

# Annual Report and Accounts 2018-2019

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

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of the Health and Personal Social Services (NI) Order 1972 (as  
amended by the Audit and Accountability Order 2003) by the  
Department of Health

On

28 June 2019



Northern Health  
and Social Care Trust

# Annual Report 2018-19

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## **Foreword from the Chairman**

I am pleased to present the Northern Health and Social Care Trust Annual Report and Accounts for the year ended 31 March 2019.

The clinically-led panel under the chairmanship of Professor Rafael Bengoa, which produced the report “Systems, Not Structures—Changing Health and Social Care,” provided clear direction for the required reform of the health and social care system. The Ministerial response “Health and Wellbeing 2026 –Delivering Together “ outlined a 10 year plan for determined effort towards transforming health and social care services in Northern Ireland. I am therefore delighted that the Trust, working in partnership with other healthcare colleagues, has fully embraced the concept of transformation and this report provides numerous excellent examples of what has already been achieved in this on-going process.

As in previous years, the past year has once again been characterised by an ever increasing demand for services, which undoubtedly will be a feature of health and social care in the coming years as well. But through meticulous planning, innovation, dedication and sheer hard work, our staff have overcome these challenges in some cases and mitigated their impact on patient and client care in others. I am also pleased to note that through sound financial stewardship, the Trust has once again achieved a break-even position.

Finally, I would like to commend the professionalism, dedication and commitment of all those in whatever profession or occupation who work in the Trust and who together, deliver safe and effective care for so many on a daily basis.

A handwritten signature in black ink, appearing to read 'Bob McCann', with a long horizontal stroke extending to the right.

**Mr Bob McCann - Chairman**  
**13 June 2019**

## **PERFORMANCE OVERVIEW**

### **Purpose**

This section of the report presents the Chief Executive's perspective on the Trust's performance over the period 2018-19. It also summarises the purpose and activities of the Trust and provides a brief description of the business model and operating environment, organisational structure, objectives and strategies. Key issues and risks that could affect the organisation in delivering against its objectives are identified and the section concludes with an outline of performance over the reporting period.

### **Chief Executive's Statement**

The Northern Health and Social Care Trust recorded increases in demand across the broad range of interconnected services it provided in 2018-19. This report reflects both our successes and challenges in meeting this demand and responding to the needs of the communities we serve.

Within our hospital services, we opened our redesigned and expanded Direct Assessment Unit (DAU), offering more people a real alternative to attending the Emergency Department. We also opened a Programmed Treatment Unit that provides a modern environment where patients who previously required admission can receive their treatment as day cases. These initiatives, part of our Reform and Modernisation programme (RAMP), allow us to make best use of our acute bed stock while providing a better experience for patients and their families.

We have worked collaboratively with colleagues in other Trusts, for example, the Northern Ireland Ambulance Service, where we again saw a credible performance in ambulance turnaround times.

We also took further steps towards the integration of community and hospital services, ensuring the overlap between acute and social care was as seamless as possible. These transformational changes helped us mitigate the impact of rising Emergency Department attendances on patient care.

During the year we achieved Investors in People accreditation. This is an important milestone that helps chart the real and, I believe, positive journey that the Trust has been on, a journey of common purpose for all staff, based on a clear vision and our shared values. Accreditation points to real and meaningful engagement by staff with our three key goals of delivering best possible care, sound stewardship and creating a great place to work.

It is pleasing to note the continuing integration between the Trust and all of its partners in the community. We look forward to strengthening those relationships in the future through the development and ultimate delivery of an effective and integrated care system that meets the emerging needs of the population in the Northern area.

Finally, I wish to acknowledge the important role that the people who use and own our services have had in shaping the way we work and develop.

## **The Trust**

### *Purpose and Activities*

The Northern Health and Social Care Trust (the 'Trust') became operational on 1 April 2007. It has an annual income of around £778m revenue and £17m capital and employs around 12,000 people. Funding is secured from a range of commissioners, the main one of which is the Health and Social Care Board.

The Trust is responsible for the delivery of safe and effective health and social care services to a population of approximately 470,000, the largest resident population in Northern Ireland. The Trust also provides services to Rathlin, the only inhabited island off the coast of Northern Ireland.

### *Business Model*

A highly skilled and professional workforce provides acute services through two hospitals - Antrim Area and Causeway – and community-based health and social care services from four localities which together include approximately 300 facilities including day centres, health centres and residential homes.

Outpatients services are provided from Antrim Area, Causeway, Whiteabbey, Mid-Ulster, Braid Valley and Moyle Hospitals as well as from a range of community settings such as Ballymena Health and Care Centre.

Holywell Hospital, a 115-bed psychiatric hospital in Antrim, provides a range of inpatient mental health and addiction services. The Trust also provides 20 acute mental health inpatient beds in the Ross Thompson Unit in Causeway Hospital.

Further information on the services provided by the Trust can be obtained from the website: [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)

### *Vision and Values*

The Trust's vision is *'to deliver excellent, integrated services in partnership with our community.'* In the delivery, planning and reforming of its services, all staff are guided by the core values of *compassion, openness, respect and excellence.'*

### *Principal Objectives*

The Trust has established principal corporate objectives to give a structured, consistent and concentrated focus to its efforts:

- Objective 1: To provide safe and effective care;
- Objective 2: To create a culture of continuous improvement that supports the delivery of health and social care that exceeds recognised quality standards and meets performance targets;
- Objective 3: To use all resources wisely;
- Objective 4: To have a professional management culture with effective leadership, development of staff and teams that deliver; and



Objective 5: To involve and engage service users, carers, communities and other stakeholders to improve, shape and develop services.

### *Strategic Plan*

The Reform and Modernisation Programme (RAMP) is the Trust's five-year strategic plan. It provides a framework for addressing the challenges faced and is the means by which the Trust delivers its vision – *'to deliver excellent integrated services in partnership with our community.'* RAMP encapsulates key regional strategies including 'Transforming Your Care,' 'Quality 2020' and 'Making Life Better.' It is also entirely complimentary to 'Health and Wellbeing 2026 – Delivering Together' and facilitates transformation through reform of services as one of its three key strands, along with 'people' and 'resources'.

### *Operating Environment*

The Trust covers four local council areas – Antrim and Newtownabbey, Causeway Coast and Glens, Mid and East Antrim and Mid-Ulster - making it geographically the largest Trust in Northern Ireland.

The population profile indicates that the Trust has the largest older population and the largest child population, when compared to other health and social care Trusts in Northern Ireland. The population is predicted to increase by 3.6% over the next 10 years, with significant increases in the older population over age 85, and a drop in the number of children and working age adults. This demographic change is evidenced through the increase in frail older people presenting to the Trust's Emergency Departments and in increased demand for community services.

In addition, the north coast is also popular with older people as a retirement and holiday venue and this tends to increase the number requiring health and social care in the summer months.

### *Key Issues and Risks*

The Trust, in common with the health and social care system in general, is facing tremendous challenges. These challenges are caused by a number of factors, including:

- A Growing Older Population - Advances in screening, medicines and treatments as well as lifestyle and an improved economic environment, mean that people are living longer;
- Quality and Standards - Advances in our understanding of diseases, in medicine and technology mean minimum acceptable standards evolve. This requires service models to adapt and change to ensure consistently achieved quality outcomes;
- Demand - The demand for services continually exceeds the growth in population due to the increased focus on screening, early diagnosis and intervention and the potential to successfully treat more conditions; and
- Workforce - We also face challenges, particularly in fulfilling our recruitment needs for key roles due to supply shortages in some professions; particularly in certain medical specialities, nursing and home care workers.

The Governance Statement within this report sets out more detail on significant control issues facing the Trust.

### *Organisational Structure*

The Executive Team comprises of the Chief Executive, the Director of Operations (and Deputy Chief Executive) and five other Directors covering Medicine, Nursing, Social Work, Finance, and Human Resources.

The structure involves delivery of services through a Divisional Services Model that has been designed to promote clinical and professional management and encourage team members to break traditional sectoral and professional team boundaries in pursuit of a truly integrated way of working to benefit patients, clients and families.

There are six operational divisions, each headed by a divisional director, reporting to the Deputy Chief Executive and Director of Operations. One of these, the Director of Women, Children and Families Division, is also the Director of Social Work and a member of the Executive Team, reporting to the Chief Executive.

- Community Care;
- Surgical and Clinical Services;
- Medicine and Emergency Medicine;
- Mental Health, Learning and Community Wellbeing;
- Women, Children and Families; and
- Strategic Development and Business Services.

The following section of the Performance Overview provides illustrative 'performance' examples under four of the Trust's five corporate objectives (1,2,4 and 5):

1. To provide safe and effective care;
2. To create a culture of continuous improvement that supports the delivery of health and social care that exceeds recognised quality standards and meets performance targets;
4. To have a professional management culture with effective leadership, development of staff and teams that deliver; and
5. To involve and engage service users, carers, communities and other stakeholders to improve, shape and develop services.

Objective 3: To use all resources wisely is embedded throughout the Performance, Accountability and Accounts Report.

The Performance Overview concludes with brief sections on Emergency Planning, Complaints and User Experience, Compliments, Ombudsman and Anti-Bribery and Counter Fraud measures.

## **Objective 1: To provide safe and effective care**

### *Mid-Ulster Hospital Selected as Prototype Elective Care Centre for Cataract Day Surgery*

Mid-Ulster Hospital has been selected as one of the three regional sites for the prototype elective care centres for cataract day surgery. This is an important milestone in the reorganisation of NI hospital services and for the Mid-Ulster area and represents a significant step forward in the transformation of health care. Regional centres for routine day case surgery will secure important progress in the efficiency and effectiveness of care. Crucially, they will operate on separate sites from urgent and emergency hospital care – meaning they will not be competing for operating rooms and other resources, leading to fewer cancellations of operations. While some patients may be asked to travel further for their treatment, they will be seen faster and have a better experience.

### *Site Coordination Model for Causeway Hospital*

Causeway Hospital has now developed and embedded a site coordination model, whereby one individual has responsibility for overseeing the safety and flow of the hospital site, seven days per week. Based in a newly developed site coordination hub, the site coordinator liaises closely with staff on the ground to manage capacity and demand across the hospital and into the community. Regular coordination meetings help to identify and address issues as soon as they arise and improve communication right across the system. Since the model was developed, Causeway has seen a consistent improvement in its performance against the 4-hour ED standard.

### *New Frailty Team at Causeway to Better Meet the Needs of Frail Older People*

The Causeway Hospital Frailty Team is a new development aimed at meeting the needs of frail older people who are at risk of hospital admission. The team brings together a range of specialist staff including doctors, nurses, physiotherapists, social workers and others. The team moves suitable patients from Causeway Emergency Department to the Frailty Unit where patients receive a full assessment and more often than not can return to their own home rather than being admitted to hospital. Launched in December 2018, the Frailty Team has already helped many patients to return home safely without a hospital admission, helping to reduce pressure on hospital beds and improving both the experience and outcomes of frail elderly patients.

### *Emergency Nurse Practitioner for Minor Injuries at Causeway Hospital*

The Trust's Emergency Departments experienced their busiest year ever, with over 140,000 attendances at Antrim and Causeway Hospitals. The teams working in these departments have been developing new ways of ensuring patients are treated quickly and safely. In Causeway Hospital for example, there is now a new minor injuries area, and patients arriving with minor injuries can opt to go directly to see an Emergency Nurse Practitioner. There they will be treated quickly without waiting in the general ED queue – in 2018-19, 99% of all ENP patients were seen, treated and discharged within 4 hours of arrival at Causeway ED.

### *New Scanners for Acute Hospitals*

The Trust has recently installed its second MRI scanner and two new state of the art CT scanners in Antrim Hospital. The MRI scanner will provide capacity to scan an additional 3,120 patients each year. It provides patients with access to one of the most modern and up to date MRI systems available and will allow the expansion of the service for patients with compatible heart devices such as pacemakers and also scanning of children who require a general anaesthetic. The advanced safety features on the new CT scanners allow for a 10-fold decrease in radiation doses for some of the examinations performed. The project will also allow for the re-location of one of the CT scanners on the Causeway site, providing a much needed second CT scanner for Causeway.

### *Home Dialysis Offers Patients Greater Flexibility*

The Trust's renal dialysis team has increased the number of patients on home dialysis by 56% over the past year. Home Dialysis provides patients with greater flexibility, an increased understanding of their illness and enables them to remain independent at home, as well as reducing pressure on the renal unit in Antrim Hospital.

### *UK Baby Friendly Initiative Gold Standard Award*

The Trust's maternity and health visiting service achieved the first joint UK Baby Friendly Initiative Gold Standard Award. This is the first joint hospital and community award in the UK and demonstrates a high level of effective partnership working across the Trust. Baby Friendly accreditation is based on a set of linked standards for maternity, health visiting, neonatal and children's centres services. These standards are designed to provide parents with the best possible care to build close and loving relationships with their baby and to provide support to make optimal feeding choices for their baby's growing needs.

### *Brief Intervention Service*

A Brief Intervention Service (BIS) was launched by the Trust's Learning Disability community teams to support hard-to-reach individuals.

### *Delirium Care Pathway*

A delirium care pathway was successfully implemented, with the project jointly led by staff in the Elderly Acute Unit and Rapid Access Interface Discharge (RAID).

### *Palliative Care*

Palliative Care continues to focus on providing excellent end-of-life care. Improvements to date include early identification of end-of-life care, improved experience of bereaved relatives and enhanced confidence and competence in all staff caring for the dying.

### *Additional Falls Assistant Practitioners and Telephone Screening*

Historically, all Emergency Department referrals to the Falls Service would have had information regarding falls and bone health posted out, along with an invitation to contact the Falls Service for further advice. Now, with the addition of new staff, each service user on the Emergency Department referral list, is contacted personally by telephone and offered a telephone screening to be completed by the Falls Assistant Practitioners. This has led to 30% increased uptake of requests for further falls

advice and completion of falls telephone screenings. Permanent funding was as secured for the appointment of two additional Falls Assistant Practitioners and clerical support, thus allowing the further development of the falls service.

#### *Portering/Site Support*

In Antrim Hospital, the portering coordination functions have been extended and the service now operates to 8pm Monday to Friday. Remodelling of the waste service was also completed and now covers seven days per week.

#### *Principal Social Work Practitioner – Acute Hospitals*

A community-based Principal Social Work Practitioner has been introduced to support complex discharges from Antrim Area Hospital for those people who may need the support of community-based services such as domiciliary care packages or a rehabilitation services.

#### *Direct Assessment Unit Reduces Pressures on ED and Hospital Beds*

Antrim's Direct Assessment Unit (DAU) is an area to which suitable patients can be directly referred by their GP, bypassing the Emergency Department and gaining direct access to diagnostic tests and medical assessment. The unit saw a 15% increase in activity in 2018-19, with three-quarters of patients discharged straight home without a hospital admission. DAU expanded in December 2018 to include a Programmed Treatment Unit (PTU). This is a service for patients coming to hospital for a planned procedure or infusion, who would previously have had to go to a bed on an inpatient ward. The development of PTU means that patients can have their treatment in a calmer environment, and reduces the pressure on beds in Antrim Hospital.

#### *Morbidity and Mortality*

The Trust receives regular benchmarking reports which highlight mortality statistics against a range of NHS Trusts. These reports consider mortality indicators, both in hospital and within 30 days of discharge, and are scrutinised and reviewed by the Board. The Trust compares positively against the top 40 hospitals within the benchmarking report.

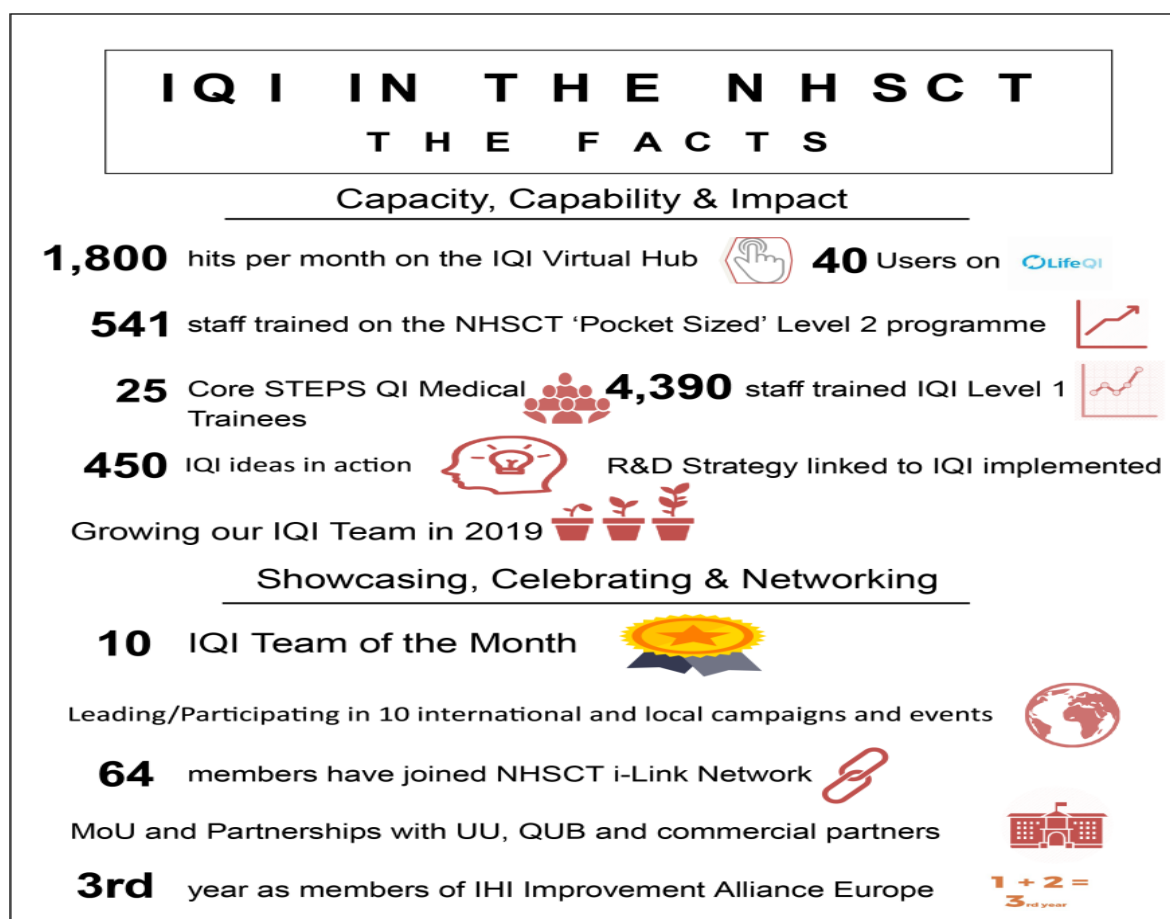
### **Objective 2: To create a culture of continuous improvement that supports the delivery of health and social care that exceeds recognised quality standards and meets performance targets**

#### *Innovation and Quality Improvement (IQI) - Capability Development*

The Trust has continued to develop its offering of capability programmes for staff to allow them to develop their IQI skills. These include: NHSC Level 1 (incorporating Q2020) and Level 2 IQI 'Pocket Sized' training, both on-line and face-to-face. Level 3 training is offered in the form of access to external learning opportunities such as the Scottish Quality & Safety Fellowship, the IHI Improvement Advisor Programme and the Scottish Improvement Leader Programme. In September 2018, the Trust launched the Core STEP programme - a short QI learning programme targeted at Core Medical Trainees. In addition, IQI offer Data Clinics which provide follow-up on post-IQI training, and offer support in the form of IQI 'Go To' People, who can provide advice and support.

### *Campaigns, Events, Showcasing and Network – Making our Mark*

In 2018-19, five health and social care teams were presented with the IQI Team of the Month (the bi-monthly Trust award) made to teams which can demonstrate the positive impact of innovation and quality improvement in care. The Trust led or took part in a number of international and local Quality Improvement events, sharing, showcasing and promoting the work taking place. In November 2018, IQI established a Trust-wide IQI Network called i-LINK (the network is for innovators and improvers in the NHSCT). In addition, the Trust has established networks with a number of European partners, universities and commercial organisations in pursuit of IQI.



### *Outpatient Gynaecology Treatment Suite Opened*

In May 2018, The Meadows Gynaecology Treatment Suite was opened. This suite, the first of its type within the Trust, enables the clinical team to perform procedures which traditionally had been completed within a theatre environment in a specialty designed facility on an outpatient basis. To date, over 1,300 women have utilised this service.

### *Six-Day Working Pilot for Hospital-Based Adult Speech and Language Therapy*

The Trust's hospital-based Speech and Language Therapy Adult Service has initiated an IQI project piloting a six-day working scheme in Antrim Hospital. The extended working week, which includes Saturday, means that the service can support earlier discharge of patients. This has reduced workload pressures for assessments on Fridays and Mondays, improving overall workflow and benefiting patients and staff, leading to a reduction in delayed discharges for patients.

### *Integrated Care Team*

The frontline home-based intermediate care team has been strengthened to ensure that it now responds more rapidly to those who are in need and with a focus on recovery, independence and patient experience.

### *Signs of Safety Model - Child Care Social Work*

Along with other Trusts across the region, the Trust is in the process of adopting the Signs of Safety Model within child care social work. This is a Western Australian Model based on a Danger to Safety Continuum and it has been implemented in Lincolnshire. There are three key principles within the model: Honest and Respectful; Critical Inquiry; Experience of Child at the Centre and it is a strengths-based, collaborative, solution-focused process within family. The model ensures a shift from focusing on parental deficits to improved safety through shared understanding and shared responsibility of risk. It simplifies the language and processes involved in identifying risk and developing plans in partnership with parents, children and family networks.

### *Integration of Child Health, Development and Emotional Well-Being Services*

The aim of the on-going transformation within this area of work is to improve access for children, young people and families and to provide high quality, evidence-based care, advice, assessment and intervention. The integration process is geared towards early intervention which provides child and family-centred information. Children, young people and their families are fully involved in their care and services and are supported by well-trained competent staff. The new pathway will have a single entry point, a directed conversation model capable of providing seamless access to specialist Autism, ADHD and CAMHS services where these are required.

### *Top Score in Food Standards Agency Hygiene Rating Scheme*

The top score of 5 in the Food Standards Agency Hygiene Rating Scheme has been maintained throughout all hospitals/facilities with Holywell Hospital achieving a hygiene rating of 5 for the first time in 2018.

### *Calorie Wise Status*

The Northern Trust was recognised in June 2018 by the Food Standards Agency in Northern Ireland and Environmental Health Northern Ireland as being the first Trust to achieve Calorie Wise status across its six hospital sites.

### *New Portering Model in Emergency Departments*

The introduction of a new portering model in the Emergency Departments was completed with ED nursing staff on both acute hospital sites to better manage patient flow at peak times.

### *Food Packs for Patient Discharge*

Food Packs for Patient Discharge in Antrim Hospital have been developed with the Clinical Services Lead in Medicine and Emergency Medicine and the Social Work Team.

**Objective 4: To have a professional management culture with effective leadership, development of staff and teams that deliver.**

*Creating a Great Place to Work*

The Trust has continued on its journey of 'Creating A Great Place to Work.' In recognition of the work we have been doing to create a culture based on our values and our focus on delivering the best possible care for the people we serve, the Trust has for the first time, successfully achieved Investors in People Accreditation.

The 'great place to work' agenda is supported by the Trust RAMP People programme which was refreshed and is being taken forward and translated into localised plans under the themes of Staff Health and Wellbeing, Leading Together, Reward and Appreciation, Building Capacity, Capability and Learning and Communicating and Connecting.

The Trust continues to place an emphasis on investing in the health and wellbeing of our staff. The I-Matter site, which promotes a number of physical campaigns such as 10,000 steps and health eating campaigns, continues to be well utilised, receiving approximately 1200 visits each month. There has been a particular focus on stress and mental health awareness with a number of additional programmes being developed to support practical approaches to wellbeing and the concepts of resilience and mindfulness. The Trust also provided over 4,000 members staff with their annual flu vaccination.

There is an understanding within the Trust that when building sustainable commitment to ensuring a high standard of performance and patient care, it is important that staff feel appreciated and recognised. In December, the Trust held its annual Chairman's Awards Ceremony to showcase and celebrate the exemplary work taking place across the organisation.

Further examples of recognition events include the celebratory event for 48 members of staff who successfully achieved a Regulated Vocational Qualification and local celebration events held to recognise learning, improved performance or to recognise staff having completed customer service award qualification.

In addition, the contribution of Junior Doctors was recognised by regular appreciation events. These events provided an opportunity for the Trust to thank the Doctors for their work and to gather feedback on their time within the organisation.

*Building Capacity, Capability and Learning*

Creating a culture where everyone is a leader shapes behaviour in the Trust and positively affects the quality of care provided. The Trust has supported over 150 members of staff from all levels within the organisation to access leadership and development pathways. In addition, 19 members of medical staff have commenced the Trust's Connect Programme, designed to empower medical staff to take an active leadership role, promoting positive improvement and delivering the best for patients. Over 450 frontline managers within the Trust have also had the opportunity to attend a leadership conference providing an opportunity for reflection and exposure to best practice.



Significant work has been undertaken to develop more innovative ways of attracting applicants for posts within the service. Examples include open days, the use of Skype to carry out interviews with potential medical staff currently living overseas, the use of social media and working with universities, colleges and schools.

The Trust held its first Raising Concerns Awareness Week in April offering staff the opportunity to hear about our 'See Something, Say Something' campaign. Over 500 managers within the Trust have now successfully completed Openness training. In addition, a Post Case Review process has been established for learning and sharing of outcomes of Employee Relations processes.

Connecting with each other and listening with intent will lead to a culture where staff are empowered and feel involved in how services are shaped. In support of this theme, the Trust undertook a review of its internal communications function to identify better ways in which it could engage with employees.

The Trust has continued to work in partnership with Trade Unions to address issues within the workplace and through collective working, was able to lead on the development of a regional Conflict, Bullying and Harassment Policy which promotes mediation as the most effective tool to resolve work place issues.

#### *Developing Domiciliary Care*

Within the Trust area, more people are now being supported to live at home with a domiciliary care package than ever before. Work to ensure that this support can continue to grow is on-going and includes the training of all domiciliary care staff in Reablement. This training will aid recovery for those in need after discharge from hospital, to allow people to regain their independence.

#### *Accreditation Success for Psychological Services*

The Trust's Clinical Health Psychology Service was the first service of its kind in the United Kingdom to achieve accreditation via the Accreditation Programme for Psychological Therapies (APPTS). The Brain Injury Service became the only service in Northern Ireland to achieve a full three-year quality standards accreditation from CARF International (Commission for the Accreditation of Rehabilitation Facilities) and the Psychological Therapies Service was the first therapy service in Northern Ireland to achieve accreditation by APPTS. It is also the first and only service in the UK to meet all 100% of the standards set by the APPTS.

#### *Special Care Dental Service Recognised as Teaching Centre*

The Special Care Dental (SCD) service in the Antrim Hospital has now been recognised as a teaching centre for Queens University Belfast undergraduate Dental Students. This is the only teaching facility outside of the Dental School which is in the Belfast Trust. Thirty Dental Students are due to progress through the programme each year.

#### *Risk Assessment Training for Child Protection Social Workers*

The Trust has developed risk assessment training for child protection social workers in relation to assessment of individuals who pose a sexual risk to others. This was in response to an identified gap in service provision, and lack of confidence amongst social work practitioners in decision making regarding possible sexual risk. The

benefits of the training for staff means that they are making more informed decisions, assessments are being undertaken on a timely basis, there is consistency of practice and the Trust is building a body of expertise within its own workforce, leading to a reduction in reliance on external expert assessments.

#### *Using the Evidence base in Practice in Community Speech and Language Therapy (SLT)*

Paediatric SLT had a poster accepted for the International Forum on Quality and Safety in Healthcare in Glasgow at the end of March 2019. This reflects the training of SLT Assistants to deliver an expressive language programme to appropriate groups of children, between the ages of three and four years old with expressive language difficulties. The evidence states that this is as effective as a programme run by a Speech and Language Therapist. Parents were fully involved in the programme and a resource pack was provided to them to support carryover of new skills at home. There was a follow up appointment with the SLT six weeks after the group to allow measurement of progress. Feedback forms and rating scales were also used to measure outcomes.

#### *Improving the Working Lives of Domestic/Catering Services Staff*

A Partnership Project with Unison and Domestic/Catering Services Management in Antrim Hospital has been ongoing with the key focus being to improve the working lives of staff.

### **Objective 5: To involve and engage service users, carers, communities and other stakeholders to improve, shape and develop services.**

#### *Equality Matters*

The Trust recognises and encourages the valuable and enriching contribution that people from all backgrounds and experiences bring. It is committed to providing services that actively promote equality of opportunity and will remain proactive in taking steps to ensure inclusion and engagement for all the people who work for the Trust and with us. During the year, the Trust continued to strive towards a culture that is diverse and inclusive and recognises and develops the potential of all staff, service users and carers.

The Health and Social Care Trusts have worked collaboratively to develop their S75 Equality Action Plans and Disability Action Plans. The plans make a commitment to building on the good practice in promoting equality and good relations that already exists across health and social care and working with individuals, representative groups and our trade unions to make sure that actions taken make a real difference both for service users and staff. The Trust is committed to supporting the sustained engagement of Section 75 groups and individuals in taking them forward.

During the year, the Trust made a total of 13,233 requests for interpreters through the Northern Ireland Regional Health and Social Care Interpreting Service. The top three languages requested within the Northern Trust were Polish, Romanian and Lithuanian. Alongside this, close to 800 appointments were supported with sign language interpreters.

The Trust is committed to providing a range of supports to ensure that family carers can maintain their caring role. Carers have shaped the Trust's programme of events by sharing their experiences and supporting other carers through co-design of resources and training. Throughout the year, there were 95 carer support events held across the Trust area. In November the Trust started working with local community pharmacies across the Northern Trust area on an exciting new project to identify hidden carers. Many carers are in regular contact with local pharmacists providing opportunities for the carer to be signposted to the range of supports. 54 pharmacies across the Trust have signed up to the project.

The Trust believes that service users and carers have unique expertise which should be used to influence and redesign services and it is committed to ensuring that views are heard, listened to and acted upon. A number of service user panels and opportunities for involvement have been developed.

#### *Community Team Approach*

The community team approach, which allows Occupational Therapy, Nursing and Social Work teams to work in a more integrated way with GP colleagues, continues to operate across all areas of the Trust. The model helps to ensure more seamless access to a wide range of community services and resources and has enhanced partnership working across professions and across the community.

#### *Cross Community Training Programme to De-stigmatise Mental Health*

With the support of the European Union's PEACE IV Programme, the Trust's Psychological Therapies Service has partnered with Mid and East Antrim Council to deliver a cross community training programme which is aimed at de-stigmatising mental health issues for young men and women from hard-to-reach communities.

#### *Working with Libraries NI to Improve Health and Wellbeing*

As Community Planning partners, the Trust works closely with other organisations to jointly address the health and care needs of our shared populations. This year the Trust has consolidated its relationship with Libraries NI to jointly enhance access to health information and working together through initiatives and activities that help improve health and wellbeing.

#### *Partnership with Women's Aid Wins Award*

The Trust achieved a Partnership Award with Women's Aid for the Family Support Project which was developed in response to the needs of service users.

#### *Flexible Outreach for Young Care Leavers with no Family Support*

In partnership with the Northern Ireland Housing Executive and the Simon Community, the Trust has developed a Flexible Outreach service to provide housing and one-to-one support for young care leavers who have no family support. This support service is aimed at reducing incidences of self-harm, involvement in criminal activity leading to custodial sentences, use of drugs and alcohol and homelessness linked to inability to maintain tenancy agreements. Early indications are that this is proving a successful scheme, with a reduction in homelessness and criminal behaviour.

### *Support to Integrate Syrian Refugees*

In response to the regional approach to Syrian Refugees, the Trust led work to develop locality-based partnerships involving the Trust, voluntary organisations and local community groups to support the integration of Syrian refugees into local communities. This has proven to be a very successful scheme.

## **Emergency Planning**

On-going progression and development within Emergency Planning continue to provide assurances that the Trust has the required capability to respond to incidents as outlined in the Northern Ireland Civil Contingencies Framework. This has been demonstrated in the Trust achieving 'substantial' compliance level in the recently completed Core Standards for Emergency Planning which were regionally agreed.

The Trust has recently revised the Major Incident Plan to include the response to a 'Mass Casualty' incident. This was developed in line with Department of Health (DoH) Guidance following the lessons learnt from the recent mass casualty incidents that occurred in the UK. A training programme is being developed to facilitate familiarisation with roles and responsibilities and to embed the plan within the organisation.

Several high profile events have been included in the Emergency Planning agenda throughout 2018/2019. Following the cyber-security incident in NHS England in May 2017, the Trust Emergency Planning Manager has been involved alongside Trust ICT colleagues in the development of cyber incident preparedness. This included the facilitation of a table-top exercise named 'Exercise White-Hat' for all Trust Divisions to test the Trust response to a cyber-security incident.

The Trust was very much part of the multi-agency response to the tragic events which took place at the Greenvale Hotel in Cookstown in March 2019.

There is continual involvement and contribution with multi-agency partners to events planning, which includes the Northwest 200, Airwaves and other local events. The Trust is currently involved in the planning for The Open, Portrush – the largest event that Northern Ireland has ever hosted.

## **Anti-Bribery and Counter Fraud**

The Trust operates a zero tolerance approach to Fraud and Bribery and has policies and procedures in place to combat and investigate, headed up by a Fraud Liaison Officer and supported by the Counter Fraud Service in BSO.

## 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 are made. The total number of formal complaints received for the period 1 April 2018 – 31 March 2019 was 750 and are set out in the table below by Division.

<b>Division</b>	<b>2018-19</b>	<b>2017-18</b>
Medicine & Emergency Medicine	157	178
Surgery & Clinical Services	136	140
Women, Children & Families	170	177
Nursing and User Experience	31	33
Finance	24	17
Medical and Governance	9	30
Mental Health, Learning Disability and Community Wellbeing	113	119
Community Care	106	105
Strategic Development & Business Services	3	7
HR, OD & Corporate Communication	1	1
<b>Total</b>	<b>750</b>	<b>807</b>

Where possible, we aim to respond to complaints within 20 working days 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 86% of complaints within 20 working days.

### Compliments

Services across the Trust receive many compliments on a frequent basis; these can range from written letters and thank you cards, verbal feedback and donations to our Charitable Trust Funds in recognition of the service provided. In addition, a number of compliments are received directly by the Chief Executive, and for the year ended 31 March 2019, the Chief Executive received a total of 2,634 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 NIPSO Office directly. The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the office. Where the ASSIST team decide that they cannot resolve the complaint, the case is forwarded to the Ombudsman's Investigations Team. In 2018-19, there were 17 requests for information from the NIPSO Office. Three cases were closed and not upheld, 14 are on-going. Three older complaints investigations were completed with consolatory payments recommended (Totalling £7,250).

## PERFORMANCE – ANALYSIS

Each year the Department of Health issues its Commissioning Plan Direction to the Health and Social Care Board, which contains the priorities and targets for the region. In turn, the Health and Social Care Board issues the Trust with an annual Commissioning Plan, which details what the Health and Social Care Board expects the Trust to deliver in the coming year. Each of the targets will have associated measures or performance indicators, by which the Trust's performance will be measured.

The Trust monitors its performance against these targets by means of a Performance Report which is produced every month and reviewed by the Trust Board. These reports are also available on the Trust's website [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net).

Over the course of 2018-19, it has continued to be a challenge to meet the targets set, as is the case across HSC organisations. The growth of the ageing population, continually increasing referrals to services and the financial challenges facing the health and social care system regionally, have impacted on the situation further. During the year, over 17,000 operations were performed by the Trust and over 163,000 outpatient appointments delivered. As well as hospital services, the Trust delivers a wide range of community services and throughout the year, approximately three million hours of domiciliary care were delivered to 5,190 people in their own homes.

Growth in demand was experienced across both of the Trust's Emergency Departments, with significant numbers of patients failing to meet the waiting time targets. Just over 135,000 people attended the Antrim Area and Causeway Hospitals' Emergency Departments throughout the year. Against a target of 95% patients waiting less than four hours for treatment or admission, at the end of March 2019, Antrim Area Hospital achieved 64% and Causeway Hospital 74%. In order to manage the numbers of attendances and admissions, the Trust continues to develop alternatives to augment capacity and manage risks. To assist with managing the demand, the Trust opened a DAU in Antrim Area Hospital in November 2018, which proved to be very successful, in assessing, treating and discharging patients, particularly elderly patients, back home without the need for admission. The model has been rolled out in Causeway Hospital with a temporary DAU having been opened in December 2018. However, this temporary solution does not have the footprint required to allow the DAU to operate effectively and work is on-going to identify a suitable, permanent setting. The most significant increase in inpatient capacity has been the development of an additional 24-bedded ward in Antrim Area Hospital, which will open in July 2019. The Trust remains committed to continue to work with stakeholders to manage its resources in the most effective way to manage both demand and risk.

Our targets and the end-of-year position against them are summarised in the table overleaf, with explanatory narrative at the end of the table.

<b>Key Performance Indicators</b> Rating based on most recent month's performance	<b>RAG Rating</b>
By March 2019, secure a reduction in the number of MRSA infections. MRSA 2018-19 Trust target is no more than 7 cases.	R
By March 2019, secure a reduction in the number of CDIFF infections. CDIFF 2018-19 Trust Target is no more than 49 cases.	R
By March 2019, ensure that at least 15% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	R
By March 2019, all urgent diagnostic tests are reported on within 2 days.	R
During 2018-19, all urgent suspected breast cancer referrals should be seen within 14 days.	R
During 2018-19, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	A
During 2018-19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	R
By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	R
By March 2019, no patient to wait longer than 52 weeks for an outpatient appointment.	R
By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	R
By March 2019, no patients should wait no longer than 26 weeks for a diagnostic test.	R
By March 2019, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	R
By March 2019, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	R
By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment.	R
By March 2019, no patient waits longer than 52 weeks for inpatient/ daycase treatment.	R
By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	R
By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.	-
By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	G
By March 2019, 95% of patients attending any type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within four hours of their arrival in the department.	R
By March 2019, no patient attending any emergency department should wait longer than 12 hours.	R
By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	A
By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.	R
By March 2019, no complex discharge takes more than seven days.	A
By March 2019 all non-complex discharges from an acute hospital take place within six hours.	R

<b>Key Performance Indicators</b> Rating based on most recent month's performance	<b>RAG Rating</b>
By March 2019, no patient waits longer than nine weeks to access adult mental health services.	A
By March 2019, no patient waits longer than 9 weeks to access dementia services.	A
By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age).	R
During 2018-19, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge.	G
During 2018-19, no learning disability discharge to take place more than 28 days of the patient being assessed as medically fit for discharge.	G
During 2018-19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.	G
During 2018-19, no mental health discharge to take place more than 28 days of the patient being assessed as medically fit for discharge.	G
By March 2019, 90% of children, who are adopted from care, are adopted within a three-year time frame (from date of last admission).	R
By March 2019, no patient waits longer than 9 weeks to access child and adolescent mental health services.	R
By March 2019, secure a 10% increase in the number of direct payments to all service users.	A
By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.	G
By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	A

### **Inpatients, Daycases and Outpatients**

It is recognised regionally that the inpatient, day case, outpatient, therapy and diagnostic waiting time targets are not being met due to a lack of hospital capacity to meet the increasing demand. The Trust admitted over 13,000 people for inpatient and daycase procedures throughout the year; the regional performance standard is that 55% of patients should wait no longer than 13 weeks for inpatient or day case treatment and no patient should wait longer than 52 weeks. At the end of March in the Trust, 48% of people were waiting less than 13 weeks for treatment and 389 people were waiting for more than 52 weeks. The Trust delivered more than 146,000 outpatient appointments throughout the year; the regional performance standard is that 50% of patients should wait no longer than nine weeks for an outpatient appointment and no patient should wait longer than 52 weeks. At the end of March in the Trust, 71% of people had been waiting for an outpatient appointment for more than nine weeks since referral and 12,407 people were waiting for more than 52 weeks.

### **Mental Health Services**

The Trust's performance against the regional waiting times standard was better in the area of Mental Health Services. At the end of March, six patients were waiting longer than nine weeks to access adult mental health services and two patients were waiting longer than nine weeks to access dementia services. However, in relation to



children's mental health services, 212 children and adolescents were waiting longer than nine weeks to be seen and 73 people were waiting longer than the 13-week target to be seen by psychological therapies.

### **Allied Health Professional therapies**

For the combined Allied Health Professional therapies such as speech and language therapy, occupational therapy and physiotherapy, the regional performance standard is that no patient should wait longer than 13 weeks from referral to beginning treatment. At the end of March in the Trust, 4,627 people were waiting for more than 13 weeks; within this, by far the greatest number, 2,548 were waiting for physiotherapy treatment.

### **Diagnostic Tests**

For reporting diagnostic tests, the regional performance standard is that all urgent diagnostic tests should be reported on within two days; at the end of March in the Trust, 88% of urgent tests were being reported on within two days. The regional performance standard for the waiting time for diagnostic tests is that 75% of patients should wait no longer than nine weeks and no patient should wait longer than 26 weeks. At the end of March in the Trust, 48% of people were waiting less than nine weeks for a diagnostic test and 7,336 people were waiting for more than 26 weeks.

### **Cancer Services**

The lack of hospital capacity also affected performance in the area of cancer waiting times. There are three regional performance standards, which govern waiting times for cancer treatment. Firstly, all urgent suspected breast cancer referrals should be seen within 14 days. From April 2018 to March 2019, an average of 72% of breast cancer patients were seen within 14 days of having been referred, however the Trust achieved the 100% standard during three months of the year. Secondly, during 2018-19, at least 98% of patients diagnosed with cancer should have received their first definitive treatment within 31 days of a decision to treat. The Trust achieved an average performance of 91% across the year. Thirdly, at least 95% of patients urgently referred with a suspected cancer should have begun their first definitive treatment within 62 days. The Trust achieved an average performance of 66% across the year. However, in three out of nine tumour sites, the Trust did achieve the target waiting time in March, with 100% of patients beginning their treatment within the target waiting time. Of the remaining six tumour sites where the Trust is not meeting the target, additional capacity is being put in place where possible and red flag patients are being managed proactively.

### **Community Services**

The Trust's Community Services also operate with less capacity than they require and this is evident in the Trust's performance in the area of achieving timely discharges. There are three regional performance standards concerning discharges from acute hospitals. Firstly, 90% of patients being discharged from an acute site, whose discharges are complex, should take place within 48 hours; during the year Antrim Hospital achieved 82% while Causeway Hospital achieved 73%. Secondly, no patient whose discharge is complex should wait longer than seven days to be discharged from an acute hospital; at the end of March, 21 people had been waiting for longer than seven days. The third regional performance standard is that all those patients whose discharges are not complex should be discharged from acute

hospitals within six hours; during the year Antrim Hospital achieved 93% against this target, while Causeway Hospital achieved 92%.

### **Learning Disability**

There are also two discharge targets relating to patients being discharged from a learning disability hospital; the regional performance standards are that 99% of all patients being discharged from a learning disability hospital should be discharged within seven days of being assessed as medically fit and that no discharge takes longer than 28 days. The Trust's average performance from April 2018 – March 2019 was that 86% of people were discharged within seven days of being assessed as medically fit and during the same period, three people waited longer than 28 days to be discharged.

### **Adoption**

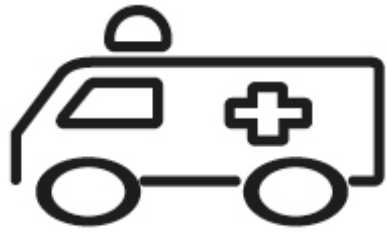
There is one regional performance indicator which governs adoption. It is that 90% of children, who are adopted from care, are adopted within a three-year timeframe; the Trust's average performance during the most recent report year was 40%. There are factors outside the Trust's control, which militate against its ability to achieve this timeframe, namely the timeframes of court proceedings. However, the Trust continues to monitor each child's adoption timeline and reviews cases with the judiciary in an effort to reduce timeframes where this is possible.

### **Healthcare Acquired Infection**

There are two regional targets in the area of healthcare acquired infection; the Trust was to experience no more than seven cases of MRSA bacteraemia and 49 cases of Clostridium Difficile (CDI) infection during the year. At the end of March, the Trust had experienced 16 cases of MRSA and 57 cases of CDI. Work is continuing at ward level to raise awareness of MRSA management and placement of at risk patients. CDI cases continue to present challenges in relation to early identification and isolation. The issues of insufficient acute beds and increasing patient acuity contribute to the challenge of managing CDI by potentially increasing the risk of transmission.

### **Activity**

Although the Trust monitors performance against these key targets, they do not fully reflect the thousands of interactions across the Trust on a daily basis, whether in hospitals for planned or unplanned admissions, attendances at ED and outpatient services or in the community at residential care homes, adult and day centres or the private residential homes of service users. The snapshot below shows some of the Trust's activity over the past year.



**150,558**

emergency department attendances

**254,283**

acute outpatients



**74,268**  
**inpatients**

(this figure includes acute, community and mental health)

**28,609**

day case patients



**168,478**

mental health outpatients



**4,422**

domiciliary care packages for older people provided in the community



**468**

**children**  
on child protection register

**3809**

**BIRTHS**

(including homebirths)



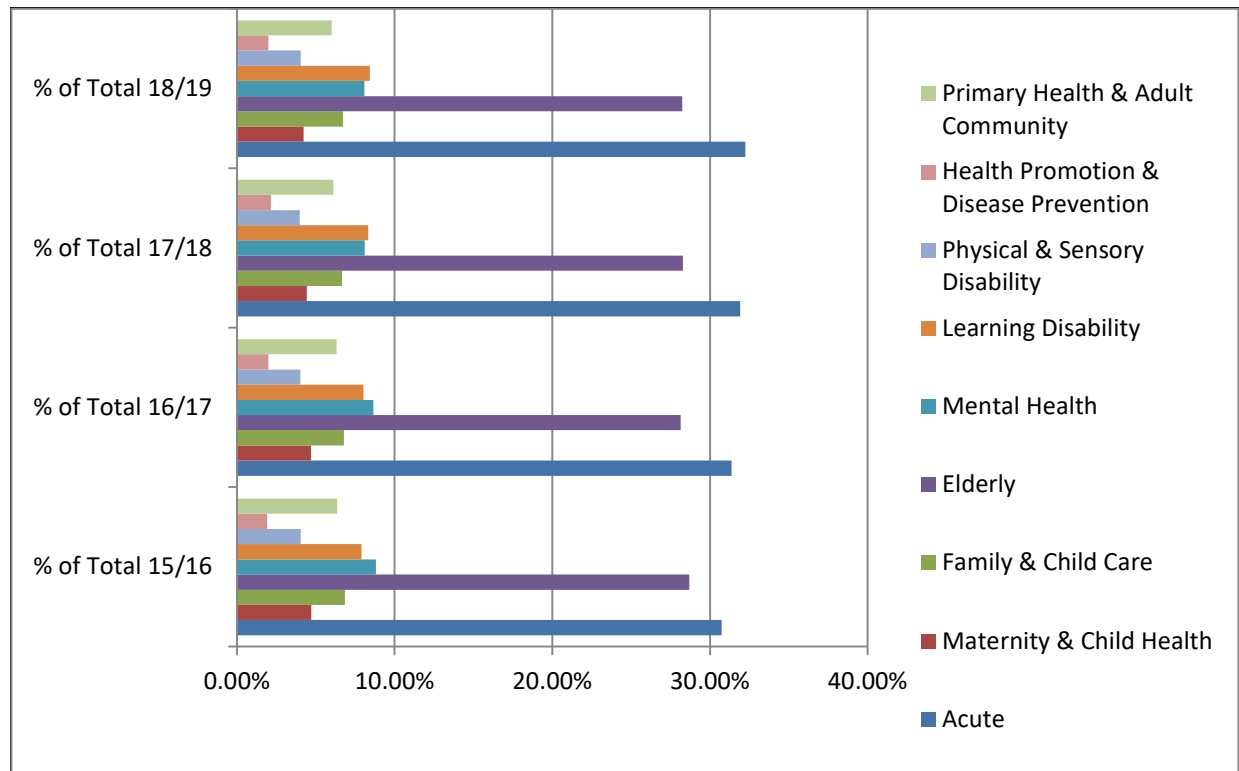
**663 children**

looked after by Trust

## Long Term Expenditure Plans

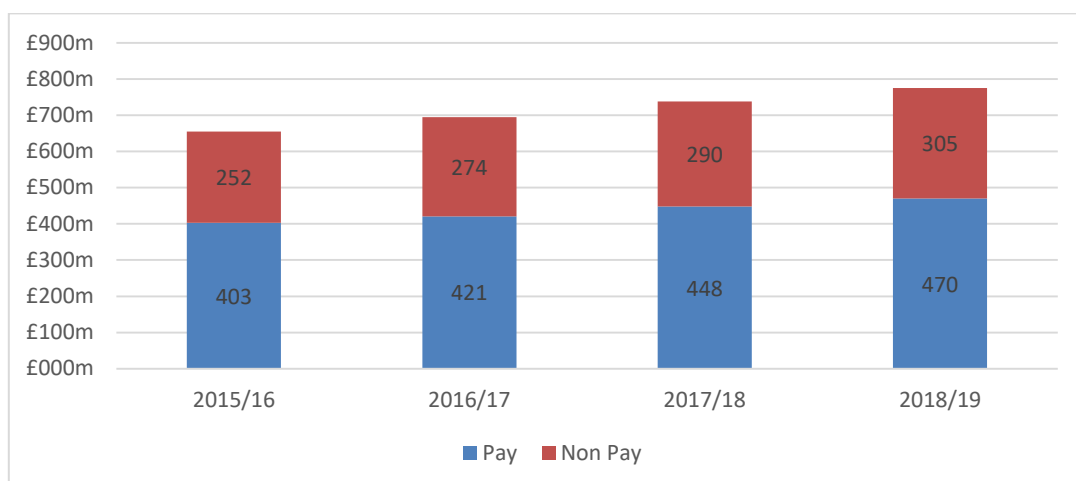
Within the HSC sector our plans are formed in partnership with many stakeholders and are impacted by the availability of resources such as staff and revenue and capital funds. Over the past 3 years the Programme of Care (POC) profile shown as a percentage of total expenditure has remained relatively static. Our expenditure plans by POC are not expected to vary materially in the future.

## Programme of Care Expenditure Trend Analysis (2015/16 – 2018-19)



The table below sets out our total revenue expenditure, split by Salaries and Goods and Services in the past 4 years.

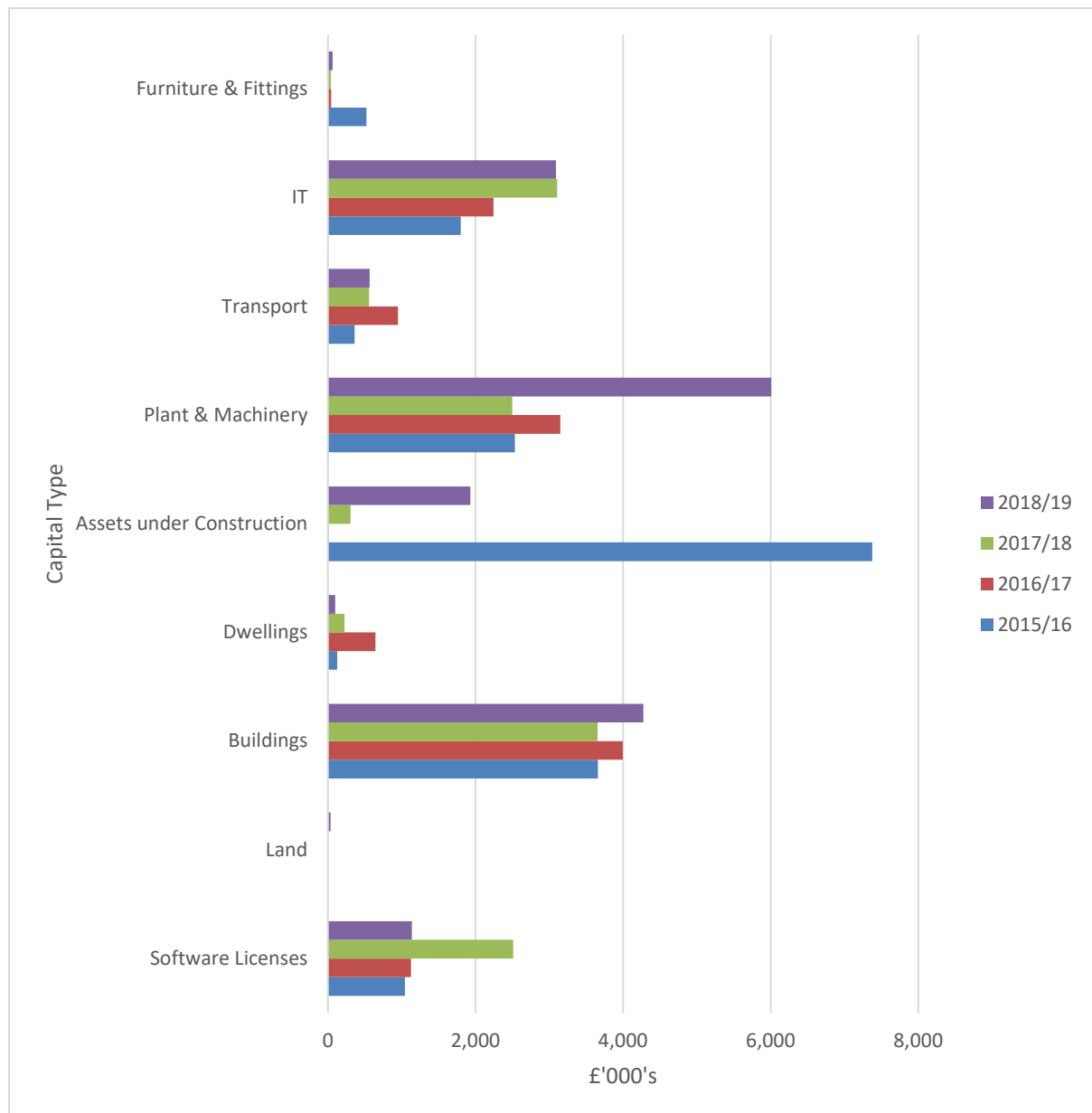
## Analysis of Outturn Total Revenue Expenditure (2015/16- 2018-19)



Further divisional analysis can be found within the segmental information shown in note 2 to the Accounts.

The Trust receives Capital Funds to purchase Assets for use by the Trust and the trends are subject to change dependent on the approved business cases in each year, the position over the main categories for the past 4 years is set out below.

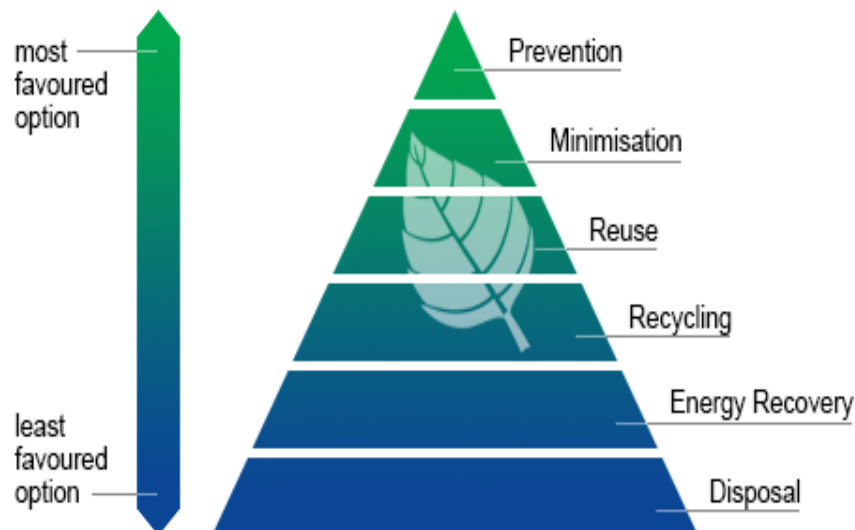
### Analysis of Outturn Total Capital expenditure (2015/16 – 2018-19)



Further detail on specific Capital Schemes may be found within the Accountability Report and within notes 5 and 6 of the Accounts.

## Environment and Sustainability Report

The Trust Waste Policy includes a commitment to safeguard the environment from adverse effects from the waste produced throughout the Trust. The various waste management options are placed in an order known as the Waste Management Hierarchy, which reflects the relative sustainability of each.



Domestic waste is managed using several options - mainly a service contact for the recycling of the co-mingled recyclable waste, recovery (into fuel) for the general waste and landfill for that fraction which cannot be reused; recycled nor recovered. The Waste Strategy set out the target for 2018-19 for 100% landfill diversion, emphasising less on recycling and using other waste management options to achieve 'zero to landfill.'

During 2018-19, all hospitals have achieved 100% landfill diversion, with community facilities achieving 99.9%. This improvement is reflected within the disposal and processing costs; during 2018-19, the spend was £188,544 compared to £195,105 for 2017-18.

To further aid recycling, reuse and the minimising of waste, a web-based portal to trade items internally was implemented on the 26<sup>th</sup> Jan 2019. The portal (Warp-it) allows staff to swap items no longer required increasing the lifecycle of items and reducing disposal costs. Since start-up, the Trust has saved £11,491, 5,060kg of CO<sub>2</sub>, the equivalent of planting six trees and avoided 2,344kg of waste.

Other recycling projects operating across the Trust include:

- Clothes banks;
- Toner cartridge bins;
- Metal banks;
- Battery bins;
- Paint tin bins; and
- Fluorescent tube bins.

During 2018-19, 75.2 tonnes of food waste has been collected across 43 facilities which is 100% reprocessed to generate electricity by anaerobic digestion.

Waste Electrical & Electronic Equipment (WEEE) is a complex mixture of materials and components that because of their hazardous content, and if not properly managed, can cause major environmental and health problems.

During 2018-19 the Trust recycled:

- 55 TVs;
- 93 fridges;
- 433kg Fluorescent tubes;
- 9.4 tonnes of small appliances; and
- 7.2 tonnes of large appliances.

Healthcare waste (clinical, pharmaceutical and anatomical) is hazardous in nature and therefore cannot be recycled or reused without first being treated. The management option for clinical waste is to render it safe via steam treatment which forms a 'flock' which can then be recovered and sent to a waste to energy plant as sustainable fuel.

During 2018-19, 977.86 tonnes were produced; a reduction of 44.65 tonnes, however the spend increased by £31,056 to £330,151 due to a contract price increase. A reduced amount of flock was recovered and 67% was sent to a waste energy plant producing electricity for the grid. Healthcare waste is continuously audited to ensure the waste is disposed of by staff in accordance with the Trust Waste Policy.

### **Energy Report**

The Trust has been working closely with suppliers to reduce consumption, cost and emissions. Electricity and natural gas supplier, SSE Airtricity has supported the Trust with its Sustainability Programme and delivered a range of initiatives including Energy Awareness Week, the supply of an e-van, student bursary and tickets to various events at the SSE Arena which have been used by Children's Services. These projects, which are each linked to themes within the 'Making Life Better' framework, have proved extremely successful.

An internal campaign was rolled out to improve energy awareness and communicate advice to staff on how to reduce energy consumption. Every member of staff can contribute to reducing the Trust's energy bill and small changes can make a massive

impact; Simple things such as closing doors, turning off lights in unoccupied areas and shutting off unused electrical equipment will all ensure resources are used more efficiently. A targeted campaign was implemented at the start of winter to inform staff of the consequences of using electric heaters: *If every member of staff used an electric heater for two hours a day over the winter months, it would cost the Northern Trust over £600,000.*

During 2018-19, the Trust installed two fast electric vehicle charge points for staff use at Antrim Area Hospital. This project will serve as a pilot scheme to determine uptake and functionality; if successful, a Trust wide roll-out will be explored.

Year-on-year, the Trust reduced carbon emissions by over 2,000 tonnes, primarily due to purchased electricity being generated by cleaner means.

The recently released *Energy Management Strategy and Action Plan to 2030 for Northern Ireland Central Government* details the roadmap for energy management and includes a target to lower net energy consumption by 30% by 2030 (from a 2016/17 baseline year). This extremely challenging target is achievable, however significant investment will be required in order to deliver energy and cost savings.

### **Telecoms Report**

Through 2018-19, the Estates Telecom Team has continued deployment of VoIP phones and the associated benefits such as Agile / remote teleworking. The Trust continues to invest in the latest line technology, which brings contingency, future proofing and reduced call and line costs. The use of Smart mobiles continues to grow and the Trust leverages the efficiency benefits of this technology.

The Trust's Video Conferencing system, Pexip, continues to grow in use and brings considerable benefits such as reduced transportation / resource costs and CO2 reduction. As an example, the continued national and international recruitment drive has seen the Trust's Video Conferencing service manage and successfully connect the complete region to international candidates.



## **Human Resource Policies**

### *Equality and Diversity*

The Trust is committed to ensuring equality and diversity in the workplace and has in place a number of policies to support this position:

- Equality of Opportunity in the Workplace Policy is concerned with the promotion of equality of opportunity in the workplace and with the prevention of unlawful discrimination.
- Conflict, Bullying and Harassment Policy promotes positive interpersonal behaviour and a harmonious working environment. It also aims to prevent bullying and harassment in the workplace on any of the equality grounds.
- Joint Declaration of Protection is in place and recognises the moral and statutory responsibilities placed on the Trust and Trade Unions under the relevant legislation. The agreement declares that the Trust and the Trade Unions fully accept that discrimination or victimisation in employment is both unacceptable and unlawful under the equality legislation.

### *Disabled Persons*

The Trust is committed to promoting equality of opportunity between both employees with and without disabilities in all aspects of employment;

- Employment of People with Disabilities Policy applies to people with disabilities applying to the Trust, to staff with disabilities already employed by the Trust, staff who develop a disability during their employment, and former employees with disabilities when providing references; and
- Reasonable Adjustment – Guidelines for Managers provide assistance in relation to continuing the employment of, and for arranging appropriate training for, employees of the Trust who have become disabled persons during the period when they were employed by the Trust.

### *Flexible Working / Work- life balance*

The Trust recognises that many employees strive to balance work responsibilities with other home responsibilities and provides a number of vehicles which aim to support employees to achieve this balance.

The Trust offers a range of flexible working options to support staff with their work-life balance, including Flexi-time which is designed to allow employees, subject to eligibility and the needs of the service, greater freedom to organise their working hours. It allows employees to build up and 'bank' extra time to be taken at a mutually convenient time later.

### *Staff Benefits*

In addition to a number of Human Resource related schemes that support the work life balance of staff, the Trust provides a confidential occupational health service and staff counselling service.

The Trust also provides staff with a number of taxable benefits availed of via salary sacrifice schemes such as, Childcare Vouchers, Cycle to Work Scheme and Private Car Lease Scheme.

### *Further Disclosure*

Pension liabilities and sickness absence data can be found within the staff report. Supplier payment management is disclosed within Note 14 within the Accounts section.

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

**Dr Anthony Stevens - Accounting Officer/Chief Executive**  
**13 June 2019**

## **Accountability Report**

### **Overview**

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

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

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

The Accountability and Audit Reports brings together the key financial accountability documents within the annual accounts. This report includes an overview of the financial resources and performance of the Northern Trust and the External Auditor's certificate and opinion on the financial statements.

## **Non-Executive Directors (NEDs) Report**

2018-19 has brought forward both challenges and opportunities for the NHSCT, with continuing financial and workforce pressures and exciting improvements to services via the Transformation and Innovation and Quality Agenda and the progress towards delivery new capital developments such as additional capacity through the new 24 bedded ward in Antrim Area Hospital.

During the year the NEDs have provided support, challenge and guidance to assist the Trust deliver for everyone connecting with our services both at the hospitals and many community settings. In addition, the Board undertook an independent verification of the Board Governance Self-Assessment in September 2018, which was delivered by the HSC Leadership Centre. There were no material concerns identified and the verification supported the self-assessed ratings of the self-assessment. The Board continues to build on the already effective delivery of our governance arrangements and will continue with the yearly self-assessment process.

In delivering their roles the NEDs chair sub-committees of the Board namely:

- Audit Committee;
- Remuneration Committee;
- Charitable Trust Funds Advisory Committee;
- Organ Donation Committee; and
- Assurance Committee.

Leadership of these committees focusses on continuous improvement and strong governance and accountability throughout the Trust. The Governance Statement provides additional detail on all Committees and Board meetings held during 2018-19. In addition, there were 5 Board Workshops held focussing on specific business areas which supported strong accountability and the Reform and Modernisation agenda.

The Board has been relatively stable during 2018-19 following a number of appointments in recent years in Director posts, however Mr Stuart Cuddy resigned his NED post 31 August 2018. We thank Stuart for his service on the Board and Audit Committee and offer our best wishes for the future.

# CORPORATE GOVERNANCE REPORT

## Directors' Report

The role of the Trust Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions. During the year the Trust Board was comprised of the following members:

- i. Non-Executive Directors
  - Mr Bob McCann (Chairman);
  - Mr Paul Corrigan;
  - Mrs Geraldine McGahey;
  - Mr Jim McCall;
  - Mr Billy Graham;
  - Mr Glenn Houston;
  - Mr Gerard McGivern; and
  - Mr Stewart Cuddy (left 31 August 2018).
  
- ii. Executive Directors
  - Dr Anthony Stevens, Chief Executive;
  - Mr Seamus O'Reilly, Executive Director of Medicine;
  - Mr Owen Harkin, Executive Director of Finance;
  - Mrs Eileen McEaney, Executive Director of Nursing; and
  - Mrs Veronica Callaghan, Interim Executive Director of Social Work.
  
- iii. Directors
  - Mrs Elizabeth Brownlees, Director of Human Resources; and
  - Mrs Jennifer Welsh, Deputy Chief Executive & Director of Operations (commenced 01/12/17).

Please see the Governance Statement for a full listing of other senior staff who are Divisional Directors.

A declaration of Board Members' interests has been completed and is available on request from the Chief Executive's office, Northern Health and Social Care Trust headquarters, Bretten Hall, Antrim Area Hospital, Bush Road, Antrim BT41 2RL.

Any relevant disclosures are recorded in the Trust Register of Interests and details are included in Annual Accounts Note 22 Related Party Transactions, where applicable. The executive and senior management, along with the Director of Finance have responsibility for the preparation of the accounts and the Annual Report. As far as the directors are aware, there is no relevant audit information of which the Trust's auditor is unaware. They have taken all steps that they ought to

have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information. The Board are content with the quality and accuracy of the data presented to assist them in the decision making process.

The auditor for the Trust is the Northern Ireland Audit Office. The notional cost of the audit for the year ending 31 March 2018 which pertained solely to the audit of the accounts is £64,000 made up as follows, Public Funds £59,000 and Charitable Trust Funds £5,000.

## **Statement of Accounting Officer's Responsibilities**

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

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

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Personal Social Services resources in Northern Ireland has designated Tony Stevens of Northern HSC Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Trust's assets are set out in the Accountable Officer Memorandum, issued by the Department of Health.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the Northern Ireland Audit Office auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

## **GOVERNANCE STATEMENT**

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

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

- With HSC Board commissioners, through service level agreements, to deliver health and social services to agreed specifications. The Trust has established engagement processes with the HSC Board (which includes the Public Health Authority (PHA) for appropriate areas). For example, regular meetings are held with Local Commissioning Group (LCG) representatives to discuss local services;
- With colleague agencies in the HSC, through close and positive working arrangements;
- With local communities, through holding public board meetings, and publishing an annual report and accounts;
- With patients, through the management of standards of patient care; and
- With the DoH, through the performance of functions and meeting statutory financial duties. These are monitored through formal reporting mechanisms and Accountability Review meetings which are held twice yearly and relevant Trust senior staff are in attendance.

### **1. Compliance with Corporate Governance Best Practice**

The Board of the NHSCT applied the principles of good practice in Corporate Governance and continued to further strengthen its governance arrangements. The Trust does this by undertaking continuous assessment of its compliance with Corporate Governance Best Practice. The recommendations in relation to the Independent Governance Review Action Plan have been completed including Governance and Patient Safety Department structures, with the appointment of three band 8a posts.

The Trust Board undertook an annual assessment of its compliance with Corporate Governance best practice by completing the Board Governance Self-Assessment Tool for use by DoH Sponsored Arm's Length Bodies. This involved assessing Board Performance across a total of 17 criteria, all of which were rated as Green. The assessment and associated Action Plan was formally approved by Trust Board at a meeting on 23 May 2019.



The Trust Board receives reports and assurances, both through its delegated Committees and from independent sources as described within this Governance Statement. The quality of these assurances is assessed by the Trust Board by way of challenge and scrutiny at both Committee and Board level.

## **2. Governance Framework**

The Trust Board is the primary Governing Body of the Trust. It is constituted by the DoH and is responsible for the strategic direction and control of the Trust. The membership is shown in the table below, together with attendance at Board meetings. There is no minimum attendance requirement and the quorum for a Board Meeting is half the total number of the Board (including at least two Executive Directors and two Non-executive members). The notice of Board meetings is advertised on the Trust's website along with Board agenda, minutes and papers, where appropriate. Non-Executive Directors and Executive Directors are members of the Board and the other Directors and Divisional Directors attend Trust Board meetings.

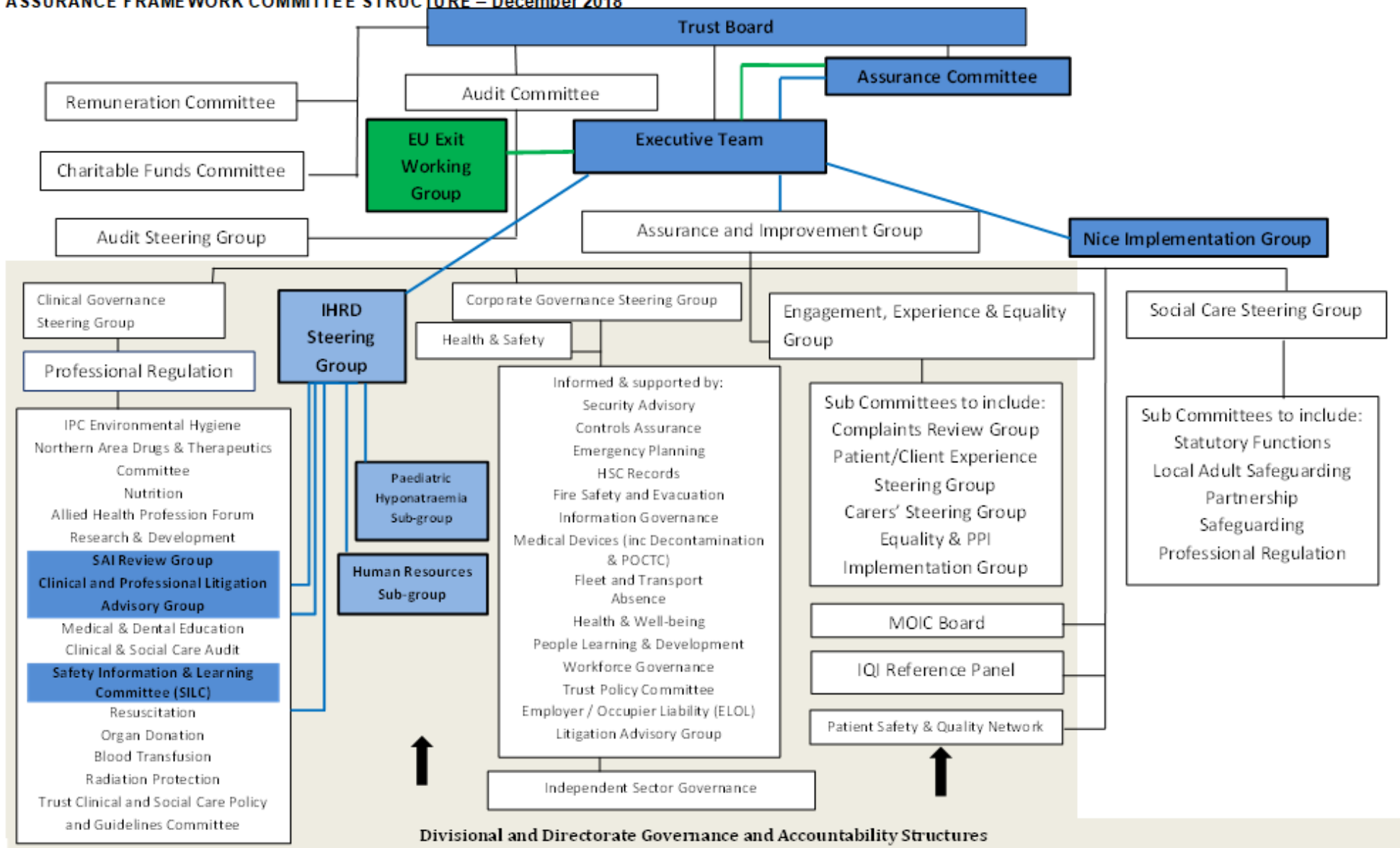
During 2018-19, 8 Trust Board meetings were held in public and the following table provides information on attendance.

<b>Name of Director</b>	<b>No of Meetings attended</b>	<b>No of Possible Meetings</b>	<b>Comments</b>
Mr B McCann Chairman	8	8	
Mr B Graham Non Ex Director	8	8	
Mrs G McGahey Non Ex Director	6	8	
Mr P Corrigan Non Ex Director	8	8	
Mr J McCall Non Ex Director	7	8	
Mr G McGivern Non Ex Director	7	8	
Mr G Houston Non Ex Director	6	8	
Mr S Cuddy Non Ex Director	2	3	Left the Trust 31/08/18
Dr A Stevens Chief Executive	6	8	
Mr O Harkin Director of Finance	7	8	
Mrs M Roulston Director Children Services/Ex Director Social Work	2	2	Left the Trust 31/07/18
Dr S O'Reilly Medical Director	7	8	
Mrs E McEneaney Director of Nursing and User Experience	4	8	
Mrs E Brownlees Director of Human Resources	7	8	
Mrs P Hughes Divisional Director Community Care	8	8	
Mr O Donnelly Divisional Director Mental Health, Learning Disability and Community Wellbeing	7	8	
Ms B Donaghy Divisional Director Strategic Development and Business Services	7	8	
Mrs W Magowan Divisional Director Medicine and Emergency Medicine	4	8	
Mrs M O'Hagan Divisional Director Acute Services	6	8	
Mrs V Callaghan Director of Women, Children and Families/ Ex Director Social Work	6	6	Commenced interim post 01/08/18
Mrs J Welsh Deputy Chief Executive and Director of Operations	7	8	

The governance arrangements for the NHSCT are based on an Integrated Governance model that links financial governance, risk management and clinical and social care governance into a single framework (see chart overleaf).

In response to the outcome of the Inquiry into Hyponatraemia Related Deaths (IHRD), the Trust established a Steering Group to provide oversight of the implementation of the Inquiry's recommendations. This group is likely to be a Task and Finish Group but due to its contemporary importance has been included in the governance arrangements. The Steering Group and its connections into the Trust's existing structures are highlighted in blue in the Assurance Framework Committee Structure. The governance arrangements have also accommodated an EU Exit Working Group highlighted in green.

**ASSURANCE FRAMEWORK COMMITTEE STRUCTURE – December 2018**



The Trust Board has four Committees and a sub-committee to scrutinise the Trust's governance systems and to provide assurance to the Trust Board on their effectiveness:

- Audit Committee;
- Remuneration Committee;
- Charitable Trust Funds Advisory Committee; and
- Assurance Committee and its sub-committee, Engagement Experience and Equality Group.

**The Audit Committee** is a Board Committee, which has a central role in the Trust's Governance Framework. Its Terms of Reference include the duties set out below in respect of internal control:

- To ensure the adequacy of all risk and control related disclosure statements (in particular the Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- To ensure the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- To ensure the adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including the Trust's Standing Orders and Standing Financial Instructions;
- To ensure the adequacy of the policies and procedures for all work related to fraud and corruption as required by the DoH Counter Fraud Policy Unit. This includes oversight of progress on all suspected or actual fraud cases identified and regularly reported to the DoH; and
- To review the annual schedule of losses and compensation payments and make recommendations to the Board regarding their approval; and
- To review on a periodic basis the Trust's Whistleblowing Register.

The Committee currently has three Non-Executive members and is chaired by a Non-Executive Director, and met four times during 2018-19. The Committee provides assurance to the Trust Board and the Accounting Officer on the systems of internal control. Minutes of meetings are presented to the Trust Board.

The Audit Committee completed the National Audit Office Audit Committee Self-Assessment Checklist and an Action Plan was implemented to address the issues identified. The Audit Committee has produced an annual Audit Committee Report for 2018-19.

**The Remuneration Committee** is a Committee of the Trust Board tasked with the responsibility for approving the remuneration of Executives. The Committee is chaired by a Non-Executive and is comprised of three Non-Executive Directors in total. It met once during 2018-19.

The main functions of the Committee are as follows:

- To advise the Board on performance, development, succession planning and appropriate remuneration and terms of service for the Chief Executive and all Senior Executives, guided by DoH policy and best practice;
- To provide advice to the Board on remuneration including all aspects of salary as well as arrangements for termination of employment and other contractual terms;
- To ensure robust objectives, performance measures and evaluation processes are in place within the Trust in respect of Senior Executives;
- To make such recommendations to the Board on succession planning and on the remuneration, allowances and terms of service of the Chief Executive and, on the advice of the Chief Executive, other Senior Executives;
- To ensure that the Chief Executive and Senior Executives are fairly rewarded for their individual contribution to the organisation, having proper regard to the organisation's circumstances and performance and to the provision of national arrangements;
- To monitor and evaluate the performance and development of the Chief Executive and on the advice of the Chief Executive, the other Senior Executives of the Trust; and
- To advise the Board and oversee appropriate contractual arrangements for the Chief Executive and Senior Executives including the proper calculation and scrutiny of termination payments taking account of relevant guidance as appropriate.

**The Assurance Committee** consists of all Non-Executive Directors and met on four occasions during 2018-19. The Committee has oversight of Integrated Governance and the effectiveness of the Assurance Framework of the Trust. It will evaluate all available evidence to provide an assurance to the Board that the systems of control are operating effectively and that structures support good governance. The Committee is chaired by the Trust Chairman.

The Committee:

- Evaluates risks to the achievement of the Trust's objectives;
- Regularly reviews arrangements for risk management and corporate governance and agrees further updates/changes with Executive Directors;
- Considers the effectiveness of the key controls through which risks will be managed;

- Ensures the views of the local community, relevant experts and staff input are incorporated into the development of services; and
- Seeks assurance that timely reports are made on recommendations and remedial actions taken or proposed to mitigate any internal failing in systems or services.

The work of the Assurance Committee is supported by the **Assurance & Improvement Group**, composed of Executive and Operational Directors, which provides an operational focus to risk management and integrated governance. The Assurance & Improvement Group is chaired by the Chief Executive.

Two significant issues which are kept under review by both the Group and the Committee are the Report into Hyponatraemia related Deaths and the UK's exit from the European Union (EU):

- The report on the Inquiry into Hyponatraemia related Deaths was published in January 2018. This report makes 96 recommendations covering a range of areas including candour, paediatric clinical, Serious Adverse Incident (SAI) reporting and investigation, SAI related death, training and learning and governance. Following publication of the Report, the Trust established an IHRD Steering Group, chaired by the Chief Executive, which continues to direct implementation of the recommendations, and clinical guidelines relating to fluid management, including DoH and the National Institute for Health and Care Excellence (NICE) related guidance. The Trust continues to participate in the DoH programme of work in response to the Inquiry Report's recommendations. The current status and progression of both local and regional work is reported to Assurance Committee; and
- During 2018/19 the Trust, along with other HSC bodies, actively scoped the potential risks associated with a "no deal" exit from the European Union, initially scheduled for the 29 March 2019. Contingency plans were in place had the UK have left on this date. The combination of regional and local contingency plans addressed potential risks in respect of maintaining staffing levels and ensuring the continued supply of goods, particularly drugs and medical supplies. There remains a risk that the UK Government may leave the European Union with a "no deal", but this risk has now been delayed, with an extension to article 50, until the 31 October 2019. Contingency plans remain in place, with the Trust and HSC bodies now refining their plans for a "no deal" exit, scheduled for the 31 October 2019. The Trust has established an EU Exit Working Group with representatives from both service directorates and corporate departments who worked towards the original planned leave date. The Working Group continues to meet to keep a continued focus on planning and preparing for the possibility of a 'no deal' exit. The Trust is also prepared to provide daily Situation Reports to the HSCB closer to the date the UK is

expected to leave the EU. The SitRep template to be completed has been provided by the Department and the Trust has developed processes and procedures to enable fulfilling of this. Representatives from the Trust participate in regional forums in preparation for a 'no deal' EU Exit and we continue to review all aspects of our contingency planning as further developments arise.”

The Trust has also worked closely with the Department of Health and the Belfast and Southern Trusts to integrate the learning and recommendations of the Home Truths Report from the Commission for Older People Northern Ireland into its service delivery model. The Trust is also fully engaged with the CPEA independent review and has supported service users and their families throughout their engagement with the process.

**The Engagement, Experience and Equality Group** is a sub-committee of Assurance Committee, chaired by the Deputy Chief Executive and has met on four occasions in 2018-19. The group includes representation from Trust Board including Non-Executive Directors, the Patient and Client Council, Service Users and Senior Management Team. The group assures the Trust is compliant with the following legislation/guidance:

- HSC Complaints Standards and Guidelines;
- DoH Standards for Improving Patient Experience/10,000 voices;
- Personal and Public Involvement;
  - Engagement and Consultation;
- Equality:
  - Section 75 of the Northern Ireland Act 1998;
  - Human Rights Act 1998;
  - Section 49a of the Disability Discrimination Act; and
- Carers' Strategy.

The Assurance Committee has three other sub-committees; these are:

- Clinical Governance Steering Group;
- Corporate Governance Steering Group; and
- Social Care Steering Group.

**The Charitable Trust Funds Advisory Committee** is chaired by a Non-Executive Director with senior staff including the Director of Finance in attendance. The Charitable Trust Funds Advisory Committee oversees the administration of Charitable Trust Funds in line with the Trust's Standing Financial Instructions. During 2018-19 the Committee met on three occasions. The role of the Committee is to oversee the administration, including banking arrangements, of Charitable Trust Funds, its investment and disbursement. It also ensures that a strategic approach is adopted with regard to charitable expenditure and that Directorates produce and implement annual expenditure plans relating to all funds at their disposal.



### ***Other Assurance Groups***

The Trust has a Procurement Board which oversees and reports on the procurement and contract management arrangements for the Trust, ensuring best practice in compliance with Procurement Policy and internal controls for all non-payroll expenditure. For Social Care procurement, this is reviewed in the context of the Light Touch Regime (LTR) and in order to minimise the risk of non-compliance with the Public Contract Regulations (2015), all DoH Arms-Length bodies are extending Centre of Procurement Expertise cover for social and healthcare services in the LTR. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board.

### **3. Business Planning and Risk Management**

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

#### ***Business Planning Processes***

The Trust's vision, values and corporate priorities are set out in the 4 year Corporate Plan, which is subject to Departmental approval. The Ministerial targets and HSCB Commissioning Plan priorities are responded to in the annual Trust Delivery Plan (TDP). The Corporate Plan and the TDP set the context for the development of corporate support and operational divisional Directorate Plans, which set out how each Directorate will support the delivery of targets and priorities appropriate to their service areas. Within Directorates, Service Plans for key service areas are developed aiming to ensure corporate goals and actions are translated into operational objectives. The achievement of plans and performance are actively progressed through internal Accountability meetings across the course of the year. The Trust Board receives a monthly Performance Report setting out performance against each of the Ministerial targets and HSCB Commissioning objectives and this is reviewed as part of the Trust Board meeting held in public.

The Corporate Plan is underpinned by a comprehensive Reform and Modernisation Plan (RAMP). This has been actively progressed with three years implementation now completed. RAMP is the vehicle that enables the delivery of our vision of excellent integrated services delivered in partnership with our community, based on a four locality community model, and the delivery of a sustainable acute services model, working across two sites. Strong relationships with the broader acute service networks are essential as are effective partnerships with primary care and effective, meaningful engagement with all our stakeholders through the development and adoption of co-production approaches.

## ***Risk Management***

The Assurance Framework including the Principal Risk Document describe the organisational objectives, identify potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. The Assurance Framework was revised in December 2018.

The Risk Management Strategy describes the ongoing processes in place to identify and prioritise the risks to the achievement of the organisation's objectives and the systems that are in place for the identification, analysis, control and review of risks.

All Directors, Assistant Directors, Clinical Directors, Clinical Leads, Clinicians, Senior Managers, Facility/Ward Managers and Heads of Department ensure that all activities within their area of responsibility are assessed for risk and that any identified risk is eliminated or controlled.

Managers & staff at all levels have a responsibility to proactively identify hazards and potential risks to meeting objectives. These may relate to patient and client safety and wellbeing, quality of service, staff wellbeing, financial resources, targets / standards and reputation.

Risk can be identified from a number of information sources such as adverse incidents, complaints, legal proceedings, risk assessments.

Each risk record includes a description of the risk, current control measures in place to manage the risk, an assessment of the impact and likelihood of realisation of the risk (initial, current and target risk levels) as well as action necessary to treat/remove the risk.

The Principal Risk Document highlights the key risks to the achievement of the organisation's objectives. This tool was developed to ensure there is a comprehensive method for the effective, focused identification and management of the principal risks that arise in meeting the corporate objectives. The Principal Risk Document is used to provide the Trust Board with a simple and comprehensive account of those risks identified, actions required and outstanding gaps in control. This document was last presented to the Assurance Committee in March 2019.

The Corporate and Divisional Risk Registers are used to support on-going review and update of the Principal Risk Document. The Trust's revised Risk Management Strategy has strengthened systems and processes by which risks are identified and controlled.

There are structured processes in place for incident reporting and the investigation and learning from SAIs. A web-based reporting system for risks and the reporting of adverse incidents has been implemented. The Trust has encouraged the open and transparent reporting of incidents and has supported staff by producing guidance for use by investigation teams and service users and providing training on investigation

methodology. Governance leads within each Directorate ensure that the issue of Risk Management is kept at the forefront of Directorate business.

Risk management training has been developed by the corporate governance team and has been disseminated to the all divisional governance leads for onward dissemination in addition divisional governance leads are available as a source of expert advice.

The Trust is committed to promoting and maintaining an open and learning environment in which the emphasis is placed on learning lessons and being open and transparent when care goes wrong. The Trust has processes in place for learning from experience, learning from adverse incidents, complaints, litigation and external reviews/inspections.

### ***Information Risk***

Information risks are managed within the context of the Trust's Risk Management Strategy. Such risks are identified and documented at a number of levels including the Corporate Information Governance Risk Register. This register is reviewed at the quarterly Information Governance Forum chaired by the Medical Director.

Information Governance Incident reporting (including SAI reporting) is performed using the normal Trust procedures, which incorporate guidance on reporting Information Governance incidents. Five personal data security incidents were reported to the Information Commissioner's Office (ICO) between 1 April 2018 and 31 March 2019. On conclusion of their assessments of the incidents, the ICO did not take any further action against the Trust as they were satisfied with the steps taken.

During autumn 2018, BSO Internal Audit carried out an Information Governance Audit across all Trusts with a specific focus on General Data Protection Regulation (GDPR). The outcome of the audit was nine recommendations, which included one Priority 1 finding in relation to 52% of Information Asset Risk Assessments being completed at the time of the audit – this resulted in Limited Assurance for the Trust. All Risk Assessments are to be completed by 30 September 2019 and progress with this is well underway across the division to achieve this. Two of the recommendations have now been addressed, and Divisional Action Plans incorporate the remaining recommendations/actions for which they are responsible.

Information security remains on the Principal Risk Register. Internal Audit carried out an audit on Network Security and Mobile/Home working during 2018-19. While satisfactory assurance was provided for the Mobile/Home working element of the audit Network Security received limited assurance. Much of the issues relate to the fact that the Trust shared network services with the wider HSC, so the issues are shared network vulnerabilities as well as challenges at a local level. The Trust Information & Communications Technology (ICT) Service continues to hold ISO270001 and ISO20000 Accreditations, most recently achieved in February 2019.

The Trust has identified and provided training to its Senior Information Risk Owner (SIRO), Information Asset Owners (IAO), Assistant Information Asset Owners (AIAO) and Information Asset Administrators (IAA). These roles continue to be developed. Other roles, such as the Trust's Personal Data Guardian, Information Governance staff (includes the Data Protection Officer and the Freedom of Information Practitioner), ICT Governance Manager and Information System Managers, all contribute to the management of information risk. In addition, the Trust has an established Information Governance Forum, which reports to the Assurance and Improvement Group via the Corporate Governance Steering Group. The Information Governance Forum oversees and directs an improvement programme that addresses the risk areas identified.

A range of Information Governance courses are offered in-house, some of which are mandatory for specific staff groups (the following are mandatory):

- Information Governance Awareness for all staff;
- Processing of Personal Information for Managers (POPI); and
- ICT Security training for all ICT users.

Currently 89% of Trust staff have completed the mandatory Information Governance training and 81% have completed ICT Security training, compared to 88% and 70% respectively in the previous year. Additionally, 82% of managers have undertaken the mandatory POPI Training. Attendance at this training has been prioritised within Divisions and is discussed at Accountability meetings with the Deputy Chief Executive. Each Division has an individual Information Governance Action Plan which is integrated into the internal Accountability meetings review process.

The Trust is reliant to a significant extent on the services provided by BSO Information Technology Services (ITS), for which a Service Level Agreement is in place. BSO ITS also provides formal assurance, via their SIRO, to the DoH as part of the corporate governance process.

### ***Fraud Risk***

The Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud. Our Fraud Liaison Officer promotes fraud awareness, co-ordinates investigations, in conjunction with the Counter Fraud and Probity Service provided regionally by the Business Services Organisation, and provides advice to our employees on fraud reporting arrangements.

#### **4. Public Stakeholder Involvement**

The Trust is committed to Personal and Public Involvement (PPI) and has assigned responsibility for this to the Director of Operations/Deputy Chief Executive. The Trust has established an Engagement, Experience and Equality Group (EEEG) to ensure compliance with and mainstreaming of personal and public involvement. The EEEG seeks assurance that service users, carers and communities are fully involved in the development of Trust services and that their feedback informs, identifies risk and helps shapes our business. The membership includes a representative from the Patient and Client Council (PCC). The Trust acknowledges the importance of proper and timely consultation as an integral part of fulfilling its statutory obligation. Feedback from all Trust consultations is considered by Trust Board and made available on the Trust's website in addition to stakeholders being informed of the outcome of the consultation process. The Trust's PPI Strategy will be updated and refreshed on receipt of the Regional updated PPI Strategy, and we will continue to work with user and carer groups to develop our local action plans.

Our Trust Board continue to take personal testament from service users, their representatives or members of staff to ensure experience remains a key part of the report to the Board members. In addition, the 10,000 Voices project gives patients, as well as their families and carers, the opportunity to share their overall experience and highlight important issues. The Trust also collects and reports on complaints, comments and suggestions made by members of the public and service users received through the 'Your Views Matter' process.

The Trust has a number of user forums, which ensure an effective process for on-going stakeholder involvement in planning, delivery and evaluation of services. Each panel provides a forum to promote partnership working and an opportunity for stakeholders and their representatives to be involved in the developing and planning of services.

The launch of our Innovation Quality Improvement (IQI) initiative in March 2017 has patient safety at its core. Through developing our capability for taking forward improvement methodology, we plan to ensure that all staff have the knowledge, ability and are enabled to make small scale improvement in their own service areas and that we as an organisation place safety and positive service user experience as a key measure of delivering on our priorities.

## 5. Assurance

The Trust receives independent assurances from a number of sources during the financial year:

- BSO Internal Audit – through a programme of annual audits based on an analysis of risk;
- Northern Ireland Audit Office – provides an independent opinion to the Assembly on whether the Trust's Public Fund Accounts, Funds held on behalf of Patients and Residents and Charitable Trust Funds Accounts present a true and fair view in respect of the Trust's financial activities;
- Regulation and Quality Improvement Authority (RQIA) – on the extent to which services provided by the Trusts, or those commissioned from Third party providers, comply with applicable quality standards;
- Annual BSO Assurance Letter in respect of Shared Services functions;
- Social Services Inspectorate for older people and children's' services;
- Medicines and Healthcare Products Regulatory Agency (MHRA) through regular inspections and reports; and
- General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training Agency (NIMDTA) and various Royal Colleges.

It also receives assurances from internal sources, which are designed to give assurance as to the effectiveness and operation of controls across a range of governance areas. These include:

- Principal Risk Document;
- Internal Assurance Standards;
- Risk Registers;
- Board appointed committees including the Assurance Committee, Audit Committee, and the Engagement, Experience and Equality Group; and
- Reports from Directors at Board Meetings.

The Board assures itself on the quality of information which comes to it through the following methods:

- Feedback from Directors on whether the information meets their needs;
- Open debate, via workshops, on issues facing the Trust; and
- Use of patient and staff stories to confirm/assure on standard of services.

The Trust Board receives a monthly Performance Report on progress against each target in the Trust Delivery Plan. Each operational Division has a monthly performance scorecard to provide feedback at Divisional Accountability meetings. The Trust Director of Finance provides a report to the Trust Board each month on its financial performance and its capital schemes. Commentary is included on the statutory duty of breakeven, financial risk, budgetary position and assumptions.

### **Internal Assurance Standards**

From 1 April 2018 the process for completion of Controls Assurance Standard (CAS) self-assessments ceased. The Northern Health and Social Care Trust established alternative methods of internal assurance for the 22 previous Controls Assurance Standards. Internal Audit reviewed the design of the new Assurance Framework in March 2019 and advised that this was adequate to provide appropriate assurances. The Trust self-assessed its compliance with the applicable Internal Assurance Standards. The Trust achieved the following levels of compliance for 2018-19.

<b>Internal Assurance Standard</b>	<b>Method of Assurance</b>	<b>Score</b>	<b>Trust Level of Compliance</b>
Buildings, land, plant and non-medical equipment	CAS Framework	85%	Substantive
Decontamination of medical devices	CAS Framework	85.2%	Substantive
Emergency Planning	Core Standards for EP agreed by DoH and PHA	N/A	Compliant
Environmental Cleanliness	Regionally agreed Assurance Standards	N/A	Compliant
Environment Management	CAS Framework	N/A	Compliant
Financial Management	Process for assurance agreed by DoH, HSC Assistant Directors and BSO Internal Audit	89%	Substantive
Fire safety	CAS Framework	83%	Substantive
Fleet and Transport Management	CAS Framework	-	Compliant
Food Hygiene	Regionally agreed Assurance Standards	N/A	Compliant
Governance	CAS Framework	88%	Substantive
Health & Safety	CAS Framework	86%	Substantive
Human Resources	CAS Framework	90%	Substantive
Infection Control	CAS Framework	98%	Substantive
ICT	ISO 27001	N/A	Achieved

<b>Internal Assurance Standard</b>	<b>Method of Assurance</b>	<b>Score</b>	<b>Trust Level of Compliance</b>
Information Management	Information Management Checklist and Assurance Guidance	N/A	Compliant
Procurement	Internal Assurance Standard based on DoH Guidance	85.42%	Substantive
Medical Devices and Equipment Management	CAS Framework	86%	Substantive
Medicines Management and Optimisation	Regionally agreed self-assessment tool	84%	Substantive
Research Governance	CAS Framework	93%	Substantive
Risk Management	CAS Framework	88%	Substantive
Security Management	CAS Framework	N/A	Compliant
Waste Management	Regionally agreed Assurance Standards	N/A	Compliant

The underlying scores in the assessment of the level of compliance of each standard take into account all relevant Internal Audit Reports.

## 6. Sources of Independent Assurance

The Northern Health and Social Care Trust obtains Independent Assurance from the following sources:

- Internal Audit;
- Business Services Organisation; and
- Regulation and Quality Improvement Authority (RQIA).

### ***Internal Audit***

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

Internal Audit's follow up review on the status of implementation of previous recommendations, which should have been implemented by 31/03/19, determined that a total of 82% were fully implemented, with 18% partially implemented. The Audit Committee and Audit Steering Group have been and will continue to focus on those not yet fully implemented.



In her annual report, the Internal Auditor reported that the Northern Health & Social Care Trust system of internal control was satisfactory. However, weaknesses in control were identified in a number of areas as set out in the table below. Action plans have, or are being, developed to address the related recommendations. Implementation will be closely monitored by the Executive Team, Audit Steering Group and Audit Committee during 2018-19.

In 2018-19 Internal Audit reviewed the following systems:

<b>AUDIT ASSESSMENT</b>	<b>LEVEL OF ASSURANCE</b>	<b>SUMMARY OF SIGNIFICANT RECOMMENDATIONS</b>
Payments to Staff	Limited	Improvements required to the Staff in Post process and updates to the Organisation Management structure which are both actively under review.
Travel and Subsistence Payments	Satisfactory	N/A
Non Pay Expenditure	Satisfactory	N/A
Financial Assessments	Satisfactory	N/A
Self-Directed Support	Satisfactory	N/A
Estates Procurement and Contract Management	Satisfactory	N/A
Management of Contracts with the Voluntary Sector	Limited	It was recommended that the Trust should progress the market testing of longstanding service contracts which have not been subject to formal competitive tendering/market testing to ensure VFM and adherence to procurement regulations. The Trust has been participating in the Regional Procurement plan and groups have commenced for some services. Locally there is significant progress in plan to be delivered during 2019-20. In addition, a number of recommendations were made in relation to improvements to the contract management processes which were accepted by the Trust.
Client Monies and Cash Valuables Handling in Social Services Setting	Satisfactory	N/A
Client Monies in Independent Sector (Residential Homes and Adult Supported Living)	Satisfactory - 10 providers  Limited – 1 provider	It was highlighted that the charges to clients for transport in one provider did not reflect a fair charge. Subsequently the Trust completed detailed investigations and secured agreement from the home to repay clients with the home being supported to ensure correct processes were introduced going forward.

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
Compliance with Permanent Secretary's Instructions Regarding Travel	Satisfactory	N/A
Management of Patient Flow – Laboratories and Imaging	<p>Turnaround times for ED/Acute inpatients</p> <p>Limited –for imaging related services</p> <p>Satisfactory - for Clinical Biochemistry lab services</p> <p>Limited - haematology related lab services</p>	<p>It was recommended that there should be improvements made in the analysis, review and formal monitoring of imaging turnarounds within Acute and Emergency Department settings and for requests being sent to Radiology. This should support monitoring of performance against the PFA target to have all urgent tests reported on within 2 days of the scan being completed, including reviews of any which did not meet the target. From July 2019 a monthly sample of 40 referrals will be reviewed and any delays or areas of concern identified will be investigated.</p> <p>In addition, there were 3 D-Dimer tests, which are conducted to detect the possibility of deep vein thrombosis or a pulmonary embolism, which were delayed beyond the 90 minute target. Following the audit all 3 were reviewed and confirmed this delay did not impact on patient care, a new protocol was immediately implemented to improve the processes. Protocol implemented December 2018.</p>
Information Governance (IG) with focus on GDPR Compliance	Limited	<p>The Information Asset Register has not been consistently populated across all Directorates and 43% of assets recorded had not at the time of audit had their risk assessments completed or recorded. Management have been driving this forward and at the last report to the IG forum there were 83% of risk assessments now completed and the register cleansed.</p>

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
Infection Control – Antimicrobial stewardship	Limited	There was evidence of instances of non-compliance with the Trust's Antibiotic Policy and it was recommended that arrangement for addressing non-compliance with the policy and antimicrobial stewardship should be reviewed and strengthened. An Antimicrobial strategic group has been formed in the Trust chaired by the Medical Director to oversee the implementation of systems to monitor antimicrobial use and stewardship.
Recruitment within the Trust	Satisfactory	N/A
Management of Intravenous Fluids in Children in Non-Paediatric areas	Limited	Recommendations were made to strengthen the procedures, monitoring and Board level oversight of both the Regional Fluid balance and Prescription charts for children in non-paediatric areas and incidents. Increased levels of completion of mandatory training for staff was recommended, particularly locum staff. The implementation of the recommendations will be overseen by the Paediatric Hyponatraemia Sub Group within the Trust.
Risk Management	Satisfactory	N/A
Performance Management – Dermatology and Surgery	Limited	There was found to be an inconsistent approach to the triaging of surgical referrals across sites with both an electronic and manual process, the latter may delay triaging and created unnecessary administration. There was no performance reporting of the length of time to triage referrals and it was noted that from a sample period, 20% of dermatology and 38% of general surgery referrals were not triaged within the 72 hour target. Recommendations to avoid cancellation of appointments by the Trust were made relating in particular to planning for leave and booking of staff or ambulances. The Trust is taking forward actions to make the necessary improvements required to implement these recommendations. Escalation process for referrals not triaged in 72 hours has been re-circulated to booking teams in April 2019. Antrim Surgical electronic triage go live planned from 25 May 2019. Consultants are currently being trained.

<b>AUDIT ASSESSMENT</b>	<b>LEVEL OF ASSURANCE</b>	<b>SUMMARY OF SIGNIFICANT RECOMMENDATIONS</b>
Morbidity and Mortality (M&M)	Limited	There was insufficient or lack of clear evidence of recording, sharing and implementing of learning from incidents. There was also evidence that the review of a patient's death should be completed within 48 hours and then discussed at an M&M meeting within 8 weeks, there were a number which were not reviewed within these targets. The Trust had introduced an M&M process which is being embedded and expects continual improvement in terms of learning.
ICT – Cyber Security	Limited – Network Security  Satisfactory – Home and Mobile Working	This report focussed on the HSC position with regards to Cyber Security, Internal Audit has provided a number of recommendations which, for the majority, the HSCB, as strategic lead for IT in the HSCNI, will lead and co-ordinate with the Shared Service Programme Board, the Cyber Security Programme Board, the Technology Infrastructure Board and DOH as appropriate. The remaining recommendations are actively being implemented within the NHSCT. .

### **Business Services Organisation Assurances**

The BSO provides a range of services to, and on behalf of the Trust, these include:

- The Directorate of Legal Services;
- Procurement and Logistics Services, which is the HSC's Centre of Procurement Expertise;
- Information Technology Services;
- Counter Fraud; and
- Shared Services encompassing Payroll, Recruitment, Accounts Payable and Receivable and Business Services.

A number of audits (summarised below) have been conducted in BSO Shared Services as part of the BSO Internal Audit Plan. While the recommendations in these Shared Service audit reports are the responsibility of BSO Management to take forward the Trust closely monitors performance at number of Customer Forum and takes action where necessary. The Payroll service is specifically highlighted in Section 8 of this report.

<b>Shared Service Audit</b>	<b>Assurance</b>
Payroll Shared Service – as at September 2018	Limited
Payroll Shared Service – as at March 2019	Limited
Recruitment Shared Service	Satisfactory
Payments processing in Accounts Payable Shared Service	Satisfactory

### **RQIA**

The Trust has received the following reports in 2018-19 from RQIA and have reviewed and taken action where applicable.

#### **Final reports:**

- Review of the Recommendations from the RQIA Child Protection Review 2011.

#### **Draft reports:**

- No draft reports have been received.

#### **New reviews commenced:**

- Review of Serious Adverse Incidents to support the SAI Work stream, Inquiry into Hypernatremia-Related Deaths (IHRD); and
- Review of Governance Arrangements in Independent (Private) Hospitals and Hospices in Northern Ireland.

## **Hospital Inspection Programme:**

- No Acute Hospital Inspections were undertaken

RQIA carried out 2 Unannounced Inspections across Trust services during 2018-19. Each generates an Action Plan that is monitored by the Divisional Governance Team.

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

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

## **8. Internal Governance Divergences**

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the Management Statement Financial Management (MSFM), other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

### **Prior Year Control Issues – closed**

#### ***Paediatric Inpatients***

The Trust has fully implemented the Sepsis 6 Pathway, which has now been introduced in the admissions process within both acute paediatric wards and there is a monthly audit cycle in place to monitor compliance which is tabled quarterly at Patient Safety Quality Network. Controls are in place and this matter has been resolved.

#### ***Estates Services***

The Trust reported during 2014-15 on investigations being undertaken as a result of a whistleblowing allegation and a resulting Internal Audit Report (January 2014), identified over 70 recommendations primarily concerned with the weaknesses in controls exercised over the use of contractors, procurement, private work by Estates staff and health / safety issues. In March 2014, the Trust commissioned an

Independent Review and has since taken forward actions to address the recommendations of the reports. The latest Internal Audit report in October 2018 returned a 'Satisfactory' status with no Priority 1 actions identified. The department has successfully restructured the senior team and continues to work on team development and training within a normal business framework. This matter is now considered closed.

### ***Leases***

As at 31 March 2018 four property leases required DoH and DoF approval. Following clarification by the DoH of the procedure to be followed as set out in DAO 06/12, these leases have now been approved as Strategic Outline Cases. This matter is now considered closed and the Trust will continue to liaise with the DoH on property matters as required.

### ***Mixed Gender Wards***

The Trust continues to work to reduce Mixed Gender patient placement, despite the significant capacity issues especially on the Antrim Area Hospital site. The interim ward due to open on the site offers 4 single room accommodation and this will provide some assistance until the 72 ward block is approved. The performance in this area is monitored and reported internally with the Trust and therefore can be closed in this report.

### ***Pressure Ulcers***

The Trust has implemented a quality improvement programme to enhance the assessment of pressure ulcer risk, timely implementation of a plan of care and review learning from Grade 3 and above, avoidable pressure ulcer incidents reported. There are early signs of improvement in the Trust areas of implementation and further spread is planned for 2019. The performance in this area is monitored and reported internally within the Trust and therefore can be closed in this report.

### ***Control of Substance Hazardous to Health (COSHH)***

Following audits undertaken in 2017 which demonstrated that some directorates / divisions were still below the expected standard, work was undertaken with departments to improve performance. Further audits were undertaken in March 2018 which demonstrated overall Trust compliance at 84%. As the KPI target is 90% substantive compliance with the main requirements of the COSHH Policy, further audits were undertaken in July and August 2018, which demonstrated that 90% of the departments sampled achieved substantive compliance. The Trust has confirmed with Internal Audit that it has fully implemented the remaining recommendations from the 2015 audit. An audit schedule will be determined for 2019-20 to provide on-going assurance. Therefore, can be closed in this report.



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

### ***Client Charging***

The Trust continues to work through charges made to tenants in supported living services engaging with individuals and their families, and independent sector providers and the RQIA as appropriate.

Significant progress has been made in reviewing and implementing revised arrangements and it is anticipated that these will be completed in 2019.

### ***Joint Advisory Group (JAG) Accreditation***

Following JAG census in October 2018, Whiteabbey Day Procedure Unit (DPU) did not retain its Tier 1 JAG accreditation. This was due to not meeting waiting time standard in relation to new patients (surveillance patients are meeting the waiting time standard for JAG) All the other standards within the Global Rating Scale have been met, indicating the quality of service provided in this previously accredited unit remains high.

The waiting time standard has not been met because the demand for endoscopy remains in excess of capacity across the Trust. There is a particular month on month increase in red flag referrals resulting in a direct impact on waiting time. All actions are being taken in relation to maximising the efficiency of the service; however, funding is required to increase capacity for this service.

### ***Unscheduled Care***

In response to the recognised capacity gap in Antrim Area Hospital, the Trust submitted an Outline Business Case to the DoH for a 72-bedded ward block on the Antrim Area Hospital site in February 2017. The Trust has Commissioner support for this resourced bed capacity expansion, and continues to seek consideration of the capital funding required to make progress on this project. Assuming approval and funding release in September 2019, the 72 bedded wards will not be fully available until August 2022. In the interim, the Trust has submitted a bid to the DoH and the Commissioner for additional medical bed capacity through a 24 bedded modular ward which will be in place in June 2019. This temporary ward will relocate on the site when the permanent ward block is realised. Securing additional substantive workforce, particularly nursing staff, remains challenging and a range of measures are in place in this regard.

The Trust has successfully implemented a range of reforms in Unscheduled Care including the increased use of ambulatory pathways in our Emergency Departments and Direct Assessment Unit (DAU); regional data would suggest that the Northern Trust performs well on ambulatory care and has a relatively low rate of emergency admissions and emergency bed day usage. Both acute sites have now implemented a site management model and are experiencing better co-ordination and

communication and improved escalation processes as a result. Four-hour performance in Antrim Area and Causeway Hospitals has improved despite an increase in Emergency Department attendances and Northern Trust hospitals continue to deliver strong ambulance turnaround times, even when under significant pressure.

The Unscheduled Care RAMP programme has been revised and refreshed and is focusing on reform streams including reduction of attendance and admission, furthering ambulatory care pathways and streamlining discharge processes and planning. Transformation Funding has enabled the further expansion of Antrim DAU, the development of a Programmed Treatment Unit and the creation of a Direct Assessment / Frailty Unit on the Causeway Hospital site.

An Unscheduled Care Improvement Group has been established in Causeway Hospital to oversee reform on that site, including the realignment of bed stock and expansion of ambulatory pathways.

#### Community Care

Recognition of continued cost pressures in relation to the provision of domiciliary care and care home placements. The average tariff rate in both provisions has increased significantly over the past 2 years and will require continued investment from demography funding.

#### ***Delivering Service & Budget Agreement (SBA) Volumes and Access Targets***

The Trust continues to broadly deliver on SBA activity. In a number of areas, notably in-patients and day cases, the Trust and HSCB have agreed that the SBA methodology is not appropriate and will be working to develop more meaningful currencies for assessing capacity and activity in 2019-20.

Demand for Elective Care (In-patients, Day Cases and Out-patients) continues to outstrip capacity and with limited funding available for transfer to the Independent Sector, the numbers of patients waiting as well as the length of time waiting, have increased significantly.

In relation to Cancer Services, the demand arising from suspect breast cancer referrals (14 day target) during the first two quarters of 2018-19 was 48% higher than core funded capacity. Despite significant additional activity it was not possible to maintain 100% performance against the 14 day target. The service recovered in November 2019; however, a further 10% increase in the second half of the year has left the service under severe pressure, with performance against the 14 day target again deteriorating as a result. This was also reflected in an increased demand for breast surgery (first definitive treatment) with regard to the 32 day target and subsequent breaches. Challenges in the 62 day target were predominantly due to breaches in the Lower GI pathway, reflecting a lack of funded out-patient and

Endoscopy diagnostic capacity in General Surgical service and also increasingly in Gastroenterology. Increasing demand across all Cancer Services will continue to be a challenge.

Delays in establishing a regional procedure framework for Acute Independent Sector activity has resulted in the Trust not yet being able to transfer long waiting patients to the Independent Sector for assessment or treatment. This situation may change in the next financial year.

Demand continues to increase across all elective Allied Health Professional (AHP) Services. Additional funding has been allocated to fund permanent Physiotherapy posts which had been recommended in a PHA / HSCB Demand and Capacity review. These posts, additional peripatetic Physiotherapy posts, and waiting list initiative funding have significantly reduced the waiting times for Musculoskeletal (MSK) Physiotherapy to 20 weeks (the PfA target is 13 weeks). The implementation of action / recovery plans and waiting list funding has also reduced waiting times for Occupational Therapy and Speech and Language Therapy (SLT). However, SLT, Occupational Therapy and Dietetics continue to have waiting times which exceed the PfA target. The Trust will continue to make use of waiting list funding, although it is often difficult to secure temporary staff.

With regard to Psychological Services, challenges continue regarding achievement of the 13 week access target. The Trust will continue to breach this target at end March 2019.

There is an improving situation in Psychology Therapy Services following successful recruitment to vacant posts and receipt of additional investment to address demographic growth. This area has been fairly consistently out of breach for six months.

Learning Disability services have continued to struggle to recruit to all vacant posts and the associated pressure has led to a delay in recovery.

Within Health Psychology Services, a capacity/demand gap exists and discussion with the Commissioner has been initiated. A review of the service model has been completed and Choice and Partnership Approach (CAPA) implemented; this has maximised capacity within the service. However, temporary loss of capacity associated with staff relocation and maternity leave has not been fully covered by agency cover. As such, breaches of 13 week target will continue until the capacity gap is addressed. Additional investment is required or a reduction in services delivered.

The Trust's Paediatric Autism Service continues to experience growth in the number of referrals in excess of capacity across the 3 service areas of diagnostic, post-diagnostic and intervention - 72% since 2015/16 (94% in last 6 months). The service is recruiting to vacant posts and utilising waiting list initiative monies to recruit temporary capacity to address the backlog of referrals. A new diagnostic pathway has been introduced to reduce time taken to complete diagnosis and to effectively use the increased staffing compliment. Breaching numbers are reducing as a result of the implementation of a sustainable reduction plan; however, continued improvement has been hindered by the further increase in demand. The service is currently working with referral agents to get an understanding of this increase and with the HSCB to have additional funding released to progress further recruitment.

Further capacity and demand modelling will be undertaken to establish shortfalls as the workforce stabilises and referrals increase. The service is fully engaged in regional work to develop the Autism Spectrum Disorder (ASD) pathway and model to improve access and experience in the medium to longer term.

***Control of Infection: MRSA/CDIFF***

The Trust performance on *C difficile* infections for the year at the end of March 2019 was 57 cases against a PHA target of 49.

The Trust performance on Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections at the end of March 2019 was 16 cases against a PHA target of 7.

Both Healthcare Acquired Infections (HCAI) targets for the NHSCOT have been breached this year. Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle continues Trust-wide. The Trust continues to focus on the areas of clinical practice, environmental maintenance and cleanliness to prevent HCAs.

In June 2017 the IPC team took part in the Northern Ireland Point Prevalence Survey of Hospital Acquired Infections (HAIs) and Antimicrobial Use. Results indicated a regional overall rise in HAIs and a significant rise in antimicrobial use within the Northern Trust. By way of an improvement initiative the Trust was accepted to participate in the Antibiotic Review Kit (ARK) study, a research programme aiming to safely reduce antibiotic use in hospitals. This project has now been running in Antrim Area Hospital since November 2018 and initial reports indicate prescribing improvement in some areas; however, it is recognised that there more work to be undertaken in this area and a Trust Strategic Steering Group chaired by the Medical Director and leading on Antimicrobial Stewardship is being implemented.

In April 2018 the Trust has also seen the introduction of new additional healthcare associated infection targets for Gram-negative bloodstream infections. The Trust has been looking at additional resources for data gathering in order to complete

accurate data requests on this increased surveillance. PHA reduction targets have been set to reduce Gram-negative bacteraemia at five fewer cases than the previous year. A complete account of the final number of gram negative bloodstream infections is currently being validated; however, initial figures indicate that a reduction has not been achieved.

The Trust continues to recognise that transmission of healthcare associated infections is a significant risk both to patient safety and to the business of the organisation.

### ***Dysphagia***

As previously reported a SAI was reported to HSCB in early 2015 involving a patient who died following an episode of choking. The joint Police Service Northern Ireland (PSNI) and Health & Safety Executive Northern Ireland (HSENI) investigation into this incident appears to be nearing completion. Trust staff continue to contribute to the work streams arising from the recommendations outlined in the Regional Thematic Review of Choking on Food.

SLT Services continue to provide a rolling programme of Dysphagia Awareness Training to health and social care staff in the NHSCCT and to staff working for independent care providers healthcare support workers. A review of Adult SLT service has identified a significant demand capacity gap, and waiting times for SLT assessment in community settings continues to be an area of risk. Waiting lists have improved as a consequence of Waiting List Initiative resources during 2018/19; however, this improvement will not be sustained without additional recurrent funding.

The Trust Dysphagia Group continues to co-ordinate and take forward the management of Dysphagia across the NHSCCT, including the implementation of the International Diet Descriptors Standardisation Initiative (IDDSI) which commenced 15 October 2018 as indicated in 'HSC (SQSD) 16/18 Resources to Support the Safer Modification of Food and Drink'.

An Implementation Plan to manage the transition to the use of IDDSI labels and to mitigate the risks in the transition period (due to different products changing labels at different times in primary and secondary care) was developed. This issue will continue to be kept under close review during 2019-20.

### ***Nurse Recruitment and Retention***

There is currently a national and regional shortage of registered nurses. This results in significant use of agency nurses to meet our duty of quality and provision of safe staffing levels within the Trust. Consequently this is also a financial risk for the organisation.

- Through Transformational Funding there has been a significant investment in band 6 registered nurses in the acute hospitals. This resulted in a funded uplift of 41.75wte band 6 nurses from band 5, with 38.0wte successfully recruited. This will support the Trust Retention Strategy for nurses already employed in the Trust.
- Trust-wide Recruitment days have taken place during February and March 2019. There have been good outcomes from these events.
- Rolling recruitment takes place and the conversion from applicants to employees is monitored and reported quarterly. Attendance of Trust teams to recruit graduate nurses at Scottish and English University Recruitment Fairs has taken place.

### ***Medical Workforce***

The Trust continues to have challenges in recruiting medical workforce (Consultant, Middle and Training Grades) in a number of specialties which has the potential to disrupt services provided. Gaps remain in training programmes due to an inability of NIMDTA to recruit and it is likely that this situation will remain unchanged and may worsen in 2019-20, particularly in Obstetrics and Gynaecology, Paediatrics and Internal Medicine.

Recruitment to substantive posts in Causeway Emergency Department, Paediatrics and General Internal Medicine has been particularly challenging. However, with Departmental approval of a recruitment and retention premia for the Emergency Department and General Internal Medicine in Causeway Hospital and our advertising campaign, we have been successful in recruiting two Consultants for Emergency Medicine in Causeway Hospital, the first of which will commence in April 2019.

The Trust is taking the following actions:

- Maximising the use of recruitment advertising for those at risk specialties;
- Proactive targeting of eligible doctors at the end of training or other available Consultants;
- Utilisation of locum agencies where recruitment is unsuccessful;
- Exploring the use of other professional practitioners such as Phlebotomists, Physicians Associates, Pharmacists and Advanced Nurse Practitioners to enable the most efficient and effective use of available medical resource;
- The use of internal locums from Antrim Area Hospital who provide out-of-hours cover in Paediatrics and Emergency Medicine in Causeway Hospital;
- The recruitment of Consultants in Acute Medicine / Emergency Medicine for Causeway Hospital through internal and external locums;
- Close liaison with and support from DoH, HSCB and PHA regarding staffing levels which are continually monitored; and
- International recruitment (Regional and Trust lead).

The Trust has had some success with International medical recruitment, with seven appointments across ENT, Surgery and Medicine. There have also been 20 Consultant appointments in this year, including hard to fill positions in Histopathology / Cytopathologist, Anaesthetics, Haematology and Care of the Elderly.

The Trust has established a hub within the British Medical Journal (BMJ) careers website to further market the Trust and a cohort of doctors went to the BMJ Fair in November 2018.

### ***Information Governance including Incidents Reported to the Information Commissioner***

The Trust continues to work towards implementing and maintaining best practice through delivery of a Trust Information Governance Improvement Plan and individual Divisional Information Governance Action Plans. Progress will continue to be closely scrutinised during 2019-20 with Action Plans being reviewed at individual Accountability meetings.

As at end of March 2019, 89% was achieved for Information Governance Awareness training and 82% for POPI. This continues to be managed through Accountability meetings.

All 5 incidents reported to the Information Commissioner's Office (ICO) in 2018/19 have been investigated with no further action taken against the Trust.

The Trust's compliance with Freedom of Information request timescales are improving following a period of resourcing issues within the IG Department (due to staff absence). Additional temporary resources were put in place and in June 2018 achieved 14% within 20 days. By December 2018 it was 38% and at March 2019 was 57%. The plan is to achieve 60% compliance by September 2019, 80% by December 2019 and 95% by March 2020. .

BSO Internal Audit carried out an IG audit across all Trusts which included a specific focus on GDPR. The Northern Trust's audit report made nine recommendations, which included one Priority 1 finding in relation to 52% of Information Asset Risk Assessments completed at the time of the audit; this resulted in 'Limited' Assurance for the Trust. As of 10 May 2019, this is currently sitting at 94% and the plan is to have 100% of Information Asset risk assessed by 30 September 2019.

### ***Residential Childcare and Placement Availability***

Significant pressures continue in relation to placement availability both within Residential Care and Foster Care on a regional and local level. The Trust has on the whole been able to provide placements in-house for young people with challenging and complex needs, but this has required 2:1 ratio on occasions. Availability of care placements continues to be challenging, specifically

for placements arising from Court directions (i.e. bail addresses); young people discharged from secure accommodation and 16+ young people. The Trust's Escalation Panel overseeing placement availability remains in place and has noted a particular shortfall for placements for children aged between 10 – 15 years. All Trusts have indicated similar pressures and these will be taken account of as part of the on-going regional review of residential facilities, which Trust staff are involved with.

### ***Monitoring Domiciliary Care Contracts***

The Trust is in receipt of an Internal Audit Report in respect of a Domiciliary Care Independent Sector Provider which identified issues over the terms of the contract and contract management. A number of recommendations relating to the internal monitoring, verification and authorisation processes within the Trust were made. In addition, a review of the processes within the particular provider has been carried out. The Trust has developed Action Plans to address the recommendations contained in the reports.

A further regional review had also been carried out into payments made to Domiciliary Care Agencies in comparison with the activity commissioned by Trusts over the period from April 2013 to March 2015. This review identified certain variances. To further investigate the Trust developed and delivered a review covering all Domiciliary Care Providers providing services to the Trust. This focussed on a detailed audit of individual clients and the support provided by the contactors. The report was finalised in August 2017 and shared with the Oversight Scrutiny Committee (OSC) which had been established by the DoH and being led by senior Departmental officials. Internal Audit have carried out a lessons learned review from a HSC wide perspective in relation to the structure of the investigative review along with specific NHSCT findings which are in the progress towards full implementation. The OSC have been scrutinising the Internal Audit reports and assurances.

Following the publication of 'Power to People' and on-going work with the HSCB on the most effective Domiciliary Care model for future service delivery, the NHSCT has delayed full procurement as we await the outcome of this regional work. In the interim, the Trust continues to apply full openness in engagement with Providers and indeed regularly tenders for work when Primary Providers are unable to meet the requirement. With regard to Contract Compliance, the NHSCT has recruited two Compliance Officers in September 2018 and has commenced a two-year rolling audit plan across all Domiciliary Care Independent Sector providers. The Audit Plan was developed in consultation with Trust Finance, Internal Audit and Assistant Director of Counter Fraud and Probity Services. The Compliance Review / Audit has started with the Primary Provider which was unable to fully assist with the previous audit. Initial findings report full co-operation and a draft outcome report shared with the Trust Oversight Committee. Progress and work plan has been presented to the



Trust Assurance and Improvement Group in May 2019. The second Provider compliance review is underway.

### ***BSO Payroll Shared Services Centre (PSSC)***

The Shared Services Centre for Payroll has consistently received Limited Internal Audit Assurance since 2014-15, with the exception of 2016-17 when an additional unacceptable assurance was issued in respect of Payroll System and Function Stability. In respect of payroll processing Internal Audit acknowledged that the vast majority of employees were consistently paid on a timely basis. However, Internal Audit highlighted the need for urgent action to stabilise the HSC Payroll Service and improve the control environment.

Due to the continued serious issues being raised, the Directors of Finance of Customer Organisations had requested that BSO develop a Payroll Improvement Plan commenced during 2017-18. While there have been signs of improvement seen during 2018-19 in a few areas, there are concerns over the quality of delivery of the Payroll service as a whole.

The Trust continues to provide senior support to PSSC to assist with delivery of significant areas of work and will continue to monitor the performance of the service through various regional forums, taking mitigating action where possible in 2019-20.

### ***Financial Position***

Whilst the Trust achieved a breakeven financial position in the year to 31 March 2019, it is important to note that this was dependent on the receipt of significant non-recurring funding from DoH/HSCB, one-off contingency measures, expenditure reductions and planned in-year slippage on investments. The Trust continues to report through the 2018-19 Trust Delivery Plan, a £44m recurrent deficit. A range of further in-year emergent pressures will impact on this deficit into the new financial year 2019-20.

The Trust also continues to work with commissioners and the DoH on the delivery of the Transformation Programme, funded non-recurrently from Confidence and Supply funding in 2018-19. With significant projects commenced in year and continuing into 2019-20, the Trust is working to assess the outcomes and achievements of these and their impact on resources.

The outlook for 2019-20 is indicating the financial year's resources will also be increasingly constrained, both from a capital and revenue perspective. Planning for the year 2019-20 has been on-going for several months both at Departmental level and Trust level, taking into account the status of the NI Assembly and authorisations for budgets. This will also include the continuation of the Transformation Programme in 2019-20 and planning for the impact of this in future years.

Given the level of the significant and on-going financial challenges currently faced across HSC, extensive budget planning work is therefore on-going between the Trust, HSCB and DoH in order to achieve a 2019-20 financial plan. It is anticipated that when the overall Financial Position of the Trust is brought together the Trust will still carry a significant recurrent and in-year 2019-20 deficit; however, the Trust remains committed to working with the DoH and HSCB in seeking to find solutions to enable it to live within its budget.

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

### ***Winter Resilience***

The Trust developed a Winter Resilience Plan for 2018-19 and deployed the allocated funding to put in place additional capacity to meet the demands over the winter period including resourcing additional capacity in Antrim Area Hospital and Causeway Hospital, providing additional consultant, staff grade and nursing into Emergency Departments across both acute hospitals, increasing the capacity of our rehabilitation beds in community hospitals as well as increasing our access to Independent Sector Community Rehabilitation beds used to support discharge. The Trust worked collaboratively with the Northern Ireland Ambulance Service (NIAS) and other Trusts to plan appropriately and to ensure an overall safe and effective regional unscheduled care service.

The Trust's objective throughout each winter period is to ensure a safe and responsive emergency care service across our two acute sites, supported by effective community and social care, with a continued focus on quality and patient experience. Statistics from the two week Winter period over Christmas and New Year [24 December 2018 to 6 January 2019] showed that compared to last year we had 10% more attendances in the Emergency Department, Antrim Area Hospital and 5% in Causeway Hospital, our average occupied bed days at Antrim Area Hospital were down by 9% at and 10% at Causeway Hospital, the 12 hour performance showed improvement across both sites and the 4 hour performance was 59% at AAH (compared to 54% in 2017-18) and 72% in Causeway Hospital (compared to 57% the year in 2017-18). Performance is a reflection of the shortage of bed stock at Antrim Area Hospital which remains a risk, with a 24 bed modular ward an interim measure to address the issue, being operational from summer 2019. There continues to be a need for approval of a new 72 bedded ward block for Antrim Area Hospital to provide permanent additional medical bed capacity.

## **New Divergences**

### ***Nitrous Oxide***

In response to identified issues in another Trust the Chief Executive requested a review of COSHH risk assessments in areas using Nitrous Oxide. Subsequently, an alert was issued by the DoH in respect of Nitrous Oxide exposure. It was confirmed that Nitrous Oxide gas is used in a number of different clinical areas. As part of the review of COSHH risk assessments exposure monitoring was completed to assess the adequacy of existing controls.

Results obtained from sampling indicated exposure to nitrous oxide had been adequately controlled in the majority of dental clinics. Within Trust Dental Services a combination of Porter Brown scavenging and local scavenging systems were already in place across all relevant dental sites. In two sites where exposures were higher than expected, despite existing controls, further measures were put in place around engineering controls for ventilation and standardisation of clinical practice. These measures have, to date, had the desired effect of limiting exposure to a level less than 33% of the occupational exposure limit in the two areas with higher than expected levels. Work is on-going to complete further sampling in Dental and other services where there has only been limited exposure monitoring, all of which have been below the exposure limit.

Following sampling of exposure within Trust Maternity Services it was identified that exposure levels were exceeded in the Delivery Suites on one hospital site. An improved scavenging system and low level extraction were installed in all Delivery Suites in Antrim Area Hospital in May 2018 and all subsequent samples have been well below the exposure limit. A considerable amount of further sampling has been completed in Delivery Suites in Antrim Area Hospital, all of which were less than 25% of the exposure limit. Sampling frequency in Delivery Suites in Antrim Area Hospital has now been reduced to three samples annually and two samples annually in Causeway Hospital.

This issue arose early in 2018. Following completion of all the actions outlined above the Trust would now consider this issue as closed.

### ***Cyber Security***

The Trust has received an audit report during 2018/19 with recommendations to strengthen cyber security arrangements. Some of the recommendations rely on a regional approach given the nature of the HSC shared technical infrastructure. The NHSCT will continue to work with regional colleagues through the Regional Cyber Security Programme Board to address these areas and work together to take common/consistent actions to strengthen cyber security issues highlighted by Internal Audit.

### **Falls**

From April 2018 the Trust has observed a 64% increase in the number of in-patient falls resulting in moderate to severe harm. Each fall has been investigated according to the regional procedure and learning shared with the PHA and Regional In-Patient Falls Prevention Group. The Falls team is working closely with the PHA to review the data and reporting systems regionally.

### **Confidence and Supply Business Cases**

A condition of the Confidence and Supply funding to the Trust was approval of each business case by the Trust Senior Management Team and then approval by PHA, HSCB or DOH by 31 March 2019. A total of 88 schemes were approved by the Trust and subsequently funded in 2018/19, however 11 (£3.7m) had not received formal approval of the submitted business case by 31 March 2019. The Trust will continue to work with relevant parties to ensure that these remaining business cases are approved in 2019/20.

### **Conclusion**

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

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal audit, I am content that the Northern Health and Social Care Trust has operated a sound system of internal governance during the period 2018-19.



**Dr Anthony Stevens - Accounting Officer**  
**13 June 2019**

# REMUNERATION AND STAFF REPORT

## Remuneration Report

### *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 Department of Health (DoH).

### *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 DoH policy.

The current members of the Remuneration Committee in 2018-19 are:

- Mr Bob McCann;
- Mr Glenn Houston; and
- Mr Jim McCall.

Mr Billy Graham had been a member until 31 August 2018.

The Remuneration Committee met on one occasion during the financial year 2018-19 to consider the performance assessment of all Trust Senior Executives and to approve the work objectives of the Chief Executive and Executive Directors.

## **Early Retirement and Other Compensation Schemes**

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

### *Remuneration Policy*

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

Performance of Senior Executives is assessed using a performance management system which comprises individual appraisal and review and rates performance according to the relevant Senior Executive circular standards of performance. Their performance is then considered by the remuneration committee as presented by the Chief Executive (for Directors) and the Chairman (for the Chief Executive) and the performance level approved against the achievement of regional, organisation and personal objectives. The relevant importance of the appropriate proportions of remuneration is set by the DoH under the performance management arrangements for senior executives.

#### *Service contracts*

All Senior Executives, except the Trust Medical Director, in the year 2018-19 were employed on the DoH Senior Executive Contract. The contractual provisions applied are those detailed within DoH Senior Executive circulars.

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

#### *Pay Awards*

There has been no pay award approved for Senior Executives since the 2016-2017 award which related to performance for 2015-2016. As yet there has been no 2018-2019 pay award for Medical Consultants during the year, with the previous pay award having been applied in 2017-18.

A pay award was issued for Agenda for Change contracts for 2018-19 in respect of Agenda for Change staff, including Divisional Directors, and for Non-Executive Director contracts retrospectively applied to August 2014. The figures in the tables within this report reflect the payments made after application of the relevant pay awards.

#### *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 Department of Health. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Pension Scheme can be found in the HSC Pension Scheme Statement in the Departmental Resource Account for the Department of Health.

The costs of early retirements are met by the Trust and charged to the Net Expenditure Account at the time the Trust commits itself to the retirement. As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme was updated to reflect current financial conditions and a change in the financial assumption methodology is used from 2017/18.

#### *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.

#### Fair Pay Disclosures (Audited)

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

	<b>2018-19</b>	<b>2017-18</b>
Band of Highest Paid Director Remuneration	£180 - £185K	£180 – £185K
Median Remuneration	£29,315	£28,462
<b>Ratio</b>	<b>6.23</b>	<b>6.41</b>
<b>Range of Staff Remuneration</b>	<b>£16,943 - £259,210</b>	<b>£14,665 - £241,859</b>

The midpoint of the remuneration of the highest paid director in the Trust was £182,500 (2017-18 £182,500). This was 6.23 times (6.41 2017-18) the median remuneration of the workforce, which was £29,315. The ratio calculation for 2018-19 has indicated minimal movement from 2017-18. The calculation of the median excludes agency staff because inclusion of these costs had a limited impact on the ratio.

### Senior Employees' Remuneration (audited)

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

Name	2018-19				2017-18				2018-19				
	Salary £000s	(8) Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Salary £000s	Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Real Increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/3/18 £000s	CETV at 31/3/19 £000s	Real increase in CETV £000s
<b>Non-Executive Members</b>													
B McCann	30 - 35	100	N/A	30 - 35	25 - 30	200	N/A	25 - 30	N/A	N/A	N/A	N/A	N/A
P Corrigan	5 - 10	100	N/A	5 - 10	5 - 10	100	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G McGahey	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
J McCall	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
B Graham	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G Houston	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G McGivern	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
S Cuddy (1)	0 - 5	0	N/A	0 - 5	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A



Executive Team & Divisional Directors	2018-19				2017-18				2018-19				
	Name	Salary £000s	(6) Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Salary £000s	Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Real Increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	(7) CETV at 31/3/18 £000s	CETV at 31/3/19 £000s
A Stevens (2)	180 - 185	0	0	180-185	180 - 185	0	0	180 - 185	N/A	N/A	N/A	N/A	N/A
S O'Reilly	165 - 170	0	25,000	185 - 190	160 - 165	0	32,000	190 - 195	0 to 2.5 + lump sum 5 to 7.5	50 to 55 + lump sum 155 - 160	1,029	1203	44
J Welsh	95 - 100	3,700	40,000	140 - 145	30 - 35	0	39,000	70 - 75	2.5 to 5 + lump sum 0 to 2.5	25 to 30 + lump sum 65 to 70	428	531	39
O Harkin	85 - 90	200	1,000	90 - 95	85 - 90	0	(21,000)	65 - 70	0 to 2.5 + lump sum 0	50 to 55 + lump sum 0	647	758	6
E Brownlees	75 - 80	200	(7,000)	65 - 70	75 - 80	100	7,000	80 - 85	0 to 2.5 + lump sum 0 to 2.5	30 to 35 + lump sum 100 to 105	747	835	4
E McEaney	75 - 80	100	(5,000)	65 - 70	75 - 80	1,400	42,000	115 - 120	0 to 2.5 + lump sum 0 to 2.5	30 to 35 + lump sum 90 to 95	619	704	5
V Callaghan (3)	50 - 55	100	0	50 - 55	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
M Roulston (4)	25 - 30	0	(4,000)	20 - 25	70 - 75	400	(8,000)	65 - 70	N/A	N/A	719	N/A	N/A
P Hughes	80 - 85	100	63,000	145 - 150	80 - 85	100	74,000	155 - 160	2.5 to 5 + lump sum 7.5 to 10	40 to 45 + lump sum 130 to 135	858	1037	75
O Donnelly (5)	85 - 90	300	(12,000)	75 - 80	85 - 90	100	18,000	100 - 105	N/A	N/A	927	N/A	N/A
B Donaghy	85 - 90	700	18,000	100 - 105	80 - 85	1,800	42,000	125 - 130	0 to 2.5 + lump sum 2.5 to 5	35 to 40 + lump sum 110 to 115	742	865	30
W Magowan	85 - 90	0	41,000	125 - 130	80 - 85	200	28,000	110 - 115	0 to 2.5 + lump sum 5 to 7.5	25 to 30 + lump sum 80 to 85	499	617	50
M O'Hagan	85 - 90	600	11,000	100 - 105	90 - 95	100	(2,000)	85 - 90	0 to 2.5 + lump sum 0 to 2.5	35 to 40 + lump sum 110 to 115	682	800	22

*The Executive Team (ref Page 4) are shaded in the above table, Divisional Directors are unshaded, Please note Divisional Directors are employed on Agenda for Change contracts, the Executive team are held on either DoH Senior Executive Contract or HSC Medical Consultant Terms and Conditions. For titles please refer to p36.*

## Senior Employees' Remuneration - Notes

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.

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

Notes to tables above:

*(1) Left 31/08/18. Estimated full year salary £5 - £10K*

*(2) A Stevens is beyond the threshold for calculation of CETV/Real Increase therefore this is not applicable in 2017-18 or 2018-19.*

*(3) V Callaghan commenced Interim Directorship on 01/08/18, estimated full year salary £75 - £80K, and is beyond the threshold for calculation of CETV/Real Increase therefore not applicable in 2018-19.*

*(4) Left 31/07/18. Estimated full year salary £75 – £80K.*

*(5) O Donnelly is beyond the threshold for calculation of CETV/Real Increase therefore this is not applicable in 2018-19.*

*(6) Benefits in kind relate to the taxable benefits in kind on travel expenses reimbursed and leased cars where applicable.*

*(7) CETVs as at 31/03/17 for all Directors may have been adjusted by HSC Pensions Branch based on the current framework prescribed by the Institute and Faculty of Actuaries.*

## Staff Report

### Staff Costs (Audited)

The following tables set out the NHSCT' staff costs:

Staff costs comprise:	2019		Total £000s	2018
	Permanently employed staff £000s	Others £000s		Total £000s
Wages and salaries	351,171	40,818	391,989	373,094
Social Security costs	30,692	0	30,692	28,856
Other pension costs	48,068	0	48,068	46,123
Sub-total	429,931	40,818	470,749	448,073
Capitalised staff costs	389	32	421	524
Total staff costs reported in Statement of Comprehensive Expenditure	429,542	40,786	470,328	447,549
Less recoveries in respect of outward secondments			2,414	2,068
<b>Total net costs</b>			<b>467,914</b>	<b>445,481</b>
Total net costs of which:			<b>£000s</b>	<b>£000s</b>
Northern HSC Trust			470,286	447,508
Charitable Trust Fund			42	41
			<b>470,328</b>	<b>447,549</b>

Staff Costs exclude £421K charged to capital projects during the year (2017/18 £524K).

### HSC Pension Arrangements

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

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

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with

effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme.

The table below sets out the member contribution rates that apply in both the HSC Pension Scheme and the HSC Pension Scheme 2015.

<b>Tier</b>	<b>Full-Time Pensionable Pay used to determine contribution rate</b>	<b>Contribution rate (before tax relief) 2018-19</b>
1	Up to £15,431.99	5.0%
2	£15,432.00 to £21,477.99	5.6%
3	£21,478.00 to £26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

A NEST (National Employment Saving Trust) Scheme had been brought into operation for eligible employees in 2016/17.

Further details about the HSC pension arrangements can be found at the website <http://www.hscpensions.hscni.net>

## Average number of persons employed (Audited)

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

	2019		2018	
	Permanently employed staff No	Other No.	Total No.	Total No.
Medical and dental	550	85	635	662
Nursing and midwifery	3,187	208	3,395	3,326
Professions allied to medicine	847	28	875	810
Ancillaries	786	78	864	860
Administrative & clerical	1,549	85	1,634	1,610
Ambulance staff	0	0	0	0
Works	135	10	145	124
Other professional and technical	578	6	584	585
Social Services	2,207	104	2,311	2,307
Other	0	0	0	1
<b>Total average number of person employed</b>	<b>9,839</b>	<b>604</b>	<b>10,443</b>	<b>10,285</b>
Less average staff number relating to capitalised staff costs	11	1	12	14
Less average staff number in respect of outward secondments	61	0	61	52
<b>Total net average number of person employed</b>	<b>9,767</b>	<b>603</b>	<b>10,370</b>	<b>10,219</b>

Of which:

	2019 Composition
Northern HSC Trust	10,369
Charitable Trust Fund	1
	<b>10,370</b>

### Trust Management Costs

	2019 £000s	2018 £000s
Trust Management Costs	27,957	25,895
<b>Income:</b>		
RRL	721,355	728,004
Income per Note 4	56,833	54,238
Non cash RRL for movement in clinical negligence provision	18,036	(23,507)
<b>Total Income</b>	<b>796,224</b>	<b>758,735</b>
<b>% of total income</b>	<b>3.5%</b>	<b>3.4%</b>

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

## Retirements due to ill-health

During 2018-19 there were 28 (29 in 2017-18) early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £83K (£57K in 2017-18). These costs are borne by the HSC Pension Scheme.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2019	Restated 2018	2019	2018	2019	Restated 2018
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	1*	0	3	0	4
£50,001 - £100,000	0	0	0	3	0	3
£100,001 - £150,000	0	0	0	2	0	2
£150,001 - £200,000	0	0	0	0	0	0
<b>Total number of exit packages by type</b>	0	1	0	8	0	9
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Total resource cost</b>	0	43	0	524	0	567

\* Relates to a staff member who left on 31 March 2018

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

Compensation packages payable to a former senior manager - nil

Amounts payable to third parties for the service of a senior manager – nil

## Staff Composition by Gender

The following table provides an analysis of the number of employed staff as at 31 March 2019 by gender:-

	Directors*		Non-Executive Directors		Senior Staff**		Other Staff		Trust Total	
	No	As%	No	As %	No	As %	No	As %	No	As %
Female	8	67%	1	14%	23	77%	10,420	86%	10,452	86%
Male	4	33%	6	86%	7	23%	1,705	14%	1,722	14%
<b>Total</b>	<b>12</b>		<b>7</b>		<b>30</b>		<b>12,125</b>		<b>12,174</b>	

\*Executive Team and Divisional Directors

\*\*Senior staff are considered to be those operating at Assistant Director level

## Staff Absence

The Trust was set a target of 6.59% by the DoH for staff absence, which the Trust met with a full year figure of 6.59% (2017-18 6.93%).

## Off Payroll Engagements

The Trust did not have any 'off-payroll' engagements in 2018-19 that were in excess of £245 per day and/or that lasted longer than 6 months.

## Consultancy

Expenditure on Consultancy in 2018-19 was £5,878 (2017-18 £nil).



# ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

## Financial Resources

The Northern Health and Social Care Trust managed income of £778 million in 2018-19.

The Trust employed an average of 10,370 staff serving a population of approximately 470,000 residents and manages a wide and geographically dispersed estate valued in excess of £393m.

The Trust continues to experience cost pressures particularly in relation to unscheduled care and emergency department activity growth; children's services; mental health and disability services; pay and price inflation as well as demographic growth linked to an increasing elderly population.

The Trust Delivery Plan for 2018/19 identified an in-year funding gap of £11.3m, after taking account of the cost pressures such as those listed above as well as additional recurrent and non-recurrent funding received from Commissioners. This gap was addressed by the Trust via a combination of financial savings measures as well as one-off cost containment measures and non-recurrent slippage on new investments, thus enabling the Trust to achieve a breakeven position for the financial year.

While the Trust achieved financial balance in 2018/19 it continues to drive forward the quality and safety agenda. This outcome was attributable in part to a significant level of one-off funding from the Commissioners and non-recurrent measures within the Trust. The Trust, therefore, begins 2019/20 with a substantial underlying funding gap (£44m) which it continues to review with Commissioners and the Department of Health. This process will need to take account of a number of uncertainties, including unavoidable cost pressures, demand, EU Exit as well as the management of confidence and supply non-recurrent investments for transformation. The Trust will continue to work with our Commissioners and DOH, to both project and manage these impacts where possible

## Financial Targets

The Trust has continued to improve the safety and responsiveness of services for its patients and clients and was still able to achieve its statutory financial targets which are outlined below:

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

The above achievements have been delivered through a combination of sound financial governance, control and management, the efforts of staff and the continued implementation of the Trust's RAMP programme.

## **Financial Governance**

The Trust has continued to maintain sound systems of internal control which are designed to safeguard public funds and assets. The same high degree of security is maintained over patients' and residents' monies and charitable trust funds administered by the Trust.

The internal control framework relies on a combination of robust internal governance structures, policies and procedures, control checks and balances, self-assessments and independent reviews. The Chief Executive's assurances in respect of this area are set out in the Governance Statement within this report.

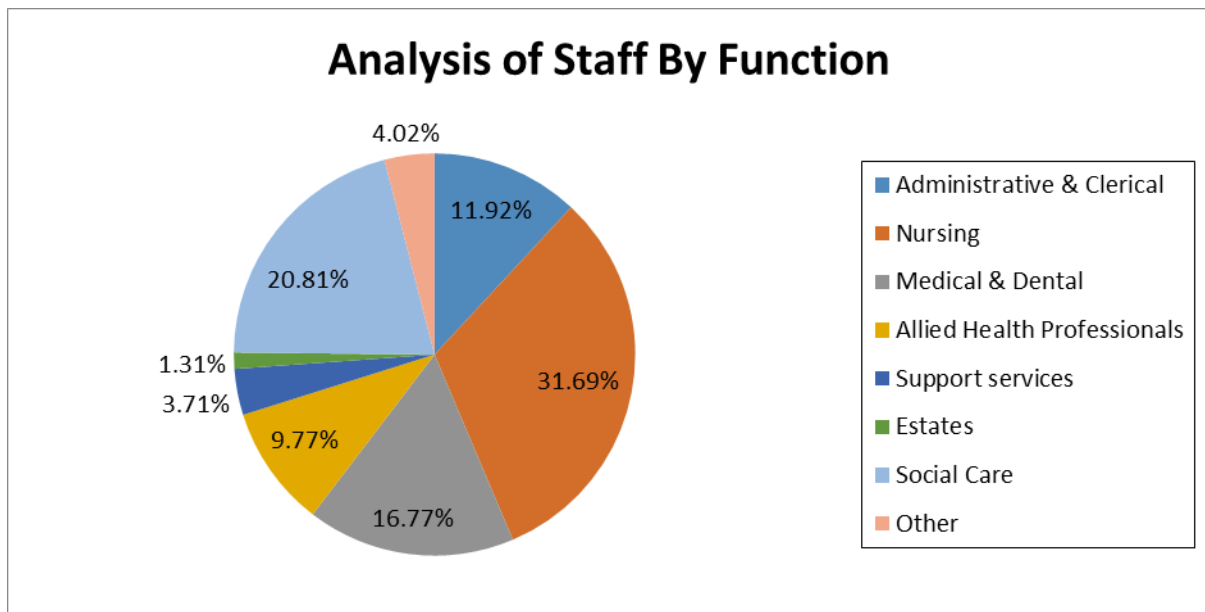
In terms of financial management and control across the Trust, a detailed financial plan is prepared and approved by the Trust Board at the beginning of each financial year and budgets are allocated to directorates. Financial performance is monitored and reviewed through detailed financial reporting to directors and budget managers on a monthly basis. This is supported by a programme of regular Accountability meetings with Directorates and Divisions during which financial performance forms a significant part of the agenda. An aggregate summary of the financial position to date and forecast year end position is presented by the Director of Finance to Trust Board each month with supporting narrative to ensure a clear understanding of underlying issues and trends.

## **Income and Expenditure**

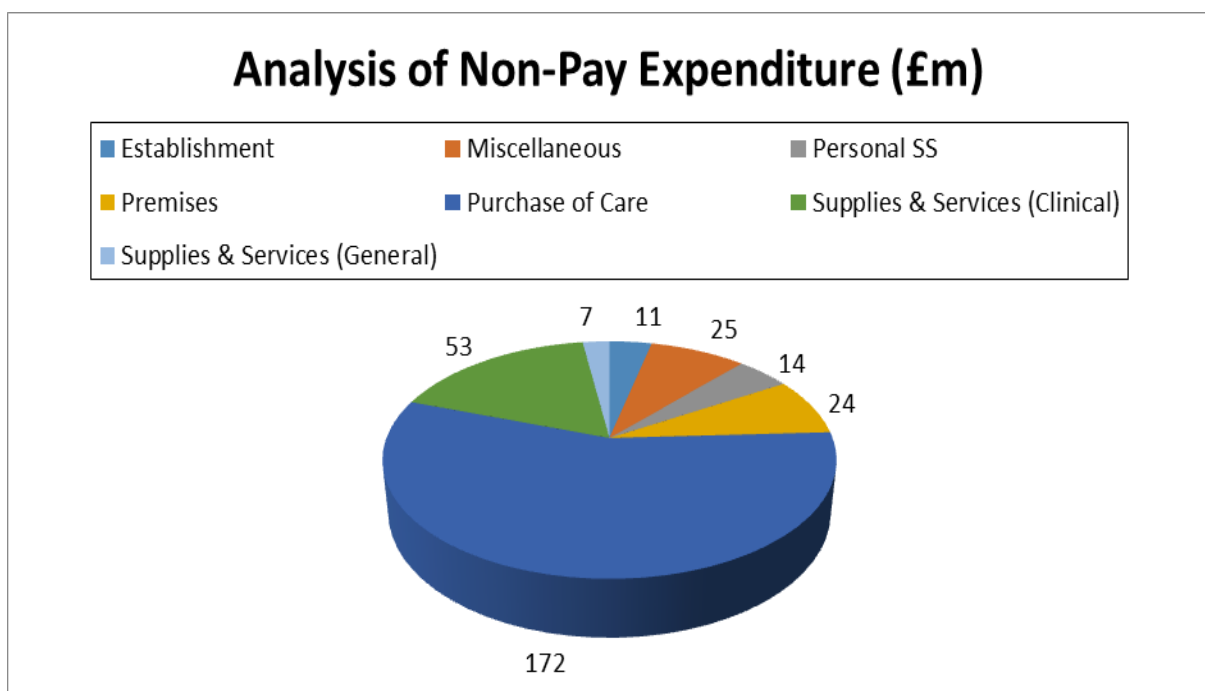
The information below provides an analysis of Trust's income and a breakdown of expenditure in 2018-19:

The largest cost incurred by the Trust is staff salaries, representing just over 60% (£470m) of total expenditure covering a range of staff groups such as nursing, medical, diagnostic, social services and allied health professionals.

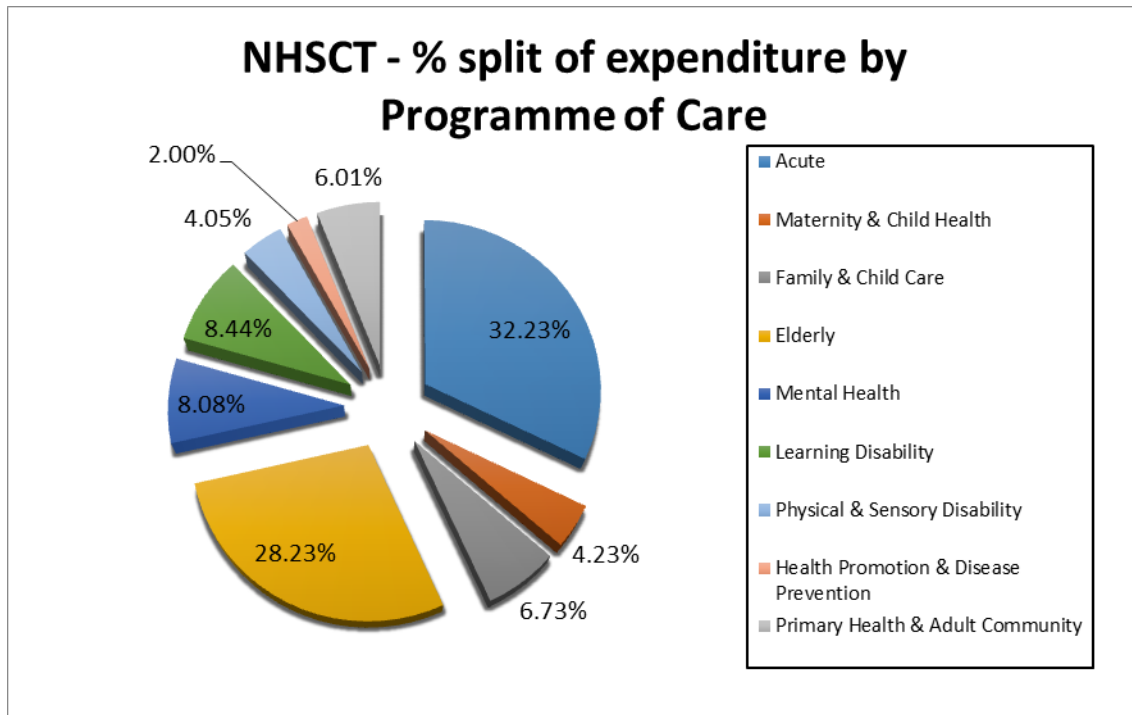
The chart below shows the percentage of Payroll spend (£470m) for the professional staff groups with the largest spend residing in the nursing category.



The Trust spent £306m non-pay expenditure (revenue) and the chart below provides an analysis of this.



In 2018-19 the Trust provided services for a range of programmes of care as detailed in the graph below (source Trust Financial Returns 2017-18).



## Income

The majority of income, over 92%, comes from the Department of Health, through the Health and Social Care Board and the Public Health Agency. The Trust also receives income for medical education from Northern Ireland Medical and Dental Training Agency [NIMDTA].

The income received by the Trust is used to deliver health and social care services for the population of the Northern Trust which covers 1,733 square miles spanning four new council areas (Antrim and Newtownabbey District, Causeway Coast and Glens District, Mid and East Antrim District and Mid Ulster District) making it the largest geographical Trust in Northern Ireland.

## Fees and Charges (Audited)

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

## Remote Contingent Liabilities (Audited)

The Trust has no remote contingent liabilities that I am aware of.

## Going Concern

Whilst 2019-20 will be continue to be financially challenging for the Trust, it is expected that the Trust will continue to operate on a “going concern” basis.

## Capital Development Programme

For the 2018-19 financial year the Trust managed gross capital expenditure to the value of £17m to deliver capital projects. This included £12m of general capital covering minor capital estates schemes, medical devices, vehicles and ICT.

We are delighted to say that the following schemes progressed during 2018-19.

Capital Scheme	Expenditure 2018-19 £m	Total Value of Project £m
2 <sup>nd</sup> MRI Scheme Antrim Area Hospital (year 3)	£2.11m	£3.14m
Ballymena Health & Care Centre	£0.05m	£25m
Medical Devices	£2.38m	£2.38m
24 Bed Modular Ward A5 Antrim Area Hospital	£2.02m	£2.9m
Vehicle Replacement	£0.57m	£0.57m
ICT	£4.18m	£4.18m
DAU Ambulatory Accommodation Antrim Area Hospital (year 2)	£0.75m	£1.46m
Refurbishment of Clogrennan Hostel (year 3)	£0.08m	£0.30m
Theatre Lights Antrim Area Hospital & Causeway Hospital	£0.41m	£0.42m
CT Scanners Antrim Area Hospital	£0.95m	£0.95m
Expansion of ED Causeway Hospital	£0.35m	£0.35m
Car Parking (year 2) Antrim Area Hospital	£0.63m	£0.66m
Car Parking Phase 1 Braid Valley Hospital	£0.25m	£0.25m
Transformation of Services including Endoscopy	£0.34m	£0.34m
Equipment for Cataract Elective Care Centre Mid Ulster Hospital	£0.46m	£0.46m

## **Charitable Trust Funds**

Charitable Trust Fund management and activity including expenditure and income is an integral part of the successful operation of the Trust. The Trustees (The Trust Board) work diligently to ensure that these funds are put to the most appropriate and effective use as intended by the donors and to the benefit of the Trust.

Funds attributed to Charitable Trust Funds are managed under the same exacting governance arrangements and controls as public funds.

In 2018-19 Charitable Trust Fund income amounted to £691k and expenditure was £837k including £5k notional audit fee. Total fund balances as at 31 March 2019 amounted to £5,861k.

The annual accounts are prepared on a consolidated basis including both public and charitable trust fund transactions.

There is also a separate Charitable Trust Fund Annual Trustees Report and Annual Accounts available for 2018-19. This is subject to audit.

## Losses and Special Payments (Audited)

Type of loss and special payment	2018-19		2017-18
	Number of	£	£
<b>Cash losses</b>			
Cash Losses – theft fraud, etc.	2	466	204
Cash losses – overpayments of salaries, wages and allowances	52	34,901	5,602
Cash Losses – Other causes	3	6,316	13,891
	<b>57</b>	<b>41,683</b>	<b>19,697</b>
<b>Administrative write-offs</b>			
Bad debts	34	31,090	38,325
Other		0	0
	<b>34</b>	<b>31,090</b>	<b>38,325</b>
<b>Fruitless payments</b>			
Late payment of Commercial Debt	1	42	293
	<b>1</b>	<b>42</b>	<b>293</b>
<b>Stores losses</b>			
Losses of accountable stores through any deliberate act	12	1,750	7,028
Other stores losses	56	87,091	83,726
	<b>68</b>	<b>88,841</b>	<b>90,754</b>
<b>Special Payments</b>			
Compensation payments			
- Clinical Negligence	26	1,144,256	5,945,474
- Public Liability	6	65,521	26,500
- Employers Liability	16	253,720	326,117
- Other	10	64,172	17,252
	<b>58</b>	<b>1,527,669</b>	<b>6,315,343</b>
Ex-gratia payments	<b>26</b>	<b>19,294</b>	<b>7,681</b>
<b>TOTAL</b>	<b>244</b>	<b>1,708,619</b>	<b>6,817,962</b>

### Special Payments

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

### Other Payments

There were no other payments made during the year

## Losses and Special Payments over £250,000

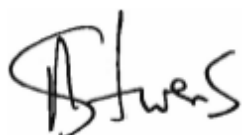
Losses and Special Payments over £250,000	Number of Cases	2018-19 £	2017-18 £
<b>Special Payments</b>			
Compensation payments			
- Clinical Negligence (These cases are included in the total value of special payments in the table above)	0	0	5,101,564
<b>TOTAL</b>	0	0	<b>5,101,564</b>

## Regularity Statement

The Trust has processes, procedures and controls in place to endeavour to ensure that the expenditure and income, reported for the year ended 31 March 2019, has been applied to the purposes intended by the NI Assembly and that transactions conform to the authorities which govern them. The auditors will give an opinion on the regularity of transactions

The Trust maintains a Gifts and Hospitality Register.

Further details on expenditure trends, risks and plans are set out within the Governance Statement and Performance Report.



**Dr Anthony Stevens - Accounting Officer**  
**13 June 2019**



## **NORTHERN HEALTH AND SOCIAL CARE TRUST**

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

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

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

In my opinion the financial statements:

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

#### **Opinion on regularity**

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

#### **Basis of opinions**

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

#### **Other Information**

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

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

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

In my opinion:

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

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

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

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

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

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

My objectives are to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

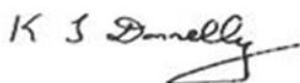
### **Matters on which I report by exception**

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

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

### **Report**

I have no observations to make on these financial statements.



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

26 June 2019

**ANNUAL ACCOUNTS 2018-19 – FINANCIAL  
STATEMENTS AND NOTES TO THE ACCOUNTS**

## **Introduction**

The financial statements and notes to the accounts of the Trust for 2018-19 are included on pages 98 to 139.

The Patients and Residents Monies Accounts for 2018-19 are included on pages 140 to 141.

Charitable Trust Fund Accounts for 2018-19 are issued separately however they are consolidated within the public fund accounts to meet the requirements of the relevant consolidation accounting policy.

## **NORTHERN HSC TRUST**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019**

#### **FOREWORD**


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

**NORTHERN HSC TRUST**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019**

**CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE**

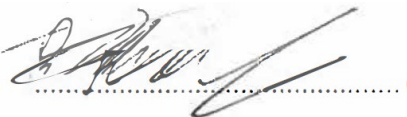
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 98 to 141) which I am required to prepare on behalf of the Northern HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Northern HSC Trust and with the accounting standards and policies for HSC bodies approved by the Department of Health.



..... **Director of Finance**

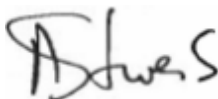
**13 June 2019**      **Date**

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 98 to 141) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



..... **Chairman**

**13 June 2019**      **Date**



..... **Chief Executive**

**13 June 2019**      **Date**

## FINANCIAL STATEMENTS

### Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2019

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

	NOTE	2019 £000s			2018 (Restated) £000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Income</b>							
Revenue from contracts with customers	4.1	50,929	0	50,929	48,006	0	48,006
Other operating income*	4.2	5,904	597	6,501	6,232	620	6,852
<b>Total operating income</b>		<b>56,833</b>	<b>597</b>	<b>57,430</b>	<b>54,238</b>	<b>620</b>	<b>54,858</b>
<b>Expenditure</b>							
Staff costs		(470,287)	(42)	(470,329)	(447,508)	(41)	(447,549)
Purchase of goods and services	3	(245,897)	0	(245,897)	(227,947)	0	(227,947)
Depreciation, amortisation and impairment charges	3	(20,153)	0	(20,153)	(20,311)	0	(20,311)
Provision expense	3	17,599	0	17,599	(24,089)	0	(24,089)
Other expenditures	3	(59,397)	(790)	(60,187)	(61,728)	(579)	(62,307)
<b>Total operating expenditure</b>		<b>(778,135)</b>	<b>(832)</b>	<b>(778,967)</b>	<b>(781,583)</b>	<b>(620)</b>	<b>(782,203)</b>
<b>Net operating expenditure</b>		<b>(721,302)</b>	<b>(235)</b>	<b>(721,537)</b>	<b>(727,345)</b>	<b>0</b>	<b>(727,345)</b>
Finance income	4.2	0	94	94	0	86	86
<b>Net expenditure for the year</b>		<b>(721,302)</b>	<b>(141)</b>	<b>(721,443)</b>	<b>(727,345)</b>	<b>86</b>	<b>(727,259)</b>
Revenue Resource Limit (RRL) and capital grants	24.1	721,355	0	721,355	728,004	0	728,004
Add back charitable trust fund net expenditure*		0	141	141	0	(86)	(86)
<b>Surplus / (Deficit) against RRL</b>		<b>53</b>	<b>0</b>	<b>53</b>	<b>659</b>	<b>0</b>	<b>659</b>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>							
	NOTE	2019 £000s			2018 (Restated) £000s		
<b>Items that will not be reclassified to net operating costs:</b>							
Net gain/(loss) on revaluation of property, plant and equipment	5.1 / 5.2 / 8	9,006	0	9,006	20,963	0	20,963
Net gain/(loss) on revaluation of charitable assets		0	276	276	0	(34)	(34)
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March</b>		<b>(712,296)</b>	<b>135</b>	<b>(712,161)</b>	<b>(706,382)</b>	<b>52</b>	<b>(706,330)</b>

The notes on pages 102 to 139 form part of these accounts.

The accounts in respect of 2017/18 have been restated for 2 reasons: 1) CTF: In 2017/18 both income and expenditure were overstated by £9k, these are now updated in prior year figures. The overall balances were unaffected. 2) Category changes in respect of Note 4: Income to align with IFRS 15.

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

## FINANCIAL STATEMENTS

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

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

	NOTE	2019		2018	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	419,789	419,789	413,450	413,450
Intangible assets	6.1/6.2	4,338	4,338	4,954	4,954
Financial assets	7	0	4,545	0	1,861
<b>Total Non Current Assets</b>		<b>424,127</b>	<b>428,672</b>	<b>418,404</b>	<b>420,265</b>
<b>Current Assets</b>					
Assets classified as held for sale	9	778	778	467	467
Inventories	10	3,313	3,313	2,612	2,612
Trade and other receivables	12	16,656	16,684	16,171	16,193
Other current assets	12	3,457	3,457	3,569	3,571
Financial assets	7	0	800	0	3,700
Cash and cash equivalents	11	1,841	2,371	1,190	1,409
<b>Total Current Assets</b>		<b>26,045</b>	<b>27,403</b>	<b>24,009</b>	<b>27,952</b>
<b>Total Assets</b>		<b>450,172</b>	<b>456,075</b>	<b>442,413</b>	<b>448,217</b>
<b>Current Liabilities</b>					
Trade and other payables	13	(80,490)	(80,532)	(81,828)	(81,906)
Intangible current liabilities	13	(348)	(348)	(393)	(393)
Provisions	15	(7,037)	(7,037)	(8,488)	(8,488)
<b>Total Current Liabilities</b>		<b>(87,875)</b>	<b>(87,917)</b>	<b>(90,709)</b>	<b>(90,787)</b>
<b>Total assets less current liabilities</b>		<b>362,297</b>	<b>368,158</b>	<b>351,704</b>	<b>357,430</b>
<b>Non Current Liabilities</b>					
Provisions	15	(36,470)	(36,470)	(55,190)	(55,190)
<b>Total Non Current Liabilities</b>		<b>(36,470)</b>	<b>(36,470)</b>	<b>(55,190)</b>	<b>(55,190)</b>
<b>Total assets less total liabilities</b>		<b>325,827</b>	<b>331,688</b>	<b>296,514</b>	<b>302,240</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		136,462	136,462	127,807	127,807
SoCNE reserve		189,365	189,365	168,707	168,707
Other reserves - charitable fund		0	5,861	0	5,726
<b>Total equity</b>		<b>325,827</b>	<b>331,688</b>	<b>296,514</b>	<b>302,240</b>

The financial statements on pages 98 to 101 were approved by the Board on 13 June 2019 and were signed on its behalf by;

The notes on pages 102 to 139 form part of these accounts.

Signed



(Chairman)

Date

13/6/19

Signed



(Chief Executive)

Date

13/6/19



## FINANCIAL STATEMENTS

### Consolidated Statement of Cash Flows for the year ended 31 March 2019

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

	NOTE	2019 £000s	2018 £000s
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating expenditure		(721,537)	(727,345)
Adjustments for non cash transactions		2,171	44,350
(Increase)/decrease in trade and other receivables		(377)	(4,187)
 (Increase)/decrease in inventories		 (701)	 141
Increase/(decrease) in trade payables		(1,419)	7,730
<i>Less movements in payables relating to items not passing through the Net Expenditure Account</i>			
Movements in payables relating to the purchase of property, plant and equipment		(1,304)	(236)
Movements in payables relating to the purchase of intangibles		(98)	(1)
 Use of provisions	 15	 <u>(2,572)</u>	 <u>(8,368)</u>
<b>Net cash inflow/(outflow) from operating activities</b>		<b>(725,837)</b>	<b>(687,916)</b>
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	(14,755)	(10,150)
(Purchase of intangible assets)	6	(1,041)	(2,510)
Proceeds of disposal of property, plant & equipment		57	40
Proceeds on disposal of assets held for resale		402	0
Proceeds from sale of investments		492	0
Other investing activities		94	86
<b>Net cash outflow from investing activities</b>		<b>(14,751)</b>	<b>(12,534)</b>
<b>Cash flows from financing activities</b>			
Grant in aid		741,550	700,100
service concession arrangements		<u>0</u>	<u>0</u>
<b>Net financing</b>		<b>741,550</b>	<b>700,100</b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		<b>962</b>	<b>(350)</b>
<b>Cash &amp; cash equivalents at the beginning of the period</b>	11	1,409	1,759
<b>Cash &amp; cash equivalents at the end of the period</b>	11	2,371	1,409

The notes on pages 102 to 139 form part of these accounts.

## FINANCIAL STATEMENTS

### Consolidated Statement of Changes in Taxpayers' Equity

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

for the year ended 31 March 2019

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
<b>Balance at 31 March 2017</b>		<b>195,634</b>	<b>107,103</b>	<b>5,674</b>	<b>308,411</b>
<b>Changes in Taxpayers Equity 2017/18</b>					
Grant from DoH		700,100	0	0	700,100
Other reserves movements including transfers (Comprehensive Net Expenditure for the Year)		259 (727,345)	(259) 20,963	0 52	0 (706,330)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	59	0	0	59
<b>Balance at 31 March 2018</b>		<b>168,707</b>	<b>127,807</b>	<b>5,726</b>	<b>302,240</b>
<b>Changes in Taxpayers Equity 2018/19</b>					
Grant from DoH		741,550	0	0	741,550
Other reserves movements including transfers (Comprehensive Net Expenditure for the year)		351 (721,302)	(351) 9,006	0 135	0 (712,161)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	59	0	0	59
<b>Balance at 31 March 2019</b>		<b>189,365</b>	<b>136,462</b>	<b>5,861</b>	<b>331,688</b>

The notes on pages 102 to 139 form part of these accounts.

## **NOTES TO THE ACCOUNTS**

### **STATEMENT OF ACCOUNTING POLICIES**

#### **1. Authority**

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

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to HSC bodies. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The Trust's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

#### **1.1 Accounting convention**

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

#### **1.2 Currency and Rounding**

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

#### **1.3 Property, Plant and Equipment**

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under construction. This includes assets donated to the Trust.

##### **Recognition**

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000 (or less if so desired); or

- collectively, a number of items have a cost of at least £5,000 (or less if so desired) and individually have a cost of more than £1,000 (or less if so desired), where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

### **Valuation of Land and Buildings**

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

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

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

Fair values are determined as follows:

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

### **Modern Equivalent Asset**

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

## Assets Under Construction (AUC)

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

### Short Life Assets

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

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

### Revaluation Reserve

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

## 1.4 Depreciation

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

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

<b>Asset Type</b>	<b>Asset Life</b>
Freehold Buildings	25 – 80 years
Leasehold property	Remaining period of lease
IT assets	4 - 5 years
Intangible assets	4 - 5 years
Other Equipment	3 – 15 years

## **1.5 Impairment loss**

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

## **1.6 Subsequent expenditure**

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

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

## **1.7 Intangible assets**

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

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

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

## **Recognition**

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

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

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

### **1.8 Non-current assets held for sale**

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

Assets classified as held for sale are not depreciated.

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

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

## **1.9 Inventories**

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

## **1.10 Income**

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with Trust activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

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

### **Grant in aid**

Funding received from other entities, including the Department and the Health and Social Care Board, are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

## **1.11 Investments**

The Trust does not have any investments.

Charitable Trust Fund Investments have been consolidated. These Investment Fixed Assets are shown at market value as at the Statement of Financial Position date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.



Quoted stocks and shares are included in the Statement of Financial Position at mid-market price excluding dividend.

Other investment fixed assets are included at the Trustees' best estimate of market value.

### **1.12 Other expenses**

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

### **1.13 Cash and cash equivalents**

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

### **1.14 Leases**

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

#### The Trust as lessee

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

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

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

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

### The Trust as lessor

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

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

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

The Trust has had no PFI transactions during the year.

## **1.16 Financial instruments**

- Financial assets

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

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

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

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

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

## **1.17 Provisions**

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

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

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

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

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

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

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

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

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

## **1.18 Contingencies**

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

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

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

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

## **1.19 Employee benefits**

### **Short-term employee benefits**

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2016. It is not anticipated that the level of untaken leave will vary significantly from year to year.

### **Retirement benefit costs**

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

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

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

## **1.20 Reserves**

### **Statement of Comprehensive Net Expenditure Reserve**

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

### **Revaluation Reserve**

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

## **1.21 Value Added Tax**

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

## **1.22 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

## **1.23 Government Grants**

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

The Trust had no Government Grants.

## **1.24 Losses and Special Payments**

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

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

### **1.25 Charitable Trust Account Consolidation**

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

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

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

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

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

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2020.’

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

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020/21, the accounting boundary for departments will change and there will also be an impact on departments

around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

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

### **1.27 Impact of implementation of ESA 2010 on research and development expenditure**

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



## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### ANALYSIS of NET EXPENDITURE by SEGMENT

##### NOTE 2

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

Directorate	Staff Costs £000s	2019 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2018 Other Expenditure £000s	Total Expenditure £000s
Community Care	83,000	87,547	170,547	76,417	82,112	158,529
Surgical & Clinical Services	94,562	29,185	123,747	89,625	28,280	117,905
Medicine & Emergency Medicine	72,098	16,460	88,558	68,940	15,548	84,488
Medical Directorate	10,413	2,666	13,079	11,100	2,570	13,670
Women, Children and Families	83,615	27,059	110,674	80,184	25,915	106,099
Mental Health, Learning Disability & Community Wellbeing	67,503	105,059	172,562	63,922	94,032	157,954
Nursing User Experience	28,724	5,843	34,567	25,686	5,223	30,909
Other Trust Directorates	30,372	31,473	61,845	31,634	35,976	67,610
<b>Expenditure for Reportable Segments net of Non Cash</b>	<b>470,287</b>	<b>305,292</b>	<b>775,579</b>	<b>447,508</b>	<b>289,656</b>	<b>737,164</b>
<b>Non Cash Expenditure</b>			<b>2,556</b>			<b>44,419</b>
<b>Total Expenditure per Net Expenditure Account</b>			<b>778,135</b>			<b>781,583</b>
<b>Income Note 4</b>			<b>56,833</b>			<b>54,238</b>
<b>Net Expenditure</b>			<b>721,302</b>			<b>727,345</b>
<b>Revenue Resource Limit</b>			<b>721,355</b>			<b>728,004</b>
<b>Surplus / (Deficit) against RRL</b>			<b>53</b>			<b>659</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 3 EXPENDITURE

Operating Expenses are as follows:-	2019 £000s			2018 (Restated) £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Staff costs <sup>1</sup> :						
Wages and salaries	391,527	42	391,569	372,529	41	372,570
Social security costs	30,692	0	30,692	28,856	0	28,856
Other pension costs	48,068	0	48,068	46,123	0	46,123
Purchase of care from non-HSC bodies	175,845	0	175,845	159,646	0	159,646
Personal social services	13,635	0	13,635	12,633	0	12,633
Recharges from other HSC organisations	2,487	0	2,487	2,410	0	2,410
Supplies and services - Clinical	53,142	0	53,142	51,087	0	51,087
Supplies and services - General	6,951	0	6,951	6,480	0	6,480
Establishment	10,769	0	10,769	11,392	0	11,392
Transport	2,772	0	2,772	2,640	0	2,640
Premises	23,862	0	23,862	24,637	0	24,637
Bad debts	31	0	31	42	0	42
Rentals under operating leases	1,139	0	1,139	899	0	899
Research & development expenditure	7	0	7	51	0	51
BSO services	5,555	0	5,555	5,004	0	5,004
Training	1,739	0	1,739	1,589	0	1,589
Professional fees	927	0	927	896	0	896
Patients travelling expenses	131	0	131	122	0	122
Costs of exit packages not provided for	0	0	0	0	0	0
Elective care	990	0	990	2,424	0	2,424
Other charitable expenditure	0	790	790	0	579	579
Miscellaneous expenditure	5,310	0	5,310	7,704	0	7,704
<b>Non cash items</b>						
Depreciation	21,656	0	21,656	21,652	0	21,652
Amortisation	1,755	0	1,755	1,494	0	1,494
Impairments	(3,258)	0	(3,258)	(2,835)	0	(2,835)
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(57)	0	(57)	(40)	0	(40)
Increase / Decrease in provisions (provision provided for in year less any release)	(15,499)	0	(15,499)	24,398	0	24,398
Cost of borrowing of provisions (unwinding of discount on provisions)	(2,100)	0	(2,100)	(309)	0	(309)
Auditors remuneration	59	5	64	59	5	64
Add back of notional charitable expenditure	0	(5)	(5)	0	(5)	(5)
<b>Total</b>	<b>778,135</b>	<b>832</b>	<b>778,967</b>	<b>781,583</b>	<b>620</b>	<b>782,203</b>

<sup>1</sup> Further detailed analysis of staff costs is located in the Staff Report on page 79 within the Accountability Report. During the year the Trust purchased no non audit services from its external auditor (NIAO).

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 4 INCOME

##### 4.1 Income from Contracts with Customers

	2019 £000s			2018 (Restated) £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
GB/Republic of Ireland Health Authorities	240	0	240	292	0	292
Non-HSC:- Private patients	116	0	116	184	0	184
Non-HSC:- Other	1,222	0	1,222	1,502	0	1,502
Clients contributions	45,455	0	45,455	42,504	0	42,504
Seconded staff	2,414	0	2,414	2,068	0	2,068
Other income from non-patient services	1,482	0	1,482	1,456	0	1,456
<b>Total</b>	<b>50,929</b>	<b>0</b>	<b>50,929</b>	<b>48,006</b>	<b>0</b>	<b>48,006</b>

##### 4.2 Other Operating Income

	2019 £000s			2018 (Restated) £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Other income from non-patient services	5,519	0	5,519	6,095	0	6,095
Donations / Government grant / Lottery funding for non current assets	63	0	63	69	0	69
Charitable income received by charitable trust fund	0	597	597	0	620	620
Investment income	0	94	94	0	86	86
Research and development	0	0	0	46	0	46
Research and development income released	0	0	0	22	0	22
Profit on disposal of land	322	0	322	0	0	0
Interest receivable	0	0	0	0	0	0
<b>Total</b>	<b>5,904</b>	<b>691</b>	<b>6,595</b>	<b>6,232</b>	<b>706</b>	<b>6,938</b>

##### TOTAL INCOME

<b>56,833</b>	<b>691</b>	<b>57,524</b>	<b>54,238</b>	<b>706</b>	<b>54,944</b>
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2018-19 is the initial year of application of IFRS 15, Revenue from Contracts with Customers, there has been no material impact on classification as a result of adaptation.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 5.1 Consolidated Property, plant & equipment - year ended 31 March 2019

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2018	54,662	355,553	23,311	315	48,886	8,580	17,788	556	509,651
Indexation	152	9,749	610	0	253	78	0	3	10,845
Additions	35	4,272	98	1,929	6,008	566	3,088	63	16,059
Donations / Government grant / Lottery funding	0	0	0	0	63	0	0	0	63
Reclassifications*	(181)	408	0	(408)	0	0	0	0	(181)
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	81	0	0	100	0	0	0	0	181
Impairment charged to the SoCNE	0	(136)	0	0	0	0	0	0	(136)
Impairment charged to the revaluation reserve	0	(403)	0	0	0	0	0	0	(403)
Reversal of impairments (indexation)	2,577	599	68	0	2	0	0	0	3,246
Disposals	0	(62)	0	0	(3,160)	(571)	(2,739)	(64)	(6,596)
									0
<b>At 31 March 2019</b>	<b>57,326</b>	<b>369,980</b>	<b>24,087</b>	<b>1,936</b>	<b>52,052</b>	<b>8,653</b>	<b>18,137</b>	<b>558</b>	<b>532,729</b>

**Depreciation**

At 1 April 2018	0	39,827	2,645	0	35,767	5,866	11,679	417	96,201
Indexation	0	1,374	89	0	156	45	0	2	1,666
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(17)	0	0	0	0	0	0	(17)
Impairment charged to the revaluation reserve	0	(49)	0	0	0	0	0	0	(49)
Reversal of impairments (indexation)	0	71	7	0	1	0	0	0	79
Disposals	0	(62)	0	0	(3,160)	(571)	(2,739)	(64)	(6,596)
Provided during the year	0	13,658	891	0	4,131	839	2,109	28	21,656
<b>At 31 March 2019</b>	<b>0</b>	<b>54,802</b>	<b>3,632</b>	<b>0</b>	<b>36,895</b>	<b>6,179</b>	<b>11,049</b>	<b>383</b>	<b>112,940</b>

**Carrying Amount**

At 31 March 2019	<b>57,326</b>	<b>315,178</b>	<b>20,455</b>	<b>1,936</b>	<b>15,157</b>	<b>2,474</b>	<b>7,088</b>	<b>175</b>	<b>419,789</b>
At 31 March 2018	<b>54,662</b>	<b>315,726</b>	<b>20,666</b>	<b>315</b>	<b>13,119</b>	<b>2,714</b>	<b>6,109</b>	<b>139</b>	<b>413,450</b>

**Asset financing**

Owned	57,326	315,178	20,455	1,936	15,157	2,474	7,088	175	419,789
<b>Carrying Amount</b>									
At 31 March 2019	<b>57,326</b>	<b>315,178</b>	<b>20,455</b>	<b>1,936</b>	<b>15,157</b>	<b>2,474</b>	<b>7,088</b>	<b>175</b>	<b>419,789</b>

\* The reclassification of Land (£181k) is in respect of Assets Held for Sale (see Note 9)

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

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £0 (2018 £0)

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

	2019 £000s	2018 £000s
Donations	63	69

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 5.2 Consolidated Property, plant & equipment - year ended 31 March 2018

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2017	52,762	328,409	22,808	37	49,965	8,658	15,148	1,212	478,999
Indexation	76	22,772	1,452	0	425	189	0	0	24,914
Additions	0	3,656	224	307	2,498	557	3,106	38	10,386
Donations / Government grant / Lottery funding	0	0	0	0	58	0	11	0	69
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	(249)	26	0	(26)	0	0	0	0	(249)
Impairment charged to the SoCNE	(456)	(1,194)	(612)	(3)	0	0	0	0	(2,265)
Impairment charged to the revaluation reserve	0	(417)	(748)	0	(12)	0	0	(2)	(1,179)
Reversal of impairments (indexation)	2,529	2,301	187	0	2	0	0	0	5,019
Disposals	0	0	0	0	(4,050)	(824)	(477)	(692)	(6,043)
<b>At 31 March 2018</b>	<b>54,662</b>	<b>355,553</b>	<b>23,311</b>	<b>315</b>	<b>48,886</b>	<b>8,580</b>	<b>17,788</b>	<b>556</b>	<b>509,651</b>

**Depreciation**

At 1 April 2017	0	24,761	1,784	0	34,810	5,770	10,124	652	77,901
Indexation	0	2,428	155	0	248	102	0	0	2,933
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(188)	(67)	0	0	0	0	0	(255)
Impairment charged to the revaluation reserve	0	(78)	(82)	0	0	0	0	(1)	(161)
Reversal of impairments (indexation)	0	156	18	0	0	0	0	0	174
Disposals	0	0	0	0	(4,050)	(824)	(477)	(692)	(6,043)
Provided during the year	0	12,748	837	0	4,759	818	2,032	458	21,652
<b>At 31 March 2018</b>	<b>0</b>	<b>39,827</b>	<b>2,645</b>	<b>0</b>	<b>35,767</b>	<b>5,866</b>	<b>11,679</b>	<b>417</b>	<b>96,201</b>

**Carrying Amount**

At 31 March 2018	<b>54,662</b>	<b>315,726</b>	<b>20,666</b>	<b>315</b>	<b>13,119</b>	<b>2,714</b>	<b>6,109</b>	<b>139</b>	<b>413,450</b>
At 1 April 2017	<b>52,762</b>	<b>303,648</b>	<b>21,024</b>	<b>37</b>	<b>15,155</b>	<b>2,888</b>	<b>5,024</b>	<b>560</b>	<b>401,098</b>

**Asset financing**

Owned	54,662	315,726	20,666	315	13,119	2,714	6,109	139	413,450
<b>Carrying Amount</b>	<b>54,662</b>	<b>315,726</b>	<b>20,666</b>	<b>315</b>	<b>13,119</b>	<b>2,714</b>	<b>6,109</b>	<b>139</b>	<b>413,450</b>

**Asset financing**

Owned	52,762	303,648	21,024	37	15,155	2,888	5,024	560	401,098
<b>Carrying Amount</b>	<b>52,762</b>	<b>303,648</b>	<b>21,024</b>	<b>37</b>	<b>15,155</b>	<b>2,888</b>	<b>5,024</b>	<b>560</b>	<b>401,098</b>

**Carrying amount comprises:**

Northern HSC Trust at 31 March 2019	57,326	315,178	20,455	1,936	15,157	2,474	7,088	175	419,789
	<b>57,326</b>	<b>315,178</b>	<b>20,455</b>	<b>1,936</b>	<b>15,157</b>	<b>2,474</b>	<b>7,088</b>	<b>175</b>	<b>419,789</b>
Northern HSC Trust at 31 March 2018	54,662	315,726	20,666	315	13,119	2,714	6,109	139	413,450
	<b>54,662</b>	<b>315,726</b>	<b>20,666</b>	<b>315</b>	<b>13,119</b>	<b>2,714</b>	<b>6,109</b>	<b>139</b>	<b>413,450</b>
Northern HSC Trust at 31 March 2017	52,762	303,648	21,024	37	15,155	2,888	5,024	560	401,098
	<b>52,762</b>	<b>303,648</b>	<b>21,024</b>	<b>37</b>	<b>15,155</b>	<b>2,888</b>	<b>5,024</b>	<b>560</b>	<b>401,098</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

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

	<b>Software Licenses £000s</b>	<b>Total £000s</b>
<b>Cost or Valuation</b>		
At 1 April 2018	13,884	13,884
Additions	1,139	1,139
Disposals	(234)	(234)
At 31 March 2019	<b>14,789</b>	<b>14,789</b>

#### **Amortisation**

At 1 April 2018	8,930	8,930
Disposals	(234)	(234)
Provided during the year	1,755	1,755
At 31 March 2019	<b>10,451</b>	<b>10,451</b>

#### **Carrying Amount**

At 31 March 2019	<b>4,338</b>	<b>4,338</b>
At 31 March 2018	<b>4,954</b>	<b>4,954</b>

#### **Asset financing**

Owned	4,338	4,338
<b>Carrying Amount</b>		
At 31 March 2019	<b>4,338</b>	<b>4,338</b>

Any fall in value through negative indexation or revaluation is shown as an impairment  
The fair value of assets funded from the following sources during the year was:

	<b>2019 £000s</b>
Donations	0

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

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

	<b>Software Licenses £000s</b>	<b>Total £000s</b>
<b>Cost or Valuation</b>		
At 1 April 2017	11,373	11,373
Additions	2,511	2,511
Disposals	0	0
At 31 March 2018	<b>13,884</b>	<b>13,884</b>

<b>Amortisation</b>		
At 1 April 2017	7,436	7,436
Disposals	0	0
Provided during the year	1,494	1,494
At 31 March 2018	<b>8,930</b>	<b>8,930</b>

<b>Carrying Amount</b>		
At 31 March 2018	<b>4,954</b>	<b>4,954</b>
At 1 April 2017	<b>3,937</b>	<b>3,937</b>

<b>Asset financing</b>		
Owned	4,954	4,954
<b>Carrying Amount</b>		
At 31 March 2018	<b>4,954</b>	<b>4,954</b>

<b>Asset financing</b>		
Owned	3,937	3,937
<b>Carrying Amount</b>		
At 1 April 2017	<b>3,937</b>	<b>3,937</b>

#### Carrying amount comprises:

Northern HSC Trust at 31 March 2019	4,338	4,338
	4,338	4,338
Northern HSC Trust at 31 March 2018	4,954	4,954
	4,954	4,954
Northern HSC Trust at 31 March 2017	3,937	3,937
	3,937	3,937

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 7 FINANCIAL INSTRUMENTS

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

Please note that the investments shown below relate to Charitable Trust Funds.

	2019			2018		
	Non-Current Assets £000s	Assets £000s	Liabilities £000s	Non-Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	5,561	0	0	5,595	0	0
Additions	2,699	0	0	0	0	0
Disposals	(3,191)	0	0	0	0	0
Revaluations	276	0	0	(34)	0	0
Balance at 31 March	<u>5,345</u>	<u>0</u>	<u>0</u>	<u>5,561</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	5,345	0	0	5,561	0	0
	<u>5,345</u>	<u>0</u>	<u>0</u>	<u>5,561</u>	<u>0</u>	<u>0</u>

#### NOTE 7.1 Market value of investments as at 31 March 2019

	Held in UK £000s	Held outside UK £000s	2019 Total £000s	2018 Total £000s
Investments in a Common Deposit Fund or Investment Fund	4,445	0	4,445	1,761
Short Term Investments and Deposits	800	0	800	3,700
Other investments	100	0	100	100
<b>Total market value of fixed asset investments</b>	<u>5,345</u>	<u>0</u>	<u>5,345</u>	<u>5,561</u>

The only other financial instruments held by the Trust as at 31 March 2019 are trade receivables, cash and trade payables. Details of these can be seen in Notes 11, 12 and 13 respectively. The situation also applied in 2017/18.



## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 8 IMPAIRMENTS

	<b>2019</b>	
	<b>Property, plant &amp; equipment £000s</b>	<b>Total £000s</b>
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(3,258)	(3,258)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	354	354
<b>Total value of impairments for the period</b>	<b>(2,904)</b>	<b>(2,904)</b>

	<b>2018 (Restated)</b>	
	<b>Property, plant &amp; equipment £000s</b>	<b>Total £000s</b>
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(2,835)	(2,835)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	1,018	1,018
<b>Total value of impairments for the period</b>	<b>(1,817)</b>	<b>(1,817)</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

	Land	
	2019 £000s	2018 £000s
Opening Balance at 1 April	467	218
Transfers in	181	249
(Disposals)	(80)	0
Revaluation / (Impairment)	210	0
Closing Balance at 31 March	<u>778</u>	<u>467</u>

\* Transfers in of £181k is in respect of Land (see Note 5.1)

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

The amounts disclosed in 2018/19 refers to land assets at the following sites: Carnview (Sold November 2018), Rathmoyle, Ballee, Moylinney, Audley and MUH Laneway. The latter five remain as held for sale at 31 March 2019.

#### NOTE 10 INVENTORIES

Classification	2019 £000s		2018 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	2600	2600	2192	2192
Building & engineering supplies	96	96	80	80
Laboratory materials	253	253	12	12
Heat, light and power	214	214	216	216
Other	150	150	112	112
<b>Total</b>	<u><b>3,313</b></u>	<u><b>3,313</b></u>	<u><b>2,612</b></u>	<u><b>2,612</b></u>

The above total includes £370k in stock across the Trust ordered specifically in respect of EU Exit contingency.

#### NOTE 11 CASH AND CASH EQUIVALENTS

	2019 £000s			2018 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Balance at 1st April	1,190	219	1,409	1,617	142	1,759
Net change in cash and cash equivalents	651	311	962	(427)	77	(350)
<b>Balance at 31st March</b>	<u><b>1,841</b></u>	<u><b>530</b></u>	<u><b>2,371</b></u>	<u><b>1,190</b></u>	<u><b>219</b></u>	<u><b>1,409</b></u>

The following balances at 31 March were held at	2019 £000s			2018 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Commercial banks and cash in hand	1,841	530	2,371	1,190	219	1,409
<b>Balance at 31st March</b>	<u><b>1,841</b></u>	<u><b>530</b></u>	<u><b>2,371</b></u>	<u><b>1,190</b></u>	<u><b>219</b></u>	<u><b>1,409</b></u>

#### NOTE 11.1 RECONCILIATION OF LIABILITIES ARISING FROM FINANCIAL ACTIVITIES

Amendments to IAS 7 introduced a requirement for an entity to provide disclosures that enabled users of the financial statements to evaluate changes in liabilities arising from financing activities, including both cash and non-cash changes. The liabilities disclose should be tailored to each entity's financing activities. IAS 7 does not mandate a template but below is a suggestion of how this requirement could be met. Entities are free to disclose the requirements of IAS 7 in other formats including net debt reconciliations. Narrative disclosures are also permitted, especially where there are no/minimal movements in year. Comparative information is not required in the first year of application of the amendment.

The Trust did not have any liabilities arising from financial activities (GiA receipt) in 2018/19.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2019 £000s			2018 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Amounts falling due within one year</b>						
Trade receivables	9,629	0	9,629	8,846	0	8,846
VAT receivable	5,204	0	5,204	5,698	0	5,698
Other receivables - not relating to fixed assets						
	1,823	28	1,851	1,627	22	1,649
<b>Trade and other receivables</b>	<b>16,656</b>	<b>28</b>	<b>16,684</b>	<b>16,171</b>	<b>22</b>	<b>16,193</b>
Prepayments	1,738	0	1,738	2,001	2	2,003
Accrued income	1,719	0	1,719	1,568	0	1,568
Contract assets	0	0	0	0	0	0
<b>Other current assets</b>	<b>3,457</b>	<b>0</b>	<b>3,457</b>	<b>3,569</b>	<b>2</b>	<b>3,571</b>
<b>Intangible current assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amounts falling due after more than one year</b>						
Trade and other receivables	0	0	0	0	0	0
Other current assets falling due after more than one year	0	0	0	0	0	0
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>16,656</b>	<b>28</b>	<b>16,684</b>	<b>16,171</b>	<b>22</b>	<b>16,193</b>
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>3,457</b>	<b>0</b>	<b>3,457</b>	<b>3,569</b>	<b>2</b>	<b>3,571</b>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>20,113</b>	<b>28</b>	<b>20,141</b>	<b>19,740</b>	<b>24</b>	<b>19,764</b>

The balances are net of a provision for bad debts of £1,397k (2018 £1,305k)

Prior year figures have been reclassified between categories.

**FINANCIAL STATEMENTS**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019**

**NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES**

**13.1 Trade payables and other current liabilities**

	<b>2019</b>			<b>2018</b>		
	<b>£000s</b>			<b>£000s</b>		
	<b>Trust</b>	<b>CTF</b>	<b>Consolidated</b>	<b>Trust</b>	<b>CTF</b>	<b>Consolidated</b>
<b>Amounts falling due within one year</b>						
Other taxation and social security	14,443	0	14,443	15,399	0	15,399
Trade capital payables - property, plant and equipment	5,873	0	5,873	4,583	0	4,583
Trade capital payables - intangibles	99	0	99	1	0	1
Trade revenue payables	21,293	0	21,293	21,011	0	21,011
Payroll payables	30,392	0	30,392	30,393	0	30,393
Clinical negligence payables	60	0	60	65	0	65
BSO payables	622	0	622	1,115	0	1,115
Other payables	69	42	111	70	78	148
Accruals	6,714	0	6,714	8,381	0	8,381
Accruals - relating to property, plant and equipment	204	0	204	190	0	190
Deferred income	721	0	721	620	0	620
Contract liabilities	0	0	0	0	0	0
<b>Trade and other payables</b>	<b>80,490</b>	<b>42</b>	<b>80,532</b>	<b>81,828</b>	<b>78</b>	<b>81,906</b>
<b>Other current liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Carbon reduction commitment	348	0	348	393	0	393
<b>Intangible current liabilities</b>	<b>348</b>	<b>0</b>	<b>348</b>	<b>393</b>	<b>0</b>	<b>393</b>
<b>Total payables falling due within one year</b>	<b>80,838</b>	<b>42</b>	<b>80,880</b>	<b>82,221</b>	<b>78</b>	<b>82,299</b>
<b>Total non current other payables</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<b>80,838</b>	<b>42</b>	<b>80,880</b>	<b>82,221</b>	<b>78</b>	<b>82,299</b>

The Trust did not have any loans payable at either 31 March 2019 or 31 March 2018.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 14 PROMPT PAYMENT POLICY

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

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

	2019		2018	
	Number	Value £000s	Number	Value £000s
Total bills paid	265,720	363,935	258,421	348,953
Total bills paid within 30 days of receipt of an undisputed invoice*	245,800	344,872	241,397	330,319
% of bills paid within 30 days of receipt of an undisputed invoice	<b>92.5%</b>	<b>94.8%</b>	<b>93.4%</b>	<b>94.7%</b>
Total bills paid within 10 day target	202,390	294,623	196,021	282,919
% of bills paid within 10 day target	<b>76.2%</b>	<b>81.0%</b>	<b>75.9%</b>	<b>81.1%</b>

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

	£
Amount of compensation paid for payment(s) being late	15,040
Amount of interest paid for payment(s) being late	2
<b>Total</b>	<b>15,042</b>

This is also reflected as a fruitless payment in the Assembly Accountability Disclosure Notes.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2019

	Clinical negligence £000s	Other £000s	2019 £000s
<b>Balance at 1 April 2018</b>	58,911	4,767	63,678
Provided in year	3,869	760	4,629
(Provisions not required written back)	(19,820)	(308)	(20,128)
(Provisions utilised in the year)	(1,747)	(825)	(2,572)
Cost of borrowing (unwinding of discount)	(2,085)	(15)	(2,100)
<b>At 31 March 2019</b>	<b>39,128</b>	<b>4,379</b>	<b>43,507</b>

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

A change in discount rates has resulted in an overall decrease in the amount provided in year. This has particularly impacted the clinical negligence provision where the Trust has expected or actual future payments.

#### Comprehensive Net Expenditure Account charges

	2019 £000s	2018 £'000
Arising during the year	4,629	30,069
Reversed unused	(20,128)	(5,671)
Cost of borrowing (unwinding of discount)	(2,100)	(309)
	<b>(17,599)</b>	<b>24,089</b>

#### Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2019 £000s
Not later than 1 year	6,290	747	7,037
Later than 1 year and not later than 5 years	4,787	779	5,566
Later than 5 years	28,051	2,853	30,904
At 31 March 2019	<b>39,128</b>	<b>4,379</b>	<b>43,507</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2018

	Clinical negligence £000s	Other £000s	2018 £000s
Balance at 1 April 2017	43,004	4,953	47,957
Provided in year	29,347	722	30,069
(Provisions not required written back)	(5,536)	(135)	(5,671)
(Provisions utilised in the year)	(7,600)	(768)	(8,368)
Cost of borrowing (unwinding of discount)	(304)	(5)	(309)
At 31 March 2018	<b>58,911</b>	<b>4,767</b>	<b>63,678</b>

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

#### Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2018 £000s
Not later than 1 year	7,523	965	8,488
Later than 1 year and not later than 5 years	3,782	773	4,555
Later than 5 years	47,606	3,029	50,635
At 31 March 2018	<b>58,911</b>	<b>4,767</b>	<b>63,678</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 16 CAPITAL COMMITMENTS

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

	2019 £000s	2018 £000s
Property, plant & equipment	730	2,146
	<u>730</u>	<u>2,146</u>

#### NOTE 17 COMMITMENTS UNDER LEASES

##### 17.1 Finance Leases

The Trust did not have any finance leases as at 31 March 2019 or 31 March 2018.

##### 17.2 Operating Leases

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

	2019 £000s	2018 £000s
<b>Obligations under operating leases comprise</b>		
<b>Buildings</b>		
Not later than 1 year	738	683
Later than 1 year and not later than 5 years	853	952
Later than 5 years	29	77
	<u>1,620</u>	<u>1,712</u>
<b>Other</b>		
Not later than 1 year	97	78
Later than 1 year and not later than 5 years	102	83
Later than 5 years	0	0
	<u>199</u>	<u>161</u>

#### NOTE 17 COMMITMENTS UNDER LESSOR AGREEMENTS

##### 17.3 Operating Leases

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

	2019 £000s	2018 £000s
<b>Obligations under operating leases issued by the Trust comprise</b>		
<b>Land &amp; Buildings</b>		
Not later than 1 year	117	97
Later than 1 year and not later than 5 years	166	223
Later than 5 years	599	629
	<u>882</u>	<u>949</u>

The Trust acts as a lessor in the following arrangements: 1) SRCL Ltd - whereby the Trust has a leasing arrangement with the organisation receiving 398,000kgs of clinical waste treated annually, without charge, in return for the leasing of part of the service yard in Antrim Area Hospital. The Trust recovers the costs of utilities in respect of this facility. In 2018/19 this benefit was estimated to be valued at £180K; 2) Grazing Land - a small amount of land is leased to private individuals; 3) Joymount Carpark is leased to a local council; 4) Boots Chemist lease is part of Ballymena Health and Care Centre; 5) The reservoir at Holywell Hospital is leased to an angling association; and 6) A shop in Causeway Hospital is leased to a local business.



## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

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

The Trust had no off balance sheet (SoFP) PFI and other service concession arrangements schemes in 2018/19 and 2017/18.

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

The Trust had no on balance sheet (SoFP) PFI contracts and other service concession arrangements in 2018/19 and 2017/18.

#### NOTE 19 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2019 or 31 March 2018.

#### NOTE 20 CONTINGENT LIABILITIES

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

	2019 £000s	2018 £000s
Clinical negligence	1,287	1,605
Public liability	29	11
Employers' liability	250	124
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
Total	<u>1,566</u>	<u>1,740</u>

##### Unquantifiable Contingent Liabilities

The discount rate which courts in England and Wales must take into account when awarding compensation for future losses in a lump sum in personal injury cases changed to -0.75% in March 2017. The Government subsequently legislated to change how the rate in England and Wales is set and the first review of the rate in that jurisdiction under the new legal framework introduced by the Civil Liability Act 2018 is being carried out. The Department of Justice has power to prescribe the discount rate for NI (in consultation with the Government Actuary and the Department of Finance). Secondary legislation to change the discount rate for Northern Ireland under the current legal framework has not been taken forward in the absence of a Minister, although the Department of Justice is keeping the rate under review in the context of the NI (Executive Formation and Exercise of Functions) Act 2018 and having regard to ongoing legislative developments in the rest of the UK. In these circumstances, it has not been possible at this time to quantify the potential impact on the Trust of any change in the discount rate. Changing the legal framework for setting the rate in NI would require primary legislation.

## **FINANCIAL STATEMENTS**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019**

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

#### **Court of Appeal judgment on backdated PSNI Holiday Pay**

On 17 June 2019 the Court of Appeal ruled in respect of Northern Ireland Industrial Tribunal's November 2018 decision on cases taken against the PSNI on backdated Holiday Pay. It is recognised that the final detail remains to be determined by the Industrial Tribunal who will be guided by the Court of Appeal's Judgement.

This is an extremely rare and complex case with a significant number of issues that still need to be resolved, including further legal advice with regards to the Judgement; the scope; timescales; process of appeals and engagement with Trade Unions. The legal issues arising from this judgment and the implications for the Northern Ireland Civil Service (NICS) and wider public sector will need further consideration. The Department of Finance (DoF) is leading a piece of work across the NICS, reviewing the implications for each of the major staffing groups across the public sector.

Until there is further clarity when this work has concluded, and based on the inherent uncertainties in the final decision that will be made, a reliable estimate cannot be provided at this stage

#### **NOTE 20.1 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT**

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

The Trust did not have any financial instruments at either 31 March 2019 or 31 March 2018.

The Trust has not entered into any quantifiable guarantees, indemnities or provided any letters of comfort.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 22 RELATED PARTY TRANSACTIONS

The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 – Related Party Transactions. A Trust register is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

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

#### HSC Bodies

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

#### Non-Executive Directors

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

2018-19	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Human Tissue Authority	Human Tissue Regulatory Body	4	0	0	0
Northern Ireland Water	Water Services	791	0	54	0
Northern Ireland Housing Executive	Housing Authority	35	224	0	0
Belfast Metropolitan College	Education & Training	1	0	0	0
NI Chest, Heart & Stroke Association	Registered Chest, Heart & Stroke Charity	41	0	0	0
NI Medical and Dental Training Agency	Postgraduate Medical Education	0	6,123	0	0

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

Mr Glen Houston (Non-Executive Director) is a Non-Executive Director of the Human Tissue Authority.

Mr Jim McCall (Non-Executive Director) is a Non-Executive Director of Northern Ireland Water and Northern Ireland Housing Executive, and is a member of the Board of Governors of Belfast Metropolitan College.

Mr Stewart Cuddy (Non-Executive Director) is an Independent Audit Committee Member of the NI Chest, Heart and Stroke Association. (Left: 31 August 2018).

Mr Paul Corrigan (Non-Executive Director) was a Lay Representative with Northern Ireland Medical and Dental Training Agency until 30 June 2018.

<b>2017-18</b>	<b>Service Provided by Organisation</b>	<b>Payments to Related Party £000s</b>	<b>Income from Related Party £000s</b>	<b>Amounts owed to Related Party £000s</b>	<b>Amounts due from Related Party £000s</b>
Human Tissue Authority	Human Tissue Regulatory Body	4	0	0	0
Northern Ireland Water	Water Services	711	0	38	0
Northern Ireland Housing Executive	Housing Authority	49	239	0	5
Belfast Metropolitan College	Education & Training	6	0	0	0
NI Medical and Dental Training Agency	Postgraduate Medical Education	0	6,080	0	0
NI Chest, Heart & Stroke Association	Registered Chest, Heart & Stroke Charity	55	0	0	0
The Regulation and Quality Improvement Authority	Health & Social Care Regulatory Body	0	12	0	0

Interests in the Regulation and Quality Improvement Authority was declared by the following Board member during 2017/18:-

Mr William Graham (Non-Executive Director) is a member of the Direct Labour Organisation Performance and Development Committee of the Board of Northern Ireland Housing Executive, and has a family member employed with The Regulation and Quality Improvement Authority.

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

## **Other Board Members and Senior Managers**

In a similar way, some other Trust Board members and Senior Managers have disclosed interests in organisations from which the Trust purchase services in 2018-19. The details are set out below. Again, the officers listed had no involvement in the decisions to procure the services from the organisations concerned.

<b>2018-19</b>	<b>Service Provided by Organisation</b>	<b>Payments to Related Party £000s</b>	<b>Income from Related Party £000s</b>	<b>Amounts owed to Related Party £000s</b>	<b>Amounts due from Related Party £000s</b>
Northern Ireland NHS Confederation	NI Health & Social Care Representative Group	18	0	0	0
Healthcare Financial Management Association	Healthcare Financial Management & Governance Representative Group	5	0	0	0
Aware (Mental Health Voluntary Group)	Registered Mental Health Charity	2	0	0	0
Macklin Group	Private Nursing Homes	4,253	0	40	0

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

Dr Anthony Stevens (Chief Executive) is Chair of the Northern Ireland NHS Confederation.

Mr Owen Harkin (Executive Director of Finance) is Chair of NI Branch, member of Board of Trustees and Vice President for national organisation of Healthcare Financial Management Association.

Mrs Eileen McEaney (Executive Director of Nursing) has a family member employed with Aware (Mental Health Voluntary Group).

Mr Oscar Donnelly (Executive Director of Mental Health) Macklin Group is owned by relatives (Private Nursing Homes).

<b>2017-18</b>	<b>Service Provided by Organisation</b>	<b>Payments to Related Party £000s</b>	<b>Income from Related Party £000s</b>	<b>Amounts owed to Related Party £000s</b>	<b>Amounts due from Related Party £000s</b>
Northern Ireland NHS Confederation	NI Health & Social Care Representative Group	10	0	0	0
Healthcare Financial Management Association	Healthcare Financial Management & Governance Representative Group	5	0	0	0
Aware (Mental Health Voluntary Group)	Registered Mental Health Charity	2	0	0	0

### **NOTE 23 THIRD PARTY ASSETS**

The Trust held £6,381k cash at bank and in hand at 31 March 2019 which relates to monies held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 24 Financial Performance Targets

##### 24.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for NHSCT is calculated as follows:

	<b>2019 Total £000s</b>	<b>2018 Total £000s</b>
HSCB	704,062	669,550
PHA	8,371	8,018
SUMDE & NIMDTA	6,117	5,525
Non cash RRL (from DoH)	2,234	44,419
<b>Total agreed RRL</b>	<b>720,784</b>	<b>727,512</b>
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(63)	(69)
Adjustment for Research and Development under ESA10	634	561
<b>Total Revenue Resource Limit to Statement Comprehensive Net Expenditure</b>	<b>721,355</b>	<b>728,004</b>

##### 24.2 Capital Resource Limit

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

	<b>2019 Total £000s</b>	<b>2018 Total £000s</b>
Gross capital expenditure	17,261	12,966
Less charitable trust fund capital expenditure (Receipts from sales of fixed assets*)	(63) (80)	(69) 0
Net capital expenditure	17,118	12,897
Capital Resource Limit	17,754	13,480
Adjustment for Research and Development under ESA10	(634)	(561)
<b>Overspend/(Underspend) against CRL</b>	<b>(2)</b>	<b>(22)</b>

\* Receipts from sales will be the lower of the NBV of the asset and the net sale proceeds.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### 24.3 Financial Performance Targets

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

	<b>2018/19</b> <b>£000s</b>	<b>2017/18</b> <b>£000s</b>
Net Expenditure	(721,302)	(727,345)
RRL	<u>721,355</u>	<u>728,004</u>
Surplus / (Deficit) against RRL	53	659
Break Even cumulative position (opening)	(4,246)	(4,905)
Break Even cumulative position (closing)	<u><u>(4,193)</u></u>	<u><u>(4,246)</u></u>
<b>Materiality Test:</b>		
	<b>2018/19</b>	<b>2017/18</b>
	<b>%</b>	<b>%</b>
Break Even in year position as % of RRL	<u>0.01%</u>	<u>0.09%</u>
Break Even cumulative position as % of RRL	<u>-0.58%</u>	<u>-0.58%</u>

The NHSCT has achieved it's breakeven target in 2018/19.

#### NOTE 25 EVENTS AFTER THE REPORTING PERIOD

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

#### Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 26 June 2019



## **FINANCIAL STATEMENTS**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019**

#### **STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES**

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

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

**FINANCIAL STATEMENTS**

**Year Ended 31 March, 2019**

**ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS / RESIDENTS**

Previous Year	<b>RECEIPTS</b>		
£		£	£
5,050,000	Balance at 1 April, 2018	5,550,000	
235,401	1. Investments (at cost)	452,884	
8,071	2. Cash at Bank	9,110	6,011,994
	3. Cash in Hand		
3,376,992	Amounts Received in the Year		2,988,491
13,507	Interest Received		18,987
<b>8,683,971</b>	<b>TOTAL</b>		<b>9,019,472</b>
<b>PAYMENTS</b>			
2,671,977	Amounts Paid to or on behalf of Patients/Residents		2,638,991
	Balance at 31 March, 2019		
5,550,000	1. Investments (at cost)	5,950,000	
452,884	2. Cash at Bank	422,271	
9,110	3. Cash in Hand	8,210	6,380,481
<b>8,683,971</b>	<b>TOTAL</b>		<b>9,019,472</b>
<b>Schedule of Investments held at 31 March, 2019</b>			
Cost Price £		Nominal Value £	Cost Price £
5,550,000	<b>Investment</b>		
	Invested: 02/10/18 to 02/10/19	3,000,000	3,000,000
	Invested: 22/02/19 to 22/08/19	300,000	300,000
	Invested: 22/03/19 to 20/09/19	2,650,000	2,650,000

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



**Director of Finance**

Date **13/6/19**

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



**Chief Executive**

Date **13/6/2019**

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

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

#### **Opinion on account**

I certify that I have audited Northern Health and Social Care Trust's (the "Trust") account of monies held on behalf of patients and residents for the year ended 31 March 2019 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of the Northern Health and Social Care Trust for the year ended 31 March 2019 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

#### **Opinion on regularity**

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

#### **Basis of opinions**

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

#### **Responsibilities of the Trust for the account**

The Trust is responsible for the preparation of the account.

#### **Auditor's responsibilities for the audit of the account**

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

My objectives are to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

**Matters on which I report by exception**

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

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

**Report**

I have no observations to make on this account.



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

*26 June 2019*

## **GLOSSARY**

AAH	Antrim Area Hospital
AFC	Agenda for Change
AHPs	Allied Health Professionals
APPTS	Accreditation Programme for Psychological Therapy
ARK	Antibiotic Review Kit
ASD	Autistic Spectrum Disorder
ASSIST	Advice Support Services and Initial Screening Team
BIS	Brief Intervention Service
BMJ	British Medical Journal
BSO	Business Services Organisation
CAPA	Choice and Partnership Approach
CARE	Career Average Revalued Earnings
CT	Computed Tomography
CAS	Controls Assurance Standard
CBRN	Chemical, Biological, Radiological, Nuclear
CDIFF	Clostridium Difficile
CEIS	Children's Early Intervention Services
COSHH	Control of Substances Hazardous to Health
DAU	Direct Assessment Unit
DoH	Department of Health
DoF	Department of Finance
DPU	Day Procedure Unit
EEEG	Engagement, Experience and Equality Group
ENT	Ear, Nose and Throat
ERS	Endoscopy Reporting System
EU	European Union
FReM	Financial Reporting Manual
GDC	General Dental Council
GDPR	General Data Protection Regulation

GMC	General Medical Council
HAI	Hospital Acquired Infection
HCAI	Healthcare Acquired Infection
HSCB	Health and Social Care Board
HSENI	Health and Safety Executive Northern Ireland
IAA	Information Asset Administrators
IAO	Information Asset Owners
ICO	Information Commissioner's Office
ICT	Information Communication Technology
IDDSI	International Diet Descriptors Standardisation Initiative
IG	Information Governance
IHI	Institute of Health Improvement
IHRD	Inquiry into Hyponatraemia Related Deaths
IQI	Innovation and Quality Improvement
IPC	Infection Prevention and Control
ISO	International Organisation for Standardisation
ITS	Information Technology Services
JAG	Joint Advisory Group
LTR	Light Touch Regime
MHRA	Medicines and Healthcare Products Regulatory Agency
MPMNI	Managing Public Money NI
MRI	Magnetic Resource Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus
MSFM	Management Statement Financial Management
MSK	Musculoskeletal
MTC	Measured Term Contracts
N/A	Not Applicable
NAD	National Endoscopy Database
NEST	National Employment Saving Trust
NHSCT	Northern Health and Social Care Trust

NICE	National Institute of Health and Care Excellence
NIMDTA	Northern Ireland Medical and Training Agency
NIPSO	NI Public Services Ombudsman
OSC	Oversight Scrutiny Committee
OT	Occupational Therapy/Therapist
PCC	Patient Client Council
PHA	Public Health Agency
POC	Programme of Care
POPI	Processing of Personal Information for Managers
PPI	Personal and Public Involvement
PSNI	Police Service Northern Ireland
PSSC	Payroll Shared Services Centre
Q2020	Quality 2020
QI	Quality Improvement
QUB	Queen's University Belfast
RAMP	Reform and Modernisation Programme
RF	Red Flag
RQIA	Regulation and Quality Improvement
SAI	Serious Adverse Incident
SBA	Service and Budget Agreement
SCD	Special Care Dental
SIRO	Senior Information Risk Owner
SLT	Speech and Language Therapy
TDP	Trust Delivery Plan
UK	United Kingdom
UU	University of Ulster
VOIP	Voice Over Internet Protocol
WEEE	Waste Electrical and Electronic Equipment