) are cascaded throughout the Trust by:

- Directorate and Division Plans
- Service / Team Plans
- Individual Objectives.

This process forms an integral part of the Trust's Performance Management and Assurance Framework. Review and monitoring of progress against priorities and objectives (linked to DoH/ HSC Board priorities, the Trust Business/Management Plan (including the Trust Delivery Plan)) is carried out through:

- Trust Board Performance Reports (monthly related to key performance indicators), to provide assurance at Board level
- Regular accountability / review meetings with Directorates / Divisions to monitor progress against organisational and Directorate / Division key priorities through scorecards
- Individual Personal Contribution Plans and Learning and Development Plans objectives through the Staff Development Review process to ensure learning and development supports the delivery of Directorate and organisational objectives.

## Risk Management

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- Identify and prioritise the risks to the achievement of organisational policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

# Accountability Report

The Trust is committed to providing high quality, compassionate services to patients and clients in an environment that is both safe and secure. The Trust Board has approved an Assurance Framework and a Risk Management Strategy and has established an Assurance Committee whose membership includes all Non-Executive Directors. This Committee reports directly to the Trust Board. The Assurance Framework outlines the Chief Executive's overall responsibility and accountability for risk management. The Framework also sets out a system of delegation of responsibility at Trust Board, Executive Team and Directorate levels. While all clinicians, managers and Co-Directors are responsible for managing and controlling all elements of risk to which the Trust may have been exposed, there is a clear line of accountability through to Trust Board.

The Risk Management Strategy was last updated in July 2018. Risk management is at the core of the Trust's performance and assurance arrangements and the Assurance Committee, chaired by the Trust's Chairman, provides Board level oversight in this key area. This Committee, along with the Audit Committee, has scrutinised the effectiveness of the Risk Management Strategy.

The Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably the Trust may have to set priorities for the management of risk. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service. The Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Trust involves its service users, public representatives, contractors and other external stakeholders in the implementation of the Risk Management Strategy.

Risk management is integral to the training for all staff as relevant to their grade and situation, both at induction and in service. To support staff through the risk management process, expert guidance and facilitation has been available along with access to policies and procedures, outlining responsibilities and the means by which risks are identified and controlled. Actions taken to reduce risk have been regularly monitored and reported with trends being analysed at Directorate, Corporate and Board levels.

Dissemination of good practice has been facilitated by a range of mechanisms including systems for the implementation and monitoring of authoritative guidance, clinical supervision and reflective practice, performance management, continuing professional development, management of adverse events and complaints, multiprofessional audit and the application of evidence based practice. The Trust seeks to ensure that its medical workforce is equipped to provide the best health care that can be achieved through investment in education, appraisal, appropriate job planning and where issues arise that are appropriate to maintaining high professional standards these are dealt with using the appropriate procedures, involvement of National Clinical Assessment Service where necessary and regulatory bodies such as the General Medical Council and General Dental Council.

# Accountability Report

The Trust has a shared learning procedure which outlines common sources of learning and provides guidance to staff on types of learning and how to share within departments, across the Trust and regionally as appropriate.

## Information Risk

Information governance (IG) within the Trust provides a framework for handling personal information in a confidential and secure manner to appropriate ethical and quality standards. As part of this, information risk has to be managed in a robust way across the Trust. To achieve this, participation from all Directorates in the Information Governance Board (IGB) ensures involvement throughout the organisation in terms of the management of information risk, monitoring of data handling and development of good practice. The IGB oversees all aspects of IG including data protection, ICT security, records management, freedom of information, cyber security and data quality. This body takes responsibility for developing a culture of good practice that values, protects and uses information appropriately.

The Director of Performance, Planning and Informatics acts as the Senior Information Risk Owner (SIRO) and has a key role in considering how organisational goals will be impacted by information risks and how those risks will be managed. Information Asset Owners (IAO's) have been nominated across the Trust and have responsibility for identifying and managing information risk in their own areas. Regular reports and an annual IG report are made through the Trust's assurance structure.

The IG department continues to promote good data handling practice and provides a framework to ensure that personal identifiable information is dealt with legally, securely, efficiently and effectively. By May 2018 the Trust had implemented a range of actions to ensure compliance with the new General Data Protection Regulation and the Data Protection Act 2018. Trust employees need guidance to deal with the many different rules for processing personal data and all IG policies were updated to reflect the changing legislative requirements. This new legislation brought about a number of developments within the Trust including the provision of privacy notices, update of processes to handle subject access requests, changes to contract documentation, revised staff training, a review of IG incident reporting and the identification of information assets by Directorate.

Data protection training is mandatory for all staff and the IG department have developed a number of courses - face to face and on line to deal with the many different training requirements. Approximately 60% of staff have received data protection training. The Trust recognises that this needs to increase and have developed a number of initiatives to improve uptake in the incoming year, including targeted communications to non-compliant staff, production and dissemination of an IG information leaflet and the introduction of on-board training for all new starts.

# Accountability Report

The Trust works with the Information Commissioners Office (ICO) to resolve any complaints received by them into how the Trust handles data. In accordance with legislation data breaches have to be reported within 72 hours, which is a change from previous requirements. In 2018-19 the Trust referred 24 IG data breaches to the ICO. The Trust has received formal confirmation from ICO that 14 of these have been closed, a further 8 are considered closed by the Trust as all relevant information has been supplied, and there are 2 breaches still being considered by ICO. To date no fines have been imposed. It is important that learning from these is communicated throughout the organisation to improve our data handling practices and where appropriate recommendations received from ICO are implemented accordingly.

## Personal Public Involvement and Co-Production

The Trust remains committed to ensuring that the statutory duty for Personal and Public Involvement (PPI) is embedded into all aspects of its business, in line with the regional PPI Standards. Work is also underway to support the implementation of the recently published DoH Co-production guidelines. The Trust continues to work on creating opportunities for PPI and co-production with service user and carers. PPI is included in the Trust Assurance Framework committee structure and reports via the Equality, Partnership and Engagement Committee. PPI is reflected in the Trust Corporate Plan and is subsequently included in Directorate and Divisional management plans.

There continues to be a wide range of user engagement opportunities throughout the Trust, both corporately and within clinical Directorates, which allow people to become involved in the development, improvement and evaluation of Trust services. With the Trusts ongoing commitment to Quality Improvement, there is a continued commitment to ensuring that PPI is core to this work. In addition, there a number of Trust-wide User Forums and specific Service User groups facilitated by and linked to the Trust which can provide opportunities for service user and other stakeholders to engage in decision making, feedback processes and associated risk issues. A range of PPI training for staff continues to be delivered and the regionally developed PPI e-learning module has been completed by over 350 staff during 2018-19. During this period, over 100 staff from a range of professional backgrounds and Bands, completed participatory PPI training. This included Introduction to PPI, Getting People to Participate and Facilitation Skills for PPI. The Appreciative Inquiry approach to co-production has been further developed within the Trust, with further projects being developed within Adult Social and Primary Care and a community based project in North Belfast. Appreciative Inquiry training has also been delivered to staff from Maternity Services and Finance. A Carer Consultant has recently been appointed within the Learning Disability Service, to support the development of PPI and Co-production with carers within this service.



# Accountability Report

## Assurance

The Assurance Framework describes the relationship between organisational objectives, identifies potential risks to their achievement and the key controls through which these risks will be managed, as well as the sources of assurance surrounding the effectiveness of these controls. The Assurance Framework incorporates the Risk Management Policy and establishes the context in which the Trust Management Plan was developed, as well as determining the mechanism through which assurances were provided to the Trust Board. The Assurance Framework lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes. The Assurance Committee regularly challenges or seeks verification of the quality of evidence coming to it.

The Assurance Framework was reviewed and updated in 2018. The updated Assurance Framework was approved by the Assurance Committee of the Trust Board in July 2018. The Assurance Framework allows an integrated approach to performance, targets and standards, which include proportionate assurance arrangements, replacing the former controls assurance standards and quality standards for health and social care.

The Assurance Committee agenda and schedule of annual reports takes account of the Sub Committees structure. These committees report through the Assurance Group to Executive Team. They are generally expert groups that are responsible for developing assurance arrangements within specific areas of Trust activity and provide the necessary scrutiny of practice. At each Assurance Committee meeting, through the relevant Director, the Committee receives assurance reports from the following governance committees: Social Care Steering Group; Governance Steering Group; Learning from Experience Steering Group; Outcome Review Group; Service User Experience Feedback Group (including complaints); Safety and Quality Steering Group; Equality, Engagement and Experience Steering Group as well as a litigation report encompassing clinical negligence and other claims. It also receives an annual Health and Safety report.

In addition, the Committee receives updates on the Safety and Quality Improvement Plan; on incidents and Serious Adverse Incidents; summary reports of RQIA unannounced hygiene inspections; RQIA thematic reviews and RQIA inspections of regulated providers. This taken with other internal assurances and the external assurances detailed under Sources of Independent Assurance means that the Board is satisfied that this level of assurance is of sufficient quality and meets its requirements. The Risk Register Review Group continues to meet on a quarterly basis, to scrutinise the evaluation of all significant risks arising from Directorate Risk Registers. Each Directorate has maintained and further developed systems to identify risk, assess impact and likelihood of harm occurring, and to maintain control in line with the Assurance Framework and the revised Risk Management Strategy. These risks are used to populate Directorate risk registers,

# Accountability Report

which are updated on an on-going basis and which feed into the Belfast Trust's Assurance Framework Principal Risks and Controls.

The DoH has sought assurance that the Trust is actively assessing the potential impact of the UK leaving the EU without an agreement. The Trust has established an EU Exit Steering Group with representatives from both service directorates and corporate departments. The Steering Group is currently meeting every fortnight to keep a continued focus on planning and preparing for the possibility of a 'no deal' exit. In this 'no deal' scenario and in line with Departmental guidance, the Trust has considered the impact in relation to the following areas: Reduced Workforce, Funding and Financial Implications, Impact on supply of goods, Legislation / Regulation issues, Cross border implications and Access to healthcare. Following advice from the Department, the Trust has made a number of assumptions in assessing the possible impact and we are working on the basis that disruption to health and social care services is not anticipated as a result of any impediment to movement of people at the border and that our existing business continuity plans will continue to apply. We have developed a Business Impact Analysis document which identifies, by Directorate, the potential impact of a 'no deal' in relation to the above identified 6 broad areas and the respective contingency plans. The Trust will be required to provide daily Situation Reports to the HSCB closer to the date the UK is expected to leave the EU. The SitRep template to be completed has been provided by the Department and the Trust has developed standard operating procedures using the format in place for the daily acute patient flow reports. Representatives from the Trust participate in regional and, in some cases, UK wide forums in preparation for a 'no deal' EU Exit and we continue to review all aspects of our contingency planning as further developments arise.

## Sources of Independent Assurance

The Trust obtains Independent Assurance from the following main sources:

- Head of Internal Audit's Annual Report including an overall opinion on the system of Internal Controls
- Chair of Audit Committee's Annual Report to Trust Board
- Internal Audit – through a programme of annual audits based on an analysis of risk
- Northern Ireland Audit Office; NIAO provides assurance to the Assembly as the statutory external auditor to the Trust, a by-product of which is the report to those charged with governance which provides the Trust with detailed findings from their audit
- Regulation and Quality Improvement Authority (RQIA); through regular inspections and subsequent reports
- Medicines and Healthcare products Regulatory Agency (MHRA); through regular inspections and reports
- General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training Agency (NIMDTA) and various Royal Colleges.

# Accountability Report

All Belfast Trust Laboratories (BTL) are required to be accredited by United Kingdom Accreditation Service (UKAS) to ISO Standards. A number of assessments visits have taken place across the Belfast Trust Laboratories throughout 2018-19. All sites are visited for by UKAS annually to ensure compliance with the accredited standard and these will continue in 2019-20. As a result of the success of these visits, BTL are now fully accredited throughout all our seven disciplines across three hospital sites. BTL currently hold nine UKAS accreditation standard ISO 15189:2012 and our Public Health Laboratory are accredited to ISO 17025:2017.

The Belfast Trust Blood Bank services has been deemed compliant with the Blood Safety and Quality Regulations 2005, by submission of compliance reports to the Medicines and Health Care Regulatory Agency (MHRA) for the 2017-18 financial year for all three Blood Banks (BCH, RVH, MIH). The 2018-19 compliance reports are currently being prepared for submission. MHRA have issued a correspondence confirming that they will provide a maximum of seven days notice of site inspection.

The Stem Cell Bank and Post Mortem Services currently hold respective licences under the Human Tissue Act (2004) having been inspected by the Human Tissue Authority (HTA). Stem Cell Bank were successfully inspected in January 2018 and are due re-assessment in January 2020. Post Mortem services were last inspected by HTA in August 2017, reassessment is not yet due.

The Trust's Organ Donation and Transplantation HTA Licence was assessed in May 2018 and found the Trust compliant with two minor issues which have now been addressed. The Bone Bank was successfully inspected in September 2018.

The Trust's Regional Fertility Centre's Human Fertilisation and Embryology Authority (HFEA) licence was successfully renewed in March 2019 and the Regional Fertility Centre were successfully reaccredited for ISO90001:2015. The Regional Andrology Service successfully gained UKAS accreditation of ISO15189 having moved from CPA accreditation.

The Trust's Radiopharmacy & Cyclotron facilities were re-inspected by the Medicines and Health Care Regulatory Authority (MHRA) in May 2018. A number of non-compliances were identified and an action plan continues to be progressed to address these.

The British Standards Institute (BSI) is the Notified Body who audits compliance of the Central Decontamination Units (CDU) in RVH and MPH as well as the Endoscopy Decontamination Unit (EDU) in BCH and RVH against the relevant Medical Devices Directives and ISO 13485 standard. The Trust is audited bi-annually. The Central Decontamination Units in BCH, MPH and RVH have been externally audited by BSI auditor to the new ISO 13485-2016 standard. MPH/RVH Central Decontamination Units and BCH/RVH endoscopy units successfully achieved accreditation to the new standard ISO 13485-2016.

The Trust engages proactively with all such reviews and the Board is assured that appropriate actions are taken by the Assurance Committee.

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The Trust can confirm that it reviewed arrangements in place to ensure the timely and effective implementation of agreed National Institute for Health and Clinical Excellence (NICE) guidance where reasonably practical and has commenced work to further improve this area. Systems are in place to support identification of any risks associated with non or partial compliance and these are highlighted and recorded on appropriate risk registers including, when appropriate, the Corporate Risk Register/Principal Risk Document and are reported to the HSC Board as required.

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

## Internal Audit

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

In 2018-19 Internal Audit reviewed the following systems:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
<b>FINANCE AUDITS</b>	
Specialist Hospitals & Women & Child Health – Directorate Finance Audit	Limited Management of Contracts with Independent Sector  Satisfactory Management of Contracts with NHS Providers in relation to the treatment of Scoliosis patients
Cash Management at Rigby Close	Limited
Payments to Staff (Follow up of 2017-18 Audit)	Limited
Non-Pay Expenditure (specifically focusing on the Adult Social and Primary Care Services Directorate)	Satisfactory

# Accountability Report

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
<b>FINANCE AUDITS</b>	
Catering, including Contract Management	Satisfactory
Cash Management in Cash Offices	Satisfactory
Procurement and Management of Estates Contracts	Limited
Cash Management in Social Services Facilities	Satisfactory – 7 facilities Limited – 1 facility (Somerton Road Children’s Home)
Management of Client Monies in Independent Homes and Supported Living Facilities	Satisfactory – 6 Homes Limited – 3 Homes
Compliance with the Permanent Secretary’s letter regarding travel (primarily travel outside Ireland and Britain)	Limited
Stocktakes	Satisfactory
<b>CORPORATE RISK BASED AUDITS</b>	
Implementation of PARIS within Children’s Community Services	Satisfactory
Management of Children in Adult Wards	Limited
Management of Medical Locum Staff	Limited
Management of Fire Safety – Follow up	Limited
Information Governance – GDPR compliance within the Trust	Limited
IT Audit – Cyber Security	Limited/ Satisfactory elements of opinion
Care Management Processes	Limited
<b>GOVERNANCE AUDITS</b>	
Risk Management	Satisfactory
Mortality and Morbidity processes (specifically mortality)	Limited

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In their annual report, the Internal Auditor provided limited assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control due to the number of limited assurance reports. 17 weaknesses in control (Priority One findings) were identified in a total of 10 areas. Four of the 17 weaknesses require regional action led by HSCB. Limited assurance has been provided in respect of 10 audits:

- Compliance with DoH Permanent Secretary's Instructions regarding Travel received limited assurance on the basis that 69% of all reviewed trips outside Ireland and Britain, in the period April 2017 to April 2018, were not prior approved at Director level or above. Furthermore, scrutiny and approval of expenditure is generally post purchase at present, reducing the control. The Trust would highlight that the limited assurance arises as a result of our interpretation of the Permanent Secretary's letter; in terms of whether it was applicable to Charitable Trust Funds and therefore the need for prior approval by a Director
- Cash Management at Rigby Close Supported Housing facility received limited assurance due to unnecessary and unrestricted access to client's monies and poor record keeping
- Payments to Staff received limited assurance solely because of the low compliance rate around quarterly staff-in-post checks by Managers (which is a key control over the accuracy of staff in receipt of payment) across the Trust
- Procurement and Management of Contracts – Estates received limited assurance. Internal Audit reported there were queries around the use of Measured Term Contracts in the context of project/scheme values, the Trust does not manage revenue expenditure at project/scheme level and there were significant challenges in getting clarity around processes
- Management of Children in Adult Wards received limited assurance as there were significant findings in respect of documentation and training
- Fire Safety Follow Up received limited assurance on the basis that significant weaknesses remain in relation to staff training and outstanding high priority action following fire risk assessments
- Information Governance received limited assurance on the basis that work is needed to review re- design and implement mechanisms to identify all information assets (records containing personal data) owned by the Trust
- Care Management received limited assurance on the basis that the Trust, as a commissioner of services, has failed to ensure that there is a clearly documented Trust Care Plan in place for 56% of the service users sampled by audit
- Morbidity and Mortality received limited assurance in respect of compliance with the Mortality and Morbidity processes (specifically mortality)

# Accountability Report

- Medical Locums received limited assurance due to the lack of audit trail around decisions to utilise non-contract agencies and agree individual payment rates with medical agency staff and also completion of pre-employment checks.

The following four reports received satisfactory level of assurance, however limited assurance was provided in specific areas as follows:

- The Cash Handling in Social Services facilities audit received satisfactory assurance for 7 out of the 8 facilities visited. Limited assurance was received in respect of 1 home due to poor financial record keeping
- The Management of Client Monies in the Independent Sector audit received a satisfactory assurance for 6 out of the 9 facilities but limited assurance in respect of 3 facilities. This was due to issues identified with the recording and management of client monies in one facility and the system in place for charging transport at two facilities
- Specialist Hospitals & Women's and Child Health Directorate Finance review received satisfactory assurance in respect of management of contracts with NHS Providers in relation to the treatment of Scoliosis patients but limited assurance in respect of management of contracts with Orthopaedic Independent Sector Providers as contracts were not appropriately procured
- IT Audit – Cyber Security received limited/satisfactory elements of opinion. Five priority one recommendations were reported, four of which require regional action, led by HSCB.

Recommendations to address these control weaknesses have been or are being implemented. The Audit Committee have reviewed management responses to Internal Audit recommendations and monitor progress with the implementation of recommendations.

Internal Audit conduct formal follow-up reviews in respect of the implementation of the priority one and two internal audit recommendations agreed in the Internal Audit reports. Internal Audit presented a full report which showed that 99% of agreed actions have been fully or partially implemented.

## **Review of Effectiveness of the System of Internal Governance**

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

# Accountability Report

## Internal Control Divergences

### Progress on Prior Year Control Issues – on-going

#### Lease Expenditure

Senior DoH officials have raised non-compliance with lease policy with ALBs through the accountability process and at Accounting Officer level. Assurances have been sought from ALBs that robust processes and systems, including timed action plans to regularise the position, are in place to secure compliance with current lease policy and to ensure irregular expenditure does not occur. The Belfast Trust has no outstanding lease business case approvals and no irregular expenditure. However, a number of minor leases are not compliant with internal control processes.

The Trust has submitted a timed action plan highlighting a number of issues with specific leases following legal advice to bring the Trust into full compliance as soon as possible.

The Belfast Trust has provided assurance to the Department that robust processes and systems are in place for the management of leasehold estate.

#### Financial Position

Whilst the Trust achieved breakeven in 2017-18, much of the in-year reduction in the Trust's opening financial deficit was attributable to one-off, non-repeatable measures and non-recurrent funding. As a result, during 2017-18, the Trust had identified a 2018-19 opening funding deficit of around £52.2m. This position was communicated to HSCB for 2018-19 financial planning purposes at DoH level. The Trust received an indicative financial allocation of almost £39.7m (£15.98m recurrent and £23.7m non-recurrent) on 29 June 2018. After accounting for a reduction of £0.8m in relation to international nurse recruitment and supported living pressures, the Trust reported a residual opening gap of £11.7m as part of the HSC system deficit prior to June Monitoring. The Trust was allocated a further £11m from non-recurrent June Monitoring funding to offset most of its opening deficit.

However, along with the indicative allocations, the Trust was also allocated a savings target of £17.2m (38% of the total savings target of £44.7m for all Trusts). This was based on business share adjusted to reflect its relative equity and efficiency position compared with other Trusts. The Trust's concerns about the methodology used to skew the targets and control totals (allowable deficit) were outlined to HSCB in a letter dated 25 July 2018. An additional community and voluntary sector savings target of £0.6m was also allocated. The Trust has also been allocated a MORE pharmacy savings target of £6m (£7.2m FYE) which represents 48% of the total MORE target for secondary care. It is anticipated that the FYE of this target will be achieved through price reductions for both general and high cost drugs using pharmacy procurement intelligence and robust contract negotiations and through clinically-led high-cost biologic to biosimilar switching



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programme across a wide range of specialties. Against these saving targets of £23.8m in year the Trust has identified recurrent and non recurrent savings of £18.5m and received further non recurrent income of £5m to bridge the savings gap.

Since the original HSC financial plan was produced in March 2018, a number of material cost pressures have emerged, the most significant of which are a superannuation auto enrolment pressure of £6m, looked after children pressures of £1.7m, a mental health pressure of £1m, one-off Muckamore Abbey Hospital and neurology recall costs of £2m and a range of other pressures totalling almost £3m.

The Trust's TDP anticipated a break even position but was contingent on the Trust identifying other measures such as additional savings, non recurrent funding from monitoring rounds, cost containment, further Trust slippage on investments or regional solutions to reduce a residual projected deficit of £10.95m. Since submission of the plan, the Trust has worked closely with HSCB colleagues and the residual net deficit has now been fully met. The Trust has achieved a break even position in 2018-19.

The Trust commenced the transformation agenda via funding allocated from the Confidence and Supply Agreement. A condition of this funding was approval of each business case by the Trust senior management team and then HSCB approval by 31 March 2019. Of the total 120 (£16.7m) schemes 100 had been approved by both the Trust senior management team and HSCB by 31 March 2019. Of the remaining 20 (£435k) schemes all had their business case approved by the Trust senior management team but had not been approved by HSCB due to a delay in the revenue business case process. The Trust expects HSCB to approve the outstanding schemes in 2019-20.

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.

The outlook for 2019-20 is indicating that the revenue resources will be increasingly constrained with further drugs savings and further expenditure reduction and efficiency savings expected. Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2019-20 financial plan is ongoing between the Trust, HSCB and the Department of Health. However as with other financial years, the Trust remains committed to achieving financial break even.

## **BSO Shared Service**

A Payroll Customer Assurance Board was established following an unacceptable Internal Audit assurance having been provided in relation to Payroll System and Payroll Function stability in

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2016-17. The purpose of this group was to ensure HSC customers are involved in addressing ongoing issues within Payroll Shared Services and to provide assurance in progression and quality in relation to payroll. It is jointly chaired by the Director of Finance for BSO and a Trust Director of Finance and it oversees the Payroll Improvement Project consisting of 3 workstreams; System Performance; Review of staffing structures within the Payroll Shared Service Centre; and Payroll Quality. In July 2018 the Customer Assurance Board agreed to close the first two workstreams on the basis that they were effectively completed. The third workstream remains ongoing.

In 2017-18 and 2018-19 the assurance provided by Internal Audit improved to limited overall. They noted that in relation to their key recommendations; additional management resource is now in place, additional control measures have been put in place and the plans for transformational and Business As Usual activities are being progressed. However, they assessed that the changes have not embedded or sufficiently matured for Internal Audit to consider them to be fully implemented. The Payroll Customer Assurance Board continues to oversee the remaining workstream of the Payroll Improvement Project and Belfast Trust are working closely with other HSC customers to provide support to BSO in addressing the ongoing issues.

## Hyponatraemia Inquiry

Following the publication of the 96 recommendations from the Inquiry into Hyponatraemia-Related Deaths (IHRD) nine different workstreams were identified during 2018 and set up. These were:

- Duty of Candour
- Death Certification Implementation Working Group
- Duty of Quality
- Paediatric – Clinical – Collaborative
- Serious Adverse Incidents
- User Experience and Advocacy
- Training
- Workforce and professional regulation
- Assurance.

Work is underway with Departmental, Regional and Trust colleagues to ensure progress across a range of themes and supporting implementation of the IHRD recommendations as appropriate. Within the Trust a Director Oversight Group chaired by the Director of Specialist Hospitals & Women's Health and includes in its membership; the Medical Director, Director of Nursing and User Experience, Director of HR and a Non-Executive Director meet regularly to ensure full consideration to all applicable recommendations and provide assurance to Trust Board that the Trust meets its obligations in relation to the Report.

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The DoH has been clear that much of the work will need to be regionalised and the HSCB/PHA are involved appropriately. Similarly, changes to the HSCB/PHA SAI Policy and local policies will require collaborative work.

A presentation on the Trust's position on the first anniversary of the Inquiry into Hyponatraemia Related Deaths Report was prepared and presented to both a Learning Lunch and to the Senior Leadership Team. Further arrangements are being made to deliver the presentation to other areas within the Trust.

Arrangements are now in place, whereby monthly updates on progress both internally and externally are provided to Trust Board. A total of 161 actions from the IHRD recommendations are being monitored by the Trust oversight group of which 29% are complete, 27% are on target, 28% are DoH timescale dependent and 16% remain ongoing.

A workshop is being arranged for the Trust's working group overseeing Recommendations 10-30 'Paediatric Clinical' to consider the outcomes of a recent audit carried out across all wards/areas of the Trust, regarding compliance with these recommendations.

## Serious Adverse Incidents

A workshop was held in 2016 and 14 recommendations were agreed which identified the need for a more streamlined approach to SAIs with additional resource. These included the following:

- Identifying / recruiting a pool of SAI chairs, independent to the area where the incident occurred
- Having dedicated administrative support for the SAI process
- Implementing a support structure for SAI chairs that includes RCA training; peer review of reports, etc.
- Implementing a support forum for staff involved in incidents or other stressful events
- Incidents being discussed locally in a multi-disciplinary setting as part of regular governance/ learning agenda
- Supporting the provision of meaningful data to front line teams
- An infrastructure to support the sharing of learning across the Trust.

Over forty staff have now been identified as RCA chairs. These staff are predominately Medical and Dental, Lead Nurses and Senior Managers drawn from within Belfast Trust and who have completed accredited Root Cause Analysis Training (RCA) in May 2018 and February 2019. All chairs from medical and Dental professions are allocated time to complete the review. In addition Human Factors awareness sessions were delivered in March 2019. Staff trained in RCA methodology were encouraged to attend, alongside individuals fulfilling the role of Speciality Mortality & Morbidity, Patient Safety lead.

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Allocation of SAI chairs by the Corporate team to ensure independence from the Service area where the incident occurred has commenced. A Chair Forum has been set up to support the SAI chairs in their role to further strengthen governance arrangements, it is intended this will meet six monthly. In addition an SAI panel to facilitate peer review of SAI reports nearing finalisation has been agreed and is about to commence. This will be chaired by the Deputy Medical Director and Co-Director Risk and Governance with representatives from the pool of trained RCA chairs attending in rotation. It is anticipated this will be an opportunity for the chair of a review to present their report for discussion, challenge and support from peers, with the aim of standardising best practice in completing reviews of SAIs, together with improving the learning identified and proposed recommendations in an environment where staff can learn and develop together.

A weekly governance teleconference is now established with representation from key senior staff across Directorates. This weekly call considers a range of governance issues, with a focus on incidents (with a catastrophic severity or an extreme risk grade), new SAIs, new Early Alerts as well as discussing key recommendations from finalised SAI reports submitted to the HSCB. Updates on incidents that required a 'Hot Debrief' are included along with confirmation of compliance with the principals of being included as part of this.

A report developed from these calls is now a standard agenda item at the weekly Executive Team meetings for consideration. The report is also shared with the Divisional Senior Leadership teams along with Non-Executive Directors.

The monthly-established SAI group chaired by the Medical Director continues to review compliance to HSCB timelines as well as challenging the identification of learning and supporting the approval and sharing across Belfast Trust. The Group has agreed to commence and oversee audit of implementation of recommendations from action plans closed by the Trust. Closure is only agreed once confirmed as fully implemented by the Directorate concerned. Audits will be completed by Governance Managers who are independent to the area. This step is intended to provide further assurance of embedded learning.

Further improvements to the infra structure of learning from Serious Adverse Incident reports have been achieved by inclusion of shared learning as a standard agenda item for discussion on Speciality Mortality Review and Patient Safety meetings.

## Prompt Payment Performance

The achievement of the DoH Prompt Payment target of paying 95% of bills within 30 days of receipt is dependent both on procedures within BSO Accounts Payable Shared Service and appropriate actions by the Trust's nominated approvers. The performance for 2014-15 was 80.4% improving to 89.7% in 2015-16, 90.2% in 2016-17 and then dipping to 88.5% in 2017-18.

The cumulative compliance rate for the current year 2018-19 has improved again to 90.0% The Trust continues to work closely with BSO to ensure that all efforts to improve prompt payment

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compliance continue and will be piloting a joint initiative around Nurse Bank invoice processing over the next few months with a view to further improving performance. The Trust's performance against a 10-day payment measurement was 72.1% for the 2017-18 year and cumulative performance for the 2018-19 year is 74%.

## **Temporary Suspension of Paediatric attendances at Mater ED**

During 2015-16 the Emergency Medicine Clinical Director raised a concern regarding staffing issues on the Mater site. At a meeting on 13th November 2015 between the Medical Director, Director of Unscheduled & Acute Care, the Clinical Director for Emergency Medicine and five ED Consultants who work in the Mater, it became apparent that these concerns were not solely related to staffing, but included patient safety concerns. The main patient safety concerns identified were the appropriateness of the ambulance 'stand by' calls and care of paediatric patients at the Mater ED consistent with the services available on site and in particular the ambulance arrivals after 6pm, when consultant staff were not always resident. This increasingly necessitated the consultant medical staff to have to frequently return to the site to support more junior medical staff and frequently to face clinical issues for which there was no wider specialist clinical support within the Mater Hospital. A decision was taken to temporarily suspend paediatric patient treatment at the Mater ED and ambulance by-pass protocols around trauma and certain critically ill patients were developed to maintain ongoing safety at the Mater.

In November 2017 a series of pre-consultation events were held with interested parties/ stakeholders internal and external to the organisation to help inform the future direction for the provision of paediatric emergency care in Belfast. These events attracted attendance from, community and voluntary groups, local schools, staff and Union representatives. A report on the outcome of these events has been produced.

In addition based on feedback from these events, a smart survey was developed and issued to all local schools. This was circulated to all parents and guardians of school-aged children via school communication systems. 222 responses were received from this survey. In addition a number of consultation meetings were held with local Sure Start organisations over April and May 2018.

The information obtained from these events will contribute to options within a consultation document; however, this will not proceed in the absence of a Health Minister.

As at 2018-19 year-end, no further advance on this position has taken place as a result of no active local government. Strategic decision making has been restricted as it is anticipated that a full consultation will be required.

## **Single Tender Actions/Direct Award Contracts (DACs)**

In 2015-16 the Trust was refused or partially refused a number of DACs due to either their retrospective nature or deficiencies in the contract management process. In 2016-17 we received

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one refusal in relation to a procurement which was outside of a regional contract and in the 2017-18 year one DAC was refused due to a delay in the production of a laboratory procurement plan and one partially refused due to its retrospective nature. In the current year there have been three DACs partially refused due to their retrospective nature.

The Trust has been working closely with PaLS to identify and address any weaknesses in process to ensure future compliance and following the appointment of a Procurement Manager, significant progress has been made in the area of contract management processes. This has been particularly successful in the area of Laboratories, where a Procurement Plan and Strategy has been collectively agreed and is being actively monitored and implemented.

## Domiciliary Care Services

As part of a regional piece of work on behalf of all HSC Trusts, the BSO Counter Fraud Services conducted a review of payments made to domiciliary care agencies by the Trust in recent years.

The review compared the actual hours paid by a variety of independent sector providers (ISPs) to their workforce against the actual hours paid by Trusts to those agencies. Variations were identified and the Trust has now conducted further verification of the findings with differing results.

The BSO review identified a range of issues and the DoH established an Oversight Scrutiny Committee to manage the next steps. The Trust has been actively participating in this work and progressing agreed actions as required. The NI Civil Service Internal Audit Service carried out a lessons learned review from a HSC wide perspective in relation to the structure of the investigative review and BSO Internal Audit also carried out in depth reviews of domiciliary care in Trusts in 2017-18. The BSO audits were finalised early in 2018-19 and the Oversight Scrutiny Committee will now move to conclude their work.

## Social Care Procurement

In order to minimise the risk of non-compliance with the Public Contract Regulations 2015 and achieve the actions set out within the DoH's HSC Strategic Procurement Action Plan 2015-2018, all DoH Arm's Length Bodies are extending CoPE cover for social and health care services in the Light Touch Regime. This was taken forward initially via a formally constituted project, the Social Care Procurement Implementation Project Board (SCPIPb), reporting to Regional Procurement Board (RPB). As an outcome of that project a Social Care Procurement Team was established within BSO PaLS to take forward procurement processes for health and social care services. In November 2018 the SCPIPb was dissolved and oversight transitioned into a more permanent structure with the introduction of the Social Care Procurement Board (SCPb). The SCPb reports to RPB and provides strategic oversight of the commissioning, planning, procurement and monitoring/contract management of regional issues for social care and support services on behalf of all HSC organisations. This oversight aligns with the Regional Procurement Plan – Social Care as agreed by the RPB and spans all programmes of care. The Trust has representative membership of the

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SCPB and an action arising from the meeting of the SCPB in January 2019 was the updating of the Regional Procurement Plan for Social Care Services to reflect timescales for inclusion of pre procurement activities. Once the Regional Procurement Plan for Social Services has been updated the Trust understands that the SCPB will present that plan to the RPB for approval.

## Critical Care Building

The Critical Care Centre consists of an emergency department, four theatres, the Regional Intensive Care Unit and support accommodation including an endoscopy decontamination unit. The top three floors, floors 7 to 9, will house accommodation for maternity services and as a result these floors would not be expected to be occupied until the new maternity hospital is complete in 2021.

In October 2012, approximately one month before the programmed handover date, the main contractor on the Critical Care building detected corrosion in the sealed water system. This resulted in the contractor replacing all five closed water systems and recommissioning the building. This work was completed at no cost to the Trust. The design team, on behalf of the then Health Estates (now Central Procurement Directorate (CPD) Health Projects) and the Trust, accepted handover of the building in April 2015, albeit there was a caveat attached detailing a number of outstanding works along with timeframes for completion of same by the main contractor.

The Trust transferred the RVH's emergency department from its temporary accommodation into the new building in August 2015. In conjunction with this, a programme of post contract works was tendered and awarded to a new contractor. Occupation of the Intensive Care Unit and theatres was subject to the satisfactory completion of these works. The completion of some of these works facilitated the move of the endoscopy decontamination service and some support accommodation, both of which have been operational since January 2017.

The Trust has completed a programme of works to improve the maintainability of drainage systems and fire compartmentalisation. Work is ongoing to bring Theatres up to current standards. The Trust has also obtained business case approval to install a new hybrid theatre; this work will be completed alongside the upgrade of theatre ventilation. Theatres are expected to move into the building in Quarter three, 2019, meaning that floors 1 to 4 will be occupied at that point.

The Trust has recently taken the decision to carry out work to upgrade the ICU ventilation systems in the new building before regional intensive care services can transfer. As a result, RICU will not move into floors 5 and 6 of the building until 2020.

Since December 2018, the Trust has been occupying level 9, the maternity outpatients floor, on a temporary basis. By relocating cardiology and special investigations outpatient clinics to this floor, the Trust has been able to deliver an emergency care village to support the winter resilience plan.

The Critical Care project has been subject to ongoing media coverage in relation to delays in opening the building. The Trust continues to assure the public that ICU and theatres are still being provided safely and effectively on the RVH site.

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Since October 2012, the Trust has sought legal advice from DLS, and appointed both senior counsel and junior counsel to provide contractual advice and legal opinion on issues arising from the delay and on defects that have arisen following handover. The Trust will continue to engage with counsel until all works are complete.

The project currently remains within budget.

## Neurology Recall Exercise

On 1 May 2018, the Belfast Trust recalled 2,529 neurology patients as part of an exercise to ensure that patients under a particular neurology consultant are receiving the best possible clinical care and are on the correct clinical pathway. This action followed an internal Trust review of a small number of the consultant's patients and a wider external review carried out by the Royal College of Physicians (RCP). In terms of the latter, a final report was received on 26 April 2018 and raised a number of concerns. Following receipt of the draft RCP report on 20 March 2018, the Trust, in collaboration with HSCB and PHA, took steps to address the concerns.

All 2,529 patients received individual letters on 1 May 2018, requesting that they contact a dedicated line to arrange an appointment with an appropriate consultant. This telephone line for appointments operated on a 9am to 9pm basis for the first seven days. The Trust had committed to reviewing all patients within a 12 week period between May and July 2018. Additional clinics were undertaken by Trust consultant and locum consultant neurologists and were supplemented by capacity secured from two independent sector providers. The additional clinics did not impact on the Trust's current core capacity and therefore did not adversely affect other patients. All general practitioners (GPs) in Northern Ireland were sent a letter on the morning of 1 May 2018 advising them of the neurology patient recall. In addition, GPs for all affected patients were notified and a separate contact point established for GP queries.

As at 29 July 2018, 2,367 were reviewed. The remaining 162 had various reasons why they were not reviewed prior to the end of July but not one was due to lack of Trust capacity. 86 patients declined an appointment, 12 patients had died, 47 patients requested a later appointment in August/September and 17 patients were unable to be contacted despite repeated attempts.

As at 13 March 2019, all of the 2,529 (resident in NI) have been reviewed or offered a review. Three patients overseas have been contacted and offered funded appointments in their current location which they have declined. Arrangements have been made with these patients to make contact and book an appointment on their return to NI.

In addition, Belfast invited 700 patients for a review appointment and these commenced the weekend of 3 November 2018. The Trust has also agreed to undertake the review of patients from the Ulster Independent Clinic (300 patients). 99% of the 1,000 patients within this recall cohort have been followed up.



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The HSCB/PHA have established a regional coordination meeting with all HSC Trusts and the two private providers for whom the consultant also worked. The DoH has established an Oversight Assurance group and the HSCB is participating in the DoH review of neurological services.

The DoH has commissioned the following:

1. *RQIA to undertake a governance review of outpatient services with a particular focus on the neurology service in the Belfast Trust.*

The Trust has completed and submitted a detailed response to the questionnaire as required as part of the RQIA review of outpatients. Members from RQIA and the Review team members attended outpatients on each of the sites, RVH, BCH, MIH and MPH. They met various groups and teams of staff on week commencing 10 September 2018. Unannounced inspections have taken place in MPH, BCH, RBHSC, Mater and RVH outpatients during October and November 2018. RQIA gave verbal feedback to members of the Executive team on 6 December 2018. They have visited each hospital site in January 2019 and presented their findings to staff. A written report has not yet been received.

2. *RQIA to commission a review of all of this consultant's patient deaths over the past ten years.*

The Review team has been established. No further updates.

3. *An independent review, led by Brett Lockhart QC, into the Trust's handling of the concerns raised about this consultant from December 2016 to the decision to recall patients in April 2018.*

The Trust has submitted relevant documentation to the Inquiry, with 11 submissions completed by 31 August 2018.

Trust staff met with the Solicitor and Secretary to the Inquiry on 20 August 2018. The Inquiry Team provided the Trust with an outline of the Inquiry's draft project plan. They met various groups and teams of staff on week commencing 10 September 2018. The Trust has continued to submit relevant documentation to the Inquiry and provided any other information as requested. Staff continue to be interviewed by the inquiry.

4. *BSO to conduct an audit of the interaction between the consultant's practice in the private sector and the HSC.*

Internal Audit have completed this work and submitted their report to the Permanent Secretary who commissioned it. The Trust has an action plan in place to address the key findings of the report.

The DoH are planning to publish the outcomes report for Phase 1 of Neurology recall on the 26 June 2019 and they plan to publish Phase 2 outcomes report in September 2019.

## **Maternity And Children's Hospital Executive Flagship Capital Project**

In 2017, the DoH raised concerns around the management and governance of two separate elements of the Maternity and Children's Hospital Executive Flagship capital project within the

# Accountability Report

Trust. This was a direct result of increases in size and costs for the project and the timeliness of reporting these. The addendum was subsequently submitted on 19 April 2018 with additional correspondence in August and September 2018. This highlighted the fact that, aside from with a moderate increase in clinical accommodation space, the cost of which would be within agreed tolerance levels, the cost increase was attributable to inflationary and construction industry price pressures along with increases in plant and communication space associated with both the constrained nature of the site and recent changes in building requirements. The Trust received approval for the addendum on 1 October 2018.

The Trust has strengthened its reporting arrangements, particularly with DoH, to ensure greater transparency in terms of the decision-making, accountability and approval process.

The Trust is currently reviewing cladding materials in both the Children's and Maternity hospitals in light of emerging findings from the Grenfell Inquiry. The Children's Hospital is at the design stage and the Maternity hospital is on site. If changes are required to the cladding systems on the respective buildings there will be cost and programme implications.

The New Children's hospital is due to commence the procurement phase in quarter two 2019. The Trust is working closely with CPD – Health Projects to ensure robust arrangements are in place for the management of the contract for the build given that this will be the first time the NEC suite of contracts is used for an acute hospital in Northern Ireland.

## New Control Issues

### Muckamore Abbey Hospital Adult Safeguarding

In 2015 a CCTV policy was approved by the Trusts Standards and Guidelines Committee following engagement and consultation with trade unions, families and staff. The purpose of the policy was to support Adult Safeguarding Investigations given the high volume of reported safeguarding incidents. Initially the system was installed in the Cranfield and Six Mile wards and following installation, it was intended that live recording would commence in September 2017.

In August 2017, a Safeguarding incident, (an alleged physical harm of a patient by a member of staff), resulted in a member of staff being placed on precautionary suspension and the matter referred to the PSNI. It then transpired that, while CCTV was not intended to go live until September 2017, test recording was taking place from March 2017 which the Trust was unaware of. Following legal advice the Trust viewed the aforementioned incident which was captured on CCTV and this resulted in further precautionary suspensions for some staff and enhanced supervision arrangements for other staff.

An Early Alert was sent to the Department of Health (DoH) in early September 2017. Following discussion between the Trust and the DoH, it was agreed that the Trust should review all of the historic footage – (from March 2017 to September 2017) to identify whether there were any further incidents of concern.

# Accountability Report

To date the Trust has viewed 60% of the shift footage and up to now the viewing has identified 277 incidents of previously unreported (potential) harm to patients which have been referred to adult safeguarding and the PSNI. To date 21 staff have been placed on precautionary suspension with others subject to enhanced supervision pending the outcome of the Trust's internal investigation and disciplinary process into wrongdoing. Four independent investigators have been appointed by the Trust and preparations for the Trust's investigation are at an advanced stage and it is intended, subject to legal advice and PSNI permission, to commence the investigations in a matter of weeks.

The PSNI have also launched a full investigation into the incidents of alleged patient harm which takes primacy over any other process and the Trust is co-operating fully with that investigation.

Given the emerging situation, in late 2017, the Trust commissioned a wholly independent Level 3 SAI Investigation into safeguarding practices at Muckamore Abbey Hospital between 2012-2017. The expert panel (which included a Carer) issued its Report 'A Way to Go' in November 2018. The Report has been shared in full with affected families and carers. Its principal findings revealed "inter alia" that safeguarding cannot be seen in isolation and discussions gave way to patients' compromised lives at the hospital and that there was a culture of tolerating harmful and disproportionately restrictive practices including seclusion.

The Report's principal recommendations are regional in nature and the Trust is working alongside the DoH, the HSCB and colleague Trusts to implement those recommendations. There are also a significant number of recommendations for the Trust.

The Trust is also actively contributing to the Regional Planning underway aimed at delivering on the Permanent Secretary's announcement in December 2018 that no patient should have to call Muckamore Abbey Hospital their home when their care could be more appropriately provided in the community. The resettlement process is to be completed by the end of 2019. The Belfast Trust is also playing its full part, as part of the HSC system, in ensuring that delayed discharges are addressed. This has also been made a top priority issue by the Permanent Secretary.

The Trust has taken every measure available to it to ensure and assure that the current care for patients at Muckamore Abbey Hospital is safe, effective and delivered with compassion. Some of these measure include:

- The development of a supported living development at Oldstone which will become operational in June 2019 and will accommodate nine individuals whose discharge has been delayed in Muckamore Abbey Hospital
- Strengthening Hospital Governance
- Developing a meaningful activities programme with patients
- Improving access to physical health care.

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Recognising that patient, family and wider public confidence in the hospital's services has been significantly affected, the Trust is working with families and carers as equal partners, and new advocacy arrangements are under development.

Both a Director's Oversight Group and an Assurance Group chaired by the Deputy Chief Executive, meet fortnightly to oversee delivery of the various service improvement delivery plans and to monitor a range of patient safety and staff welfare metrics. The Trust has sought at every stage to build independence into its Action Plans for example;

- Appointment of a Carers Consultant to develop the role of family carers in oversight and feedback
- Inviting critical friends from East London NHS Foundation Trust and Mersey Care to provide audit and support.

The Trust also recognises, as do many families, that there are many examples of excellent care and practice at the Hospital and that the overwhelming majority of staff deliver safe, effective and compassionate care. The Trust believes it is important, therefore, that the dedicated and compassionate care that many patients and families have experienced is not overlooked.

The Trust has, through its Chairman, Chief Executive and relevant Directors provided full and unreserved face to face apologies to the patients and their families for the unacceptable care failings and practices. These apologies have been conveyed in face to face meetings and through the media.

The Trust has also developed a robust Action Plan to respond to findings from RQIA's Unannounced Hospital inspection at the end of February 2019. On foot of receipt of this action plan, RQIA elected not to serve any formal improvement notices at that time. The Trust awaits the formal findings from a follow-up visit conducted in April 2019.

## Audiology

In May 2018 the Health Service Executive (HSE) produced a Final Report into Audiology Services provision, in Mayo and Roscommon, from 2011 to 2015. The Report focusing on service provision from 2011 to 2015 raised concerns regarding service provision, governance and operational delivery of service. During the time period 2011 to 2015, the Belfast HSCT had released audiologists to work in the HSE service in Mayo and Roscommon. On the 27th June 2018, after enquiries from Belfast Trust staff to HSE, following concerns raised by an MLA, the Trust were advised that a Belfast Trust Audiologist was at the centre of the concerns. The HSE through various means, including a patient recall, determined that 29 patients came to harm, as they were discharged with a positive hearing test and subsequently were found to have diminished hearing. The HSE recalled 995 patients and determined 20 had a newly diagnosed hearing loss. This is 2% and within the accepted range of 2-5% for error.

# Accountability Report

The Trust failed to respond appropriately and in a timely manner to concerns raised by HSE. The potential risk is that some children with suspected hearing loss were discharged from the service in Belfast HSC Trust inappropriately.

A risk assessment measuring the systems, structures and processes within the BHSCT Audiology service against the findings in the HSE report was undertaken by the Service Manager, Clinical Director and Governance Manager, to identify potential gaps in assurance. The risk assessment of the Audiology service indicated that there is a high level of assurance indicating minimal risk to children in NI from the audiologist's (at the centre of HSE Report) practice in core weekday clinics as this role was mainly managerial and due to the MDT approach to the assessments in these clinics. This is evident by the structures and processes in place and the model of care within the BHSCT, overseeing the care of children. The main failings in the ROI indicate the lack of an MDT approach and lack of appropriate equipment. The MDT approach in BHSCT ensures a number of audiologists and a Paediatric ENT consultant are at the centre of service provision.

In July 2014, weekend WLI clinics were introduced in order to manage the Community Paediatric Audiology waiting list. It is understood that the Audiologist in question, undertook a significant proportion of these clinics. In addition, these clinics were not multidisciplinary but referral was expected to be directed to the ENT consultant when appropriate. Therefore, potential risk to this patient cohort was identified.

For the 171 patients for whom definitive information was not evident electronically, a review of the patients' records was required, to determine if management was appropriate and if further management was required. This review was led by an ENT consultant. These patients have been discussed with the PHA and they have asked for further information to be provided in relation to how these patients were tested.

The Trust worked with PHA to give assurance on the type of testing used. After further discussion with PHA, assurances were accepted that no child came to harm in Belfast Trust as a result of the Audiologist's clinical practice.

During the review of patients as a result of the HSC's report it was discovered that 45 patient charts were incomplete. These clients were the responsibility of a different audiologist to the one at the centre of the HSE Report. It was agreed with PHA that these patients would be reviewed by means of retesting. The patients were initially contacted in December 2018 and offered appointments. Patients were offered retesting on a number of occasions since December 2018. Clinics were held in December 2018, January, February and March 2019. While not all patients offered a review have attended, no patient safety concerns have arisen from those reviewed.

The Trust is currently in discussions with PHA regarding further developments in the ROI investigation which may impact on the scope of our review to date.

# Accountability Report

## **COPNI Home Truths: Report on the Commissioners Investigation into Dunmurry Manor Care Home**

The Commissioner for Older People for Northern Ireland (COPNI) announced an investigation into Dunmurry Manor Care Home (which is located in South Eastern Trust area) on 15 February 2017 following family members and former employees raising serious concerns about the standards of care and safety of residents living with dementia in the Home.

A number of Trusts who are defined in the COPNI legislation as relevant authorities were notified of potential adverse findings arising out of the investigation and this was highlighted to Trust Board in February 2018. The COPNI report was issued on 13 June 2018.

Since opening in 2014, the care home had received a number of notifications from the Regulation and Quality Improvement Authority (RQIA) and the Health and Social Care Trusts about inadequate standards of care and on 26 October 2016 the home was issued with three Failure to Comply (FTC) notices by RQIA.

The South Eastern Trust hosted a number of inter-Trust meetings, prior to and after, the FTC notices being received. The Belfast Trust attended these and an action plan between South Eastern Trust and Dunmurry Manor was shared. These meetings included progress updates and agreements in relation to ongoing monitoring within Dunmurry Manor. Care Managers undertook care reviews in relation to Belfast Trust residents placed in Dunmurry Manor and arrangements were put in place to enhance the monitoring of Belfast Trust residents initially on a fortnightly basis.

Each Trust appointed two staff to undertake a weekly monitoring visit to the Care Home. The Trusts rotated responsibility for the weekly monitoring visit and reports were shared with the four Trusts who had residents in Dunmurry Manor. Where safeguarding concerns were identified discussion took place between Belfast Trust ASGT and South Eastern Trust ASGT and the Trust worked with South Eastern Trust to investigate these.

At the end of January 2017 compliance had still not been achieved and the home was formally closed to new admissions with further conditions for its ongoing operation applied. Conditions of registration on the home have now been lifted by RQIA.

The Commissioner's investigation was examining the care, treatment and experience of older people living in Dunmurry Manor Care Home (DMCH). It included an examination of the actions of all those responsible for the commissioning, provision, monitoring and regulation of the care services provided at the care home during this time.

The Belfast Trust is one of a number of relevant authorities listed as part of this investigation. The Trust confirmed with COPNI its commitment to co-operate fully with this investigation.

In keeping with the procedures, South Eastern Trust as the host Trust had the lead role in the management and co-ordination of the investigation. In this context Belfast Trust, as one of the

# Accountability Report

placing Trusts, have a responsibility to work closely with South Eastern Trust, attend meetings and contribute to and deliver on any agreed action plans.

The COPNI report requested action plans from the relevant authorities within 3 months. The DoH collated these on behalf of Trusts. Belfast Trust submitted its action plan within the timescales and is proceeding with implementation of actions within its gift to do so.

The Trust is assured that DMCH is currently meeting the needs of the residents it has placed there, through the enhanced monitoring and review arrangements in place through the implementation of its Care Review and Support Team (CReST). The team also ensures effective and ongoing liaison with the South Eastern Trust.

Members of the Trust CReST team are supporting the work of the Care Homes Transformational Project Group, which is regionally led by the PHA, and is focussed on working together to improve the quality of care, prevent avoidable deterioration and unnecessary admission to hospital.

In 2018 the Belfast Trust designed and implemented a new service model to strengthen assurances around care quality from Commissioned Services including permanent Care home placements, taking a total systems approach. One function of the CReST team under this model is to provide assurances on sustained quality of care through the development of a Quality Assurance Framework, which will include a central point for receiving and analysing key information coming from reviews, monitoring visits, complaints, incidents, safeguarding referrals, RQIA reports and reported quality concerns (QMR's). The team also manages the annual contract meeting with care homes. In relation to care homes outside of Belfast, a CReST practitioner is aligned to residents living there, but the quality assurance role for the Home mainly rests with the host Trust.

The Trust has contributed to the regional action plan to address the findings and recommendations in the COPNI report. Following on from the COPNI Report the DOH commissioned CPEA Ltd to complete an independent review to provide the Department and the wider Health and Social Care System with an analysis and insight into how the system responded to the issues at DMCH. The Belfast Trust has a senior representative on the Reference Group whose aim is to support and assist CPEA Ltd in fulfilling its remit.

The Trust is also assisting the Department and other bodies including PSNI with their investigations.

## Conclusion

The Trust has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI). Further to the limited assurance provided by the Head of Internal Audit, I have considered these weaknesses against established controls and mitigations and sought assurance

# Accountability Report

from Executive Team that action plans are in place to manage the internal control issues detected and to improve internal controls going forward.

I understand that the Head of Internal Audit's assessment is based mainly on the number of specific internal audits they carried out this year which were limited in full or in part, and so I have sought to explain the context of this position. I can take assurance from the fact that we have maintained substantive compliance in all areas previously covered by the former Controls Assurance Standards and have achieved fully implemented status on 78% of previous audit recommendations which have been independently verified by Internal Audit. Our Priority 1 recommendations, which have system and organisation wide impact, has fallen from 29 last year to 13 this year and five (50%) of the limited assurance audits were in new areas not previously audited for example mortality and morbidity processes and cybersecurity. Four of these five were risk-based audits linked to the Trust's own corporate risk register. I understand that the regional audits that received limited assurance were not unique to Belfast Trust. Significant progress from previous internal audits was noted in three limited assurance reports.

I am therefore assured that that there has been no diminution of control in the Trust this year and with this in mind and after considering the accountability framework within the Trust, I am content that the Trust has operated a sound system of internal governance during the period 2018-19.

Martin Dillon  
Chief Executive



# Accountability Report

# Accountability Report

## Remuneration and Staff Report

### Remuneration Report

#### Scope of the report

The Remuneration Report summarises the remuneration policy of Belfast Trust and particularly its application in connection with senior executives. The report also describes how the Trust applied the principles of good corporate governance in relation to senior executives' remuneration in accordance with HSS (SM) 3/2001 issued by the Department of Health (NI).

#### Remuneration Committee

The Board of the Trust, as set out in its Standing Orders and Standing Financial Instructions, has delegated certain functions to the Remuneration Committee including the provision of advice and guidance to the Board on matters of salary and contractual terms for the Chief Executive and Directors of the Trust, guided by Department of Health (NI) policy. The membership of this committee is:

Mr Peter McNaney: Chairman

Ms Anne O'Reilly: Non-Executive Director; Mrs Nuala McKeagney: Non-Executive Director.

#### Remuneration policy

The policy on remuneration of the Trust Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by the Department of Health (NI).

Performance of Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Senior Executive performance is then considered by the Remuneration Committee and judgements are made as to any performance pay uplift in line with the Departmental pay circular and measured against the achievement of regional, organisational and personal objectives. The relevant importance of the appropriate proportions of remuneration is set by the Department of Health (NI) under the performance management arrangements for senior executives. The recommendations of the Remuneration Committee go to the full Board for formal approval.

#### Service contracts

All Senior Executives, except the Medical Director, in the year 2018-19 were employed on the Department of Health (NI) Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for those Senior Executives appointed prior to December 2008, and HSS(SM) 3/2008 for those Senior Executives appointed in the Trust since December 2008.

# Accountability Report

The Medical Director is employed under a contract issued in accordance with the HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004.

## Notice period

A period of three-months' notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

## Retirement age

The Trust does not operate a general retirement age for its staff including Senior Executives. However, the Trust reserves the right to require an individual or group of employees to retire at a particular age where this can be objectively justified.

## Retirement benefit costs

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the Department of Health (NI). The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Pension Scheme can be found in the HSC Pension Scheme Statement in the Department Resource Account for the Department of Health (NI).

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. 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 accounts.

## Premature retirement costs

Section 16 of the Agenda for Change Terms and Conditions Handbook sets out the arrangements for early retirement on the grounds of redundancy and in the interest of efficiency of the service.

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook staff made redundant who are members of the HSC Pension Scheme, have at least two years' continuous service and two years' qualifying membership and have reached the minimum pension age, currently 50 years, can opt to retire early without a reduction in their pension as an alternative to a lump sum redundancy payment of up to 24 months' pay. In this case the cost of the early payment of the pension is paid from the lump sum redundancy payment, however if the redundancy payment is not sufficient to meet the early payment of pension cost the employer is required to meet the additional cost.

# Accountability Report

## Senior Employees' Remuneration (Audited)

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

Name	2018-19				Salary £000s
	Salary £000s	Benefits in Kind (to nearest £100)	Pensions Benefit (to nearest £1000)	Total £000s	
<b>Non-Executive Directors</b>					
P McNaney	35-40	N/A	N/A	35-40	35-40
M Bradley	5-10	N/A	N/A	5-10	5-10
N McKeagney	5-10	N/A	N/A	5-10	5-10
Dr P Loughran	5-10	N/A	N/A	5-10	5-10
A O'Reilly	5-10	N/A	N/A	5-10	5-10
M Karp	5-10	N/A	N/A	5-10	5-10
G Smyth	5-10	N/A	N/A	5-10	5-10
D Jones	5-10	N/A	N/A	5-10	5-10
<b>Directors</b>					
M Dillon	130-135	100	N/A	130-135	135-140
C Jack	190-195	0	12,000	205-210	185-190
M Edwards	90-95	100	10,000	100-105	90-95
J Kennedy <sup>(1)</sup>	90-95	0	46,000	135-140	10-15
C Leonard	90-95	0	7,000	95-100	90-95
B Creaney	75-80	300	(4,000)	70-75	75-80
M Heaney	90-95	0	0	90-95	60-65
A Dawson	90-95	100	7,000	95-100	90-95
J Growcott <sup>(2)</sup>	30-35	0	N/A	30-35	35-40
J Thompson	90-95	800	42,000	130-135	25-30
B Owens	85-90	0	(10,000)	75-80	85-90
C Diffin <sup>(3)</sup>	45-50	500	46,000	95-100	N/A

(1) J Kennedy appointed permanent Director 6th November 2018

(2) J Growcott ceased Interim Director on 31st August 2018, FYE £60-65k

(3) C Diffin appointed permanent Director 1st September 2018, FYE £80-85k

Non Executive Directors received backdated payments during 2018-19 relating to a pay award for the years 2014-15 to 2016-17. Five previous Non Executive directors not included in the table above received payments in the year ranging from £145 to £318 each.

The Benefits in Kind listed above relate to leased cars and travel expenses.

# Accountability Report

## Senior Employees' Remuneration (Cont'd)

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

2017-18			2018-19				
Benefits in kind (to nearest £100)	Pensions Benefit (to nearest £1000)	Total £000s	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/18 £000s	CETV at 31/03/19 £000s	Real increase in CETV £000s
N/A	N/A	35-40	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A
N/A	102,000	235-240	N/A	N/A	N/A	N/A	N/A
N/A	(92,000)	95-100	0-2.5	235-240	1,166	1,338	21
200	62,000	150-155	2.5-5	100-105	490	574	8
100	43,000	55-60	5-7.5	60-65	275	360	44
N/A	53,000	145-150	(2.5)-0	100-105	499	582	9
200	5,000	80-85	0-2.5	115-120	555	639	6
800	96,000	155-160	N/A	N/A	N/A	N/A	N/A
200	22,000	110-115	(2.5)-0	105-110	508	593	8
N/A	N/A	35-40	N/A	N/A	N/A	N/A	N/A
100	13,000	40-45	5-7.5	135-140	643	772	42
N/A	4,000	90-95	0-2.5	170-175	876	989	3
N/A	N/A	N/A	7.5-10	135-140	706	815	54

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in

# Accountability Report

another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement that the individual has transferred to the HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETV are at year-end or date of retirement/resignation depending on which is earlier. CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

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

The Trust is required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The table below outlines this relationship.

	2018-19	2017-18
Band of Highest Paid Directors Remuneration	£190k-£195k	£185k-£190k
Median Remuneration	£29,333	£28,596
Ratio	6.56	6.56

The midpoint of the remuneration band of the highest paid director in the Belfast Health and Social Care Trust in financial year 2018-19 was £192,500 (2017-18, £187,500). This was 6.56 times (2017-18, 6.56) the median remuneration of the workforce, which was £29,333 (2017-18, £28,596). The Full Time Equivalent salary range within the Trust in 2018-19 was £16,943 to £215,252. The median remuneration does not take account of expenditure on agency staff.

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

There is no change from the ratio of 6.56 as reported in 2017-18.

# Accountability Report

## Staff Report

### Managing Attendance

The Managing Attendance & Improving Working Lives Team are committed to supporting employees and managers to ensure attendance is managed effectively in line with Trust and Regional frameworks.

- From 1 April 2018 to 31 March 2019, sickness absence within the Trust was 6.68%
- During this period, 33.25% of all employee sickness absence was attributed to Mental Health related issues.

The Trust are committed to supporting employees to manage their mental, emotional and physical well-being through a wide range of initiatives such as:

- Staff Care, Belfast Recovery College, Clinical Psychology Services, Condition Management Programme, Stress Focus Groups, Here 4U, the Mind Ur Mind Toolkit, Menopause Toolkit and the provision of support information and literature
- The delivery of free Physical and mental health support information and advice to staff and the wider public through the bWell app and website
- The development and implementation of new Manager's guidance, "Pathway for Supporting Staff with a Mental Health Condition"
- Regularly Updated Attendance Management Protocol and Toolkit for Managers including a checklist and flow chart to ensure best practice and a one stop shop approach to managing attendance
- Providing tailored support for managers through the provision of bespoke advice from a specialised Attendance Management HR team who deliver through a range of initiatives
- Continuing to deliver HR Drop-in clinics, health fairs, case conference meetings, absence review meetings, attendance at SMT meetings, mandatory and adhoc Attendance Management and MSS report training.

For the period 1 April 2018 to 31 March 2019 the Attendance Management Team have:

- Provided Attendance Management training for 180 staff and managers
- Supported 56 ill health retirements, 95 ill health terminations and facilitated the completion of 39 successful redeployments
- Introduced Trust-wide bespoke HR Attendance Management Clinics at Directorate request
- Provided ongoing monthly & quarterly suites of absence reports and dashboards

# Accountability Report

- Initiated and attended case conference meetings incorporating Occupational Health, Employees and Management
- Developed an action plan following BSO Internal Audit Absence Management audit in partnership with Occupational Health
- Co-delivered monthly training with Finance colleagues regarding the prevention of overpayments related to absence
- Co-developed and delivered training on the updated Drug and Alcohol in the Workplace policy with Addictions NI and TU colleagues
- Worked in partnership with Health and Safety Executive NI to develop an initiative to address Stress in the Workplace and design a streamlined tool for training and support to staff and managers.

## Staff Health & Wellbeing

As part of the b-well strategy the following Lunch & Learn Sessions were delivered to staff during the year:

- Citizens Advice (now known as Advice Space)
- Chronic pain
- Financial Wellbeing
- Getting a good night's sleep.
- Diabetes – know your risk.

Highlights of our various b well health improvement initiatives for staff this year:

- A number of events have taken place in relation to Menopause Awareness, including:
  - Innovative Café Menopause
  - launch of the Menopause Toolkit
  - Leaflet developed by BHSCCT features on the NHS Employers Website
- Disability Awareness sessions facilitated by Employers for Disability. Sessions provided managers with valuable information on Mental Health Awareness and Neurodiversity.

## Employment Equality and Diversity Plan

Equality and diversity are central to the Trust's overall purpose to improve health and wellbeing and reduce inequalities. Our aim is to ensure that the new S75 Equality Action Plan and Disability Action Plan 2018-23 Plan supports the Trust's People Strategy of "caring, supporting, improving, together", where our people are at the core of everything we do for the benefit of the communities



# Accountability Report

we serve. We wish to ensure that equality and diversity are embedded across our organisation and that our employment practices are fair, flexible and enabling so that each member of staff can reach their full potential.

Key areas of progress during the year include:

- Launch of our new Employment Equality and Diversity Plan
- Undertaken a review of our Affirmative Action Programme
- 12 month work placement programme for those in long term unemployment
- Participation in the Gender Project (In partnership with BITC and PWC)
- A comprehensive programme of training is provided in partnership with Health & Social Inequalities and Employment Law teams and 1771 staff have been trained since April 2018
- Equality, Good Relations and Human Rights e-learning programme for all staff
- Equality, Good Relations and Human Rights face to face training – New Start Pre-Boarding – To commence April 2019
- Support and promotion of the regional LGBT Network
- Implemented a Regional Gender Identity and Expression Employment Policy – Regional Launch Summer 2019
- New BHSC Equal Opportunity/Diversity and Inclusion Policy
- Development of a Regional Equal Opportunity/Diversity and Inclusion Policy
- Provision of a confidential bullying and harassment support service for staff and support the Trust's Domestic Abuse Support Service
- Provide support to the Disability Steering Group to enable and support the employment of disabled persons
- Launch a 'Disability Tool Kit' for managers and Staff in Summer 2019
- Developed and successfully implemented the 'Positive Action – Making it Work' employability initiative for people with learning disabilities.
- Winner of the Legal Island Equality and diversity Awards 2018 – Best Gender Initiative
- Highly commended - Legal Island Equality and Diversity Awards 2018 – Best Disability Initiative
- Successful Launch of Positive Action Employability Initiative for persons with a learning disability
- Shortlisted - Legal Island Equality and Diversity Awards 2019 - for Positive Action Employability initiative for persons with a Learning Disability.

# Accountability Report

## Workforce Governance

Our Team work to ensure that the Trust as an employer and service provider continues to meet our organisational goals and embrace regulation and best practice.

Our key areas of progress during the year include:

- Workforce Governance Framework developed.
- Annual Safer Recruitment & Employment Practices Audit.
- Implementation of the new General Data Protection Regulation (GDPR) for HR & OD including:
  - HR GDPR Task & Finish Group.
  - Revised Job Descriptions and Contracts to include compliance with data protection legislation.
  - Privacy Notice.
  - Review/update of policies.
  - HR Information Assets Registry.
  - GDPR Guides for Human Resources Staff and Managers.
  - Information shared on a Trust-wide basis on Hub and via e-mail and team updates regarding GDPR and linking to HR's Privacy Notice.
  - Comprehensive GDPR training sessions provided for HR Staff.
- On-going review, update and cleanse of HR Electronic Record System (EDRMS) in accordance with GDPR and Good Management, Good Records guidance including:
  - EDRMS Working Group with a representative from each HR Team
  - To consider the findings of the 2017 EDRMS Audit.
  - EDRMS meetings with Automated Intelligence and IT.
  - EDRMS Records Management User Toolkit.
- HR replacement controls assurance standard self-assessment completed.
- Working Time Regulations Guidance for Staff and Managers.
- Co-developed regional Recruitment Agency Audit review with PALS, BSO and other regional HSC Trusts.

## Work Life Balance Flexible Working Policies

Belfast Trust is committed to promoting equality and to attracting and retaining highly skilled and experienced staff. The Trust has a comprehensive suite of Work Life Policies and a Special Leave

# Accountability Report

Policy that enable staff to balance both home and work commitments and improve their working lives. These are:

- Job Sharing
- Employment Break
- Part-Time Working
- Term-Time Working
- Flexi-Time Scheme
- Compressed Working
- Homeworking
- Flexible Retirement.

Last year there were 1,491 applications received with 74% approval rate.

## Supporting Working Parents

The Trust aims to be a world leader in health and social care and to be exemplary in improving the working lives of our people, good childcare support is central to that. We have developed a Childcare Strategy aimed at supporting employees on their employment journey to maintain a healthy work life balance.

- We provide a Childcare Scheme each summer across four sites, accommodating 285 families and almost 500 children
- 99% of parents rated the scheme “value for money” and 98% agreed that providing a Summer Scheme enabled them to balance their work and family more effectively
- We ran our second Halloween Childcare Scheme during 29 October - 02 November 2018, offering 35 places. 100% of parents rated the scheme “value for money” and “excellent overall”.

## Supporting Staff as Carers

The Trust has a diverse range of Improving Working Lives policies and support arrangements in place to help our staff as carers. In addition, the Trust’s Bwell app and website, a single overarching brand that unifies the entire suite of employee health and wellbeing support, ensures that all staff have access to support in maintaining and enhancing their personal health and wellbeing at work. We developed a Carers’ Framework to support us in building on our progress to date and develop a more integrated approach to supporting and enabling our staff with caring commitments to remain in work whilst simultaneously safeguarding their health and wellbeing.

# Accountability Report

## Staff Composition by Gender (Audited)

The following table provides an analysis of the number of employed staff as at 31st March 2019.

	Directors		Non Executive Directors		Senior Staff <sup>1</sup>		Other Staff		Trust Total	
	Number	As %	Number	As %	Number	As %	Number	As %	Number	As %
Female	9	82%	3	38%	43	65%	15,932	77%	15,987	77%
Male	2	18%	5	62%	23	35%	4,796	23%	4,826	23%
Total	11		8		66		20,728		20,813	

<sup>1</sup> Senior Staff - defined as Chairs of Division, Assistant/Co-Directors or equivalent

## Off-Payroll Expenditure

The Trust had no off-payroll engagements during the year that meet the criteria as set out in Department of Finance circular FD (DoF) 02/19.

# Accountability Report

## Staff Numbers and Related Costs (Audited)

The staff costs as reported in the financial statements are as follows:

	2019		2018	
Staff costs comprise:	Permanently employed staff	Others	Total	Total
	£000s	£000s	£000s	£000s
Wages and salaries	664,803	67,895	732,698	694,485
Social security costs	66,948	534	67,482	65,984
Other pension costs	91,274	795	92,069	87,105
Sub-Total	823,025	69,224	892,249	847,574
Capitalised staff costs	178	23	201	269
Total staff costs reported in Statement of Comprehensive Expenditure	822,847	69,201	892,048	847,574
Less recoveries in respect of outward secondments			(8,183)	(6,854)
<b>Total net costs</b>			<b>883,865</b>	<b>840,451</b>
Total Net costs of which:				
Belfast HSC Trust			892,048	847,305
Charitable Trust Fund			0	0
Consolidation Adjustments			(438)	(432)
Total			891,610	846,873

Staff Costs exclude £201k charged to capital projects during the year (2018 £269k)

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

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

# Accountability Report

## Average number of persons employed (Audited)

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

	2019			2018
Staff costs comprise:	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Medical and dental	1,691	250	1,941	1,855
Nursing and midwifery	6,326	618	6,944	6,768
Professions allied to medicine	2,964	127	3,091	2,998
Ancillaries	1,603	125	1,728	1,683
Administrative & clerical	3,045	379	3,424	3,302
Ambulance staff	0	0	0	0
Works	232	0	232	223
Other professional and technical	0	0	0	0
Social services	2,262	177	2,439	2,372
Other	0	0	0	0
<b>Total average number of persons employed</b>	<b>18,123</b>	<b>1,676</b>	<b>19,799</b>	<b>19,201</b>
Less average staff number relating to capitalised staff costs	3	1	4	5
Less average staff number in respect of outward secondments	64	0	64	65
<b>Total net average number of persons employed</b>	<b>18,056</b>	<b>1,675</b>	<b>19,732</b>	<b>19,131</b>
Of which				
Belfast HSC Trust			19,732	
Charitable Trust Fund			0	
Consolidation Adjustments			0	
			<u>19,732</u>	

# Accountability Report

## Staff Benefits

The Belfast Health and Social Care Trust has no staff benefits.

## Retirements due to ill-health (Audited)

During 2018-19 there were 56 early retirements from the Trust, (2018: 45) agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £124k (2018: £122k). These costs are borne by the HSC Pension Scheme.

## Reporting of early retirement and other compensation scheme – exit packages (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	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	2	0	2
£50,001 - £100,000	0	0	0	1	0	1
£100,001- £150,000	0	0	0	0	0	0
£150,001- £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
<b>Total number of exit packages by type</b>	0	0	0	3	0	3
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Total resource cost</b>	0	0	0	135	0	135

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

# Accountability Report

## Trust Management Costs (Audited)

	<b>2019</b>	<b>2018</b>
	<b>£000s</b>	<b>£000s</b>
Trust management costs	44,938	41,160
<b>Income:</b>		
RRL	1,448,022	1,398,911
Income per Note 4	99,139	90,786
Non cash RRL for movement in clinical negligence provision	(5,062)	(38,257)
Less interest receivable	0	0
<b>Total Income</b>	<u>1,542,099</u>	<u>1,451,440</u>
<b>% of total income</b>	<u><b>2.9%</b></u>	<u><b>2.8%</b></u>

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



# Accountability Report

## Accountability and Audit Report

### Funding Report

#### Compliance with regularity of expenditure guidance

The Trust Management Statement (MS) and the Financial Memorandum (FM) which exists between the DoH and the Trust, outlines the framework in which the Trust will operate and details certain aspects of financial provisions which the Trust will observe.

The discharge of the responsibilities within the MS/FM is supported by the Standing Financial Instructions (SFIs) of the Trust. The SFIs are then further supported by finance policies and detailed financial procedures which must be kept up to date with DoH circulars as appropriate.

This overall framework is designed to ensure that the Trust has assurance that the income and expenditure recorded in its financial statements have been applied to the purposes as intended by the NI Assembly and the financial transactions recorded in the financial statements of the Trust conform to the authorities which govern them.

Both Internal and External Audit provide an independent assessment of the Trust's adherence to this framework of financial governance and control, with the External Auditors providing an annual opinion on regularity within the certified financial statements of the Trust.

The Trust maintains a Gifts and Hospitality Register and there were no gifts made over the limits prescribed in Managing Public Money NI.

#### Statement of Losses and Special Payments recognised in the year

Losses and special payments are items of expenditure that the NI Assembly would not have contemplated when it agreed funding to the Trust. They are subject to special controls and procedures and require specific approval in accordance with limits set by the DoH. The limit delegated to the Trust, for approval of losses, differs depending on the type of loss but all losses and special payments, irrespective of value, require approval in line with the Trusts Scheme of Delegation. Losses over a particular threshold require approval by the DoH.

# Accountability Report

## Losses and Special Payments (Audited)

Type of loss and special payment	2019		2018
	No. of Cases	£	£
<b>Cash losses</b>			
Cash Losses - Theft, fraud etc	0	0	0
Cash Losses - Overpayments of salaries, wages and allowances	0	0	0
Cash Losses - Other causes	0	0	0
	<b>0</b>	<b>0</b>	<b>0</b>
<b>Claims abandoned</b>			
Waived or abandoned claims	0	0	0
	<b>0</b>	<b>0</b>	<b>0</b>
<b>Administrative write-offs</b>			
Bad debts	362	322,746	579,372
Other			0
	<b>362</b>	<b>322,746</b>	<b>579,372</b>
<b>Fruitless payments</b>			
Late Payment of Commercial Debt	2	1,174	0
Other fruitless payments & constructive losses	0	0	0
	<b>2</b>	<b>1,174</b>	<b>0</b>
<b>Stores losses</b>			
Losses of accountable stores through any deliberate act	0	0	0
Other stores losses	18	490,495	312,817
	<b>18</b>	<b>490,495</b>	<b>312,817</b>
<b>Special Payments</b>			
Compensation payments			
- Clinical Negligence	171	15,631,599	10,306,236
- Public Liability	14	88,220	95,717
- Employers Liability	85	1,349,472	523,823
- Other	6	33,892	152,120
	<b>276</b>	<b>17,103,183</b>	<b>11,077,896</b>
Ex-gratia payments	55	25,857	27,551
Extra contractual	0	0	0
Special severance payments	0	0	0
<b>TOTAL</b>	<b>713</b>	<b>17,943,455</b>	<b>11,997,636</b>

# Accountability Report

## Special Payments

The Belfast Health and Social Care Trust did not make any special payments or gifts during the financial year.

## Other Payments

The Belfast Health and Social Care Trust did not make any other payments or gifts during the financial year.

## Losses and Special Payments over £250,000

Losses and Special Payments over £250,000	Number of Cases	2019 £	2018 £
Cash losses	0	0	0
Claims abandoned	0	0	0
Administrative write-offs	0	0	0
Fruitless payments	0	0	0
Stores losses	0	0	0
<b>Special Payments</b>			
Compensation payments			
Clinical negligence and other litigation (these cases are included in the total value of special payments in the table above)	6	9,946,743	4,319,213
<b>TOTAL</b>	<b>6</b>	<b>9,946,743</b>	<b>4,319,213</b>

There are no remote contingent liabilities of which the Trust is aware.

## Fees and Charges (Audited)

The Belfast Trust does not have material income generated from fees and charges.

# Accountability Report

On behalf of the Belfast Health and Social Care Trust, I approve the Accountability Report encompassing the following sections:

- Corporate Governance Report
- Remuneration and Staff Report
- Accountability and Audit Report

\_\_\_\_\_  
Martin Dillon  
Chief Executive



\_\_\_\_\_  
Date

6/6/19

# Accountability Report

## **BELFAST HEALTH AND SOCIAL CARE TRUST**

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

#### **Opinion on financial statements**

I certify that I have audited the financial statements of the Belfast Health and Social Care Trust for the year ended 31 March 2019 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of the Belfast Health and Social Care Trust's affairs as at 31 March 2019 and of the group's and the Belfast Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

#### **Opinion on regularity**

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

#### **Basis of opinions**

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

#### **Other Information**

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

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

#### **Opinion on other matters**

In my opinion:

# Accountability Report

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## **Responsibilities of the Trust and Accounting Officer for the financial statements**

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

## **Auditor's responsibilities for the audit of the financial statements**

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

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](http://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**

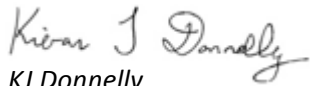
I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report 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.

# Accountability Report

## Report

I have no observations to make on these financial statements.



*KJ Donnelly*

*Comptroller and Auditor General*

*Northern Ireland Audit Office*

*106 University Street*

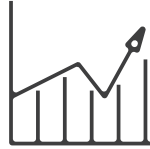
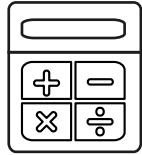
*Belfast*

*BT7 1EU*

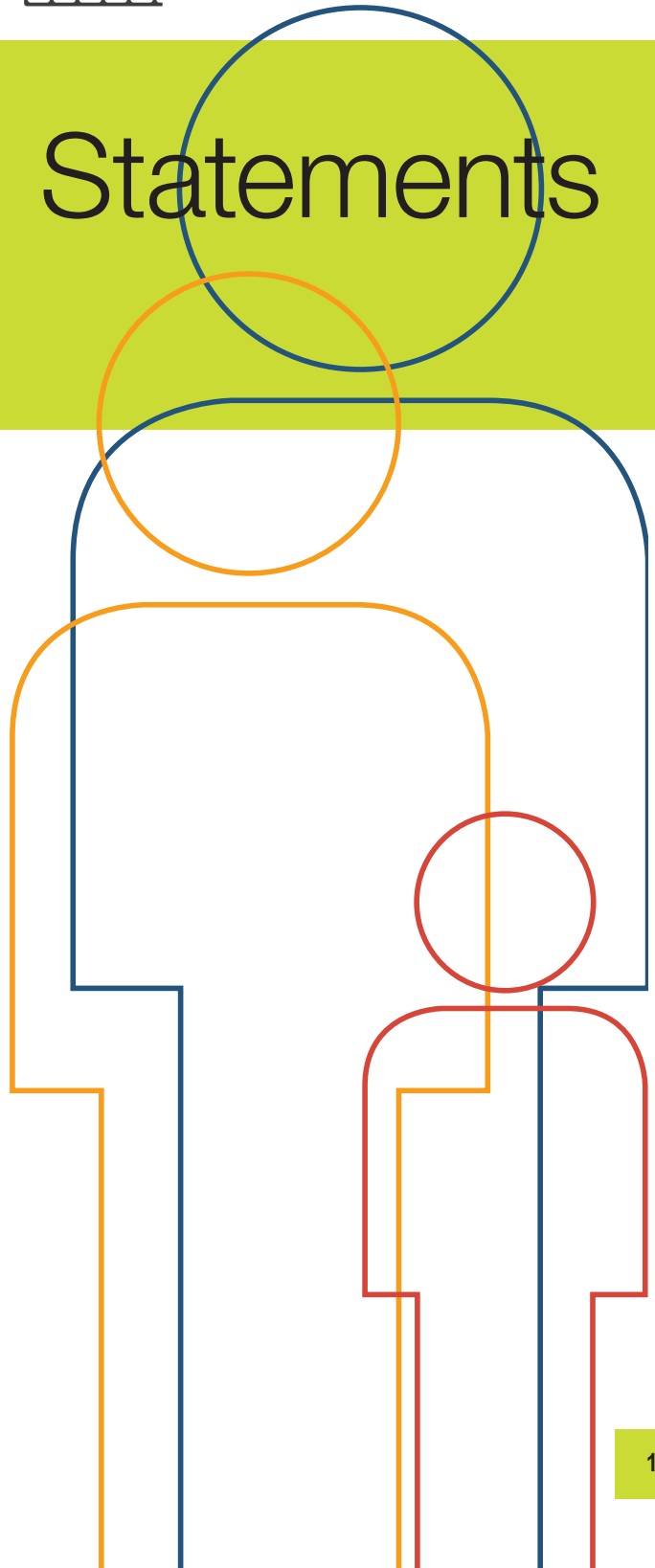
*28 June 2019*

# Accountability Report





# 3. Financial Statements



# Financial Statements

## **Accounts for the year ended 31 March 2019**

### **Foreword**

These accounts for the year ended 31 March 2019 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health.

# Financial Statements

## Consolidated 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		2018	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Income</b>					
Revenue from contracts with customers	4.1	89,218	88,733	83,523	83,049
Other operating income	4.2	9,921	11,160	7,263	8,040
<b>Total operating income</b>		<b>99,139</b>	<b>99,893</b>	<b>90,786</b>	<b>91,089</b>
<b>Expenditure</b>					
Staff costs	3	(892,048)	(891,610)	(847,305)	(846,873)
Purchase of goods and services	3	(465,400)	(465,374)	(438,479)	(438,457)
Depreciation, amortisation and impairment charges	3	(62,803)	(62,803)	(53,775)	(53,775)
Provision expense	3	(5,768)	(5,768)	(38,967)	(38,967)
Other expenditures	3	(119,646)	(121,566)	(109,189)	(111,192)
<b>Total operating expenditure</b>		<b>(1,545,665)</b>	<b>(1,547,121)</b>	<b>(1,487,715)</b>	<b>(1,489,264)</b>
<b>Net operating expenditure</b>		<b>(1,446,526)</b>	<b>(1,447,228)</b>	<b>(1,396,929)</b>	<b>(1,398,175)</b>
Finance income	4.2	0	1,187	0	1,195
Finance expense	3	(1,459)	(1,459)	(1,398)	(1,398)
<b>Net expenditure for the year</b>		<b>(1,447,985)</b>	<b>(1,447,500)</b>	<b>(1,398,327)</b>	<b>(1,398,378)</b>
Revenue Resource Limit (RRL)	23.1	1,448,022	1,448,022	1,398,911	1,398,911
Add back charitable trust fund net expenditure			(485)		51
<b>Surplus / (Deficit) against RRL</b>		<b>37</b>	<b>37</b>	<b>584</b>	<b>584</b>

### Other Comprehensive Expenditure

Items that will not be reclassified to net operating costs:		2019		2018	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2/8	26,539	26,539	65,651	65,651
Net gain/(loss) on revaluation of intangibles	6.1/6.2/8	0	0	0	0
Net gain/(loss) on revaluation of charitable assets		0	2,218	0	(1,166)
<b>Items that may be reclassified to net operating costs:</b>					
Net gain/(loss) on revaluation of investments		0	0	0	0
<b>Total comprehensive expenditure for the year ended 31 March</b>		<b>(1,421,446)</b>	<b>(1,418,743)</b>	<b>(1,332,676)</b>	<b>(1,333,893)</b>

The notes on pages 111 to 144 form part of these accounts.

All donated funds have been used by Belfast Health and Social Care Trust as intended by the benefactor. It is for the Charitable Funds Advisory Committee within the Trust to manage the internal disbursements. The committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

# Financial Statements

## Consolidated Statement of Financial Position as at 31 March 2019

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

	Note	2019		2018	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	1,269,337	1,269,337	1,221,999	1,221,999
Intangible assets	6.1/6.2	13,839	13,839	14,767	14,767
Financial assets	7	0	50,139	0	47,884
Trade and other receivables	12	0	0	0	0
Other current assets	12	0	0	0	0
<b>Total Non Current Assets</b>		<b>1,283,176</b>	<b>1,333,315</b>	<b>1,236,766</b>	<b>1,284,650</b>
<b>Current Assets</b>					
Assets classified as held for sale	9	395	395	315	315
Inventories	10	19,208	19,208	15,276	15,276
Trade and other receivables	12	47,878	47,820	44,807	44,778
Contract assets	12	0	0	0	0
Other current assets	12	1,452	1,452	1,105	1,105
Intangible current assets	12	0	0	0	0
Financial assets	7	0	0	0	0
Cash and cash equivalents	11	15,266	16,409	14,170	14,862
<b>Total Current Assets</b>		<b>84,199</b>	<b>85,284</b>	<b>75,673</b>	<b>76,336</b>
<b>Total Assets</b>		<b>1,367,375</b>	<b>1,418,599</b>	<b>1,312,439</b>	<b>1,360,986</b>
<b>Current Liabilities</b>					
Trade and other payables	13	(225,394)	(225,462)	(230,369)	(230,463)
Contract liabilities		0	0	0	0
Other liabilities	13	(1,222)	(1,222)	(1,271)	(1,271)
Intangible current liabilities	13	0	0	0	0
Provisions	15	(22,812)	(22,812)	(22,604)	(22,604)
<b>Total Current Liabilities</b>		<b>(249,428)</b>	<b>(249,496)</b>	<b>(254,244)</b>	<b>(254,338)</b>
<b>Total assets less current liabilities</b>		<b>1,117,947</b>	<b>1,169,103</b>	<b>1,058,195</b>	<b>1,106,648</b>
<b>Non Current Liabilities</b>					
Provisions	15	(78,281)	(78,281)	(90,194)	(90,194)
Other payables > 1 year	13	(11,113)	(11,113)	(10,062)	(10,062)
Financial liabilities	7	0	0	0	0
<b>Total Non Current Liabilities</b>		<b>(89,394)</b>	<b>(89,394)</b>	<b>(100,256)</b>	<b>(100,256)</b>
<b>Total assets less total liabilities</b>		<b>1,028,553</b>	<b>1,079,709</b>	<b>957,939</b>	<b>1,006,392</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		306,335	306,335	280,454	280,454
SoCNE reserve		722,218	722,218	677,485	677,485
Other reserves - charitable fund		0	51,156	0	48,453
<b>Total equity</b>		<b>1,028,553</b>	<b>1,079,709</b>	<b>957,939</b>	<b>1,006,392</b>

The notes on pages 111 to 144 form part of these accounts.

The financial statements on pages 106 to 144 were approved by the Board on 6 June 2019 and were signed on its behalf

Signed  (Chairman) Date 6/6/19

Signed  (Chief Executive) Date 6/6/19

# Financial Statements

## Consolidated 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 Belfast Health and Social Care Trust during the reporting period. The statement shows how the Trust 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 Trust. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Trust's future public service delivery.

	Note	2019 £000s	2018 £000s
<b>Cash flows from operating activities</b>			
Net deficit after interest/Net operating cost		(1,447,500)	(1,398,378)
Adjustments for non cash costs		68,535	92,705
(Increase)/decrease in trade and other receivables		(3,389)	(3,403)
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase)/decrease in inventories		(3,932)	687
Increase/(decrease) in trade payables		(3,999)	30,148
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant and equipment		(2,920)	(4,142)
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		1,002	1,680
Use of provisions	15	(17,473)	(11,438)
<b>Net cash outflow from operating activities</b>		<b>(1,409,676)</b>	<b>(1,292,141)</b>
<b>Cash flows from investing activities</b>			
Purchase of property, plant & equipment	5.1,5.2	(75,643)	(59,479)
Purchase of intangible assets	6.1,6.2	(4,196)	(8,027)
Proceeds of disposal of property, plant & equipment		101	113
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund		1,150	1,150
Share of income reinvested		(1,187)	(1,195)
<b>Net cash outflow from investing activities</b>		<b>(79,775)</b>	<b>(67,438)</b>
<b>Cash flows from financing activities</b>			
Grant in aid		1,492,000	1,361,000
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(1,002)	(1,680)
<b>Net cash inflow from financing activities</b>		<b>1,490,998</b>	<b>1,359,320</b>
<b>Net increase/(decrease) in cash &amp; cash equivalents in the period</b>		<b>1,547</b>	<b>(259)</b>
<b>Cash &amp; cash equivalents at the beginning of the period</b>	11	<b>14,862</b>	<b>15,121</b>
<b>Cash &amp; cash equivalents at the end of the period</b>	11	<b>16,409</b>	<b>14,862</b>

The notes on pages 111 to 144 form part of these accounts.

# Financial Statements

## Consolidated 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 the Belfast Health and Social Care Trust, analysed into 'General Fund Reserves' (i.e. those reserves that reflect a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The General Fund represents the total assets less liabilities of the Trust, to the extent that the total is not represented by other reserves and financing items.

	Note	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total Equity £000s
<b>Balance at 1 April 2017</b>		<b>714,104</b>	<b>215,451</b>	<b>49,670</b>	<b>979,225</b>
<b>Changes in Taxpayers' Equity 2017-18</b>					
Grant from DHSSPS		1,361,000			1,361,000
Transfers between reserves		648	(648)	0	0
Comprehensive expenditure for the year		(1,398,327)	65,651	(1,217)	(1,333,893)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	60			60
Movement - other		0			0
<b>Balance at 31 March 2018</b>		<b>677,485</b>	<b>280,454</b>	<b>48,453</b>	<b>1,006,392</b>
<b>Changes in Taxpayers' Equity 2018-19</b>					
Grant from DHSSPS		1,492,000			1,492,000
Transfers between reserves		658	(658)	0	0
Comprehensive expenditure for the year		(1,447,985)	26,539	2,703	(1,418,743)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	60			60
<b>Balance at 31 March 2019</b>		<b>722,218</b>	<b>306,335</b>	<b>51,156</b>	<b>1,079,709</b>

The notes on pages 111 to 144 form part of these accounts.

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### 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 (DoF) Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the HSC body for the purpose of giving a true and fair view has been selected. The particular policies adopted by the HSC body are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

The PFI liability comparative figures shown within note 13 and 18 have been reclassified within the categories for less than and greater than 1 year, a smoothing effect to show a contained average figure for each year has been used to give a true and fairer view.

#### 1.1 Accounting Convention

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

#### 1.2 Currency and Rounding

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

#### 1.3 Property, Plant and Equipment

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

##### Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000 (or less if so desired); or
- collectively, a number of items have a cost of at least £5,000 (or less if so desired) and individually have a cost of more than £1,000 (or less if so desired), where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

##### Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard. The valuation at 31 January 2015 was considered by LPS to be not materially different to 31 March 2019 and there has therefore been no change to the values used.

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

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

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Fair values are determined as follows:

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

## Modern Equivalent Asset

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 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.

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

## Revaluation Reserve

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

## 1.4 Depreciation

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

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

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

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

## 1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original



# Financial Statements

specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

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

## 1.7 Intangible assets

Intangible assets 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
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

### Recognition

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

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

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

## 1.9 Inventories

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

## 1.10 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

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in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

In 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 Department of Health and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

## **1.11 Investments**

The Trust does not have any investments.

## **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 Trust as lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

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

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

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

### **The Trust as lessor**

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

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

## **1.16 Private Finance Initiative (PFI) transactions**

DoF has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure, and the residual interest in the infrastructure at the end of the arrangement as

# Financial Statements

service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

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

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

## **Services received**

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

## **PFI Assets**

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

## **PFI liability**

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

## **Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

## **Assets contributed by the Trust to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

## **Other assets contributed by the Trust to the operator**

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

## **1.17 Financial instruments**

### **Financial Assets**

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

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

## Financial liabilities

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

Financial liabilities are initially recognised at fair value.

## Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

## Currency risk

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

## Interest rate risk

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

## Credit risk

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

## Liquidity risk

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

## 1.18 Provisions

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

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DoF issued discount rate of:

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

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As at 31 March 2019. Note that PES issued a combined nominal and inflation rate table to incorporate the two elements, as included within DoH circular HSC(F) 39-2018.

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

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

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

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

## 1.19 Contingencies

In addition to contingent liabilities disclosed in accordance with IAS 37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the 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 Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

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

## 1.20 Employee benefits

### Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2019. It is not anticipated that the level of untaken leave will vary significantly from year to year.

### Retirement benefit costs

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. 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 are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. 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 accounts.

# Financial Statements

## 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 other than donated assets.

## 1.22 Value Added Tax

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

## 1.24 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 22.

## 1.24 Government Grants

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

## 1.25 Losses and Special Payments

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

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

## 1.26 Charitable Trust Account Consolidation

The Trust is required to consolidate the accounts of controlled charitable organisations and funds held on trust into its financial statements. As a result the financial performance and funds have been consolidated. The Trust has accounted for these transfers using merger accounting as required by the FReM.

It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

All funds have been used by Belfast Health and Social Care Trust as intended by the benefactor. It is for the Charitable Trust Fund Advisory Committee within the Trust to manage the internal disbursements. The committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor".

## 1.27 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.

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

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 2 Analysis of Net Expenditure by Segment

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

<b>TRUST ONLY</b>	<b>2019</b>			<b>2018</b>		
<u>Directorate</u>	<b>Staff Costs £000s</b>	<b>Other Expenditure £000s</b>	<b>Total Expenditure £000s</b>	<b>Staff Costs £000s</b>	<b>Other Expenditure £000s</b>	<b>Total Expenditure £000s</b>
Surgery and Specialist Services	163,483	130,938	294,421	157,213	117,131	274,344
Adult Social and Primary Care	182,021	174,850	356,871	171,229	160,875	332,104
Childrens; Community Services	46,679	31,112	77,791	45,048	27,751	72,799
Unscheduled & Acute Care	240,687	104,167	344,854	230,912	102,415	333,327
Specialist Hospitals and Women's Health	135,790	52,990	188,780	127,547	51,358	178,905
Patient and Client Support Services	53,452	14,692	68,144	48,634	14,281	62,915
Research & Development	6,453	1,268	7,721	6,145	2,182	8,327
Other Trust Service/Corporate Group	63,483	82,920	146,403	60,577	77,714	138,291
<b>Expenditure for Reportable Segments net of Non Cash Expenditure</b>	<b>892,048</b>	<b>592,937</b>	<b>1,484,985</b>	<b>847,305</b>	<b>553,707</b>	<b>1,401,012</b>
<b>Non Cash Expenditure</b>			<b>62,139</b>			<b>88,101</b>
<b>Total Expenditure per Net Expenditure Account</b>			<b>1,547,124</b>			<b>1,489,113</b>
<b>Income Note 4</b>			<b>99,139</b>			<b>90,786</b>
<b>Net Expenditure</b>			<b>1,447,985</b>			<b>1,398,327</b>
<b>Revenue Resource Limit</b>			<b>1,448,022</b>			<b>1,398,911</b>
<b>Surplus / (Deficit) against RRL</b>			<b>37</b>			<b>584</b>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 3 Operating Expenses

Operating Expenses are as follows:-	2019		2018	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Staff Costs <sup>1</sup>				
Wage and salaries	732,497	732,059	694,216	693,784
Social security costs	67,482	67,482	65,984	65,984
Other pension costs	92,069	92,069	87,105	87,105
Purchase of care from non-HSC bodies	187,170	187,170	167,942	167,942
Personal social services	17,203	17,203	15,537	15,537
Recharges from other HSC organisations	5,165	5,165	3,731	3,731
Supplies and services - Clinical	250,695	250,671	244,945	244,925
Supplies and services - General	13,289	13,287	12,947	12,945
Establishment	11,786	11,786	11,890	11,890
Transport	3,355	3,355	3,609	3,609
Premises	60,605	60,516	54,680	54,591
Bad debts	642	642	385	385
Rentals under operating leases	833	833	700	700
Interest charges	1,459	1,459	1,398	1,398
PFI and other service concession arrangements service charges	10,237	10,237	9,363	9,363
BSO services	9,081	9,081	8,914	8,914
Training	2,936	2,931	2,823	2,783
Patients travelling expenses	990	990	881	881
Costs of exit packages not provided for	0	0	135	135
Other charitable expenditure	0	2,014	0	2,132
Miscellaneous expenditure	11,095	11,095	9,223	9,223
<b>Non cash items</b>				
Depreciation	64,263	64,263	59,692	59,692
Amortisation	5,124	5,124	4,247	4,247
Impairments	(6,584)	(6,584)	(10,164)	(10,164)
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(96)	(96)	(97)	(97)
Provisions provided for in year	6,416	6,416	40,287	40,287
Cost of borrowing of provisions (unwinding of discount on provisions)	(648)	(648)	(1,320)	(1,320)
Auditors remuneration	60	65	60	65
Add back of notional charitable expenditure	0	(5)	0	(5)
<b>Total</b>	<b>1,547,124</b>	<b>1,548,580</b>	<b>1,489,113</b>	<b>1,490,662</b>

<sup>1</sup> Further detailed analysis of staff costs is located in the Staff Report on page 93 within the Accountability Report

During the year the Trust purchased no additional non audit services from its external auditor (NIAO).



# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 4 Income

#### 4.1 Revenue from Contracts with Customers

	2019 £000s		2018 £000s	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	926	926	681	681
HSC Trusts	288	288	283	283
Non-HSC:- Private patients	3,768	3,768	3,619	3,619
Non-HSC:- Other	4,167	4,167	2,946	2,946
Clients contributions	38,882	38,882	37,148	37,148
Seconded staff	8,183	7,847	6,854	6,561
Research and development	3,751	3,605	3,270	3,119
Other revenue from non-patient services	29,253	29,250	28,722	28,692
<b>Total</b>	<b>89,218</b>	<b>88,733</b>	<b>83,523</b>	<b>83,049</b>

#### 4.2 Other Operating Income

	2019 £000s		2018 £000s	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Other income from non-patient services	7,107	7,038	5,740	5,639
Charitable and other contributions to expenditure by core trust	(4)	(8)	91	83
Donations / Government grant / Lottery funding for non current assets	2,818	2,788	1,432	1,333
Charitable income received by charitable trust fund	0	1,342	0	985
Investment income	0	1,187	0	1,195
<b>Total</b>	<b>9,921</b>	<b>12,347</b>	<b>7,263</b>	<b>9,235</b>

<b>Total Income</b>	<b>99,139</b>	<b>101,080</b>	<b>90,786</b>	<b>92,284</b>
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\*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, £48,031k would have been disclosed as Income from activities and £53,049k as Other operating income, totalling £101,080k income for 2018-19. Refer to accounting policy note 1.10 for further information.

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 5.1 Consolidated Property, Plant & Equipment - 2019

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2018	109,825	1,032,723	38,114	68,873	184,618	10,001	58,981	8,628	1,511,763
Indexation	493	28,207	1,047	0	2,200	156	0	110	32,213
Additions	0	10,656	948	41,266	14,715	1,127	8,609	97	77,418
Donations / Government grant / Lottery funding	0	270	0	0	1,478	13	1,016	15	2,792
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	145	1,382	0	(1,655)	(445)	0	(1,376)	92	(1,857)
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(6)	(4)	0	(1)	0	0	(1)	(12)
Impairment charged to the revaluation reserve	(4)	0	0	0	0	0	0	0	(4)
Reversal of impairments	4,990	1,769	64	0	0	0	0	27	6,850
Disposals	(5)	0	0	0	(10,871)	(933)	(670)	0	(12,479)
At 31 March 2019	<b>115,444</b>	<b>1,075,001</b>	<b>40,169</b>	<b>108,484</b>	<b>191,694</b>	<b>10,364</b>	<b>66,560</b>	<b>8,968</b>	<b>1,616,684</b>
<b>Depreciation</b>									
At 1 April 2018	0	111,362	4,125	0	117,689	6,370	42,842	7,376	289,764
Indexation	0	3,828	141	0	1,490	107	0	96	5,662
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	(56)	0	0	(99)	0	7	18	(130)
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(1)	0	0	0	0	0	(1)	(2)
Impairment charged to the revaluation reserve	0	8	0	0	0	0	0	0	8
Reversal of impairments (indexn)	0	225	8	0	0	0	0	23	256
Disposals	0	0	0	0	(10,871)	(933)	(670)	0	(12,474)
Provided during the year	0	38,467	1,291	0	17,244	1,109	5,719	433	64,263
At 31 March 2019	<b>0</b>	<b>153,833</b>	<b>5,565</b>	<b>0</b>	<b>125,453</b>	<b>6,653</b>	<b>47,898</b>	<b>7,945</b>	<b>347,347</b>
<b>Carrying Amount</b>									
At 31 March 2019	<b>115,444</b>	<b>921,168</b>	<b>34,604</b>	<b>108,484</b>	<b>66,241</b>	<b>3,711</b>	<b>18,662</b>	<b>1,023</b>	<b>1,269,337</b>
At 31 March 2018	<b>109,825</b>	<b>921,361</b>	<b>33,989</b>	<b>68,873</b>	<b>66,929</b>	<b>3,631</b>	<b>16,139</b>	<b>1,252</b>	<b>1,221,999</b>
<b>Asset financing</b>									
Owned	115,444	921,168	34,604	108,484	43,034	3,711	18,662	1,023	1,246,130
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	23,207	0	0	0	23,207
<b>Carrying Amount</b>									
At 31 March 2019	<b>115,444</b>	<b>921,168</b>	<b>34,604</b>	<b>108,484</b>	<b>66,241</b>	<b>3,711</b>	<b>18,662</b>	<b>1,023</b>	<b>1,269,337</b>
Of which:									
Trust	115,444	921,168	34,604	108,484	66,241	3,711	18,662	1,023	1,269,337
Charitable trust fund	0	0	0	0	0	0	0	0	0

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 in respect of assets held under finance leases and hire purchase contracts is £0 (2018 £0).

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

	2019 £000s	2018 £000s
Donations	2,792	1,412
Government grant	0	0
Lottery funding	0	0

Professional revaluations of land and buildings are undertaken by Land and Property Services (LPS) at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS. See Accounting Policy Note 1, Section 1.3 for more details of valuation of Property, Plant and Equipment.

The Trust's Land, Buildings and Dwellings were all revalued at 31 January 2015 by Land and Property Services. The valuations were carried out by the following valuers; Mr. Neil McCall MRICS, Mr Desy Monaghan MRICS; Mr Paul Beardmore MRICS

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 5.2 Consolidated Property, Plant & Equipment - 2018

	Land	Buildings (excluding dwellings)	Dwellings	Assets under Construction	Plant and Machinery (Equipment)	Transport Equipment	Information Technology (IT)	Furniture and Fittings	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<b>Cost or Valuation</b>									
At 1 April 2017	104,596	946,503	34,859	38,967	174,997	9,863	53,078	8,643	1,371,506
Indexation	394	67,145	2,525	0	3,253	343	0	1	73,661
Additions	0	8,060	131	29,906	17,502	727	5,944	117	62,387
Donations / Government grant / Lottery funding	0	807	0	0	496	0	81	28	1,412
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	3,252	435	0	(3,568)	0	(107)	(47)	(35)
Revaluation	0	1,323	0	0	0	0	0	0	1,323
Impairment charged to the SoCNE	0	(18)	(8)	0	(1)	(23)	0	(21)	(71)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	(85)	(85)
Reversal of impairments (indexn)	4,841	5,736	172	0	0	0	0	0	10,749
Disposals	(6)	(85)	0	0	(8,061)	(909)	(15)	(8)	(9,084)
At 31 March 2018	<b>109,825</b>	<b>1,032,723</b>	<b>38,114</b>	<b>68,873</b>	<b>184,618</b>	<b>10,001</b>	<b>58,981</b>	<b>8,628</b>	<b>1,511,763</b>
<b>Depreciation</b>									
At 1 April 2017	0	67,444	2,476	0	109,729	6,017	36,592	6,977	229,235
Indexation	0	6,675	256	0	2,160	226	0	1	9,318
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	1,332	179	0	(1,350)	0	10	(28)	143
Revaluation	0	2	0	0	0	0	0	0	2
Impairment charged to the SoCNE	0	(2)	(1)	0	0	(14)	0	(18)	(35)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	(72)	(72)
Reversal of impairments (indexn)	0	532	17	0	0	0	0	0	549
Disposals	0	(85)	0	0	(8,052)	(908)	(15)	(8)	(9,068)
Provided during the year	0	35,464	1,198	0	15,202	1,049	6,255	524	59,692
At 31 March 2018	<b>0</b>	<b>111,362</b>	<b>4,125</b>	<b>0</b>	<b>117,689</b>	<b>6,370</b>	<b>42,842</b>	<b>7,376</b>	<b>289,764</b>
<b>Carrying Amount</b>									
At 31 March 2018	<b>109,825</b>	<b>921,361</b>	<b>33,989</b>	<b>68,873</b>	<b>66,929</b>	<b>3,631</b>	<b>16,139</b>	<b>1,252</b>	<b>1,221,999</b>
At 1 April 2017	<b>104,596</b>	<b>879,059</b>	<b>32,383</b>	<b>38,967</b>	<b>65,268</b>	<b>3,846</b>	<b>16,486</b>	<b>1,666</b>	<b>1,142,271</b>
<b>Asset financing</b>									
Owned	109,825	921,361	33,989	68,873	43,256	3,631	16,139	1,252	1,198,326
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	23,673	0	0	0	0
At 31 March 2018	<b>109,825</b>	<b>921,361</b>	<b>33,989</b>	<b>68,873</b>	<b>66,929</b>	<b>3,631</b>	<b>16,139</b>	<b>1,252</b>	<b>1,221,999</b>
<b>Asset financing</b>									
Owned	104,596	879,059	32,383	38,967	43,724	3,846	16,486	1,666	1,120,727
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	21,544	0	0	0	21,544
At 1 April 2017	<b>104,596</b>	<b>879,059</b>	<b>32,383</b>	<b>38,967</b>	<b>65,268</b>	<b>3,846</b>	<b>16,486</b>	<b>1,666</b>	<b>1,142,271</b>
<b>Carrying amount comprises:</b>									
Trust at 31 March 2019	115,444	921,168	34,604	108,484	66,241	3,711	18,662	1,023	1,269,337
Charitable trust fund at 31 March 2019	0	0	0	0	0	0	0	0	0
At 31 March 2019	<b>115,444</b>	<b>921,168</b>	<b>34,604</b>	<b>108,484</b>	<b>66,241</b>	<b>3,711</b>	<b>18,662</b>	<b>1,023</b>	<b>1,269,337</b>
Trust at 31 March 2018	109,825	921,361	33,989	68,873	66,929	3,631	16,139	1,252	1,221,999
Charitable trust fund at 31 March 2018	0	0	0	0	0	0	0	0	0
At 31 March 2018	<b>109,825</b>	<b>921,361</b>	<b>33,989</b>	<b>68,873</b>	<b>66,929</b>	<b>3,631</b>	<b>16,139</b>	<b>1,252</b>	<b>1,221,999</b>
Trust at 1 April 2017	104,596	879,059	32,383	38,967	65,268	3,846	16,486	1,666	1,142,271
Charitable trust fund at 1 April 2017	0	0	0	0	0	0	0	0	0
At 1 April 2017	<b>104,596</b>	<b>879,059</b>	<b>32,383</b>	<b>38,967</b>	<b>65,268</b>	<b>3,846</b>	<b>16,486</b>	<b>1,666</b>	<b>1,142,271</b>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 6.1 Consolidated Intangible assets - year ended 31 March 2019

	Software Licenses £000s	Information Technology £000s	Total £000s
<b>Cost or Valuation</b>			
At 1 April 2018	33,706	0	33,706
Indexation	0	0	0
Additions	2,523	0	2,523
Donations / Government grant / Lottery funding	26	0	26
Reclassifications	0	0	0
Transfers	1,702	0	1,702
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	0	0	0
	<b>37,957</b>	<b>0</b>	<b>37,957</b>
At 31 March 2019			
<b>Amortisation</b>			
At 1 April 2018	18,939	0	18,939
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	55	0	55
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	0	0	0
Provided during the year	5,124	0	5,124
	<b>24,118</b>	<b>0</b>	<b>24,118</b>
At 31 March 2019			
<b>Carrying Amount</b>			
At 31 March 2019	<b>13,839</b>	<b>0</b>	<b>13,839</b>
At 31 March 2018	<b>14,767</b>	<b>0</b>	<b>14,767</b>
<b>Asset financing</b>			
Owned	13,839	0	13,839
Finance leased	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0
	<b>13,839</b>	<b>0</b>	<b>13,839</b>
At 31 March 2019			

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

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

	2019 £000s	2018 £000s
Donations	26	20
Government grant	0	0
Lottery funding	0	0

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 6.2 Consolidated Intangible assets - year ended 31 March 2018

	Software Licenses £000s	Information Technology £000s	Total £000s
<b>Cost or Valuation</b>			
At 1 April 2017	26,519	0	26,519
Indexation	0	0	0
Additions	7,829	0	7,829
Donations / Government grant / Lottery funding	20	0	20
Reclassifications	0	0	0
Transfers	108	0	108
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	(770)	0	(770)
At 31 March 2018	<b>33,706</b>	<b>0</b>	<b>33,706</b>
<b>Amortisation</b>			
At 1 April 2017	15,532	0	15,532
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	(70)	0	(70)
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	(770)	0	(770)
Provided during the year	4,247	0	4,247
At 31 March 2018	<b>18,939</b>	<b>0</b>	<b>18,939</b>
<b>Carrying Amount</b>			
At 31 March 2018	<b>14,767</b>	<b>0</b>	<b>14,767</b>
At 1 April 2017	<b>10,987</b>	<b>0</b>	<b>10,987</b>
<b>Asset financing</b>			
Owned	14,767	0	14,767
Finance leased	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0
<b>Carrying Amount</b>			
At 31 March 2018	<b>14,767</b>	<b>0</b>	<b>14,767</b>
<b>Asset financing</b>			
Owned	10,987	0	10,987
Finance leased	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0
<b>Carrying Amount</b>			
At 1 April 2017	<b>10,987</b>	<b>0</b>	<b>10,987</b>
<b>Carrying amount comprises:</b>			
Trust at 31 March 2019	13,839	0	13,839
Charitable trust fund at 31 March 2019	0	0	0
	<b>13,839</b>	<b>0</b>	<b>13,839</b>
Trust at 31 March 2018	14,767	0	14,767
Charitable trust fund at 31 March 2018	0	0	0
	<b>14,767</b>	<b>0</b>	<b>14,767</b>
Trust at 1 April 2017	10,987	0	10,987
Charitable trust fund at 1 April 2017	0	0	0
	<b>10,987</b>	<b>0</b>	<b>10,987</b>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 7 Financial Instruments

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

	2019			2018		
	Non Current Assets £000s	Assets £000s	Liabilities £000s	Non Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	47,884	0	0	49,005	0	0
Additions	1,187	0	0	1,195	0	0
Settlements	(1,150)	0	0	(1,150)	0	0
Impairments	0	0	0	0	0	0
Revaluations	2,218	0	0	(1,166)	0	0
Balance at 31 March	<u>50,139</u>	<u>0</u>	<u>0</u>	<u>47,884</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	<u>50,139</u>	<u>0</u>	<u>0</u>	<u>47,884</u>	<u>0</u>	<u>0</u>
	<u>50,139</u>	<u>0</u>	<u>0</u>	<u>47,884</u>	<u>0</u>	<u>0</u>

#### NOTE 7.1 Market value of investments as at 31 March

	Held in UK	Held outside UK	2019 Total	2018 Total
	£000s	£000s	£000s	£000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	50,139	0	50,139	47,884
Investments in a Common Deposit Fund or Investment Fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment portfolio	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
<b>Total market value of fixed asset investments</b>	<u>50,139</u>	<u>0</u>	<u>50,139</u>	<u>47,884</u>

#### Analysis of expected timing of discounted flows

	£000s			£000s		
	Non Current Assets £000s	Assets £000s	Liabilities £000s	Non Current Assets £000s	Assets £000s	Liabilities £000s
Not later than one year	0	0	0	0	0	0
Later than one year and not later than five years	0	0	0	0	0	0
Later than five years	50,139	0	0	47,884	0	0
	<u>50,139</u>	<u>0</u>	<u>0</u>	<u>47,884</u>	<u>0</u>	<u>0</u>

The financial instruments above relate to the Common Investment Fund in respect of Charitable Trust Funds. The only financial instruments held directly by the Trust as at 31 March 2019 are cash, trade and other receivables and trade and other liabilities. Details of these can be seen at Notes 11, 12 and 13 respectively.

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 8 Impairments

	2019		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(6,584)	0	(6,584)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	12	0	12
<b>Total value of impairments for the year</b>	<b>(6,572)</b>	<b>0</b>	<b>(6,572)</b>
	2018		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(10,164)	0	(10,164)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	13	0	13
<b>Total value of impairments for the year</b>	<b>(10,151)</b>	<b>0</b>	<b>(10,151)</b>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 9 Assets Classified As Held For Sale

	Land		Buildings		Total	
	2019 £000s	2018 £000s	2019 £000s	2018 £000s	2019 £000s	2018 £000s
Opening balance at 1 April	315	315	0	0	315	315
Transfers in	170	0	225	0	395	0
Transfers out	(315)	0	0	0	(315)	0
(Disposals)	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
<b>Closing balance at 31 March</b>	<b>170</b>	<b>315</b>	<b>225</b>	<b>0</b>	<b>395</b>	<b>315</b>

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

During the year ended 31 March 2019, no properties were sold. The Land at Muckamore that was previously held for sale has been transferred out of this category as the buyer that was to purchase the land is not proceeding.

At 31 March 2019 non current assets held for resale comprise ;

- McCartney House 529 Upper Newtownards Road



# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 10 Inventories

Classification	2019		2018	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
X-ray	369	369	388	388
Pharmacy supplies	9,443	9,443	7,533	7,533
Theatre equipment/supplies	7,074	7,074	5,071	5,071
Community care appliances	108	108	141	141
Laboratory materials	908	908	881	881
Fuel	515	515	573	573
Building & engineering supplies	788	788	688	688
Other	3	3	1	1
<b>Total</b>	<b>19,208</b>	<b>19,208</b>	<b>15,276</b>	<b>15,276</b>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 11 Cash and Cash Equivalents

	2019		2018	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Balance at 1st April	14,170	14,862	14,142	15,121
Net change in cash and cash equivalents	1,096	1,547	28	(259)
<b>Balance at 31st March</b>	<b>15,266</b>	<b>16,409</b>	<b>14,170</b>	<b>14,862</b>

	2019		2018	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>The following balances at 31 March were held at</b>				
Commercial banks and cash in hand	15,266	16,409	14,170	14,862
<b>Balance at 31st March</b>	<b>15,266</b>	<b>16,409</b>	<b>14,170</b>	<b>14,862</b>

### Note 11.1 Reconciliation of Liabilities arising from Financing Activities

	2018 £000s	Cash flows £000s	Non-Cash Changes £000s	2019 £000s
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements	11,333	1,002	0	<b>12,335</b>
<b>Total liabilities from financing activities</b>	<b>11,333</b>	<b>1,002</b>	<b>0</b>	<b>12,335</b>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 12 Trade Receivables, Financial and Other Assets

	2019		2018	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Amounts falling due within one year</b>				
Trade receivables	5,032	5,032	4,157	4,157
Deposits and advances	1	1	0	0
VAT receivable	17,385	17,385	17,091	17,091
Other receivables - not relating to fixed assets	24,622	24,572	23,021	23,024
Other receivables - relating to property plant and equipment	838	830	538	506
<b>Trade and other receivables</b>	<b>47,878</b>	<b>47,820</b>	<b>44,807</b>	<b>44,778</b>
Prepayments and accrued income	1,452	1,452	1,105	1,105
<b>Other current assets</b>	<b>1,452</b>	<b>1,452</b>	<b>1,105</b>	<b>1,105</b>
Carbon reduction commitment	0	0	0	0
<b>Intangible current assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amounts falling due after more than one year</b>				
Trade receivables	0	0	0	0
<b>Trade and other receivables</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Prepayments and accrued income	0	0	0	0
<b>Other current assets falling due after more than one year</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Trade and Other Receivables</b>	<b>47,878</b>	<b>47,820</b>	<b>44,807</b>	<b>44,778</b>
<b>Total Other Current Assets</b>	<b>1,452</b>	<b>1,452</b>	<b>1,105</b>	<b>1,105</b>
<b>Total Intangible Current Assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Receivables and Other Current Assets</b>	<b>49,330</b>	<b>49,272</b>	<b>45,912</b>	<b>45,883</b>

The balances are net of a provision for bad debts of £4,810k (2018 £4,480k)

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 13 Trade Payables and Other Current Liabilities

13.1 Trade payables and other current liabilities	2019		2018	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Amounts falling due within one year</b>				
Other taxation and social security	29,313	29,313	29,563	29,563
Trade capital payables - property, plant and equipment	40,967	40,967	38,047	38,047
Trade revenue payables	97,477	97,477	102,196	102,196
Payroll payables	42,805	42,805	43,133	43,133
Clinical negligence payables	763	763	142	142
BSO payables	2,673	2,673	3,051	3,051
Other payables	3,850	3,918	5,188	5,282
Accruals and deferred income	7,546	7,546	9,049	9,049
<b>Trade and other payables</b>	<b>225,394</b>	<b>225,462</b>	<b>230,369</b>	<b>230,463</b>
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	1,222	1,222	1,271	1,271
<b>Other current liabilities</b>	<b>1,222</b>	<b>1,222</b>	<b>1,271</b>	<b>1,271</b>
Carbon reduction commitment	0	0	0	0
<b>Intangible current liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total payables falling due within one year</b>	<b>226,616</b>	<b>226,684</b>	<b>231,640</b>	<b>231,734</b>
<b>Amounts falling due after more than one year</b>				
Other payables, accruals and deferred income	0	0	0	0
Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	11,113	11,113	10,062	10,062
<b>Total non current other payables</b>	<b>11,113</b>	<b>11,113</b>	<b>10,062</b>	<b>10,062</b>
<b>Total Trade Payables and Other Current Liabilities</b>	<b>237,729</b>	<b>237,797</b>	<b>241,702</b>	<b>241,796</b>

### Note 13.2 Loans

#### Loans

The Belfast Health and Social Care Trust did not have any loans payable at either 31 March 2019 or 31 March 2018.

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 14 Prompt Payment Policy

#### 14.1 Public Sector Payment Policy - Measure of Compliance

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

	<b>2019</b>	<b>2019</b>	<b>2018</b>	<b>2018</b>
	<b>Number</b>	<b>Value</b>	<b>Number</b>	<b>Value</b>
		<b>£000s</b>		<b>£000s</b>
Total bills paid	496,214	794,313	487,656	729,264
Total bills paid within 30 days of receipt of an undisputed invoice	<u>446,769</u>	<u>708,229</u>	<u>431,621</u>	<u>657,818</u>
% of bills paid within 30 days of receipt of an undisputed invoice	<u><b>90.0%</b></u>	<u><b>89.2%</b></u>	<u><b>88.5%</b></u>	<u><b>90.2%</b></u>
Total bills paid within 10 day target	<u>367,318</u>	<u>610,363</u>	<u>351,827</u>	<u>556,356</u>
% of bills paid within 10 day target	<u><b>74.0%</b></u>	<u><b>76.8%</b></u>	<u><b>72.1%</b></u>	<u><b>76.3%</b></u>

#### 14.2 The Late Payment of Commercial Debts Regulations 2002

	<b>2019</b>
	<b>£</b>
Amount of compensation paid for payment(s) being late	110
Amount of interest paid for payment(s) being late	<u>1,064</u>
<b>Total</b>	<u><b>1,174</b></u>

This is also reflected as a fruitless payment in the Assembly Accountability Disclosure Notes on Page 98

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 15 Provisions for Liabilities and Charges - 2019

	Pensions relating to staff £000s	Clinical negligence £000s	Other £000s	Total £000s
<b>Balance at 1 April 2018</b>	0	101,972	10,826	112,798
Provided in year	0	19,248	1,270	20,518
(Provisions not required written back) *	0	(13,535)	(567)	(14,102)
(Provisions utilised in the year)	0	(15,631)	(1,842)	(17,473)
Cost of borrowing (unwinding of discount)	0	(651)	3	(648)
<b>At 31 March 2019</b>	<b>0</b>	<b>91,403</b>	<b>9,690</b>	<b>101,093</b>

<b>Comprehensive Net Expenditure Account charges</b>	<b>2019 £000s</b>	<b>2018 £000s</b>
Arising during the year	20,518	44,907
Reversed unused	(14,102)	(4,620)
Cost of borrowing (unwinding of discount)	(648)	(1,320)
<b>Total charge within Operating expenses</b>	<b>5,768</b>	<b>38,967</b>

#### Analysis of expected timing of discounted flows

	Pensions relating to staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Not later than one year	0	21,755	1,057	22,812
Later than one year and not later than five years	0	19,134	2,067	21,201
Later than five years	0	50,514	6,566	57,080
<b>At 31 March 2019</b>	<b>0</b>	<b>91,403</b>	<b>9,690</b>	<b>101,093</b>

Pensions relating to other staff is in relation to early retirement costs.

The provision for pensions is determined on the basis of information on current annual pension rates payable over average life expectancy derived from government actuarial tables and on payments made to HSC Pensions Branch. The provisions for Clinical Negligence, Employers and Public Liability have been determined by assigning probabilities to expected settlement values.

\* The provisions not required written back in year is in part due to the change in discount rate applied during the year as outlined in Note 1.18

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 15.1 Provisions for Liabilities and Charges - 2018

	Pensions relating to staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2017	0	74,021	11,248	85,269
Provided in year	0	43,612	1,295	44,907
(Provisions not required written back)	0	(4,081)	(539)	(4,620)
(Provisions utilised in the year)	0	(10,306)	(1,132)	(11,438)
Cost of borrowing (unwinding of discount)	0	(1,274)	(46)	(1,320)
At 31 March 2018	<b>0</b>	<b>101,972</b>	<b>10,826</b>	<b>112,798</b>

Provisions have been made for 4 types of potential liability: Clinical negligence, Employers Liability and Occupiers Liability and Injury Benefit. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pensions Branch. For Clinical Negligence, Employer's and Occupier's claims the Trust has estimated an appropriate level of provision based on professional legal advice.

#### Analysis of expected timing of discounted flows

	Pensions relating to staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Not later than one year	0	20,480	2,124	22,604
Later than one year and not later than five years	0	17,096	1,645	18,741
Later than five years	0	64,396	7,057	71,453
At 31 March 2018	<b>0</b>	<b>101,972</b>	<b>10,826</b>	<b>112,798</b>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 16 Capital Commitments

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

	<b>2019</b> <b>£000s</b>	<b>2018</b> <b>£000s</b>
Property, plant & equipment	55,264	87,005
Intangible assets	0	0
	<u>55,264</u>	<u>87,005</u>



# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 17 Commitments Under Leases

#### 17.1 Finance Leases

The Trust have included within its fixed assets a number of land and buildings held under leasehold arrangements. Under accounting standard IAS 17 'Accounting for leases', the Trust have assessed these land and buildings to be finance leases in nature. However, the associated financial obligations of these finance leases are deemed insignificant and therefore no finance lease creditor has been recorded in the accounts in this respect.

#### 17.2 Operating Leases

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

	2019 £000s	2018 £000s
<b>Obligations under operating leases comprise</b>		
<b>Land</b>		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	<u>0</u>	<u>0</u>
<b>Buildings</b>		
Not later than 1 year	454	362
Later than 1 year and not later than 5 years	1,254	1,012
Later than 5 years	259	250
	<u>1,967</u>	<u>1,624</u>
<b>Other</b>		
Not later than 1 year	84	129
Later than 1 year and not later than 5 years	80	100
Later than 5 years	0	0
	<u>164</u>	<u>229</u>

#### 17.3 Operating Leases

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

	2019 £000s	2018 £000s
<b>Obligations under operating leases issued by the Trust comprise</b>		
<b>Land &amp; Buildings</b>		
Not later than 1 year	509	639
Later than 1 year and not later than 5 years	288	467
Later than 5 years	1,417	1,467
	<u>2,214</u>	<u>2,573</u>
<b>Other</b>		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	<u>0</u>	<u>0</u>

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 18 Commitments Under PFI and other Service Concession Arrangement Contracts

#### 18.1 Off balance sheet PFI and other service concession arrangements schemes

The Trust had a PFI arrangement for the provision of a carpark at the Royal Group of Hospitals site which ended during 2017-18 and the asset reverted to the Trust. The Trust had no further Off balance sheet PFI schemes during 2018-19.

#### 18.2 On balance sheet (SoFP) PFI Schemes

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of on-balance sheet (SoFP) PFI or other service concession transactions was £10,237k (2018: £9,363k). Total future obligations under on-balance sheet PFI and other service concession arrangements are given in the table below for each of the following periods:

	2019 £000s	2018 £000s
<b>Minimum lease payments</b>		
Due within one year	3,233	3,242
Due later than one year and not later than five years	9,842	10,778
Due later than five years	12,141	12,165
<b>Total</b>	<b>25,216</b>	<b>26,185</b>
Less interest element	11,198	12,655
<b>Present value</b>	<b>14,018</b>	<b>13,530</b>

	2019 £000s	2018 £000s
<b>Service elements due in future periods</b>		
Due within one year	1,735	1,785
Due later than one year and not later than five years	5,026	5,565
Due later than five years	7,257	6,180
<b>Total service elements due in future periods</b>	<b>14,018</b>	<b>13,530</b>

The on balance sheet PFI schemes included above are as follows:

- Cancer Centre (25 year contract ending December 2030)
- Managed Equipment Service (MES) / ATICS (15 year contract ending September 2021)

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 19 Other Financial Commitments

The Belfast Health and Social Care Trust has not entered into any non cancellable contracts (which are not leases, PFI or other service concession arrangement contracts) in the current or previous financial year.

### Note 20 Contingent Liabilities

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle any possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2019 £000s	2018 £000s
Clinical negligence	4,341	4,291
Public liability	93	65
Employers' liability	370	368
Accrued leave	0	0
Injury benefit	0	0
Other	24	5
Total	<u>4,828</u>	<u>4,729</u>

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 Belfast Trust of any change in the discount rate. Changing the legal framework for setting the rate in Northern Ireland would require primary legislation.

The Trust is aware of a number of legal cases and appeals across the UK which are testing employment issues, for example payment of allowances or enhancements while on sick or annual leave and rate of payment for sleep in duties. The Trust is working regionally with the Department of Health and Trade Union representatives to ascertain the impacts which these cases may have but are not in a position at this stage to quantify the liability and will keep the outcomes of these cases and their appeals under close review.

#### Note 20.1 Financial Guarantees, Indemnities and Letters of Comfort

Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

The Belfast Health and Social Care Trust did not have any financial instruments at either 31 March 2019 or 31 March 2018.

**Court of Appeal judgment on backdated PSNI Holiday Pay:** On 17 June 2019 the Court of Appeal ruled in respect of Northern Ireland Industrial Tribunal's November 2018 decision on cases taken against the PSNI on backdated Holiday Pay. It is recognised that the final detail remains to be determined by the Industrial Tribunal who will be guided by the Court of Appeal's Judgement. This is an extremely rare and complex case with a significant number of issues that still need to be resolved, including further legal advice with regards to the Judgement; the scope; timescales; process of appeals and engagement with Trade Unions. The legal issues arising from this judgment and the implications for the Northern Ireland Civil Service (NICS) and wider public sector will need further consideration. The Department of Finance (DoF) is leading a piece of work across the NICS, reviewing the implications for each of the major staffing groups across the public sector. Until there is further clarity when this work has concluded, and based on the inherent uncertainties in the final decision that will be made, a reliable estimate cannot be provided at this stage.

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 21 Related Party Transactions

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

During the year the Belfast Health and Social Care Trust entered into the following material transactions with the following related parties.

#### HSC Bodies

The Belfast Health and Social Care Trust is an arms length body of the Department of Health, and as such the Department is a related party and the ultimate controlling parent with which the Trust has had various material transactions during the year. During the year the Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the five HSC Trusts and the Business Services Organisation.

#### Non Executive Directors

Some of the Trust's Non-Executive Directors have disclosed interests with organisations which the Trust purchased services from or supplied services to during 2018-19. Set out below are details of the amount paid to these organisations during 2018-19. In none of these cases listed did the Non-Executive Directors have any involvement in the decisions to procure the services from the organisations concerned.

	Service Provided by Organisation	Payments to Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
		£000s	£000s	£000s	£000s
<b>2018-19</b>					
Northern Ireland Water	Water Services	1,465	0	0	0
Bryson Energy	Environmental Services	0	0	0	0
Pharmaceutical Society NI	Regulatory and professional body	2	0	0	0
University of Ulster	Education & Training	152	170	8	73
Queens Nursing Institute	Nursing Charity	1	0	0	0
Royal College of Nursing	Nursing Practice & Education	8	0	0	0
NI Social Care Council	Social Care Practice & Education	2	10	0	1
Northern Ireland Fire & Rescue Service	Fire & Rescue Services	0	19	0	0
Queens University Belfast	Joint appointments, premises, research	6,973	4,071	1,195	959
<b>2017-18</b>					
Northern Ireland Water	Water Services	1,573	0	104	0
Bryson Energy	Environmental Services	34	0	0	0
Pharmaceutical Society NI	Regulatory and professional body	1	0	0	0
University of Ulster	Education & Training	233	226	9	91
Queens Nursing Institute	Nursing Charity	1	0	0	0
Royal College of Nursing	Nursing Practice & Education	28	0	2	0
NI Social Care Council	Social Care Practice & Education	0	8	0	0
Northern Ireland Fire & Rescue Service	Fire & Rescue Services	0	18	0	0
Queens University Belfast	Joint appointments, premises, research	6,775	4,177	1,574	901

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 21 Related Party Transactions (Cont'd)

Interests in the above organisations were declared by the following Board members:-

Mr P McNaney (Chairman) is a Non Executive Director of Northern Ireland Water and Bryson House, and Chairman of Bryson Energy

Prof M Bradley (Non-Executive Director ) is a visiting Professor Nursing for University of Ulster; is a Fellow of Royal College of Nursing and the Queens Nursing Institute; and is a Council member for the Pharmaceutical Society of NI.

Ms A O'Reilly (Non-Executive Director) is a Non-Executive Director for NI Social Care Council

Mr G Smyth (Non-Executive Director) is a Non-Executive Director for the Northern Ireland Fire & Rescue Service

Prof D Jones (Non-Executive Director) is a Professor at Queens University Belfast.

Transactions with these related parties are conducted on an arm's length basis. The purchase of goods and services are subject to the normal tendering processes under Northern Ireland Public Procurement Policy, Trust Standing Orders and Standing Financial Instructions. There are no provisions for doubtful debts against the related party balances owed. In addition, the Trust has not provided or received any financial guarantees in respect of any related parties identified.

### Other Board Members and Senior Managers

During the year, none of the other Trust Board Members or Senior Management staff have disclosed interests in organisations that have undertaken any material transactions with the Trust.

### Note 22 Third Party Assets

The Trust held £3,003,337 Cash at bank and in hand and £3,610,225 short term investments at 31 March 2019 which relates to monies held by the Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts. A separate audited account of these monies is maintained by the Trust.

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### Note 23 Financial Performance Targets

#### 23.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend

The Revenue Resource Limit (RRL) for Belfast Health and Social Care Trust is calculated as follows:

	<b>2019</b>	<b>2018</b>
	<b>Total</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>
HSCB	1,347,842	1,278,726
PHA	17,049	14,251
SUMDE & NIMDTA	21,764	19,594
DoH (excludes non cash)	0	0
Other Government Departments	0	0
Non cash RRL (from DoH)	62,139	88,101
<b>Total agreed RRL</b>	<b>1,448,794</b>	<b>1,400,672</b>
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(2,818)	(1,432)
Adjustment for PFI and other service concession arrangements/IFRIC 12	1,247	(498)
Adjustment for research and development under ESA10	799	169
<b>Total Revenue Resource Limit to Statement Comprehensive Net Expenditure</b>	<b>1,448,022</b>	<b>1,398,911</b>

#### 23.2 Capital Resource Limit

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

	<b>2019</b>	<b>2018</b>
	<b>Total</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>
Gross capital expenditure	82,759	71,648
Less charitable trust fund capital expenditure	(2,818)	(1,432)
Less IFRIC 12/PFI and other service concession arrangements spend (Receipts from sales of fixed assets)	(5,637)	(6,270)
Net capital expenditure	74,299	63,931
Capital Resource Limit	75,107	64,107
Adjustment for research and development under ESA10	(799)	(169)
Overspend/(Underspend) against CRL	(9)	(7)

# Financial Statements

## Notes to the Accounts for the year ended 31 March 2019

### 23.3 Financial Performance Targets

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25 % of RRL limits

	<b>2019</b> <b>£000s</b>	<b>2018</b> <b>£000s</b>
Net Expenditure	(1,447,985)	(1,398,327)
RRL	1,448,022	1,398,911
Surplus / (Deficit) against RRL	37	584
Break Even cumulative position(opening)	1,218	634
Break Even cumulative position (closing)	<u>1,255</u>	<u>1,218</u>

#### Materiality Test:

	<b>2019</b> <b>%</b>	<b>2018</b> <b>%</b>
Break Even in year position as % of RRL	<u>0.00%</u>	<u>0.04%</u>
Break Even cumulative position as % of RRL	<u>0.09%</u>	<u>0.09%</u>

# Financial Statements

## **Notes to the Accounts for the year ended 31 March 2019**

### **Note 24 Post Balance Sheet Events**

There are no post balance sheet events having a material effect on the accounts.

### **Date Authorised For Issue**

The Accounting Officer authorised these financial statements for issue on  
28 June 2019



# Financial Statements

## **Account of monies held on behalf of Patients/Residents for the year ended 31 March 2019**

# Financial Statements

**Accounts for the year ended 31 March 2019**

**Statement of Trust's Responsibilities in relation to Patients/Residents Monies**

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

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

# Financial Statements

Accounts for the year ended 31 March 2019

## Account Of Monies Held On Behalf Of Patients/Residents

Previous Year	RECEIPTS		
£	<b>Balance at 1 April 2018</b>	£	£
4,599,911	1. Investments (at cost)	3,603,635	
1,258,243	2. Cash at Bank	2,728,443	
16,033	3. Cash in Hand	<u>22,140</u>	6,354,218
3,455,192	Amounts Received in the Year		3,575,245
<u>3,724</u>	Interest Received		<u>6,591</u>
<b>9,333,103</b>	<b>TOTAL</b>		<b>9,936,054</b>
<b>PAYMENTS</b>			
2,978,885	Amounts Paid to or on behalf of Patients/Residents		3,322,492
<b>Balance at 31 March 2019</b>			
3,603,635	1. Investments (at cost)	3,610,225	
2,728,443	2. Cash at Bank	2,985,091	
22,140	3. Cash in Hand	<u>18,246</u>	6,613,562
<b>9,333,103</b>	<b>TOTAL</b>		<b>9,936,054</b>
<b>Schedule of investments held at 31 March 2019</b>			
Cost Price		Nominal Value	Cost Price
£	<b>Investment</b>	£	£
3,603,635	Bank of Ireland		3,610,225

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

Director of Finance

*Clareen Edwards*

Date

*6/6/19*

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

Chief Executive

*Marie Dilla*  
*6/6/19*

Date

# Financial Statements

## **BELFAST HEALTH AND SOCIAL CARE TRUST - PATIENTS' AND RESIDENTS' MONIES**

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

#### **Opinion on account**

I certify that I have audited Belfast Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2019 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of the Belfast Health and Social Care Trust for the year ended 31 March 2019 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

#### **Opinion on regularity**

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

#### **Basis of opinions**

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

#### **Responsibilities of the Trust for the account**

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

#### **Auditor's responsibilities for the audit of the account**

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

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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my certificate.

# Financial Statements

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

## **Matters on which I report by exception**

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

## **Report**

I have no observations to make on this account.



*KJ Donnelly*  
*Comptroller and Auditor General*  
*Northern Ireland Audit Office*  
*106 University Street*  
*Belfast*  
*BT7 1EU*  
*28 June 2019*





