

annual report

2014 | 2015



Northern Health
and Social Care Trust

Our Vision

***To deliver excellent
integrated services
in partnership with
our community***



Northern Health
and Social Care Trust



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Chairman's report

The Northern Health and Social Care Trust ("the Trust") is on a transformative journey that we are determined to make in partnership with the community we serve, with our colleagues in primary care, with our staff and with all who have an interest in the wellbeing of our patients and clients. True partnership working is built on trust, is predicated on openness and transparency and includes a willingness to accept mistakes and to learn from them. Whilst our review of governance and the resulting new structures will help, a fundamental culture change is also required. I am pleased to see evidence of this in terms of how we manage Serious Adverse Incidents (SAI's) and complaints, and indeed in the number of compliments we are receiving.

Over the past year we have made a good start to our journey with the appointment of a permanent Chief Executive and Medical Director. We have also appointed a new Director of Human Resources.

Building on the work of the Turnaround Team, we have seen improvements in unscheduled care. In 2014/15 there was a 35% reduction in patients waiting more than 12 hours to be assessed, treated and either

discharged or admitted to hospital. This improvement builds on the 50% reduction in the previous year and is despite a 6% growth in demand.

Managing the 12 hour target is as much about discharges as it is appropriate admissions. The Intermediate Care Service played a significant role in facilitating timely discharge from acute settings and preventing unnecessary hospital admissions.

One particularly pleasing improvement is that Causeway Hospital has now gone well over a year without a 12 hour breach. I know that is down to teamwork involving the emergency department, hospital and community services, but I also know that it was due in no small part to excellent clinical leadership. It illustrates why we will be concentrating more than ever on enhancing our clinical leadership to ensure that we live up to our clear ambition of being an organisation which is clinically lead and managerially enabled.

Transformation begins from within and so over the last number of months we have focused on those who must own it and make it happen – our staff. We asked for the views of



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staff on what our vision and values should be; the values upon which they base their professional lives, and I am delighted that together we have agreed a new vision for the Trust.

Whilst it is important that we learn from our mistakes, we must also be mindful that there are many areas of our business where staff are already delivering excellent service. It is therefore very pleasing that this is not only recognised through the number of compliments that staff receive, but also by the awards conferred on so many, by their professional bodies and other independent organisations. Indeed, on so many occasions, that excellent service also leads to the development of new and imaginative ways of helping those we serve.

As in other years, living within our budget has been a significant challenge and the Trust had to develop a contingency plan in the autumn to achieve a reduced spend in-year of £6.9m. On top of all the other savings and efficiencies which the Trust has had to achieve over recent years there were no easy solutions to be found and we had to make a number of difficult choices, while always ensuring that safe and high quality patient care was our foremost consideration. Thanks to the supreme efforts and professionalism of all the staff concerned I am pleased to record that the Trust has again achieved a balanced budget this year.

Meeting with patients, clients and staff as I go around the Trusts, I am acutely aware of the professionalism and commitment of our staff and recognise that it is the combination of their skill, dedication and goodwill which provides such a good experience for the vast majority of our patients and clients. I would therefore like to take this opportunity to thank our staff at all levels and similarly I really am most grateful to the all the Board, the Senior Management Team and all the numerous staff who have consistently given me their unstinting support throughout another challenging year.

Bob McCann
Chairman

Chief Executive's report

I took up my post at the Northern Health and Social Care Trust ("the Trust") in August 2014, joining a team that was delivering a major change programme. I am privileged to lead this team and the wider coalition of leaders which is driving significant and at times ground breaking change. The Trust is a vibrant organisation with evidence of innovative leadership at all levels. It is my task to harness the evident energy and ambition, in order to deliver high quality services that are sustainable and valued by the people we serve. In the first few months we agreed on four priorities for action. These were: a need to refresh our organisational vision and values; a review of governance arrangements; achieving financial stability and a focus on secondary care, both urgent and elective. While these priorities required our concerted attention we continued to deliver and improve family and community services.

It is vital that we have a shared vision and values, owned by all our staff. Over a four month period we undertook an engagement process involving staff at all levels. We challenged ourselves to describe their purpose and the values we hold dear. We settled on a vision; To deliver excellent integrated services in

partnership with our community. Our staff discussed, debated and agreed the following values; Compassion, Openness, Respect and Excellence.

These CORE values will now underpin all that we do, from recruitment to delivery of services.

Partnership is a strong element of our vision and it is also a strong element of the culture we want to create. We want to work in partnership with staff, patients, service users, families and local communities to design and deliver excellent services.

We recognise the essential truth, that openness and transparency with the public are key to building confidence in our current services and creating the trust to deliver the radical changes required of a modern health and social care service. Earlier this year we necessarily had to respond to our financial challenges in a way that tested our relationship with the public and potentially undermined trust. The lesson for us is to engage as early as possible with the public and our staff, so that they can understand our challenges and be part of the process by which we make choices.

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Good governance is essential to the running of any organisation and to the building of trust. An independent review of our governance systems was completed in 2014 and implementation of the review's recommendations is well advanced with a new and comprehensive assurance framework. The framework integrates financial governance, risk management and clinical and social care governance.

On the other two priorities set, we have managed our resources effectively during the year and have achieved financial balance. We have seen a creditable improvement in the times people wait for treatment and care in our emergency departments, although there is still much more to do if we are to manage the growing demand for urgent care. So too is there increasing demand for elective care such as outpatient appointments, x-ray tests and treatments such as operations and planned procedures. Responding to demand for in-hospital services requires us to modernise the way we deliver those services as well as an integrated approach across hospital, community and general practitioner services. As a Trust we are very conscious of the significant demands on family practitioner services and we must work collaboratively with general practitioners in providing timely care as close to peoples homes as possible. The principles of "Transforming Your Care" need to guide us.

I joined an organisation that was still in Turnaround and working through the challenging recommendations of the Turnaround and Support Team. The Trust has made considerable progress in improving services and meeting targets. In April 2015 the DHSSPS Minister, Mr Jim Wells, formally stood down this stage of the Trust's improvement process, allowing the Trust to move forward under normal governance and performance arrangements. It is only through the collective effort of staff, throughout the Trust, that we have achieved this and I would wish to offer my thanks to all our employees.

Evidence from around the World tells us that top performing health organisations give clinical staff a greater say in developing and running services. We are revising our organisational structures to encourage clinical and social care practitioners to lead services, with the support of our professional managers.

I am constantly impressed by the energy, skill and passion of our staff. Looking at the list of achievements in this report and the progress we have made I am optimistic that the Trust can deliver on our vision.

Dr Anthony Stevens
Chief Executive
Date: 11th June 2015

About the Trust

The Northern Health and Social Care Trust (“the Trust”) became operational on 1 April 2007. The Trust has an annual budget of almost £650m and employs 11,700 people. Funding is secured from a range of commissioners, the main commissioner being the Health and Social Care Board.

Following the review of local government the Trust now covers four local council areas – Antrim and Newtownabbey, Causeway Coast and Glens, Mid and East Antrim and Mid Ulster, given the community planning remit of the new councils the Trust sees this as a good opportunity for further integration of services.

The Trust provides services for a population of approximately 440,000, the largest resident population in Northern Ireland. We also provide services to the only inhabited island in Northern Ireland, Rathlin.

The profile of the population we serve currently reflects the Northern Ireland average. The North Coast is also popular with older people as a retirement and holiday venue

which swells the number requiring health and social care in the summer months.

Demand for health and social care grows annually by approximately 6%, including demographic growth, resulting in more older people with complex health needs and co-morbidities, and increased referrals.

The Trust provides a range of health and social care services, the majority of which are provided in peoples’ own homes. We also provide community based health and social care services from approximately 210 facilities including day centres, health centres and residential homes.

Acute and sub-acute services for Northern Trust patients are provided in a number of locations. These are:

- Outpatients – Antrim Area, Causeway, Whiteabbey, Mid Ulster, Braid Valley and Moyle Hospitals.
- Day Surgery, Endoscopy and Radiology – Antrim Area, Causeway, Whiteabbey and Mid Ulster.



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- Acute Inpatient and Hospital Maternity Services – Antrim Area and Causeway
- Sub-acute Rehabilitation - Whiteabbey and Mid Ulster.

Further information on the services we provide can be obtained from our website: www.northerntrust.hscni.net

Holywell Hospital is a 121 bedded psychiatric hospital based in Antrim. It is the base for a wide range of mental health and addiction services. The Trust also provides mental health services from the 18 bedded Ross Thompson Unit in Causeway.

During the year the Trust had 50,625 people admitted to hospital care and 26,581 day cases. We provided 2.6 million hours of domiciliary care through the Trust and independent sector which equates to care for 4,600 people. The number of Looked after Children reduced marginally to 688. In addition, there has been an increase in the complexity of the work being undertaken to protect children, as indicated by the significant increase in numbers on the Child Protection Register to 505.



COMPASSION

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We will treat the people who use our services and our colleagues with compassion.

Our services

The Northern Health and Social Care Trust is a complex, multifaceted organisation providing services for a range of people from birth to death. Our aim, as far as possible, is to support these people to live and remain in their own homes. Should they need acute care we want them to get the best quality service in our acute hospitals. We aspire to provide the right service, in the right place, first time.

Trust services are structured around service directorates with significant cross directorate integration. Our new structures will further strengthen this way of working.

Primary and Community Care for Older People's Services

The Primary and Community Care for Older People's Services Directorate has seen demand for services increase year on year and therefore we have to be innovative and responsive to those needs, ever mindful of the need to ensure we deliver safe services that allow the individual to achieve the optimum outcome in their particular circumstances.

Our flagship programme to support older people is Reablement. This is a domiciliary care support package for those people aged 65 + who need a short period of intensive support to return to or remain at home after an incident. 2014/15 saw the implementation of a dedicated Occupational Therapy resource to lead this service.

The Intermediate Care Service has continued to develop and play a significant role in facilitating timely discharge from acute settings and preventing unnecessary hospital admissions. Whether care is provided in a community hospital, statutory or independent care setting or in the person's usual place of residence, these multidisciplinary teams provide responsive and vital therapy, ensuring everyone who is assessed as suitable, meets their full rehabilitative potential.



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In partnership with colleagues in acute services, a Discharge Team was set up to focus on the need to enable patients to be discharged from hospital settings in a timely way and thereby reduce delays and help maintain bed flows within the hospital system. This has been particularly successful in maintaining flows over the winter period.

The seven Day Centres within the Directorate continue to offer personalised day care to people with a view to improving physical and mental health and preventing falls. In addition significant numbers of people with dementia and their carers are supported by Day Centres and the partnership developed with Reminiscence Network Northern Ireland.

The Trust has continued to pursue supported living opportunities. At the end of January 2015 Rathmoyle Residential Home closed and plans are now well progressed to develop a supported living scheme for older people on the site. In addition work on the site of the former Greenisland House Residential Home to develop a similar supported living scheme will begin in May 2015.

A pilot Community Navigator post started in the Causeway Locality in

August 2014 to improve partnership working between the Trust, other statutory agencies and the Community and Voluntary sector. Between October 2014 and March 2015 the Community Navigator sign-posted 110 referrals as well as providing information to Trust staff, older people and carers regarding support available. A number of engagement events were held with older people across the locality, scoping needs and also promoting the locality directories of community and voluntary services.

An extensive programme of service development is coordinated by the Macmillan service improvement lead. This programme is actively seeking to implement the recommendations from the 'Living Matters, Dying Matters' Regional Palliative Care Strategy and establish improved systems and processes enabling an improved and appropriate response to palliative care needs across the Trust.

Podiatry continues to provide foot-health services Trust-wide, across a range of community and acute settings, seeing all new patients within nine weeks of referral.

In Antrim Area Hospital the podiatry service has established a five day a

week service, with a fully equipped podiatry room, facilitating referrals from wards and out-patients clinics. There is a focus on patients with diabetic foot complications. Through work with the Integrated Care Partnership, funding has been secured for a pilot Diabetic Footcare Pathway in the Causeway and Mid-ulster areas. This is aimed at reducing lower limb amputation rates and reducing hospital length of stay.

Children's Services

The great majority of children have a better quality of life when they are cared for in their own home, supported by immediate and extended family and supportive local communities. This ethos underpins the Trust's, 'Supporting Families' strategy; a five year plan designed to shift the focus towards supporting families and where necessary protecting children. The strategy identifies the approach to health and family support initiatives which target early intervention and prevention strategies to children and their families resulting in improved outcomes for children. This includes active involvement by a range of statutory agencies, voluntary groups and community organisations. Family hubs, delivered in partnership with Action for Children are the corner stone of this model. Approximately

60 families per month receive a range of support from local community and voluntary groups to ensure they do not require statutory social care interventions.

Another example is 'Star Babies'; an enhanced universal home visiting service for first time parents with children from birth to one year providing a package of parenting support to improve the social and emotional health and wellbeing of babies and parents and strengthening relationships. Every month, it tracks the journey of a child from the perinatal period through the first 12 months of life. Star Babies is structured around delivery of the Healthy Child, Healthy Future framework with a focus on early intervention and prevention. It is founded on the importance of attachment and the influence of early relationships on brain development. Since its introduction in September 2013, a total of 1,018 first time parents have availed of Star Babies across three localities.

The Trust is currently the corporate parent for 688 children with 552 children in foster placements and with 38 children living in residential care in six units across the Trust. The newly opened facility, 'The Willows' in Ballymena has continued to develop

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its Intensive Support Services and we are continuing to develop an Integrated Model of Care aligning 'The Willows' alongside the Intensive Support Community Team and the Intensive Support Fostering services with the objective of providing an integrated seamless family support resource.

Within Sixteen plus Services we are currently providing support for over 350 young people between the age of 16 and 21. There have been positive developments with regard to increased numbers of care leavers attending university and further education. Planning permission for the 13 bedded supported living accommodation in Magherafelt was granted in February 2015 and we look forward to the opening of the new facility in March 2016.

For some children, adoption is the best option. Research has shown that the breakdown rate of adoptions is lower than other forms of substitute care (Selwyn et al 2014). Adoptive carers offer long term commitment to the children who are placed in their care, some of whom are placed as older children or within sibling groups, often as many as three or four siblings together. We have had many successes in progressing permanency plans for children both

within the Court Arena and also in the significant work that is addressed at the Trust's monthly adoption panels. The Therapeutic Team for Looked After and Adopted Children (TTLAC) is part of the services we provide to looked after and adopted children.

The Trust assumed responsibility for Intercountry Adoption regionally and it was acknowledged that this was due to the expertise within the Trust and the lead role we have provided regionally with regard to adoption services.

Flu vaccination for primary school children

This school nurse led vaccination programme followed the national recommendation from Joint Committee on Vaccination and Immunisation (JCVI) which recommended the introduction of an annual flu vaccination for all children aged two -16 years. Within Northern Ireland it was agreed that optimal uptake for school age children would be achieved by offering the vaccine in school. In the autumn of 2013 school nurses introduced the pilot to all primary six children. This was followed in autumn 2014 to all other children in primary school. 40,896 children were offered and 31,561 children received the flu vaccination across 260 primary schools, with the

full programme completed in less than 10 weeks.

An excellent uptake of 77% was achieved. The Northern Trust surpassed the regional target of 75% and the overall regional uptake of 76.3%.

Child and Adolescent Mental Health Service

has continued to face significant pressures but has still delivered a number of service developments and improvements. The Primary Mental Health service became operational in October 2014 with a focus on early intervention/prevention providing services to children and young people experiencing mild to moderate mental health or emotional difficulty. The team also supports and trains other professionals in meeting the lower level needs of children and young people known to other services e.g. Health Visitors and Teachers.

Mental Health and Disability Services

A key focus for Mental Health and Disability Services throughout the year has been embedding Recovery Orientated Practice within teams and across services. The starting point was the development and launch by service users of a DVD of recovery

stories, followed by Recovery roadshows and eventually the development of the Recovery College offering a range of courses designed to increase knowledge and skills about recovery and self-management. These courses are co-produced and co-delivered by service users working alongside staff.

During the year the Trust launched an innovative Early Intervention Service offering assessment, diagnosis and interventions for young people who are referred to the Service with an at-risk mental state. This aims to prevent the development of psychotic illness in young people with at-risk mental states and to minimise the delay between psychosis onset and effective treatment if psychotic illness does develop. A first for Northern Ireland, the new team is pioneering this model of care.

The successful resettlement programme of long stay patients from Holywell hospital continues to transform people's lives. Many of the patients transferring had lived in hospital for much of their lives and required significant skilled support in venturing into their new lives in the community. One of the men, after his 50+ years of hospital living commented as he prepared his own lunch in his own home "I am



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into civilization now". The Trust in collaboration with Trinity Housing developed Churchwell Lane, an attractive supported living service in Magherafelt. This unit has a particular focus on rehabilitation and recovery. Each resident has their own individual home with easy access to an excellent day time structure and the opportunity to be socially included in their local community.

Our Community Mental Health services for older people continued to develop throughout the year. This saw the implementation of a new model of memory assessment service commencing in the Antrim/Ballymena area in October 2014 which will be rolled out across the Trust. Our Dementia Home support team developed further to support people with dementia and their carer's in their own homes, working alongside generic mental health services for older people's teams.

Communities themselves are embracing this change and the Trust, working in partnership with the Alzheimer's Society, saw Coleraine become the first Dementia Friendly community in Northern Ireland. A Dementia Friendly community is one where people with dementia are understood, respected, supported and feel confident they can contribute

to community life. The local council and 30 local businesses signed up to this initiative.

Our vision to develop a single inpatient unit for the care of frail and older people presenting with emerging mental illness was realised this year. This is provided in Tobernaveneen Centre, at Holywell Hospital where a service and environment which is sensitive to, and geared towards the older service user, has been developed in line with recognised best practice care.

Learning Disability Services

The Bamford Review sets out a clear vision for promoting social inclusion within communities for people with Learning Disabilities and is exemplified through the Equal Lives Report (Mental Health and Learning Disability Review DHSSPS, 2007).

This year saw the continuing resettlement of long stay patients, many with extremely complex needs, from long term care into the community. The aim of resettlement is improving the quality of life for service users.

The Trust's Resettlement Team assesses the individual needs of the patients and identifies appropriate community placements suitable to

meet the individual's needs and to co-ordinate the assessment, discharge planning and review process. We opened a second supported living service in Ballyclare in partnership with Triangle Housing Association. One patient has already moved into this and we are expecting this home to be fully occupied by July 2015. This placement has been very successful to date and regular reviews have been carried out under Care Management which continues to highlight significant improvement in the service users' quality of life and this has also been echoed by the families of those who have been resettled.

Short breaks or respite care are an essential support to people with a learning disability and their carers. The Trust undertook a major engagement process with service users and carers to obtain their views on short breaks and how they should be delivered in the future. This work will form the basis of a strategy to be finalised in 2015 aimed at ensuring appropriate access to short breaks targeted upon those with greatest needs.

During the year the Trust continued to progress our strategy for day services for people with a learning disability 'widening choice and opportunities.

This has seen the Trust being at the fore front regionally in offering choice in day services through an innovative day opportunities programmes developed with a range of community partners. It has also seen greatly diversified statutory services with the development of satellite units linked to adult centres to better meet the needs of more able clients. As part of this the New-Route satellite unit opened in May 2014 in Ballymoney. This new unit has been very successful in meeting the needs of service users by developing independent activities using the local facilities in the area.

Physical Health and Disability Services

The Trust commenced the development of work on self-directed support which allows service users to choose how their support is provided and is a key element in enabling people with disabilities to be independent and empowered to exercise their own choices. This work will continue to be developed in 2015/16 in line with regional priorities.

Physical Health and Disability Services, working with services users fundamentally reshaped the care planning process. Responding to service users' feedback of being disempowered and removed from



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their own care plans, the team brought service users back into the centre of this process. They did this through simplifying the format of care plans, replacing jargon with everyday language and developing systems to help service users plan and review their own care. Service users felt confident that they could take part in any decision making processes and, as one service user said “I feel the care plan belongs to me”.

Acute services

In the Northern Trust our primary aim is to support people at home with a wraparound package of primary and community care. When they need acute care we want them to get to the right service first time.

Throughout the year we continued to build upon the improvements achieved with the support of the Turnaround Team in the previous year. It was also one of the new Chief Executives priorities. As a result unscheduled care pathway has greatly improved. In August 2014 we celebrated that Causeway Hospital had progressed a full year when all patients were assessed, treated and either discharged or admitted in less than 12 hours. This continues to be the case. This is due to the commitment and dedication of all staff; clinical and non-clinical alike who take great pride in this

achievement on behalf of their patients.

The unscheduled pathway in Antrim Area Hospital has also continued to improve despite the significant pressure of increased demand. In 2014/15 there was a 35% reduction in patients waiting greater than 12 hours to be assessed, treated and either discharged or admitted to hospital. This improvement builds on the 50% reduction in the previous year.

The Acute Assessment Unit in Antrim Hospital continues to go from strength to strength. Not only does the Unit provide timely assessment for Primary Care referral and suitable patients who present in the Emergency Department, it also provides comprehensive ambulatory treatment to prevent hospital admission. In 2014/15 this Unit saw almost 2,000 patients, people who would traditionally have presented at our Emergency Department. 60% were discharged with a comprehensive management plan and appropriate follow-up.

There has been a significant emphasis on safety across both acute hospitals in the past year. In July 2014 we introduced a daily morning safety briefing. This twenty minute briefing occurs in both

hospitals at 8.30am and is attended by representatives from every ward and department in the hospital as well as support services, social work, administration, estates, pharmacy, allied health professionals, radiology and laboratory. The purpose of this meeting is to update on the previous 24 hours including incidents, accidents, and occurrences which had an impact on safety as well as providing an immediate update to all on service pressures and/or issues that affect the hospital. This has been an overwhelming success both for the purpose for which it was established and also has improved collegiality and team work and created a real sense of 'community' across the hospitals.

Cancer

Cancer services had a very busy year. Four tumour groups: breast; colorectal; respiratory; and gynaecology underwent Peer Review; a comprehensive examination of the quality of cancer services for these groups. Overall services were rated highly. Key areas for improvement were identified for each tumour group and will be taken forward by each speciality.

The Trust focused on improving communication within cancer services. We developed and launched the

Cancer information website to help ensure information regarding care and treatment in the Trust and in the wider community is available to the public and health sector in an easily accessible format.

Although the incidence of cancer diagnosis is rising annually, the advance in cancer treatments means people are living with cancer longer. Hence cancer is now being viewed, in the majority of cases, as a long term condition. The Trust working in partnership with the Health and Social Care Board, the Public Health Agency and Macmillan Cancer Support has successfully implemented a change in breast cancer follow-up that has transformed the breast care service. 40% of all newly-diagnosed breast cancer patients are now moved onto self-directed after care, reducing the number of routine review appointments. Patients are given an individual care plan and advised how to access services quickly should any problem occur. The Nurse Specialist is the key person within clinical teams ensuring patients are assessed and supported. The Trust is now in the process of rolling this out to a number of other tumour sites.

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Maternity Services

There have been a number of quality improvements across Maternity Services. These include:

The redesign of the water birth facility in Antrim Area Hospital with a new pool and a dedicated suite 180 women have delivered their babies in water with many more using the facility for pain relief in labour. The facility has been evaluated positively by our mums.

Women having a multiple pregnancy tend to have more complex needs. We have developed a multi-professional approach based on best practice and tailored to meet the individual needs of each woman who has a multiple pregnancy confirmed.

The Rowan

The Rowan Sexual Assault Referral Centre, which is now in its second year of operating, won a prestigious award. The Centre, which brings together health, social care and criminal justice agencies to support people who have experienced sexual assault and abuse in one place, was named Adult Sexual Health Service of the year at the UK Sexual Health Awards in March 2015.

Nutrition and Dietetic Services

The Trust has excelled in nutritional care provided to patients in intensive care units (ICU). A worldwide audit carried out by the Canadian Critical Care Nutrition Research Group placed Antrim Intensive Care Unit sixth in the world and fifth in Europe. The audit examined the adequacy and management of nutrition therapy for patients within the ICU, this was compared to best practice guidelines and the performance was then benchmarked.

Performance and Service Improvement

CHKS is the leading provider of healthcare intelligence and quality improvement services to the NHS and independent healthcare sector. The Northern Trust was named as one of the CHKS 40 Top Hospitals for 2014. The 40 Top award is one of several awards that are part of the CHKS Top Hospitals programme and is given to the 40 top performing CHKS client Trusts in the UK.

The Trust is delighted to receive this award which highlights the excellent work being carried out by staff across the Trust. Staff work extremely hard on a daily basis to improve standards and care for their patients this award recognises that commitment and dedication.

The 40Top award is based on the evaluation of 22 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.



CORE

OPENNESS

We will display openness and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support.

Our supporting functions

Equality Matters

We are committed to working in partnership with individuals and communities to ensure that our diverse population is treated fairly and treated well.

We have developed plans that detail how we will make sure that we promote equality, good relations and our disability duties. Our Section 75 Action Based Plan and Disability Action Plan (DAP) are available on our website www.northerntrust.hscni.net. We formally consulted on the Plans for 12 weeks from 26 March 2014 to 19 June 2014 and the Plans have been amended to reflect the feedback we received.

To celebrate Community Relations Week in June 2014 the Trust held a multi-cultural event in the restaurant at Antrim Area Hospital. Supported by Ballymena Inter-Ethnic Forum and Antrim Borough Council, the aim of the event was to increase staff awareness of the cultural needs of minority ethnic communities receiving hospital care. Participants included representatives from the African and Caribbean, Chinese,

Polish, Muslim, Jehovah's Witness and Roma Communities. The restaurant's menu on the day also reflected the multi-cultural theme and included traditional food from some of the countries represented.

We know that good information provision is central to accessing our services. Everyone is entitled to accessible information and the right communication support. Last year the Trust booked interpreters for 10,987 health and social care appointments and 813 Trust appointments were supported with the provision of a sign language interpreter.

The Trust's user panels continue to meet regularly and are used to obtain feedback from service users and carers on service planning and review. The Disability Consultation Panel helped us to develop our Assistance Dog Policy to ensure the Trust had an accessible service to Assistance Dog owners. The policy was launched at the assistance puppy training class and will ensure services are accessible to everyone and that Assistance Dog owners are not refused access to Trust premises.



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As always we are grateful to the members of all the Panels for their involvement and continued support and look forward to working with them in the future. More information about the Panels and the minutes of the meetings can be found on our website.

We know that carers enable thousands of people to live independent lives safely in their own homes and in the community and we recognize how demanding the caring role can be. During the year the Trust held a number of carer support events including 'Refresh and Relax', 'Mindfulness', and 'Helpful Tips for Family Carers'. The Trust also ran a 'Cultural Approaches to Caring' workshop to raise awareness of the cultural aspects of families carers from an ethnic minority background.

The Trust launched its Good Relations Strategy in February 2015 at the Stronger Together Annual Conference. The Strategy details how the Trust will promote respect, equity and trust in the delivery of its services and employment of its staff. As a public authority we have a legal responsibility to promote good relations but this Strategy is about more than following the letter of the law. It will help us to provide inclusive services to all our communities and

demonstrate to our staff that they are valued and respected irrespective of their race, religion or political opinion.

While developing the Strategy we talked to our staff, service users and local communities to find out how they feel about good relations and to ensure that their views shaped our plans. The Trust's Good Relations Statement will be displayed in all Trust facilities.

"We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users." As we move into another year we will continue operating in a difficult economic climate but we are as committed as ever to promoting equality and good relations.

Finance Directorate

This year has been one of continuing development for the finance teams. The Finance Directorate has moved to its new permanent location in Greenmount House, Ballymena. This has allowed the centralisation of the finance teams and creates opportunity for greater synergy across its functions. The building has provided a modern office environment, which is shared

with Business Services Organisation (BSO) Shared Services. The move has been welcomed by the finance staff after many years of sub-standard accommodation.

During 2014/15 the Trust transferred its payroll function to the BSO as part of the Shared Services Programme. This service is now provided from the Belfast location of BSO. This completes the programme for finance, having previously transferred its Accounts Payable and Accounts Receivable functions.

While the implementation of the new systems and the subsequent transfer of the processing function to BSO have proved very challenging, it is testimony to the diligence and expertise of the Finance Directorate staff involved that these transitions have gone smoothly and are now complete. Trust staff have been provided with both support and information to allow them to understand the new arrangements.

The finance team continued to support the rollout of the Healthcare Financial Management Association (HFMA) eLearning package which allows managers to improve their proficiency in financial management.

Capital Development

During the last financial year the Trust spent £25.097m on capital schemes. This included £6.651m spent on general capital covering minor capital estates schemes, medical devices, vehicles and ICT.

We are delighted to say that the following schemes progressed during 2014/15.

Ballymena Health and Care Centre

£25m The centre is the first of its type with community diagnostic, assessment and treatment services provided adjacent to six GP practices and a number of acute hospital outreach services including a range of Consultant led and Specialist nurse led clinics and X-ray facilities. There will be a Gait Analysis unit housing specialist computer analysis programmes to support the design and manufacture of podiatric insoles and a virtual Citizens Advice Bureau office in the main atrium area. A separate Children's department has been designed to include clinic facilities for public health nursing, midwifery and community paediatric medicine, physiotherapy and occupational therapy treatment rooms and an extensive speech and language therapy unit with observation facilities. Consultation and group therapy facilities have also



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been designed for the community mental health services.

Neonatal Unit (NNU) at Antrim Area Hospital £2m The unit is to be complete by May 2015. Once the scheme is complete, it will provide a fit for purpose NNU that meets current space standards, provides a safe environment for neonates and modern facilities for families.

Hospital Dentistry £1.2m A new Hospital Dentistry Facility will facilitate the move of the Trust's Orthodontic Department from the Braid Valley site and its existing special care / oral / maxillofacial dentistry service from outpatients department one in Antrim to the new build.

Modular office accommodation at Antrim Area Hospital (AAH) £408K Currently there is insufficient office accommodation for clinical and non-clinical staff on the AAH site. It was decided that the provision of a modular building within the staff car park beside Fern House would allow the Trust to meet the urgent office space pressures on site releasing valuable clinical accommodation while providing offices for consultants and other staff who must be based on the acute site.

Refurbishment of Bretten Hall for Executive Team £179K

The completion of this scheme has allowed the Executive Team to move from the Cottage Ballymena to Antrim Area Hospital site in line with the recommended actions of the Turnaround Team Report in terms of having closer working arrangements for clinicians and managers to improve the performance of the hospital.

Corporate Support Services

Over 700 front line staff are employed by the Corporate Support Services Department providing a range of essential services to all Trust patients / clients including cleaning, catering, portering, laundry and transport services which support clinical care across the Trust and form an integral part of the overall patient experience.

Acute Catering Services

Acute Hospital Catering Services were awarded the Government accredited Customer Services Excellence Award for the fourth year in a row.

A Daily Food Safety Check which is completed at Ward level has been developed which identifies any non-compliance issues. These are shared with senior managers on a daily basis who have responsibility for taking the necessary corrective action. Ward

Managers are engaged with as part of this process, to rectify any Food Safety/Quality issues within their ward areas as part of the Trust's overall Food Safety assurance process.

The Food Standards Agency continues to operate a Food Hygiene Rating scheme for Acute Hospital Catering Facilities. A number of the councils within the geographical area of the Trust have implemented the scheme. Catering Departments are rated according to the level of compliance with:

- Food hygiene and safety procedures i.e. food handling practices, procedures and temperature control.
- Structural requirements i.e. cleanliness, layout, condition of structure, lighting, ventilation etc.
- Confidence in management requirements i.e. Food Safety Management Systems (HACCP) and Training.

The top rating of five has been awarded to Catering Services at the Antrim, Braid Valley, Causeway, Whiteabbey and Mid Ulster Hospitals.

Community Catering Services

Community catering services provided 480,000 meals in the year. The three Community Hospitals, Holywell, Dalriada and the Robinson Memorial, retained the Customer Services Excellence Award for the third year running. In addition seven adult and day centres were successful in obtaining the award, demonstrating the range of high quality measures in place to ensure the service is making a tangible difference to service users.

Customer Service Excellence is a driver for continuous improvement within Catering Services, focusing on a skills development programme for the Catering Teams. As an independent validation of achievement it has enabled Community Catering Services to demonstrate competence and identify key areas for improvement.

In the Food Standards Agency Food Hygiene Rating Scheme all community catering facilities have been rated between four and five, which are the highest categories in the scheme.

Car parking

The "pay for parking" scheme on the Causeway and Antrim Hospital Sites continues to generate revenue that,



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after overheads are covered, goes back into supporting frontline patient care.

Security

The Trust takes the security of staff, patients, buildings and property very seriously and has just signed a new contract for the provision of Security services in the Causeway and Antrim Hospitals. The new contractor also provides the Trust with a community response for those buildings that are alarmed.

Volunteers

The Volunteer service within the acute hospital setting is very important in complementing Trust services. On both hospital sites the Trust continues to have 'meeters and greeters' who direct patients around the site.

Transport Department

During 2014/15 the Transport Department travelled over 2.5 million miles, providing transport for clients attending adult and day centres, delivering pharmacy, Hospital Sterilising Disinfecting Unit (HSDU) equipment, furniture and internal mail. On average 15 vehicles are replaced on a yearly basis. Further modernisation of the fleet is a priority for the coming year and developments will include the introduction of "low-floor" vehicles

which provide improved accessibility for clients.

The Acute Patient Discharge Transport Service has been tailored to meet the changing needs of the service and continues to support the Northern Ireland Ambulance Service in the discharging of patients from Antrim Area Hospital.

Estates Services

How we deal with waste

The Trust Waste Policy includes a commitment to safeguard the environment from adverse effects from the waste produced throughout the Trust. The Trust continues to improve in its handling of waste and waste diversion from landfill.

Clinical, Pharmaceutical and Anatomical waste

In 2014/15 clinical, pharmaceutical and anatomical waste (clinical waste) was again reduced by 19.61 tonnes Trust wide (1,038.84 tonnes produced in total). All hospitals and community facilities had a reduction of clinical waste with the exception of Antrim Area Hospital which increased by 1.07 tonnes (636.68 tonnes produced in total) due to the increase of beds during the winter pressures.

Recyclable domestic waste

Since the introduction of recycling domestic waste in 2011 throughout the Trust the amount of waste sent to landfill has steadily decreased with recycling rates increasing year on year. Throughout 2014/15 the average recycling rate of the Trust was 85% with the majority of the hospitals recycling 90+%. The total tonnage of domestic waste collected was 1,512 tonnes; of this 150.87 tonnes was baled cardboard for recycling at Antrim, Causeway, Holywell, Mid Ulster and Whiteabbey hospitals and 17.63 tonnes was sent for composting.

Even though the recycling rate throughout the Trust is high there is still an opportunity to improve.

Confidential waste

Throughout 2014/15 saw an increase in the amount of confidential waste produced at all hospital sites with the exception of Causeway, Dalriada and Mid Ulster. The increase in confidential material originated from Medical Records, Finance and Antrim Area Hospital. Across the Trust 16,621 bags of confidential waste were collected and of this, 6,693 originated from Antrim and 1,066 from Causeway.

To help reduce the increased amounts of confidential waste from Antrim hospital, 18 shredders were placed at ward and department level during 2012/13 and a further eight during 2014/15.

Wards, departments and community facilities are encouraged to shred their own confidential waste to reduce collection and disposal charges, reduce the amount of lorries on the road due to collections and most importantly, to reduce the risk of confidential material falling into the wrong hands.

Continued savings are being seen from previous energy projects. Antrim Area Hospital gas bill has remained the same despite the addition of the emergency department and neonatal facilities. This is due to the heat recovery system in place which recovers the heat from the boiler flue gases. The wind turbine at Antrim Area Hospital has also had another good year saving the Trust £120,000. These projects demonstrate that investment in smaller energy projects at the same time as large schemes can help to offset the increased energy requirements and additional recurring revenue.



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Estates development

Estates Services manage and maintain the estate and assets of the Trust, to ensure that it is fit for purpose and compliant with statutory standards.

Our design and development team along with operational estates staff have managed £2.32m of capital projects during this year.

Estates Services provide vital support to the major capital works along with our colleagues in the Capital Development Team, and the DHSSPS, i.e.

- Neonatal extension and refurbishment at Antrim Area Hospital
- Hospital Dentistry Unit at Antrim Hospital
- Ballymena Health and Care Centre

Significant capital was also secured to maintain existing services (MES) and to address deficiencies in statutory standards within the Trust estate, with expenditure on control of legionella, upgrade of fixed electrical infrastructure, heating system upgrades, asbestos removal, air conditioning installations, boiler flue replacements, safety glazing, window restrictors, staircases, water safety and firecode.

Comprehensive water testing and maintenance regimes are in place for the control of water borne pathogens in hot and cold water systems. This includes control of Pseudomonas in designated augmented care areas in Antrim and Causeway hospitals and Legionella control Trust-wide.

Estates Services provide a comprehensive clinical and decontamination engineering service in support of both acute and community services. Periodic validation and verification of all equipment and systems used for the decontamination of reusable medical devices is managed in accordance with all published advice, instruction and best practice.

Estates Services continues to support community patients in the provision of aids and adaptations, meeting and exceeding the targets set by the Minister of Health with 99% performance response for minor adaptations and 98% for the installation of homelifts.

Telecommunications infrastructure improved with the significant capital investment. Further recurring revenue savings of £100k were achieved following this investment and reviewing annual contracts.

Information & Communications Technology (ICT)

The Trust, with financial support from the Health & Social Care Board, has continued to develop ICT Systems and Infrastructure. We have focussed particularly on taking forward developments with significant benefit potential for service users.

Managers working to improve the services they deliver in both hospital and community settings have welcomed the development of Business Intelligence 'apps' that allow them to access both qualitative and quantitative information on performance on a near real-time basis. We see the further development of analytics as vital to improvement in the future. Our vision is that pertinent information, such as waiting times for services, would also be delivered to our service users on a real-time basis.

At the other end of the information spectrum, we continue to work towards a full electronic health and social care record for each service user. The ultimate aim is that service users will be able to access their own records on-line and that clinical and professional staff have visibility of all or part of those records when it is appropriate to do so. We place significant importance on ensuring

that such records are kept up-to-date and are appropriately managed.

Developments in this area include extending access to the Northern Ireland Electronic Care Record and to electronically-enabled versions of assessment tools (such as the Northern Ireland Single Assessment Tool (NISAT) and Understanding the Needs Of Children In Northern Ireland (UNOCINI)).

Many of our staff work in the community and, as such, need access to records and to other information 'on the move'. We have been challenged as to how best to deliver this and are in the process of piloting a range of devices with an integrated team in the Larne area. Staff, and their patients and clients, are already seeing benefits. However there are some challenges, not least the consistency of the mobile network across the locality in which the team functions. We expect that this pilot, which will run until late summer 2015, will provide us with very clear direction as to how to extend access to nurses, allied health professionals and social workers across the entire Trust.

The Trust recognises that effective two-way communication with General Practice is vitally important. Technology that enables electronic



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processing of referrals is currently being trialled. Indications are that this is making a real difference to patients, with a large percentage of referrals being received electronically being processed on the day the referral is received. The implementation of this technology, together with a shift to GPs making all referrals electronically, will enable the Trust to deal with more urgent referrals for a wider range of services through its Access Centre. Complementary technology that will enable the electronic transfer of clinical correspondence to General Practice is also being piloted and is expected to be fully rolled out in the coming year.

We are encouraging our service users to adopt technology to improve their experience of our services. We have implemented Service User Self Check-in Kiosks in both Causeway and Antrim outpatients departments. Over the coming year this will be extended to other sites, including the new Ballymena Health and Care Centre which is due to open in the autumn. We see considerable potential for technology to be used in place of face-to-face contacts with patients.

The technical infrastructure that supports clinical and other information systems continues to be

maintained and enhanced, providing staff with secure and reliable access whether they are based within a clinical area or provide services in our rural community.

We continuously strive to improve the governance arrangements around systems and processes for information handling, particularly those that relate to the management of sensitive personal information. Our ICT Department has recently obtained ISO 27001 (Information Security Management) accreditation. We are the first Trust in Northern Ireland to have achieved this standard.

Emergency Planning

The Trust continues to develop Emergency Planning resilience for major incidents as outlined within the Northern Ireland Civil Contingencies Framework.

In preparation for responding to any incident the Trust has a Corporate Major Incident Plan in place supported by an Antrim Area Hospital Site Specific Major Incident Plan. The Trust has developed a Pandemic Influenza Response Plan in line with new DHSSPSNI Pandemic Influenza guidance. A Chemical Biological Radiological Nuclear (CBRN) Response Plan and Mass Prophylaxis Centre Plan are also in

place. On-going projects include the development of a Causeway Site Specific Major Incident Plan, Hospital Lockdown Plan and Total Evacuation Plan.

We have participated in several major incident exercises to test and validate plans, including, on a 'table top' basis:

- Testing both the Trust's and regional responses to the presentation on Trust premises of a patient with Ebola.
- Testing the Emergency Support Centre Protocol facilitated by the Trust, NIAS, PSNI and the Council Emergency Planning Officer.
- Testing the regional response to an outbreak disease.

Training on major incident responses is on-going and has been provided to a wide range of staff including those having roles and responsibilities as follows:

- Hospital Major Incident Medical Management and Support.
- Powered Respirator Protective Suit Training during a Chemical, Biological, Radiological Nuclear incident response.
- Public Inquiry Training.
- 'Logist' Training.
- Business Continuity Training.

- Emergency Department Clinical and Administrative staff.
- Mass Prophylaxis Centre Training.
- Information Governance during an Emergency response.
- Control and Information Team Training.

We continued to be involved in the planning, preparation and co-ordination of various high profile events during the summer of 2014 including the Giro d'Italia and other regular annual events including the North West 200 and the International Air Show in Portrush.

The Trust's major incident response continues to be available to support the co-ordination and management of civil emergencies within the community by activation of the Emergency Response Team and close partnership with local councils, PSNI, NIAS and voluntary organisations.

The Trust Emergency Response Team (ERT) was activated to respond to an airport incident in December 2014. At the formal multi-agency debrief hosted by the airport the Trust ERT was highly commended for their response, expertise and professionalism in meeting the welfare needs and providing reassurance and support to both the shaken passengers and crew.



RESPECT

We will respect the dignity, diversity and individuality of all our patients, clients and colleagues, promoting equality and addressing inequality.

CORE

Our people

As one of the largest employers in Northern Ireland, the Trust continues to employ diverse teams of staff across many different professions and disciplines in roles where they have the opportunity to directly contribute to the health and wellbeing of the population we serve through the jobs they do. Our highly skilled and talented workforce are of utmost importance to us and we continued during the year to maintain our focus on our ability to recruit, develop and retain the most talented multi-faceted and multi-professional workforce from a vast range of professional, clinical and support backgrounds.

During the year we made some key appointments to our Executive Team including the appointment of a new Chief Executive, a Director of Human Resources and Organisational Development and a new Medical Director. A highlight of the year was the Trust's Leadership conference in June 2014, at which leaders from throughout the organisation were challenged to consider 3 priorities for the year ahead:

- we will review our Vision and Values;
- we will invest in our People;
- we will reform and modernise.

Vision and Values

Developing a new shared Vision and Values was a key priority for our organisation during the last year. During November and December 2014, as part of our approach to engaging our staff, we asked our staff across all directorates and professions to come up with a new set of values for us through a large scale exercise which involved focus groups and team meetings as well as opportunity for individual feedback.

We launched our new vision and values at Trust Board in March 2015. The work of embedding these values into our culture has now begun. Our new vision describes what we aspire to achieve in terms of our future direction.

Our vision: **To deliver excellent integrated services in partnership with our community.**



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The new **'CORE'** values created by our staff – **Compassion, Openness, Respect and Excellence** - will support the vision, shape the culture and reflect the beliefs, behaviours and philosophy of our organisation.

Investing in Our People

Our volume of recruitment and selection activity remained high during the year to ensure that our teams were resourced with skilled and talented employees to deliver our services effectively. This year 11,236 applications were received for positions in the Trust. This was a decrease on previous years' figures attributed to the impact of financial controls and the need for organisational change, but nonetheless a reflection of the keen interest in vacancies in the organisation. In total we progressed a total of 1,681 vacancies, an average of 140 vacancies per month.

We continue to invest in our people through training and development. We have continued to offer development programmes for all levels of leaders and managers in the Trust. This included our new Ward Sister/Charge Nurse support and enablement programme 'Breaking Barriers, Driving Standards', now on its second cohort.

A further highlight of the year was NVQ/QCF awards presentation ceremony in June 2014 which celebrated the achievement of candidates and acknowledged their effort, commitment and highly valued role in our service. 117 candidates from the areas of Domiciliary Care, Social Care and Nursing were awarded a certificate. This was a highly inspiring day as we listened to some of our staff sharing their personal experience of the framework and how it had benefited them personally and in turn the people they provide care for.

During the year we created and launched a new Top Leaders Development Programme, developing a network of clinical, professional and managerial leaders to drive and support organisational transformation, modernisation and cultural change.

Health and Wellbeing

The Trust remains committed to supporting the Health and Wellbeing of staff and we continued to develop our strategy and action plans to those areas of highest need focusing on supporting staff to stay in work and promoting healthy lifestyles by providing support and education campaigns.

The Trust met its target to vaccinate front line workers against winter Flu.

Work was undertaken to redesign and deliver Managing Attendance training programmes. The development of on-line information and guidance on Staffnet and the establishment of regular directorate case management meetings are just a few examples of other initiatives to improve health, wellbeing and attendance of employees.

The two main reasons for staff absence continue to be musculoskeletal and psychosocial conditions which account for 26% and 29% of all referrals to our Occupational Health Service. This is an unchanging pattern since the inception of the Trust and so our strategies in promoting and protecting health continue to address and support these areas. A new Health and Wellbeing Strategy and Action Plan is currently being drafted to focus on these two areas moving forward into 2015/16.

A range of staff information campaigns during the year included 'Work and Cancer', 'Men's Health Month', 'Care in the Sun', 'Suicide Prevention Day', 'Flu Campaign', 'National Stress Day', 'Healthy Eating', 'Sexual Health' and 'No

Smoking Day'. The year ended with a successful employee weight reduction campaign '£ for lb.', run in association with Business in the community.

These and other approaches were made available in a range of forms to all Trust staff.

Employee Relations

The Trust is committed to continuously improving our Industrial and Employee Relations frameworks and infrastructures to ensure that our approach supports a culture of partnership working, engagement and communication. The Trust highly values its partnership approach with Trade Union colleagues. Regular Joint Partnership meetings between Trade Unions and management have helped greatly in resolving Employee Relations issues and in consulting with our Trade Union colleagues on change, policies and procedures.

Reform and modernisation

Looking ahead the Trust recognises that reform and modernisation will be delivered by developing a highly engaged workforce and through great line management. People are at the core of what we do and why we exist. Our simple 'equation', illustrated below, reflects our belief system about how we can deliver change and optimise performance through our People.



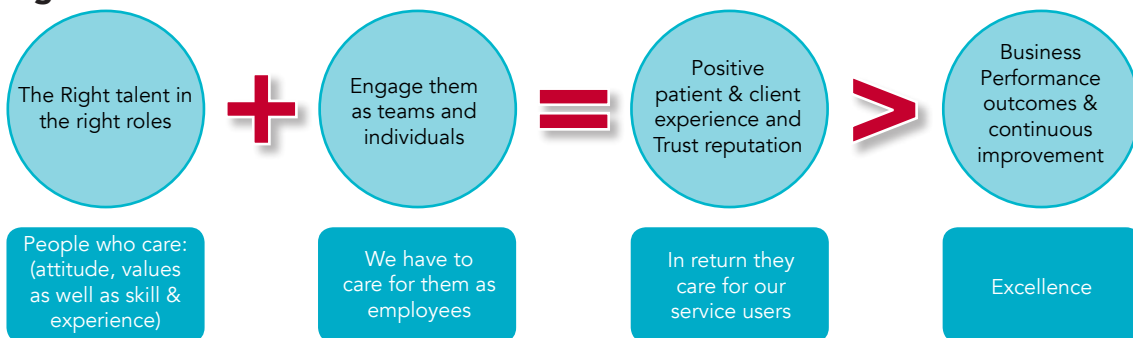
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Fig2.



Engagement

One of the key components of an engaged workforce is an effective system for employees to have feedback on their performance and have a development plan that meets their individual needs as well as professional requirements. Systems for professional supervision continued as an essential means of assurance of safe and effective, as well as reflective practice through professional lines.

Staff appraisal continued to be another important area of work for the 2014/2015 year and a programme of work commenced to review our policy, processes and systems for compliance with statutory and mandatory training requirements.

HR Systems

We continued to deliver our Business Services Transformation Programme with the successful implementation and bedding down of the Human Resources, Payroll and Travel system during the first quarter of the year followed by a focus on deploying the system to managers and staff

throughout the Trust. In time this will deliver many benefits for both employees and managers. For example, direct access to view and amend personal details, ability to apply for training and book annual leave on line and managers will have access to real time employee and team data.

Nursing

The Northern Trust Infection Prevention Control Team has continued to deliver a high quality service in collaboration with all teams across the Trust. With this work we have managed not only to ensure the safety of our patients and clients but also minimise the distress to patients and clients caused by management of transmissible diseases.

To reduce preventable MRSA

Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia is a type of bacterial infection that is resistant to a number of widely used antibiotics. As a result, it can be more difficult to treat than other bacterial infections. It can cause serious

illness, particularly in frail or immunocompromised patients in hospital who have a wound, or require medical devices such as central lines or urinary catheters. For the first year since monitoring began, the Northern Trust did not breach the projected target of 11 cases in one year.

To reduce preventable *Clostridium difficile* infections

Not all cases of *C diff* (*Clostridium difficile*) are preventable, and a proportion is acquired in the community. However, reducing the number of patients who develop *C diff* is an important priority. The number of cases of *C diff* reflects on the quality of environmental and equipment cleaning, the appropriate use of antibiotics and other infection control practices such as hand hygiene and appropriate patient placement.

Despite a rise in the number of cases of *C diff* in the province, the Northern Trust came close to achieving the required reduction in cases despite a significant rise in our inpatient activity - 62 cases against a target of 56 cases, indeed the Northern Trust was the only Trust to deliver a reduction on last year's *C diff* numbers in NI.

Progress made

- Ongoing audits of hand hygiene, clinical practices and environmental cleanliness across all Trust wards,

departments and community facilities.

- Root cause analysis (RCA) of each case of *C diff* and MRSA by a multi-disciplinary team, to understand why and how the infection occurred.
- Learning from audits and RCA outcomes is shared with staff across the Trust.
- Mandatory training provided for all Trust staff on Infection Prevention and Control.
- To ensure that patients who attend the Emergency Department following a fall are followed up appropriately, staff in the Emergency Department now refer onward to the appropriate services.

Delivering Care: Nurse Staffing in Northern Ireland

Phase 1 of Delivering Care: Nurse Staffing in Northern Ireland (Normative Staffing) includes establishing safe nurse staffing levels across all 24/7, 7 day a week general and specialist medical and surgical wards. This includes the introduction of supervisory status for all ward sisters and charge nurses.

Following analysis of the Trust's current position the Health Social Care Board (HSCB) has committed to providing £3 million on a recurrent basis from 2015/16 to enable the Trust to recruit an additional 65.49 permanent nurses.



Registered Nurse

HSC Health and Social Care

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PLEASE ASK PERMISSION BEFORE ENTERING

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CORE

EXCELLENCE

We will strive for excellence, as a community of leaders through consistent delivery of services and applied learning.

Our Achievements

It is important to acknowledge in this annual report the on-going commitment, dedication and hard work of all our staff, often in difficult and stressful circumstances. The work ethic of our staff in the Trust this year has been significant in moving the organisation forward. We are also proud of many staff and services that have been externally recognised for their high standards and excellence in the provision of care.

Some examples of these achievements are set out below:

- Canadian Critical Care Nutrition Research Group rated nutritional care in ICU in Antrim Area Hospital as sixth in the world.
- Claire McManus, Speech and Language Therapist awarded Rising Star at the Advancing Healthcare Awards in London.
- The Northern Health and Social Care Trust named as one of the CHKS 40Top Hospitals for 2014.
- Sadie Campbell, District Nurse became only the second nurse in Northern Ireland to receive the Queens Nursing Award in London.
- Florence Hand, Community Resuscitation Co-ordinator and Project Manager was runner up in the Public Health Award category at the RCN Nurse of the Year 2014.
- Sister Wini McCausland, Ward Manager of the Macmillan Unit, awarded the Champions Award at the Antrim Borough Council Community Excellence Awards 2014.
- Warren Francis, Specialist Pharmacy Technician (IT support), awarded Pharmacy Technician of the Year 2014 for Innovation by the Association of Pharmacy Technicians UK.
- Mildred Bell, Head of Speech and Language Therapy, awarded a prestigious Royal College of Speech and Language Therapy (RCSLT) Fellowship.
- Tracey Peters, Domestic Assistant, awarded Cleaning Operative of the Year for Northern Ireland by the British Institute of Cleaning Science (BICSc). Tracey also came top in the Health Category.
- George Sloan Centre won the Best Kept Health and Social Care Facility 2014 for the Northern Region.



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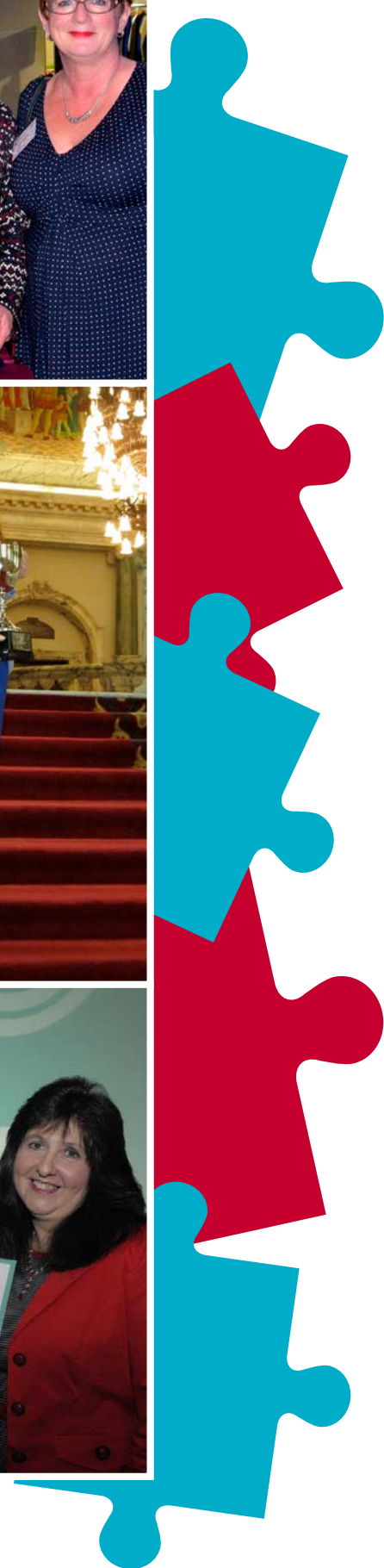


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- Forensic Mental Health Service named as overall winner at Northern Ireland’s first Advancing Healthcare Awards (AHA). The Service also won the award for Promoting Person Centred Practice.
- Wini McCausland, Ward Manager of the Macmillan Unit, named RCN Nurse Manager of the Year and Mark Cox, acting Manager of Causeway Intermediate Rehabilitation and Stroke Team, named Manager of the Year.
- Several Trust staff finalists at the Institute of Healthcare Management Awards (IHM):
 - Sinead O’Kane, Head of Midwifery and Dr David Morgan, Consultant, Patient Safety Award
 - Nicola Hutchinson, Dietetic Team Lead, AHP Manager of the Year
 - Catherine Cassidy, Head of Service for Looked After Children, Adoption and Fostering Services, Social Care Manager of the Year
 - Rowena Meneely, Community Equipment Services Manager, Manager of the Year
 - Development of an Electronic Medication Reconciliation System and the Psychological Therapies Service Outcomes Framework, HSC Quality and Innovation Award.
- The Rowan won the Adult Sexual Health Service for the Year by Brook, the UK’s largest sexual health charity.
- Social Work Awards - Overall winner was Sharing the Care Team, which also won the Children’s Services Team Award, the Physical Health and Disability Service Team which won the Adult Services Award and the Dementia Friendly Community Scheme which won the Partnership award.
- The Trust was awarded three Queens Nursing Institute Awards, the only Trust in the Northern Ireland to be awarded. The three projects awarded were Stroke, Active Hearts and dressing packs.
- Kim Ferguson was recently honoured with the Healthcare Financial Management Association (HFMA) “Outstanding Contribution Award” at a national event. The award recognises Kim’s contribution, over many years, to the local HFMA team, which supports finance staff in areas of personal and professional development.





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Our obligations

Complaints and user experience

We continue to listen to our service users who make complaints or enquiries and try to ensure that complaints are dealt with effectively. Learning is identified from complaints

and changes and improvements to practice and care delivery is made.

The total number of formal complaints received for the period 1 April 2014 – 31 March 2015 was 760.

Complaints broken down by directorate

Acute Hospital Services	317
Children's Services	142
Nursing and User Experience	23
Finance	3
Medical and Governance	1
Mental Health and Disability Services	124
Primary Care Older People' Services	134
Planning and Performance Management	16
Total	760



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We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised, and that an effective response and outcome is provided. The Trust responded to 67% of complaints within 20 working days.

Compliments

Services across the Trust receive many compliments on a frequent basis; these can range from written letters, thank you cards or verbal feedback. In addition, a number of compliments are received directly by the Chief Executive, and for the year ended 31 March 2015, the Chief Executive received a total of 780 compliments.

Ombudsman

Sometimes people are not always happy with the outcome of the investigation into their complaint. For those who remain dissatisfied, they may approach the Ombudsman's Office directly. In 2014/15 there were seven requests for information from the Ombudsman's Office. Two were upheld, two were closed, and three are still on-going. In addition, a further three Ombudsman cases from previous years were closed during 2014/15.

Management Commentary

Resources

This year has been a challenging year for all HSC organisations. The Trust began the year with a savings target of £8.9m, in addition to an underlying deficit prediction of £30.9m. As the year progressed the Trust was supported by HSCB funding of around £24m and it implemented a contingency plan of £6.9m to achieve its' statutory duty of breakeven.

As in previous years the Trust's financial position was challenged by service pressures across many areas including:

- Increasing demand through the Emergency Department and consequent increased admissions;
- The continuation of growing demand for domiciliary care packages and for admissions to nursing and residential care, both for mental health and elderly clients;
- Sustained pressure on Children's Services; and
- Increased agency and locum costs to maintain services.

Against this environment, the Trust achieved its savings target and has achieved its statutory duty of breakeven.

Nonetheless, the challenges remain going into 2015/16 and it will take a continued focus on effective financial management by all to sustain breakeven.

Principal Risks and Uncertainties

The Trust, in common with all HSC Trusts, has to manage a broad range of risks consistent with the delivery of the services for children, adults, mental health and acute hospital care. These risks are managed as described in the Assurance Framework and Risk Management Strategy which were approved in January 2015.

Going Concern

The Trust prepares its accounts on a going concern basis and has no reason to foresee this basis changing in 2015/16.



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Our Performance

The Health and Social Care Board each year set out a Commissioning Plan that includes plans for service development, as well as setting priorities and targets that have been included in the Minister's Commissioning Plan Direction. These priorities and targets have associated measures or performance indicators and the Trust monitors achievement against them, sharing and publishing the information through the monthly Trust Board meeting.

The standards and targets cover a wide range of services including:

- Wellbeing, Health Protection and Screening services.
- Unscheduled (emergency) Care.
- Elective (planned) Care.
- Cancer Care.
- Palliative and End of Life Care.
- Long Term Conditions.
- Maternity and Child Health.
- Community Care, Older People and Physical Disability services.
- Children and Families.
- Mental Health and Learning Disability.

Over the course of 2014/15 it has been challenging to meet some of the targets set. This is due in part to the growth of the population, and an ageing population, but also due to increased referrals to services over and above population changes.






The Emergency Department 4 hour and 12 hour targets continued to be a key focus throughout the year for the Trust, with an Unscheduled Care Improvement Programme established under the leadership of the Chief Executive, with a wide range of actions aimed at improving and sustaining performance. The 12 hour target improved on both sites in 2014/15 and Causeway maintained a position of zero 12 hour breaches throughout the year. Total breaches in Antrim fell from 871 in 2013/14 to 663 in 2014/15, a reduction of 24%. Performance against the 4 hour target fell on both sites, from an overall performance of 71% in Antrim and 78% in Causeway to 64% and 73% respectively.

For inpatient and day case admissions, 74% of patients have been seen within 13 weeks and 51%

of outpatients have been seen within nine weeks. Demand is significantly higher than capacity in a number of outpatient specialties which has meant that some patients have waited considerably longer than the target of nine weeks.

The following table is a summary of some of the key performance areas monitored. The Trust Board review performance against all the targets each month at the Trust Board meeting and monthly reports are available on the Trust’s website.

www.northerntrust.hscni.net.

Elective Care		
Inpatients / Day cases – From April '14, at least 80% of inpatients and day cases are treated within 13 weeks and no patient to wait > 26 weeks.	67% <13 weeks @ 31/03/15	
	329 >26 weeks @ 31/03/15	
Diagnostic Tests - From April '14, 100% of all urgent diagnostic tests to be reported on within 2 days.	98% (April '14 – March '15)	
Unscheduled Care (Including Delayed Discharges)		
ED - From April '14, 95% of patients attending any Type 1, 2 or 3 emergency care department should be treated, discharged home or admitted within 4 hours of arrival. No patient should wait longer than 12 hours.	March '15 ANT 57%, CAU 68% < 4 hours	
	ANT 194, CAU 0 > 12 hours	
Delayed Discharges – From April '14, 90% of complex discharges take place within 48 hours of decision to discharge.	87% within 48 Hrs. (April '14 – March '15)	



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Hospital Acquired Infections		
<p>By March 2015, reduce MRSA infections – (all ages) Target: not more than 11 cases for 2014/15.</p>	<p>11 cases (April '14 – March '15)</p>	
<p>By March 2015, reduce C Difficile infections – (≥2 yrs) Target: not more than 56 cases for 2014/15.</p>	<p>62 cases (April '14 – March '15)</p>	

Cancer Care		
<p>31 Day – From April '14, 98% of patients to commence treatment within 31 days of decision to treat.</p>	<p>100% (March '15)</p>	
<p>Breast Referrals - From April '14, all urgent referrals to be seen within 14 days.</p>	<p>100% (March '15)</p>	
Children & Families		
<p>Care Leavers – Increase the number of care leavers aged 18, 19 & 20 in education, training or employment.</p>	<p>73% (April '14 – March '15)</p>	
<p>Children In Care – Initial assessment of 'looked after children' to be completed within 10 working days from the date of child becoming looked after.</p>	<p>100% completed < 10 working days (April '14 – March '15)</p>	
<p>Child Protection – 100% of all child protection referrals are allocated to a social worker within 24 hours of receipt of referral and investigated and an initial assessment completed within 10 working days.</p>	<p>100% (April '14 – March '15)</p>	
<p>Family Support – 90% FS referrals allocated to social worker < 20 working days for Initial Assessment.</p>	<p>76% referrals allocated <20 working days (April '14 – March '15)</p>	

Mental Health & Learning Disability		
CAMH'S - From April 14, no waits > 9 weeks to access child and adolescent mental health services.	95 > 9wks @ 31/03/15	
Delayed Discharges - From April '14, 99% of patients admitted as Mental Health Inpatients for assessment and treatment are discharged < 7 days of decision to discharge.	100% (April '14 – March '15)	
Autism – No children should wait longer than 13 weeks for assessment for Autism following referral and a further 13 weeks for commencement of specialised intervention.	173 > 13wks for assessment @ 31/03/15	
	12 > 13 wks For intervention @ 31/03/15	
Community Care, Older People & Physical Disability		
Acquired Brain Injury - Maintain 13 week maximum waiting time from referral to assessment and commencement of specialised treatment.	0 > 13 wks @ 31/03/15	
Continuing Care Needs - No waits over 5 weeks for an assessment to be completed. All components of care need to be met within a further 8 weeks.	100% (April '14 – March '15)	
	96% (April '14 -March '15)	



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The Way Forward

The Trust has made considerable progress in improving services and meeting targets. In April 2015 the DHSSPS Minister, Mr Jim Wells, formally stood down this stage of the Trust's improvement process, allowing the Trust to move forward under normal governance and performance arrangements. As part of that process we are embarking on a five year transformation programme. This is a challenging but realistic reform programme which aims to deliver tangible benefits to service users and local communities. To do this we will focus on developing local, integrated community services, as integrated services adopt the patient's journey and experience as their shared purpose.

We want to ensure effective acute hospital services too and accept that effective community based services are often able to respond to and support people locally, avoiding the need for a time in the acute hospital, or supporting them to get home as soon as possible. Acute hospital services must work collectively to make best use of expertise and ensure consistent outcomes for

patients, wherever they access those services.

We will continue to build on ensuring clinicians and practitioners are in key leading roles throughout the Trust, and that they are supported to take on these roles, as their leadership will help keep us focussed on patient experience, safety and optimum outcomes.

The financial climate will remain challenging no doubt and we must be relentless in focusing on prevention, early intervention and community based care because not only is it better for patients and families, it is also proven to be more cost effective and that is important in light of our growing population.

We will review the use of our Estate so that we ensure the buildings we use and retain are fit for purpose, and seek out opportunities to disinvest in buildings that are not in keeping with the delivery of our services so that money can be redirected into direct patient care.

The staff of the Trust are its greatest asset. The compliments and awards that are referred to earlier in this report are testament to that. Awards and compliments are not won or bestowed upon organisations; they are achieved by people and teams of people. We will move ahead on the basis of working as a collective team of professionals seeking to deliver excellent services to individuals, to families and to the communities we serve.



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Remuneration Report

for the year ended 31 March 2015

Scope of the report

The Remuneration Report summarises the remuneration policy of the Northern Health and Social Care Trust ("the Trust") and particularly its application in connection with senior managers.

The report also describes how the Trust applies the principles of good corporate governance in relation to senior managers' remuneration in accordance with HSS (SM) 3/2001 issued by the DHSSPS.

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 DHSSPS policy.

The members of the Remuneration Committee are:

Mr Bob McCann

Mr Stanley Forsythe

Dr Carol Ackah

The Remuneration Committee met four times during the financial year 2014/15 to consider the performance assessment of all Trust Senior Executives, to approve the work objectives of the Senior Directors and Directors of the Trust for the 2015/16 year and to approve the salaries of new Director appointments made during the financial year.

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 DHSSPS.

Performance of Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the remuneration committee and judgements are made as to their banding in line with the departmental contract against the achievement of regional organisation and personal objectives. The relevant importance of the appropriate proportions of remuneration is set by the DHSSPS

under the performance management arrangements for senior executives.

Service contracts

All Senior Executives, except the Trust Medical Director, in the year 2014/15 were employed on the DHSSPS 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.

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

Notice period

A three month notice period 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 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 DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Pension Scheme can be found in the HSC Pension Scheme Statement in the Departmental Resource Account for the DHSSPS.

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. A full valuation for Resource Accounts purposes as at 31 March 2012 was completed in 2014 and will be used in the 2014/15 accounts.



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Premature retirement costs

Section 16 of the Agenda for Change Terms and Conditions Handbook (issued on 14 February 2007 under cover of the DHSSPS Guidance Circular HSS (AfC) (4) 2007) sets out the arrangements for early retirement on the grounds of redundancy and in the interest of the service. Further Circulars were issued by the Department HSS (AfC) (6) 2007 and HSS (AfC) (5) 2008 setting out changes to the timescale for the operation of the transitional protection under these arrangements.

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.

Senior Management 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	2014-15			2013-14			2014-15			Real increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31/03/14	CETV at 31/03/15	Real increase in CETV
	Salary £000s	Bonus / Performance pay £000	Benefits in Kind/Rounded to nearest £100	Pension Benefits (to nearest £1,000)	Total	Salary £000s	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pension Benefits (to nearest £1,000)					
Non-Executive Members														
R McCann	25-30	0	0	0	25-30	0	0	0	0	0	0	0	0	0
C A Clark	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0
J Moore	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0
S Forsythe	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0
P Montgomery	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0
D Whittington	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0
W Graham (1)	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0
L Ensor (2)	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0
M Rankin (3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Executive Members														
T Stevens (4)	120-125	0	0	188	310-315	0	0	12	190-195	5 to 10 plus lump sum 25 to 30	75 to 80 plus lump sum 225 to 230	1,444	1,705	212
L ONeill	90-95	0	0	39	130-135	90-95	0	(5)	85-90	0 to 2.5 plus lump sum 5 to 7.5	45 to 50 plus lump sum 140 to 145	1,022	1,111	53
M Sloan	90-95	0	0	33	125-130	95-100	0	1	95-100	0 to 2.5 plus lump sum 5 to 7.5	35 to 40 plus lump sum 105 to 110	615	674	39
O Donnelly	75-80	0	0	30	125-130	75-80	0	(1)	75-80	0 to 2.5 plus lump sum 5 to 7.5	30 to 35 plus lump sum 100 to 105	675	737	39
U Cunning	75-80	0	0	15	90-95	75-80	0	0	75-80	0 to 2.5 plus lump sum 2.5 to 5	30 to 35 plus lump sum 90 to 95	599	642	23
O Macleod	70-75	0	0	13	85-90	70-75	0	6	75-80	0 to 2.5 plus lump sum 2.5 to 5	15 to 20 plus lump sum 45 to 50	305	336	21
M Roulston	70-75	0	0	14	95-100	70-75	0	14	85-90	0 to 2.5 plus lump sum 2.5 to 5	25 to 30 plus lump sum 85 to 90	563	605	23
M O'Hagan	85-90	0	0	47	135-140	75-80	0	63	140-145	2.5 to 5 plus lump sum 7.5 to 10	30 to 35 plus lump sum 90 to 95	479	541	45
P Cummings (5)	20-25	0	0	0	20-25	90-95	0	7	95-100	N/A	N/A	N/A	N/A	N/A
G Furness (6)	80-85	0	0	0	80-85	5-10	0	0	5-10	N/A	N/A	N/A	N/A	N/A
C Duffield (7)	45-50	0	0	16	50-55	0	0	0	0	0 to 2.5 plus lump sum 0	0 to 2.5 plus lump sum 0	4	17	13



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	40-45	0	0	250	290-295	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10 to 15 plus lump sum to 40	85 to 90 plus lump sum 255 to 260	1,561	2,018	401	
K Lowry (8)	40-45	0	0	0	290-295	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	401
J Hunter	40-45	0	0	0	40-45	30-35	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
D McAlistar (9)	25-30	0	0	0	25-30	50-55	0	0	0	0	26	80-85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B Donaghy (10)	55-60	0	0	0	55-60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A
M Cilly (11)	10-15	0	0	0	10-15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A
E. Brownless (12)	5-10	0	0	0	5-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A
M Hinds (13)	0	0	0	0	0	85-90	0	0	0	0	10	95-100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
S Donaghy (14)	0	0	0	0	0	20-25	0	0	0	0	0	20-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
P Flanagan (15)	0	0	0	0	0	15-20	0	0	0	0	0	15-20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J Melaugh (16)	0	0	0	0	0	30-35	0	0	0	0	0	30-35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C Macleod (17)	0	0	0	0	0	75-80	0	0	0	0	12	85-90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
M Wylie (18)	0	0	0	0	0	15-20	0	0	0	0	0	15-20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NORTHERN HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

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

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

CETVs are calculated within the guidelines 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.

- (1) Commenced 1/8/14. Estimated full year equivalent salary £5-£10k.
- (2) Commenced 1/8/14. Estimated full year equivalent salary £5-£10k.
- (3) Deceased October 2013
- (4) Commenced 1/8/14. Estimated full year equivalent salary £180-£185k.
- (5) Left 31/5/14. Pension details reported by HSCB. Estimated full year equivalent salary £135-£140k.
- (6) Left 31/12/14. Estimated full year equivalent salary £105-£110k.
- (7) Commenced 1/9/14. Estimated full year equivalent salary £80-£85k.
- (8) Commenced 1/1/15. Estimated full year equivalent salary £95-£100k
- (9) Left 31/7/14. Pension details reported by BHST. Estimated full year equivalent salary £80-£85k.
- (10) Acting up to Director post from 1/7/14 until 31/3/15. Estimated full year equivalent salary £70-£75k.
- (11) Acting up to Director post from 1/6/14 until 31/7/14. Estimated full year equivalent salary £80-£85k.
- (12) Acting up to Director post from 1/8/14 until 31/8/14. Estimated full year equivalent salary £70-£75k.
- (13) Left 31/3/14.
- (14) Left 12/5/13.
- (15) Left 31/5/13
- (16) Left 23/8/13.
- (17) Left Director post 28/2/14.
- (18) Acting up ceased 31/7/13

**C****O****R****E****2014/15**

Band of Highest Paid Director's Remuneration	£180 – 185K
Median Total Remuneration	£19,813
Ratio	9.32

2013/14

Band of Highest Paid Director's Remuneration	£95 – 100K
Median Total Remuneration	£22,410
Ratio	4.35

The Trust is required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Trust workforce. Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer's pension contributions and the cash equivalent transfer value of pensions.

In comparison to 2013/14 the 2014/15 ratio increased by 4.97 due to movements within both the highest paid director's remuneration and the median remuneration.

Signed**Date****Accounting Officer****11th June 2015**

Northern Health and Social Care Trust Annual Accounts – Financial Statements and Notes to the Accounts

Introduction

The financial statements and notes to the accounts of Northern HSC Trust Annual Accounts for 2014/15 are included on pages 57 to 165

The Patients and Residents Monies Accounts for 2014/15 are included on pages 166 to 167

So far as the Accounting Officer is aware there is no relevant audit information of which the Trust's auditors are unaware, and the Accounting Officer has taken all the steps that he ought to have taken to make himself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information. (Section 418 (2) of the Companies Act 2006).

Disclosures

The following disclosures are required to be included in the Annual Report:

- There were no off payroll engagements at a cost of over £58,200 per annum in place during the financial year ending 31 March 2015 or 31 March 2014.
- During the year the Trust did not purchase any non audit services from its external auditor (NIAO)
- 2014/15 Salary Band of the highest paid Director's remuneration was £180,000 - £185,000. The median employee's total remuneration was £19,813. Ratio 9.32
- 2013/14 Salary Band of the highest paid Director's remuneration was £95,000 – £100,000. The median employee's total remuneration was £22,410. Ratio 4.35.

Please see Remuneration Report and Note 1 Accounting Policies in Annual Accounts for information on Retirement Benefit Costs

Our Vision

***To deliver excellent
integrated services
in partnership with
our community***

Our Values

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COMPASSION

We will treat the people who use our services and our colleagues with compassion.

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OPENNESS

We will display openness and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support.

R

RESPECT

We will respect the dignity, diversity and individuality of all our patients, clients and colleagues, promoting equality and addressing inequality.

E

EXCELLENCE

We will strive for excellence, as a community of leaders through consistent delivery of services and applied learning.

