

# Annual Report and Accounts 2019-2020

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Northern Health and Social Care Trust  
Annual Report and Accounts  
for the year ended 31 March 2020

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On

8 July 2020



Northern Health  
and Social Care Trust

# Annual Report 2019/20

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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 2020.

To say that 2019/20 has been an interesting and challenging year would be an understatement and for very different reasons.

The year began with the necessary focus on transformation of health and social care services to meet increasing demand. I have been extremely impressed with the way this requirement has been enthusiastically embraced by staff at all levels right across the organisation. The need is recognised and the continuous drive for innovation and quality improvement is evident. Inevitably, that depends on a level and depth of creativity that is only possible through frontline experience gained in delivering services on the ground on a daily basis.

I was delighted when the Department of Health (DoH) in the Autumn of 2019, granted funding for the roll-out of an integrated care prototype across the Northern Health and Social Care Trust (the Trust) area. The objective of this has been to challenge traditional thinking and practice in relation to how services are commissioned and delivered and to develop a model for a truly integrated health and social care system. At its heart will be service users and communities and with all relevant partners across the wider HSC family working together for a common aim. We look forward to the final report which will point the way for change across the region.

Of course the emergence of the significant threat posed by COVID-19 in the final quarter of the year changed our way of life and the priorities for all of us. That battle, with its unique challenges continues. It has forced us to look at the way that we deliver many services and to make temporary but necessary changes to some of our practice. Once again there will be examples of innovative ways of doing things, some of which may be continued as we emerge from the current environment and return to some form of normality.

Finally, and as always, 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 all those who need and depend upon it. Through its examples and content, I hope that this report does them justice and adequately reflects the endeavour of them all as individuals and collectively in the teams in which they work.



**Mr Bob McCann - Chairman**  
**25 June 2020**

## **PERFORMANCE REPORT**

### **PERFORMANCE OVERVIEW**

#### **Purpose**

This section of the report presents the Chief Executive's perspective on the Trust's performance over the period 2019/20. 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.

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

This report records the achievements and challenges of a significant year for the Trust. It was a year during which we continued to transform our services, both in the community and in our hospitals, utilising the second year of regional transformation funding. We did this through strengthened partnerships, with the people we serve, the general practitioners we work alongside and our own staff. Our Reform and Modernisation Programme (RAMP), now in its fourth year, was at the heart of everything we did.

I would highlight the regional integrated care prototype, on which we lead, in partnership with general practitioners in our geographical area. Together we have successfully demonstrated the benefits of closer cooperation and shared leadership in the planning and delivery of services, most notably the rapid roll out of multidisciplinary teams in primary care and the delivery of anticipatory care in nursing homes. This new way of working has been crucial to our response to the COVID-19 pandemic. It has also signposted a way forward for our region, working across primary, secondary and community care interfaces. We are grateful for the support we received from our DoH colleagues in the delivery of the prototype.

During the year we have continued to build on our previous success in achieving Investors in People accreditation and creating 'a great place to work'. We received feedback from our staff in relation to their experience of working in the Trust through the regional staff survey and worked to respond to feedback by investing in a range of health and wellbeing support, updating leadership development pathways, creating a 'benefits brochure' to help current and prospective staff understand what we offer, and focusing on ensuring open and effective communication throughout the Trust.

The report highlights our success in finding innovative solutions to our challenges and our continuing commitment to quality improvement.

## PERFORMANCE REPORT

During the year we managed the impact of regional industrial action. We appreciated the professionalism of our staff and their trade union representatives in ensuring that patients and clients requiring urgent care were always prioritised. However, we would recognise that many of our services were already facing significant strategic and demographic challenges, and these same services are now facing the profound and long lasting impact of the COVID-19 pandemic.

I would want to acknowledge the courage and commitment of all our staff and partners in preparing for and facing into the COVID-19 crisis. I am left with nothing but immense respect and gratitude for our people and partners. The rebuilding of our services through Project Reset is now a crucial priority which we will take forward together.

Finally, I want to pay tribute to Dr Stevens, our previous Chief Executive, who left the Trust on 31 March 2020. On behalf of the Trust I want to thank him for his commitment and dedication and convey our sincere best wishes for the future.

### **The Trust**

#### *Purpose and Activities*

The Trust became operational on 1 April 2007. It has an annual income of around £866m (revenue) and £15m (capital) and employs around 12,500 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 delivery, planning and reforming of its services, all staff are guided by the new Health and Social Care Values for All – Working Together, Excellence, Openness and Honesty, and Compassion.

#### *Principal Objectives*

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



## PERFORMANCE REPORT

- 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. RAMP encapsulates key regional strategies including 'Transforming Your Care', 'Quality 2020' and 'Making Life Better'. It is also entirely complementary to 'Health and Wellbeing 2026 – Delivering Together' and facilitates transformation through reform of services as one of its 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. 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;
- 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 specialties, nursing and home care workers;
- COVID-19 - Mitigating and managing the uncertainties regarding the longer term impact on the delivery of our services due to the Pandemic; and
- EU Exit – planning and adapting to ensure service delivery in light of potential impacts on the changing environment in which we operate.

## PERFORMANCE REPORT

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. The operational divisions are: Community Care; Surgical and Clinical Services; Medicine and Emergency Medicine; Mental Health, Learning Disability 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 and Ombudsman measures.

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

#### *Implementation of Mental Capacity Act (NI) 2016 legislation*

Significant work has been undertaken to prepare the workforce for the implementation of the Mental Capacity Act (NI) 2016 (MCA). This has served to ensure safe and effective care to service users ensuring that no-one is subject to a deprivation of liberty without consideration of their capacity, presenting risks and proportionality of the deprivation. Ongoing training and development opportunities are provided to staff and engagement took place with stakeholders both within the Trust and regionally, to ensure the effective delivery and implementation of this new vital legislation.

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### *Nurse Recruitment and Retention*

There is currently a national and regional shortage of registered nurses, resulting in significant use of agency nurses to meet the Trust's duty of quality and provision of safe staffing levels. Through transformation funding, there was significant investment in Band 6 registered nurses in acute hospitals resulting in an uplift of over 40 whole time equivalent Band 6 nurses from Band 5. This supported retention of nurses and contributed to improving safety and quality of nursing care. A rolling programme of recruitment days took place across sites. The success of this proactive recruitment campaign was evidenced by an ongoing reduction in nurse vacancies across the Trust. Nurse recruitment teams also attended Graduate fairs at national universities and visited pre-registration nurses at Queen's University Belfast and Ulster University, offering interviews prior to graduation with conditional offer of posts three months in advance of graduation. Furthermore, an Open University pre-registration course facilitated Trust staff to attain graduate nursing status.

### *Future Nurse Future Midwife*

A significant programme of work was undertaken to provide assurance of Trust readiness to implement the new Nursing and Midwifery Council Future Nurse Future Midwife Education standards from September 2020.

### *Infection, Prevention and Control (IPC)*

An increased incidence of CPE (Carbapenemase Producing Enterobacterales) was reported in April 2019 and managed through the Trust's Outbreak Control Policy. During January 2020 the IPC team led on many of the planning arrangements for containment of COVID-19.

### *Diabetes Foot Care Pathway*

A Diabetes Foot Care pathway was rolled out across the Trust to ensure risk stratification is carried out for all people diagnosed with Diabetes whilst providing timely access to an appropriate intervention to manage diabetic foot care needs at different stages of complexity and risk.

### *Falls Learning Outcomes*

The Falls Prevention Team led the investigation of in-patient falls considered to be moderate to catastrophic in harm, followed up with timely dissemination of learning outcomes to relevant Trust wards and the Public Health Agency. Compliance of the Royal College of Physicians evidence-based FallSafe bundle was monitored on a monthly basis.

### *Purposeful Inpatient Admission (PiPA)*

An inpatient ward model was introduced in Tobernavreen Lower ward at Holywell Hospital, with a view to scale and roll out across other inpatient wards. The PiPA model ensures a review and plan of a patient's hospital stay on a daily basis to reduce the time they spend in hospital and to support them to leave as soon as they are well enough.

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### *Towards Zero Suicide Patient Safety Collaborative*

The 'Towards Zero Suicide Collaborative Programme' was launched in Northern Ireland in December 2019. The Trust is part of this five-Trust patient safety initiative, set up to identify, test and implement best practice in suicide prevention across mental health services and prison healthcare.

### *Community Mental Health Services*

Magherafelt Community Mental Health Team successfully gained Accreditation for Community Mental Health Services with the Royal College of Psychiatrists in February 2020.

### *Integrated Care Pathways in Child Health*

Child Health Teams provided timely access for children and young people where there were concerns about their emotional health and wellbeing through the development of the Single Point of Contact (SPoC) and integrated care pathways.

### *Corporate Parenting*

The number of children who are Looked After by the Trust has increased. There is a regional shortage of foster care placements and other types of placements that children and young people require to meet their assessed needs. Despite this, the Trust had the lowest number of children who go missing from care, and admissions to secure accommodation, compared to other Trusts in NI.

### *Joint UK Baby Friendly Initiative*

The Trust's Maternity and Health Visiting Service achieved the first joint UK Baby Friendly Initiative Gold Star Award. This accreditation is based on a set of linked standards for maternity, health visiting, neonatal and children's services.

### *Practice Learning in Case Management*

Practice learning workshops were delivered in relation to Case Management Reviews for multi-disciplinary staff groups who work with children and young people.

### *Portering*

An Innovation and Quality Improvement Project was undertaken to enhance safe delivery of blood components to wards.

### *Medicine and Emergency Medicine*

Learning from staff and service user experiences led to a quality improvement in medical handover processes from day to evening. The initiative was selected for showcasing at a UK Patient Safety Conference.

### *Palliative Care*

Palliative care key worker training for District Nursing Sisters continued and is integral to the provision of a high level of palliative care and support to individuals, their families and carers.

## PERFORMANCE REPORT

### *Discharge Follow-up Service*

A Pharmacy Discharge Follow-Up Service commenced in August 2019 and since its introduction, the team has had very positive outcomes. There was a decrease in the readmission rate for those patients who received the service.

### *Gentamicin Prescription Chart*

A Gentamicin chart was introduced in Causeway to help improve Gentamicin prescribing following pharmacy engagement with medical nursing and microbiology staff. Results of an audit showed a significant increase in appropriate dosing and monitoring of levels following its introduction and the chart has been rolled out across other areas.

### *Renal Transplant Clinic*

A Pharmacist-led Renal Transplant Clinic was piloted over eight weeks. During the pilot, 23 patients were reviewed in clinic by the Renal Pharmacist, 153 interventions were made and of these, 87% led to improved patient care and better patient outcomes. Permanent funding has been obtained and the service continues.

### *Self-administration of Insulin (ISAM)*

A pharmacist-led pilot was undertaken to enable patients to self-administer insulin while in hospital. Feedback showed 94% of patients said they would participate again and there have been benefits in patient care.

### *Medical Appraisal*

A Regional Electronic Medical Appraisal System was implemented for consultant and staff grade, associate specialist and specialty doctors (including locums over three months). The system streamlined processes, enabled robust reporting mechanisms. Appraisals for all medical staff resulted in 99% completion.

**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 Programme*

Over the past year, 8,700 staff received training in quality improvement and the range of programmes offered at all levels was increased. Capability programmes included: Level 1 (incorporating Q2020); Level 2 IQI 'Pocket Sized' training; Safety Quality North (Level 2 QI standard); and Level 3 training in the form of access to external learning opportunities. Twelve staff qualified as Quality Improvement experts at Level 3 and a further 16 staff are due to complete Level 3 QI programmes in 2020. The Trust also expanded its STEP Programme (QI learning programme) for medical trainees. In addition, Data Clinics providing follow-up on post-IQI training were offered as was support in the form of IQI 'Go To' staff for advice. Six teams were presented with the IQI Team of the Month (the bi-monthly Trust award) for demonstrating the positive impact of innovation and quality improvement in care. Overall, the Trust has approximately 700 quality improvement ideas registered in action.

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### *IQI Networks*

The Trust has played a lead role in developing quality improvement (QI) infrastructure across the region and led on Northern Ireland inputs at international level. National funding has been secured through the Q Network for a joint QI project with the Ulster University.

### *COVID-19 – IQI Initiatives*

During the COVID-19 Pandemic, the Trust stepped down normal IQI activities and deployed staff to a range of response priorities including: deployment of devices and processes for virtual visiting and virtual end of life; establishment of isolation facilities for staff; production and distribution of comfort packs with essential items and information on self-care to staff in hospital and community facilities; and provision of essentials for patients who may have been admitted quickly to COVID-19 wards. Human factor interventions were also created and deployed to help identification of team members by role and first name when dressed in Personal Protective Equipment, thus helping to promote better communication and team working.

### *Medicine and Emergency Medicine Assessment Pathways*

Reform in Medicine and Emergency Medicine focused on assessment pathways, ensuring patients are treated appropriately through same-day emergency care services and only admitted to hospital if appropriate. There was expansion of Direct Assessment units on both Antrim Area and Causeway Hospital sites. The Antrim site implemented a Programmed Treatment Unit which provides outpatient interventions which previously would have required hospital admission. Both Emergency Departments implemented additional assessment pathways which have improved the four hour target attainment. An Anticipatory Care Model of proactive medical and Allied Health Professional care was developed in care homes in the Causeway locality. This is an innovative partnership approach to maximise the health and wellbeing of care home residents which will reduce reliance on secondary care services.

### *New 24-bedded Facility in Antrim*

A bed capacity deficit at Antrim Area Hospital site was partially addressed through the opening of a newly built 24-bedded modular facility in July 2019. This bright and spacious new ward modernises services and helps meet an ever increasing demand, by creating a dedicated inpatient area for the care of medical patients aged over 65.

### *Responsive Education and Collaborative Health (REaCH)*

The REaCH Team provides education to nursing care homes to enable older people to be cared for where they live. Since its implementation there has been an average yearly reduction of 30% in patient attendances at Emergency Departments and a reduced reliance on community nursing. Additional quality improvement initiatives included: a regional Unitary Tract Infect anti-microbial stewardship project; collaborative work with the Respiratory Team to manage aspiration pneumonia in residents; and the appointment of an interim Falls Awareness Nurse.

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### *Tissue Viability Team*

The Tissue Viability Team supported quality improvement work for pressure ulcer prevention strategies in new and expectant mothers. The Team piloted a risk assessment tool, 'Purpose T' and a bespoke maternity 'SSKIN' bundle to ensure that the use of medical devices for those who have an existing condition is not of concern.

### *Innovation in Allied Health*

The Speech and Language Therapy Team was the first in Northern Ireland to develop a training package in learning disability services, enabling service users to participate in recruitment and selection processes. The Occupational Therapy Service developed a unique Trust traceability system for community equipment which led to improvements for service users in the community. Community teams completed the Bridges© programme which focuses on personalised shared decision making in care. The AHP team in children's services used a co-production approach to improve communication with parents and families. This approach is being shared in health and social care across Northern Ireland.

### *Surgical and Clinical Improvements*

Surgical and Clinical Services improvements included: extended theatre sessions in Antrim Area Hospital as a response to pressures on theatre capacity; refurbishment of Antrim theatres; progression of the 'EQUIP' Programme to improve outcomes for patients with colorectal cancer undergoing surgery; testing of the Regional Cataracts Prototype at Mid Ulster Hospital; progression of the Emergency General Surgery Project to improve patient pathways and safety; and expansion of the Paediatric Day Surgery Outreach service at Causeway Hospital.

### *Job Planning*

The Trust put measures in place to address audit requirements in respect of Medical Job Planning. Processes were revised resulting in 92% completion of 2019/20 Job Plans for consultant medical staff.

### *Community Wellbeing*

A Diabetes Prevention Programme was introduced providing an evidence-based lifestyle programme promoting behaviour change to delay or prevent Type 2 diabetes.

A Northern Area Loneliness Network was established for clients and three locality Loneliness Networks were established with councils and community partners. The aim is to provide awareness, coordination and focus within communities on this growing public health issue.

### *Memory Rehabilitation Service*

A new Occupational Therapy-led Memory Rehabilitation service was implemented in Mental Health Services for Older People.

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### *CLEAR Dementia App*

A CLEAR Dementia Care © App was developed to provide information for carers and care staff on how to respond to people with dementia to reduce potential distress. The app will be free to download from iOS App Store and Google Play.

### *Model for Childcare Social Work*

A 'Signs of Safety' evidence-based model for child care social work practice was implemented to ensure that children and families are fully involved at all stages of assessment and care planning.

### *Home Care*

The Trust continued to promote home as the first choice for care. The number of people supported by domiciliary care at home increased from 5,181 in January 2019 to 5,313 in December 2019.

### *Community Occupational Therapy Reduction in Waiting Lists*

The Community Occupational Therapy Team recognised the challenge faced in achieving the regional target of 13 weeks from referral to commencement of therapy and through the implementation of a targeted action plan, reduced the waiting list by almost 50 percent.

### *Podiatry*

The Podiatry Service maintained a strong performance by ensuring the 13-week target to commence treatment was met throughout the year.

### *Palliative Care*

Palliative Care staff working in the MacMillan Unit in Antrim and across community services continued to focus on providing excellent end of life care, ensuring early identification of end-of-life care whilst also improving the experience of bereaved relatives.

### *Residential and Day Care*

Residential and Day Care Services continued to operate in local areas and respond to presenting needs whilst ensuring DoH Minimum Standards for quality care were met.

### *Catering*

The 'Mealtime Matters Pledge' was introduced, focusing on putting patients first and improving their experience whilst meeting nutritional needs. This is a regional initiative led by the Trust.

### *Acute and Community Domestic Services*

Domestic Services achieved the Customer Service Excellence Award and winner of the 2019 Northern Ireland British Institute of Cleaning Science Awards. The Northern Ireland Cleaning Supervisor of the Year was awarded to a Domestic Supervisor at Causeway Hospital and Cleaning Operative of the Year was awarded to a Domestic Services Assistant at Antrim Area Hospital.



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### *Linen Services*

A new, modernised laundry management system was implemented, promoting the importance of environmental awareness in the use of all resources.

### *Security Services*

A 'SALTO' security access control system was installed at all major Trust facilities. This will be introduced in community facilities in 2020/21.

### *Transport Service*

The Trust purchased 36 new vehicles and all new freight vehicles were completed with Rhino lining to meet infection control requirements.

### *Maternity*

A new care pathway for young mothers was developed involving focus groups with young women who were cared for by the service. This has provided continuity of care, reduced the number of professionals that young women see and has ensured specialist support and advice by a Teenage Pregnancy Midwife.

### *Child Health, Development and Emotional Wellbeing*

Services jointly delivered clinic sessions and sensory support and emotional and behaviour programmes to children with Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder, and their families.

### *Neighbourhood District Nursing*

A Neighbourhood District Nursing model of care was tested in the Causeway area by a team working in partnership with patients, carers, families, General Practitioners, and other health and social care professionals.

### *Residential Homes*

Trust residential homes continued to provide bed-based recovery services which respond rapidly to assist hospital discharges and avoid hospital admissions. The Trust's day care services provided time limited responses following discharge from the recovery service to support individuals whilst they are settling back into their own home.

### *Emotional Well-Being Service*

A Trust-wide Emotional Wellbeing Service was procured from the community and voluntary sector. It supports Primary Care in the provision of a range of support options to address identified needs of those experiencing mild to moderate mental health problems.

## PERFORMANCE REPORT

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

#### *Creating a Great Place to Work*

As part of the Reform and Modernisation programme, the Trust continued to build on a culture of 'creating a great place to work' where everyone feels they are treated fairly, where the development, contribution and care of staff is recognised as being as important and valued as the care of patients. The results of the regional 2019 Health and Social Care Staff Survey were very positive and showed a significant increase in employee engagement compared to results from the 2015 survey. The strategic workforce priorities support the Trust's corporate objectives.

#### *Values for All*

The Trust is working to transition to, and embed, the new HSC values of 'Working Together' 'Excellence' 'Openness and Honesty' and 'Compassion', launched in May 2019.

#### *i-matter*

The Trust's 'i-matter' hub provided a wealth of health and wellbeing information for staff. The site continues to be really well utilised with an average of 1341 visits each month.

#### *Mental Health Charter*

The Trust committed to the Equality Commission Northern Ireland Mental Health Charter in June 2019. As part of this, 'Schwarz' rounds were introduced, where staff can come together to reflect on the emotional and social aspects of working in healthcare.

#### *Flu Vaccination*

The Trust provided 4,566 Trust staff with their annual flu vaccination, 3,409 of whom were front line staff.

#### *Developing Leaders and Managers*

Two leadership conferences provided managers with the opportunity to interact with a wide range of speakers with experience and expertise in all aspects of leadership. The Trust also supported 103 staff throughout leadership development pathways and 17 medical consultants successfully completed the Trust's medical leadership development programme.

#### *Benefits Brochure*

A 'Creating a Great Place to Work - Benefits Brochure' was designed to improve awareness on the many benefits that are available to Trust employees.

#### *Recognising and Celebrating Staff Achievement*

Several events were held over the year to recognise staff, including our annual Chairman's Awards, Vocational Qualification Ceremony and Junior Appreciation events.

## PERFORMANCE REPORT

### *Raising Concerns Awareness*

A second Raising Concerns Awareness Week offered staff the opportunity to hear about the Trust's 'See Something, Say Something' campaign. Over 700 managers successfully completed Openness training.

### *Q2020*

Seventy percent of staff successfully completed Q2020 Level 1 training ensuring service improvement is one of the fundamentals underpinning the Trust's patient safety agenda.

### *Internal Communications*

The Trust's internal communications strategy was reviewed and updated with open access outside of the HSC network allowing staff to access the digital newsletter.

### *Doctor in Training*

The Trust strongly supports the Northern Ireland Medical and Dental Training Agency (NIMDTA) Valued Strategy and aims to ensure junior doctors receive excellent training and opportunities to fully contribute to services in health and social care. A Doctors in Training Group was established as a forum to support the transition of the current model of employment for junior doctors to a centralised 'one employer' for all. The Group will oversee Divisional 'Doctors in Training' groups - addressing induction, rota and attendance management, education and learning, and providing support for issues such as coroner cases, serious adverse incidents and reviewing junior doctor audits and service improvements. In addition, the Trust made changes to improve working conditions and work life balance and provide Junior Doctors Rotas a minimum of six weeks before they commence their new rotation.

Due to the COVID-19 Pandemic, the Trust worked closely with NIMDTA and other health and social care trusts to plan and support redeployment of doctors in training. Trainees received relevant training, induction to new workplaces, supervision and clear lines of reporting.

### *UK Recognition for Obstetrics and Gynaecology Training*

The Obstetric Team in Antrim received the Royal College of Gynaecologists 'TEF' Award, which recognises top training units in Obstetrics and Gynaecology in the UK, based on trainee feedback. The Team was in the top 10 performing units and highly commended for overall performance, obstetric and gynaecology training and professional development.

### *Social Care Leadership and Development*

An induction pack for student social workers and Practice Teachers was developed to prepare students for placement, and to introduce different tools for use by Practice Teachers to enhance student learning. A First Line Management development series was developed and a team leader forum was introduced to support the front line managers.

## PERFORMANCE REPORT

### *Allied Health*

Allied Health Professionals (AHPs) achieved the finalist position in the 2019 UK Advancing Healthcare Awards, runner up in the NHS Employers Award for Outstanding Achievement, and the Maximising Resources for Success Award. The Podiatry Team was part of a regional group which won Best Talent Management Initiative Award at the Chartered Institute of Personnel and Development People Management Awards. Five senior Allied Health Professionals completed a regional leadership programme. In addition, an Advanced Practitioner in Research and Development was appointed to help support and develop AHP staff to use their clinical professional knowledge and expertise in research-led evidence based practice.

### *Community Team*

Community Care underwent significant change during the past year and the directorate has undertaken a range of staff engagement events across all areas which are aimed at helping staff to remain engaged throughout the change process and to understand how change can benefit our service users. The Trust also provided a specific Homecare programme of engagement aimed at ensuring staff feel valued and supported and to allow them to contribute ideas about how to improve current working practices.

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

### *Integrated Care Prototype*

In line with regional strategies, such as Delivering Together and Making Life Better, the Trust is transforming services, focusing on improving the wellbeing of people, of reducing health inequality, and improving access to vital services. In the Northern area, a new 'Integrated Care Prototype' was formed to build better relationships between the Trust and General Practice in the area of population health. The Partnership has been testing how it can address population issues such as the growth in diabetes, or how we care for our frail, elderly population.

Within the last five years the number of people living in the Trust area with Type 2 Diabetes has increased by 25%. The partnership has brought together those from General Practice, the Trust, Community Pharmacy, services users and organisations such as Diabetes UK with the aim of improving the care of people with Type 2 Diabetes. It is delivering a potential new model of care that brings care closer to the patient in their own community and to stay healthier for longer.

A key aspect of the Integrated Care model is supporting frail, elderly residents who live in care homes. In the Trust area there are 58 care homes, with approximately 2000 residents. For these residents an admission to hospital can be very disturbing or distressing. The Integrated Care Partnership has developed an Anticipatory Care Plan which looks at the best interests of patients and is a way for families and care homes to think about their future care. It has already shown a reduction in attendances to Emergency Departments and a reduction in the number of ambulances attending care homes.

## PERFORMANCE REPORT

The Speech and Language Therapy Team provided an enhanced service whereby new urgent referrals were seen within two days. A bespoke pathway using Inhealth Care is also being developed. Dietitians worked with care homes to introduce a new digital monitoring system which enables monitoring of residents on a monthly basis and optimising their nutritional care. It has led to better communication with care home staff, more timely reviews and discharges from the service.

The Integrated Care Prototype in the Northern area is exploring how we commission proven new ways of integrated working with the aim of ensuring best practice across our whole system in Northern Ireland.

### *REaCH*

The Responsive Education and Collaborative Health (REaCH) Team worked collaboratively alongside a GP Federation participating in GP ward rounds within care homes for anticipatory care planning. The Trust is seeking to develop this service in the Mid-Ulster locality.

### *Innovation and Quality Improvement*

The Trust held its first Quality Improvement programme for service users in 2019/20 to provide service users with skills to lead in quality improvement projects that matter to them.

### *Dementia*

The appointment of a Dementia Service Improvement Lead for acute and community has been extremely positive. An important element of this work in 2020 is the implementation of a regional Dementia Care Pathway.

### *Medicine and Emergency Medicine*

Patient and carer experience has been at the heart of Medicine and Emergency Medicine service design, planning and delivery as it develops and embeds integrated pathways working alongside General Practitioners and community teams.

### *Involvement of People with a Learning Disability in Recruitment*

Two members of the Trust's Service User Involvement Forum attended recruitment and selection training, one of whom also successfully contributed to recruitment of a new psychologist to the Promote Service in January 2020. In addition, Community Treatment Services and Learning Disability Psychology were represented at the 'Involve Fest Public Health Agency Conference' in November 2019. This event was a celebration of Personal and Public Involvement across Health and Social Care.

### *Community Wellbeing*

The Health and Wellbeing Team worked with community planning partners on Take 5 Steps to Wellbeing initiatives developed to promote good health and wellbeing in the workplace, and within schools.

## PERFORMANCE REPORT

### *Support for Refugees*

The Trust continued to lead across the region to support Syrian Refugees to integrate into local communities. There are 86 families in receipt of support and a principal practitioner and health visitor for ethnic minorities have been employed to focus on working with wider stakeholders to ensure the needs of the families are met.

### *Young People*

The Trust established the 'SWITCH' Group made up of care experienced young people. The group provides feedback and influence on the services delivered to them and was successful in reaching the final of the NI Social Work Awards in 2019.

### *Mental Health of Primary School Children*

The 'CRASH' programme, developed by the Trust's Children's Early Intervention Service and The Royal College of Psychiatry to support the mental health of primary school children and their teachers, won the Social Work Award 2019.

### *Online User Feedback*

The regional launch in 2020 of the Online User Feedback system gives service users, families and carers the opportunity to provide feedback about health and social care services that they have engaged with. This initiative provides timely feedback to the Trust.

### *Support for People in the Community*

The Trust supported a range of events focussed on service users and those who care for the sick and vulnerable within the community. Feedback from these sessions has been positive and will help to ensure that those in need in the community feel supported.

### *Lung Cancer*

The Northern Trust Lung Cancer Support Group celebrated 10 years of helping local families affected by lung cancer.

### *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 and with the Trust.

Health and social care trusts in Northern Ireland have worked collaboratively to develop 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 exist 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.

## PERFORMANCE REPORT

In 2019/20, the Trust continued to work towards a diverse and inclusive culture that recognises and develops the potential of all staff, service users and carers. The Trust won the Inspire Workplace Innovation Award for digital resources for carers and the regional Patient and Client Council Excellence in Co-Production Award, which recognises and celebrates the best examples of HSC staff and the public working together to plan, design and deliver services.

Feedback from carers has shown that they find it difficult to find their way around the health and social care system. To make it easier, the Trust launched a Carer Hub with one designated telephone number for carers, family members or staff to call for information and signposting to local support. The Trust also held a 'Supporting Carers in the Workplace' event for staff who are balancing caring responsibilities and work.

Eleven service users completed a bespoke training course in recruitment and selection. As part of their role, they meet each candidate before their interview to chat about specific topics and then score the candidates communication skills.

In November 2019 the Trust celebrated 'InvolveFest' with over 250 service users and carers taking part in engagement events. This led to the development of the 'Involvement Network' - a way for service users and carers to find out about involvement opportunities and access to training.

The Rural Needs Act placed a duty on the Trust to assess the needs of people living in rural areas when designing, delivering or changing our services. Information is available at [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net).

### Emergency Planning

The Trust continued to develop its Emergency Planning resilience and capability to respond to incidents as outlined in the Northern Ireland Civil Contingencies Framework. It has a wide ranging suite of plans to deal with Major Incidents and Business Continuity disruptions. These are developed in line with DoH guidance. All plans have been developed in consultation with regional stakeholders to ensure that there is consistency in planning and a co-ordinated approach to emergency response arrangements across agencies.

The Trust Emergency Response Team continues to be a highly regarded and valuable Trust asset during a major incident response. Work continued with other organisations and agencies in preparing for and maintaining the Major Incident Plan through participation in local emergency planning forums. The Trust has continued to be involved in and contributes to, along with multi-agency partners, events planning which includes the Northwest 200, Airwaves and other local events. A further example of this was the extensive planning and preparation for the 148<sup>th</sup> Open Golf Championship, one of the most popular events on the world's sporting stage, which was held at the Royal Portrush Golf Club in July 2019. The Trust was represented in the extensive multi-agency planning for the event, which proved an overwhelming success. There was extensive major incident training provided to Trust staff in preparation for the event, which included a table-top exercise.

## **PERFORMANCE REPORT**

Within best practice, the Civil Contingency Arrangements for Northern Ireland require that organisations facilitate a live exercise every three years. To meet this requirement the Trust hosted a live exercise in Antrim Area Hospital to test the response to an incident involving the contamination of a caustic chemical agent, requiring the activation of the Chemical, Biological, Radiological, Nuclear Plan. Training staff who are involved in an incident response is fundamental to the Trust's ability to handle any type of emergency, and to support this, Powered Respirator Protective Suit training was provided to the Emergency Department team prior to the exercise.

During the year, the Trust invoked its Business Continuity Arrangements as a result of the disruption due to industrial action and the COVID-19 pandemic. The Trust established its Command and Control Arrangements for Industrial Action and COVID-19.

### **COVID-19 – Impact on Performance**

The Trust's readiness plans to enable delivery of key services during the COVID-19 Pandemic meant some services were temporarily ceased or changed in their delivery method or location. These essential actions have impacted on our activity performance across a wide range of services. However, the Trust has initiated planning to rebuild, restart and restore some of the services which had to be held in abeyance due to these essential emergency plans. This will also provide opportunities to learn from our experiences and to think about how we might do things differently in the future. There is no doubt that this will require significant energy and enthusiasm from our teams across the Trust, as ever we will tackle the challenges to ensure that our service users continue to access safe, effective and high quality services.

### **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 2019 – 31 March 2020 was 673 (750 including follow on complaints) and are set out in the table below by Division.



## PERFORMANCE REPORT

<b>Division</b>	<b>2019/20</b>	<b>2018/19</b>
Medicine and Emergency Medicine	139	157
Surgery and Clinical Services	132	136
Women, Children and Families	137	170
Nursing and User Experience	31	31
Finance	18	24
Medical and Governance	4	9
Mental Health, Learning Disability and Community Wellbeing	111	113
Community Care	99	106
Strategic Development and Business Services	2	3
HR, OD and Corporate Communication	0	1
<b>Total</b>	<b>673</b>	<b>750</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 76% 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 2020, the Chief Executive received a total of 6,668 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 2019/20, there were eight requests for information from the NIPSO Office. Four cases were closed and not upheld, one was offered an alternative resolution (with a consolatory payment of £300) and three are ongoing. Of five older complaints investigations, three were not upheld, one was issued a letter of apology and one remains open.

## PERFORMANCE REPORT

### PERFORMANCE – ANALYSIS

Each year the DoH 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 2019/20, 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.

The emergency plans required to manage COVID-19 surge readiness and the resultant reorganisation of services has further impacted on the Trust's performance at the end of March 2020 which will continue into 2020/21. This will be closely monitored during the restart phase in the context of continuing COVID-19 impacts. Until the end of February, when the impact of COVID-19 started to manifest itself, continued growth in demand was experienced across both of the Trust's Emergency Departments, with large numbers of patients failing to meet the waiting time targets. Over 130,000 people attended the Antrim Area and Causeway Hospitals' Emergency Departments which is over 5% increase on the same period in 2018/19. The highest percentage increase occurred in those patients over 75 years of age. Against a target of 95% patients waiting less than four hours for treatment or admission, at the end of December 2019, Antrim Area Hospital achieved 61% and was the only large Emergency Department site across the region to improve performance on December 2018 position. Causeway Hospital achieved 67% and although a reduction on December 2018 performance was the best performer of the smaller regional Emergency Departments.




















In order to achieve this stabilised performance in spite of increasing demand the Trust implemented various modernisation projects in 2019/20. A medical ambulatory emergency care service opened in June 2019 and Ward A5, a new 24 bed acute medical ward, was opened in July 2019. A new acute assessment area opened in September 2019 and a new surgical ambulatory emergency care unit was expedited to open in March 2020 in the face of the COVID-19 pandemic. The Trust remains committed to look for opportunities to further modernise and recently started a project to reform endoscopy going into 2020/2021.

## PERFORMANCE REPORT

Our targets and the end-of-year position are summarised in the table below, with explanatory narrative at the end of the table. The red (R) status denotes Not Achieving Target, Amber (A) denotes Almost Achieved Target and Green (G) denotes Achieving Target.

Summary of Trust Performance against 2019/20 Commissioning Plan Targets, March 2020	
By March 2020, secure a reduction in the number of MRSA infections. MRSA 2019/20 Trust target is no more than 7 cases.	
By March 2020, secure a reduction in the number of CDIFF infections. CDIFF 2019/20 Trust Target is no more than 49 cases.	
By 31st March 2020 secure an aggregate reduction of 17% of GNB bloodstream infections acquired after two days of hospital admission. GNB 2019/20 Trust Target is 75 cases.	
By March 2020, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	
By March 2020, all urgent diagnostic tests should be reported on within 2 days.	
During 2019/20, all urgent suspected breast cancer referrals should be seen within 14 days.	
During 2019/20, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	
During 2019/20, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	
By March 2020, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	
By March 2020, no patient should wait longer than 52 weeks for an outpatient appointment.	
By March 2020, 75% of patients should wait no longer than 9 weeks for a diagnostic test.	
By March 2020, no patient should wait longer than 26 weeks for a diagnostic test.	
By March 2020, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	
By March 2020, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	
By March 2020, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment.	
By March 2020, no patient should wait longer than 52 weeks for inpatient/ daycase treatment.	
By March 2020, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	
By March 2020, 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 2020, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	

## PERFORMANCE REPORT

By March 2020, 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.	
By March 2020, no patient attending any type 1, 2 or 3 Emergency Department should wait longer than 12 hours.	
By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	
By March 2020, ensure that 90% of complex discharges from an acute hospital take place within 48 hours.	
By March 2020, ensure that no complex discharge from an acute hospital takes more than seven days.	
By March 2020, all non-complex discharges from an acute hospital to take place within six hours.	
By March 2020, no patient waits longer than nine weeks to access adult mental health services.	
By March 2020, no patient waits longer than 9 weeks to access dementia services.	
By March 2020, no patient waits longer than 13 weeks to access psychological therapies (any age).	
During 2019/20, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge.	
During 2019/20, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	
During 2019/20, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge.	
During 2019/20, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	
By March 2020, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	
By March 2020, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).	
By March 2020, no patient waits longer than 9 weeks to access child and adolescent mental health services.	
By March 2020, secure a 10% increase in the number of direct payments to all service users.	
By March 2020, secure a 10% increase (based on 2018/19 figures) in the number of carers' assessments offered to carers for all service users.	
By March 2020, secure a 5% increase (based on 2018/19 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	

### 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. Up until March 2020 the Trust had admitted over 15,000 people for inpatient and daycase procedures throughout the year. The impact of COVID-19 in March caused an 82% drop in inpatient and daycase activity with the main reasons for reduced activity being surge preparation, clinicians isolating and

## **PERFORMANCE REPORT**

patients cancelling appointments for COVID-19 related reasons. 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, 34% of people were waiting less than 13 weeks for treatment and 1,274 people were waiting for more than 52 weeks. The additional challenges that continue to affect performance are theatre capacity and unscheduled care pressures.

The Trust delivered more than 70,000 new outpatient appointments throughout the year. Due to COVID-19 there was an 80% reduction in outpatient activity in March. 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, 79% of people had been waiting for an outpatient appointment for more than nine weeks since referral and 16,900 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 2020 there were no patients waiting longer than 9 weeks to access adult mental health services. The number of patients waiting longer than 9 weeks to access dementia services increased from 0 in February 2020 to 37 by 31 March 2020. This was primarily due to the COVID-19 surge as this was a high risk patient group who were shielding and self-isolating. In child and adolescent mental health services, as of March 2020, the Trust had 26 waiting longer than 9 weeks. This has significantly reduced since December 2019, where it stood at 155, by the use of agency staff, extended part time staff hours and the production of a service improvement plan.

### **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 2019 there were 4,627 waiting greater than 13 weeks, the Trust reduced this position and at the end of March 2020 4,052 people were waiting more than 13 weeks; within this, by far the greatest number, 1,676, were waiting for physiotherapy treatment. The longest waits are in specialist areas which require further investment to address.

### **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, 81% of urgent tests were being reported on within two days, this is mainly due to a capacity-demand gap. 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, 67% of people were waiting less than nine weeks for a diagnostic test and 2005 people were waiting for more than 26 weeks. There has been significant additional

## **PERFORMANCE REPORT**

activity undertaken in 2019/20 to address the waiting lists, this was enabled by non-recurrent elective access funding. The number of patients waiting >26 weeks has reduced from 13,452 at the end of October to 2,005 at the end of March.

### **Cancer Services**

A lack of hospital capacity continues to affect performance in the area of cancer waiting times. There has been a further 6% increase in demand in 2019/20. Demand remains over 40% above core capacity. 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 2019 to March 2020 an average of 45% of breast cancer patients were seen within 14 days of having been referred. The Trust achieved over 85% from September to November. 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 57% across the year. The Trust continues to manage the increase in demand through the use of additional sessions using elective access funding, securing capacity in other health and social care trusts in the region, transferring to Independent Sector and recruitment of clinicians.

### **Community Services**

The Trust's Community Services also operate with less capacity than they require to meet demand 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 the Trust achieved 78%. Secondly, no patient whose discharge is complex should wait longer than seven days to be discharged from an acute hospital; the Trust had an average of 25 per month waiting longer than 7 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 the Trust averaged 92%. Some initiatives put in place to improve performance are a focus on the Managing Choice for discharge process to enable it to happen in a more timely fashion and a "Home for 1" project to expedite patients leaving hospital in the morning.

### **Learning Disability**

There are 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 performance remains good in this area, from April 2019 – March 2020 100% of people discharged were done so within seven days of being assessed as medically fit and during the same period, 2 people waited longer than 28 days to be discharged.

## **PERFORMANCE REPORT**

### **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 37%. 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 Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia and 49 cases of Clostridium Difficile (CDI) infection during the year. At the end of March 2020, the Trust had experienced 9 cases of MRSA and 47 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.

### **Staff Absence**

For 2019/20, the Trust was set a sickness absence compliance target of 6.26% by the DoH. At year end 2019/20, the Trust sickness absence percentage was 6.96%. Moving into 2020/21, the Trust will create a new absence action plan which will set out the actions the organisation will take to ensure absence is managed effectively and employees are supported in returning to work. The Corporate absence action plan will be supported by Divisional absence action plans which will detail Division specific actions addressing operational absence matters.

### **Staff Appraisal**

For 2019/20, the Trust was set an annual staff (agenda for change) appraisal compliance target of 78% by the DoH. At year end 2019/20, 69% of staff have been given the opportunity to undertake an annual appraisal conversation and agreed Personal Development Plan. The Trust remains committed to the appraisal process and the benefits that it brings to our staff and to the wider provision of services for patients and service users. During 2020/21 the Trust will continue its efforts to promote and embed the annual staff appraisal conversation as a crucial component of the staff/manager relationship.

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

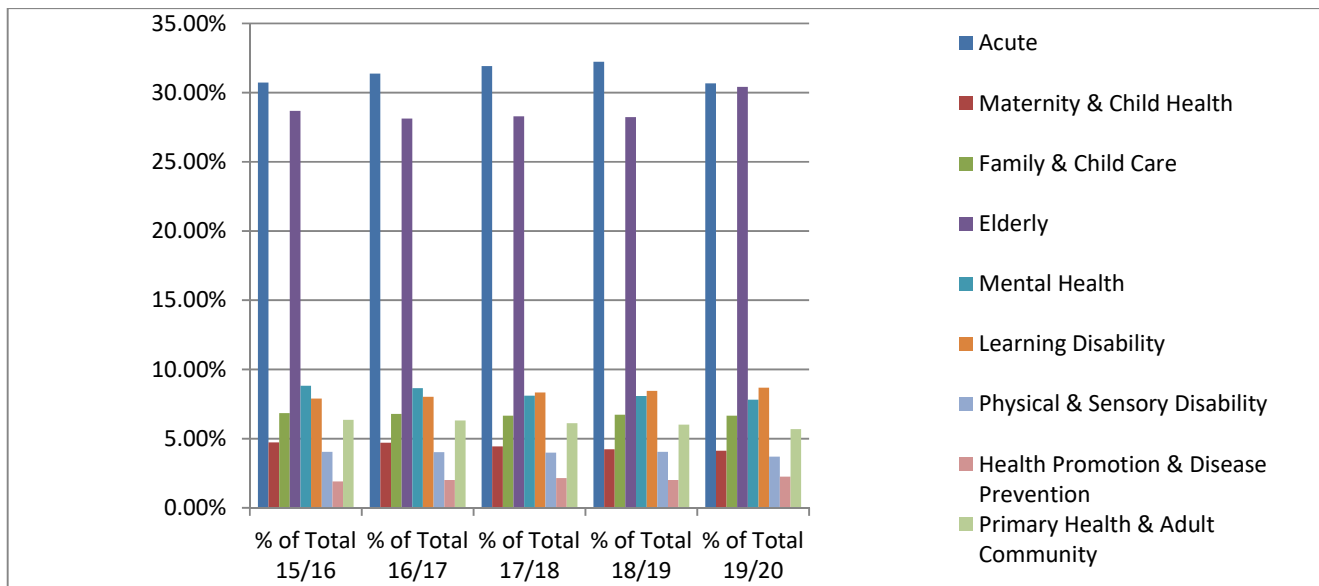
The Trust operates a zero tolerance approach to Fraud and Bribery and has policies and procedures in place to combat and investigate, headed up by a Fraud Liaison Officer and supported by the Counter Fraud Service in BSO.

## PERFORMANCE REPORT

### Long Term Expenditure Plans

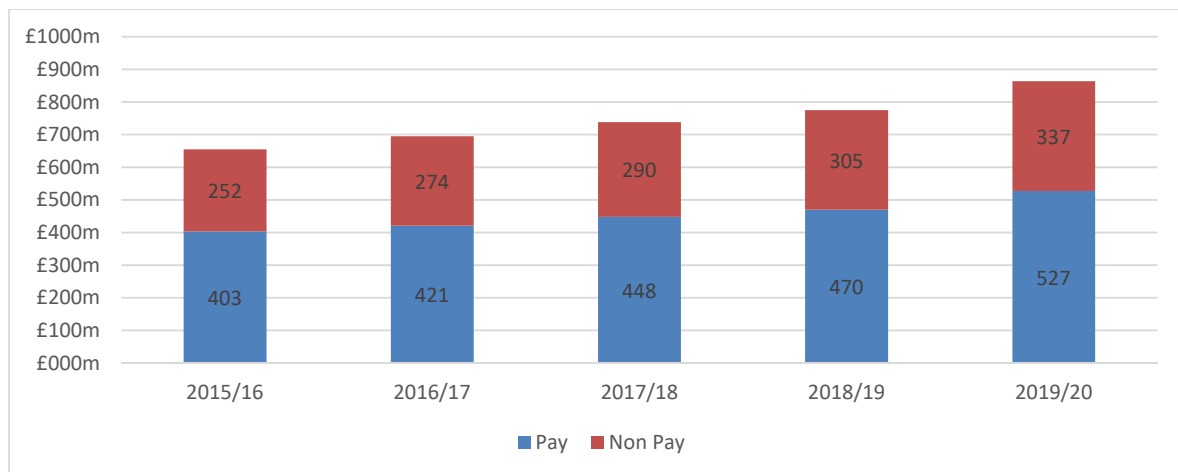
Within the HSC sector our plans are formed in partnership with many stakeholders and are impacted by the availability of resources such as staff and revenue and capital funds. Over the past 5 years the Programme of Care (POC) profile shown as a percentage of total expenditure has remained relatively static. Our expenditure plans by POC are not expected to vary materially in the future, but will continue to be monitored closely given the uncertainties surrounding the impacts of COVID-19 in particular.

### Programme of Care Expenditure Trend Analysis (2015/16 – 2019/20)



The table below sets out our total revenue expenditure, split by Salaries and Goods and Services in the past 5 years.

### Analysis of Outturn Total Revenue Expenditure (2015/16- 2019/20)



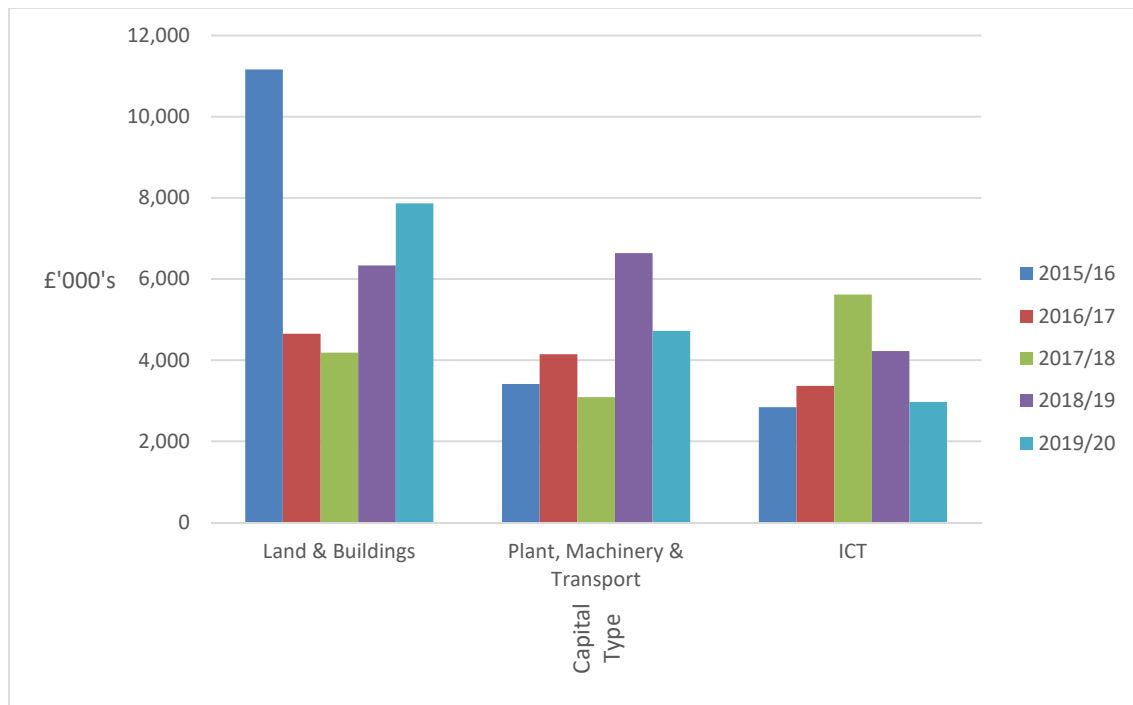


## PERFORMANCE REPORT

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 5 years is set out below.

### Analysis of Outturn Total Capital expenditure (2015/16 – 2019/20)



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

The Trust continues to plan for the next stages of capital infrastructure development with the DoH Investment Directorate and Strategic Investment Group. The Trust has aspirations over the next 10 year capital development cycle for major developments and investments including: the new Mental Health In-Patient Hospital to replace the Holywell facility; a new 72 bed, three storey building block at AAH; additional theatre capacity at AAH; investment in HSDU; a new Woman's & Children's Unit at Antrim and a new Health and Care Centre in Newtownabbey. These projects are included in ongoing capital planning work with various timeline profiles over future years.

### Prompt Payment

The DoH 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 policy and its measure of compliance is:

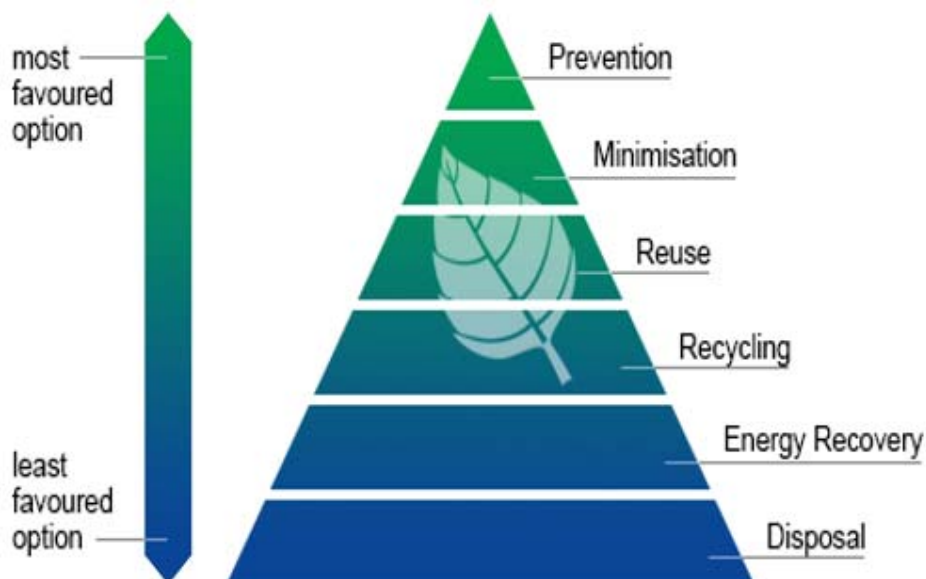
## PERFORMANCE REPORT

<b>Prompt Payment</b>	<b>Number</b>	<b>£000s</b>
Total Bills Paid	285,977	413,769
Total Bills Paid within 30 days of receipt of an undisputed invoice	267,918	383,894
<b>% Bills Paid within 30 days of receipt of an undisputed invoice</b>	<b>93.7%</b>	<b>92.8%</b>
Total Bills Paid within 10 days of receipt of an undisputed invoice	213,872	329,870
<b>% Bills Paid within 10 days of receipt of an undisputed invoice</b>	<b>74.8%</b>	<b>79.7%</b>

<b>Late Payment Charges</b>	<b>£</b>
Amount of compensation paid for payment(s) being late	100
Amount of interest paid for payment(s) being late	0

## 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 contract 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 2019/20 for 100% landfill diversion, emphasising less on recycling and using other waste management options to achieve 'zero to landfill'. Waste management companies are licensed and audited by the NI Environment Agency against regionally agreed assurance standards which are outlined within the Governance Statement.

## PERFORMANCE REPORT

During 2019/20, all hospitals have achieved 100% landfill diversion, with community facilities achieving 99.9%. However, the total amount of domestic waste produced was 1,887 tonnes during this period compared to 1,766 tonnes previously. The spend was £199,955 compared to £173,308 (re-stated) for 2018/19, an increase of £26,647 due to the increase in the production of waste.

To further aid recycling, reuse and the minimising of waste, a web-based portal to trade items internally was implemented on the 26 January 2019. The portal (Warp-it) allows staff to exchange items no longer required increasing the lifecycle of items and reducing disposal costs. Since start-up, the Trust has saved £57,100, saved 25,574kg of CO<sub>2</sub>, the equivalent of planting 35 trees and avoided 13,139kg of waste.

Other recycling projects operating across the Trust include:

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

During 2019/20, 2,054 bins of food waste has been collected across 39 facilities which has been 100% reprocessed by anaerobic digestion to generate electricity.

Waste Electrical and 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 2019/20 the Trust recycled:

- 25 TVs;
- 82 fridges;
- 490kg Fluorescent tubes;
- 8.07 tonnes of small appliances; and
- 1.54 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 2019/20, 964 tonnes were produced; a reduction of 11.5 tonnes, from the previous year. The amount of flock that was recovered; diverting it from landfill, increased by 18% to 85% and was sent to a waste to 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.

## PERFORMANCE REPORT

### 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, 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 Trust over £700,000.*

During 2019/20, the Trust invested in energy efficiency and emissions reduction, partly funded by the Invest to Save Scheme from the DoH. Projects included the upgrade of Building Management Systems, lighting upgrades and a solar PV installation with battery storage at Route Complex in Ballymoney. Year-on-year, the Trust reduced carbon emissions from utilities by over 400 tonnes. The Trust is continuing to work towards lowering net energy consumption by 30% by 2030, based on a 2016/17 baseline year\*.

One of the highlights of 2019/20 was the selection of Antrim Area Hospital to work with Modern Energy Partners (MEP) to develop a mechanism that will achieve at least a 50% reduction in carbon emissions by 2032. MEP is a collaborative programme between the Cabinet Office, Department for Business, Energy and Industrial Strategy (BEIS) and Energy Systems Catapult. Antrim Area Hospital was one of thirty-six sites selected across the UK public sector, and the only one in Northern Ireland. Concept designs are currently being generated to show pathway options to deliver the carbon reduction target by 2032, with the potential of progressing these designs and implementing the decarbonisation measures. Should elements of the concept design be implemented as part of the MEP programme, BEIS would fund 50% of the work.

### Telecoms Report

Through 2019/20, the Estates Telecom Team has maintained the deployment of VoIP phones and the associated benefits such as Agile / remote teleworking. As an example with COVID-19 the Estates Telecom Team were able to immediately facilitate the remote deployment of the ICT service desk and various other departments by enabling them to take their Mitel desk phones home and plugging into home broadband. This happened seamlessly and over a period of a couple of days.

## PERFORMANCE REPORT

The Trust's Video Conferencing system, Pexip, has increased in use and brings considerable benefits such as reduced transportation / resource costs and CO2 reduction. This system has been critical in facilitating the Virtual Visiting for service users during COVID-19 into the acute sites; especially for the End of Life conversations. Moving forward it will be reviewed if there can be integration with the Patient Booking systems.

During COVID-19 disruption we have seen an unprecedented use of video conferencing technology and have expanded into using an externally hosted system; Zoom. The NHSCT Specialist Services Team led the region, with this product. Zoom has now been temporarily adopted, regionally, and the Estates Specialist Services Team has supported both other health and social care trusts and BSO with their transition. During the first month of usage, there were over 1000 registered users, approx. 0.5million minutes used with an average of 180 meetings per day. This has resulted in the creation of an interim Zoom Helpdesk. This fast-paced transition is testament to the capability and flexibility of the Estates Specialist Services team.

In addition, there has been an unprecedented growth in the provisioning of smart phones (iPhones) to enable the various services to have increased mobility and provide continuity of service. In total, the NHSCT now has over 5000 mobile devices, which are configured and managed by the Estates Specialist Services team.

During 2019/20 the Telecoms Department replaced the old paper ordering system with an electronic version which has built in work flow and ensures full traceability from service authorisation to job management and ultimately to a finance report which ensures correct recharging to relevant services. This has been instrumental in the timely and systematic management of device allocation, including the management of the Zoom licence allocation during COVID-19 disruption.

The Trust has standardised the type of Staff Alarm system across all locations with the Multitone Ecotek system. Our Mental health facilities in Holywell and Causeway have been using this for some time and Causeway Hospital has recently been upgraded to the latest pagers and touch panel monitoring stations. Other sites such as Holywell Hospital, Loughview Resource Centre, Larne and Antrim Adult Centres have also been started with completion due in 2020/21. The Estates Telecom Team are able to offer in-house training for this system which is invaluable as staff turnover and lack of knowledge transfer was an issue in the past with new people not being shown how to use a system in the correct manner.

Text messaging usage continued to increase during 2019/20 and the Trust sent over a quarter of a million texts to various groups of people. One of the main users are the Nurse Bank office who provide nursing cover for the whole of the Trust and send hundreds of messages every week. In addition, during 2019/20 the text service provision was amalgamated into a single supplier, which provides standardisation and financial savings.

The Multitone paging system remains a vital part of the backbone communications medium for the NHSCT, as no other product will give guaranteed critical communication '24x7x365', which is a must for Cardiac and stroke patients.

## PERFORMANCE REPORT

Investing in the latest version of iMessage has given greater flexibility and faster response to emergency calls.

The Trust continues to invest in the latest line technology which brings contingency, future proofing and reduced call and line costs.

### 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.

## PERFORMANCE REPORT

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*

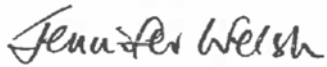
In addition to a number of Human Resource related schemes that support the work life balance of staff, the Trust provides a confidential occupational health service and staff counselling service.

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.

A 'Creating a Great Place to Work' benefits brochure was developed in 2019/20 to provide awareness of the many benefits that are available to our staff.

### *Further Disclosure*

Pension liabilities and sickness absence data can be found within the staff report.



**Mrs Jennifer Welsh – Interim Chief Executive/Accounting Officer**  
**25 June 2020**

# **ACCOUNTABILITY REPORT**

## **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 Trust's governance structures and how these support the achievement of the Trust's objectives.

The Remuneration and Staff Report sets out the 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 Trust and the External Auditor's certificate and opinion on the financial statements.



## ACCOUNTABILITY REPORT

### Non-Executive Directors (NEDs) Report

2019/20 has been a challenging year for the Trust, with industrial action and planning and delivering services during the COVID-19 disruption period along with continuing financial and workforce pressures. There have also been exciting improvements to services via the Transformation and Innovation and Quality Agenda.

Throughout the year the NEDs have continued to provide support, challenge and guidance to assist the Trust deliver for everyone connecting with our services both at the hospitals and many community settings through the Board and its sub-committees. The NEDs oversaw the creation of the new Integrated Governance and Assurance Framework for the Trust which consolidated the various risk and assurance groups into a new structure for reporting (as set out in the Governance Statement). 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;
- Strategic Change and Improvement Capability Committee;
- Performance and Finance 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 2019/20. In addition, there were 6 Board Workshops held focussing on specific business areas which supported strong accountability and the Reform and Modernisation agenda.

There have been a number of changes in the Executive Team and no changes to the NEDs this year. We pay tribute to those who have retired during the year; Mrs Veronica Callaghan (Interim Executive Director of Social Work); Mrs Elizabeth Brownlees (Director of Human Resources) and our outgoing Chief Executive Dr Anthony Stevens for their dedication and enthusiasm shown in their roles and send them our best wishes for the future.

## ACCOUNTABILITY REPORT

### 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; and
  - Mr Gerard McGivern.
  
- ii. Executive Directors
  - Dr Anthony Stevens, Chief Executive (retired 31 March 2020, followed by Mrs Jennifer Welsh who commenced as Interim Chief Executive on 1 April 2020);
  - Mr Seamus O'Reilly, Executive Director of Medicine;
  - Mr Owen Harkin, Executive Director of Finance (who also took on the role of Interim Deputy Chief Executive from 1 April 2020);
  - Mrs Eileen McEaney, Executive Director of Nursing;
  - Mrs Veronica Callaghan, Interim Executive Director of Social Work (retired 31 August 2019); and
  - Miss Maura Dargan, Executive Director of Social Work (commenced 1 September 2019).
  
- iii. Directors
  - Mrs Elizabeth Brownlees, Director of Human Resources (retired 4 July 2019);
  - Mrs Jennifer Welsh, Deputy Chief Executive and Director of Operations (who then took up role of Interim Chief Executive on 1 April 2020);
  - Mrs Jacqui Reid, Interim Director of Human Resources (1 July 2019 to 15 September 2019); and
  - Mrs Karen Hargan, Director of Human Resources (commenced 16 September 2019).

## ACCOUNTABILITY REPORT

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 21 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.

Since April 2019, 5 incidents have been reported to the ICO. Further information is disclosed within the Governance Statement.

The auditor for the Trust is the Northern Ireland Audit Office. The notional cost of the audit for the year ending 31 March 2020 which pertained solely to the audit of the accounts is £65,100 made up as follows, Public Funds £60,000 and Charitable Trust Funds £5,100.

## **ACCOUNTABILITY REPORT**

### **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 DoH has directed the 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 give a true and fair view of the state of affairs of the Trust of its income and expenditure, Statement of Financial Position and cash flow 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 DoH including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis; 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 DoH as Principal Accounting Officer for Health and Personal Social Services resources in Northern Ireland has designated the Chief Executive of the 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 formal letter of appointment of the Accounting Officer issued by the DoH, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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.

## ACCOUNTABILITY REPORT

### 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 DoH.

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

- With HSC Board commissioners, through service level agreements, to deliver health and social services to agreed specifications. The Trust has established engagement processes with the HSC Board (which includes the Public Health Authority (PHA) for appropriate areas). For example, regular meetings are held with Local Commissioning Group (LCG) representatives 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. During 2019/20, the NHSCT undertook a review of its Integrated Governance and Assurance Framework Strategy. The revised Integrated Governance and Assurance Framework Committee structure was approved by Trust Board in May 2019 and became operational in September 2019. This revised strategy sets out the strategic context, responsibilities, management and accountability arrangements to manage risk effectively in the organisation.

This new framework facilitates Trust Board members in their role of focusing on risks and events that may compromise the achievement of strategic objectives and assessing the effectiveness of the management of principal risk.

The framework includes arrangements by which the Board will provide assurance on risk management, governance and internal control, clearly setting out the complex structure within the organisation. To ensure the quality and robustness of the Integrated Governance and Assurance Framework it will be evaluated and reviewed by the Board annually to ensure that it is achieving its principal objective.

## **ACCOUNTABILITY REPORT**

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 28 May 2020.

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 2019/20, 7 Trust Board meetings were held in public and the following table provides information on attendance.

## ACCOUNTABILITY REPORT

Name of Director	No of Meetings attended	No of Possible Meetings	Comments
Mr B McCann Chairman	7	7	
Mr B Graham Non Executive Director	5	7	
Mrs G McGahey Non Executive Director	7	7	
Mr P Corrigan Non Executive Director	7	7	
Mr J McCall Non Executive Director	6	7	
Mr G McGivern Non Executive Director	6	7	
Mr G Houston Non Executive Director	5	7	
Dr A Stevens Chief Executive	5	7	
Mr O Harkin Director of Finance	7	7	
Mrs V Callaghan Director of Women, Children and Families/ Executive Director Social Work	3	3	Retired 31/08/19
Mrs M Dargan Director of Women, Children and Families/ Executive Director Social Work	3*	4	Took up post 01/09/19
Dr S O'Reilly Medical Director	7	7	
Mrs E McEneaney Director of Nursing and User Experience	6*	7	
Mrs E Brownlees Director of Human Resources	1	2	Retired 04/07/19
Mrs K Hargan Director of Human Resources	3*	4	Took up post 16/09/19
Mrs P Hughes Divisional Director Community Care	2*	7	
Mr O Donnelly Divisional Director Mental Health, Learning Disability and Community Wellbeing	4*	7	
Ms B Donaghy	4*	7	

## ACCOUNTABILITY REPORT

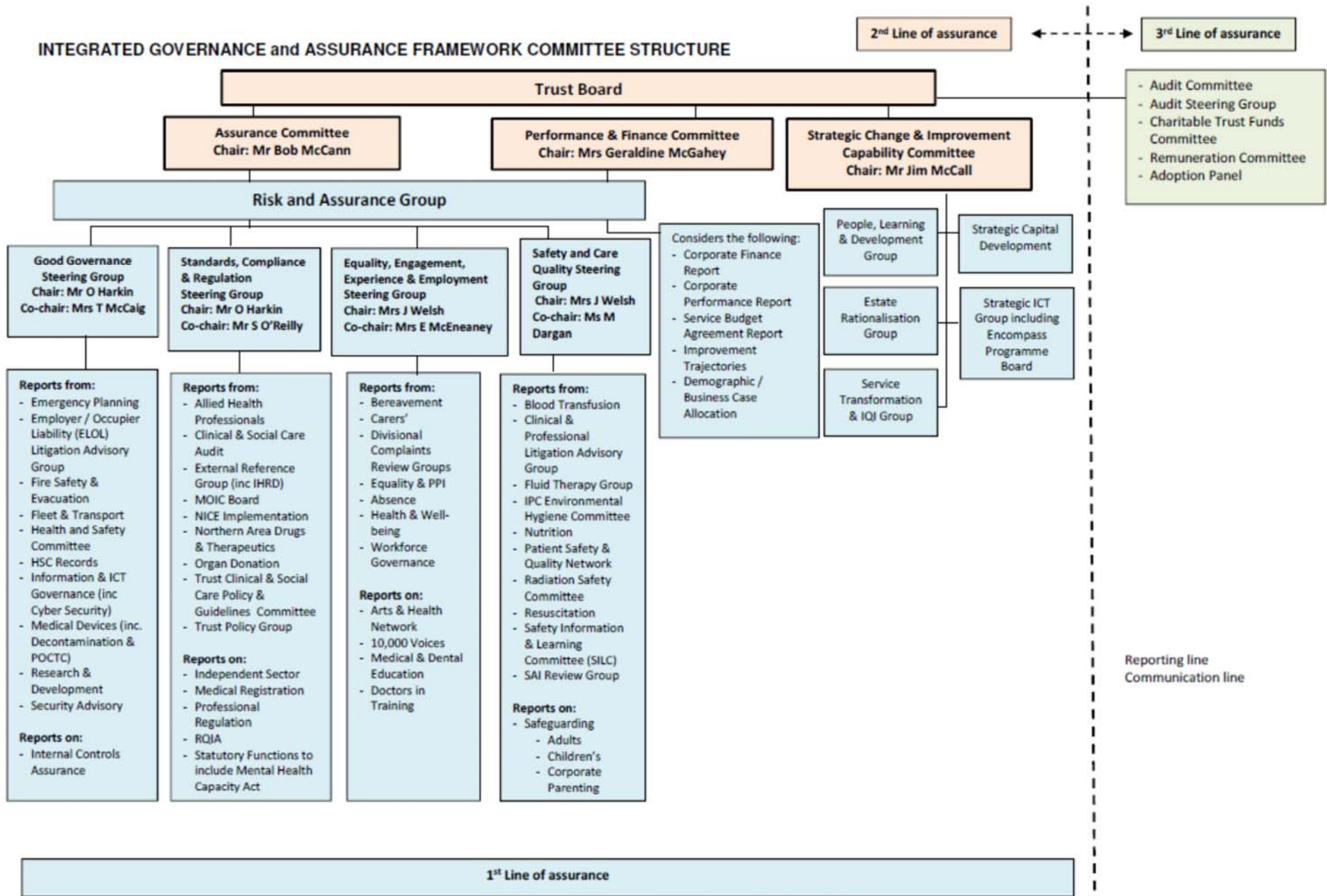
Divisional Director Strategic Development and Business Services			
Mrs W Magowan Divisional Director Medicine and Emergency Medicine	5*	7	
Mrs M O'Hagan Divisional Director Acute Services	6*	7	
Mrs J Welsh Deputy Chief Executive and Director of Operations	6	7	
Mr N Martin Interim Divisional Director Strategic Development and Business Services	3*	4	
Mrs J Reid Interim Director of Human Resources	2	2	In post 1 July to 15 September 2019

\* During the COVID-19 Pandemic the number of directors attending Trust Board was reduced to the quorum required. Two executive directors, the Chief Executive and the Deputy Chief Executive attended the March 2020 along with the Chair and non-executive directors.

The governance arrangements for the Trust 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). During the year the Trust Steering Group, which was established to provide oversight of the implementation of the recommendations arising from the Inquiry into Hyponatraemia Related Deaths (IHRD), was replaced by an External Reference Group, which reports to the Standards, Compliance and Regulation Steering Group. This group continues to oversee the implementation of these recommendations. A Fluid Therapy Group, which reports to the Safety and Care Quality Steering Group, has also been established to provide oversight of wider fluid management issues throughout the Trust. These revised arrangements are captured within the Assurance Framework Committee Structure.



# ACCOUNTABILITY REPORT



## ACCOUNTABILITY REPORT

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, Equality, Engagement, Experience and Employment 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 BSO Counter Fraud and Probity Services. 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 2019/20. 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 2019/20.

**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 twice during 2019/20.

## ACCOUNTABILITY REPORT

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 2019/20. 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 Risk and Assurance Group, composed of Executive and Operational Directors, which provides an operational focus to risk management and integrated governance. The Risk and Assurance Group is chaired by the Chief Executive. Two significant issues which are kept under review by both the Group and the Committee are COVID-19 and the Report into Hyponatraemia related Deaths. Due to the impact of COVID-19 meetings of many of the supporting groups within the Assurance Framework have

## ACCOUNTABILITY REPORT

been temporarily stood down, as staff and teams continue to support the Trust Wide plans to manage the ongoing response. In the absence of formal meetings these groups continue to report, by exception, any issues which arise and which are required to be brought to the attention of the Assurance Committee.

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK will be determined by negotiations taking place during the transition period ending 31 December 2020. As uncertainty still exists regarding the Northern Ireland Protocol, this is under review in conjunction with key stakeholders. [Insert name of ALB] will continue to work collaboratively with colleagues during 2020-21 across the Department, HSC and wider to ensure we are appropriately prepared for the end of the transition period and the new dispensation.

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

Contingency arrangements have been in operation including the establishment of an Emergency Operations Centre within the Department to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this has had an effect on the ability to conduct routine health business with a need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. There have been substantial resourcing impacts across the Department and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands which included calling on volunteers, retired medical staff and medical students to rally together to strive to enable an optimum response to the pandemic. Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health

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sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of COVID-19 in NI has and continues to be a key priority with testing centres being set up across the country including mobile testing. The Department's Expert Advisory Group has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of COVID-19 on 18 May 2020. Volunteers have been recruited and redeployed across the health sector and the team is being scaled up to strive to ensure that every conceivable effort is made to continue to limit transmission as lockdown measures across the region are eased. The Department has prepared a COVID-19 Test, Trace and Protect Strategy which sets out the public health approach to minimising COVID-19 transmission in the community in Northern Ireland. The Chief Medical Officer has established a Strategic Oversight Board for the NI COVID-19 strategy which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support - working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and the Department and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

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

The report on the Inquiry into Hyponatraemia related Deaths (IHRD) 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. The newly established External Reference Group continues to direct implementation of the IHRD recommendations. In addition, a new Fluid Therapy Group has been

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established which will oversee the overall fluid management within the Trust including clinical guidelines relating to fluid management, e.g. 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.

The **Equality, Engagement, Experience and Employment Group** (formerly 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 2019/20. 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:

- Good Governance Steering Group;
- Standards, Compliance and Regulation Steering Group; and
- Safety and Care Quality 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 2019/20 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.

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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 DoH approval. The current Corporate Plan covers 2020/21. 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 and through a Finance and Performance Committee and Strategic Change and Improvement Capability Committee, both of which meet quarterly and are chaired by Non – Executive Directors. 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). 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 describes the objectives, identifies 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. During 2019/20, the NHSCT undertook a review of its Integrated Governance and Assurance Framework Strategy and a revised committee structure was approved by Trust Board in May 2019 and became operational in September 2019.

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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 and 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 or 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 2020.

The Corporate and Divisional Risk Registers are used to support on-going review and update of the Principal Risk Document. The Trust's 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 review and learning from Serious Adverse Incidents (SAIs). In 2019, the Trust introduced a Corporate Trigger List, which identifies incidents that must be reported by all staff, onto Datixweb. This was supported by the introduction of Risk Management Awareness training, which is available to all staff as an e-learning package.

In April 2019, the Trust trained 43 staff in the methodology and processes for completing a SAI review, whilst introducing guidance to ensure family/service user involvement was intrinsic within the SAI review process; and that the outcome of each SAI was focused on internal and regional learning.

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.



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### ***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 Risk Register. Information governance is a Principal Risk for the Trust and this 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 (IG) incidents. The number of IG incidents reported during the quarter ended 31<sup>st</sup> December 2019 was 61, a decrease of 12% on the previous quarter. Incidents and trends are reviewed by the Trust's Information Governance Forum and learning shared across divisions. There were 5 incidents reported to ICO during the period 1 April 2019 to 31 March 2020. All incidents have now been closed by the Information Commissioner's Office (ICO) with no further regulatory action.

General Data Protection Regulation (GDPR) focussed audits were undertaken by BSO Internal Audit across all Trusts during Autumn 2018. This resulted in a Limited Assurance for the Trust. All recommendations have now been completed, with the exception of a Priority 2 finding in respect of GDPR compliance of all contracts with an external organisation under which the Trust is sharing personal information. The review of contracts, which were in operation prior to May 2018 is a key action within Divisional IG Action Plans, as we work towards full compliance by March 2022. Any sharing of personal information with other HSC organisations will be underpinned by the appropriate agreements (e.g. Data Access Agreements, Data Sharing Agreements, Memorandums of Understanding) to ensure all parties are clear of their responsibilities in relation to handling personal information.

Information security remains on the Corporate Risk Register. Internal Audit carried out an audit on Managing User Privileges and Risk Management Regime during 2019/20. The Trust achieved satisfactory assurance for both Managing User Privileges and ICT Risk Management. The Trust Information and Communications Technology (ICT) Service continues to hold ISO270001 and ISO20000 Accreditations, most recently achieved in February 2020. There is a full suite of policies in relation to ICT Security and these meet HSC standards for compliance. The Trust has multiple layers of security for ICT, by using education, technology and secure configuration to minimise the risk (including cyber security risks). ICT uses threat intelligence sources to monitor threats from malicious actors. Threats are risk assessed against known vulnerabilities to ensure that any risks to the Trust are mitigated as much as possible. 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 Senior Information Risk Owner (SIRO), to the DoH as part of the corporate governance process.

The Trust has identified and provided training to its 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

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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 Risk and Assurance Group via the Good 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.

Compliance with mandatory training for Trust staff is 84% for IG Awareness and 81% for ICT Security (as at 31 March 2020). Additionally, 80% of managers have undertaken the mandatory POPI training. Attendance at this training continues to be prioritised within Divisions and is discussed at Accountability meetings with the Deputy Chief Executive. Each Division's IG Action Plan is integrated into the internal Accountability meetings review 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**

Service users and carers are at the heart of everything we do. Involvement is a process of interaction and engagement with service users and carers to enable us to shape our services to meet their needs, improve patient experience, and to use our resources in ways that have the greatest impact on their health and wellbeing.

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 Equality, Engagement, Experience and Employment Group (EEEEG) to ensure compliance with and mainstreaming of personal and public involvement. The EEEEEG seeks assurance that service users, carers and communities are fully involved in the development of Trust services and that their involvement shapes our business. The membership includes a service user representative and the Patient and Client Council (PCC).

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Over the years the Trust has established and supported a number of service user panels in partnership with service users, carers and the community and voluntary sector. These partnerships ensure an effective network for on-going stakeholder involvement and co-production in our work. Each panel is user led, chaired by a service user or carer and provides an opportunity for stakeholders and their representatives to be involved in the developing and planning of services. The Trust continues to support and value the networks we have already established and work in partnership with them to ensure the most marginalised are involved. Members of Carer Pathway Steering Group are now members of the regional Expert Carers Panel and are influencing the carer strategy for Northern Ireland and the development of future services.

Effective involvement is a priority outlined in the DoH Health and Wellbeing 2026 – Delivering Together Strategy. PPI has been a statutory requirement since 2009 and has been further enhanced by the DOH Co-production Guidelines which were published on 2018. The Trust has done much work over the year with Divisions, service users and carers to create an integrated partnership plan which builds on and harmonises existing PPI, Co-production and patient experience work as a key enabler to transformation. We have established an 'Involvement Network' to connect with service users, carers, staff and our external partners to build on our existing involvement infrastructure.

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 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;

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- 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 Equality, Engagement, Experience and Employment 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 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 20 applicable Internal Assurance Standards. The Trust achieved the following levels of compliance for 2019/20.

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<b>Internal Assurance Standard</b>	<b>Method of Assurance</b>	<b>Score</b>	<b>Trust Level of Compliance</b>
Building, Land, Plant and Non-Medical Equipment	Regionally agreed Assurance Standards	81%	Substantive
Decontamination of Medical Devices	CAS Framework	85.3%	Substantive
Emergency Planning	Regionally agreed Assurance Standard	N/A*	Substantive
Environmental Cleanliness	Regionally agreed Assurance Standards	N/A*	Compliant
Environmental Management	Regionally agreed Assurance Standards	N/A*	Compliant
Financial Management	Process for assurance agreed by DoH, HSC Assistant Directors and BSO Internal Audit	89%	Substantive
Fire Safety	Regionally agreed Assurance Standards	87%	Substantive
Fleet and Transport	Replacement Template	N/A*	Compliant
Food Hygiene	Regionally agreed Assurance Standards	N/A*	Compliant
Health and Safety	CAS Framework	83%	Substantive
Human Resources	CAS Framework	92%	Substantive
Infection Control	CAS Framework	98%	Substantive
Information and Communication Technology	ISO27001		Achieved
Information Management	Assurance Checklist		Compliant
Medical Devices and Equipment	CAS Framework	86%	Substantive
Medicines Management and Optimisation	Regionally agreed self-assessment tool	75%	Substantive
Procurement	Standard based on DoH guidance	84.2%	Substantive
Research Governance	R&D replacement report completed in June 2019 due again in June 2020	N/A	The Performance Metrics used to assess compliance for R&D have been

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			stood down by the PHA due to the ongoing impact of COVID-19
Security Management	Replacement Template	N/A*	Compliant
Waste Management	Regionally agreed Assurance Standards	N/A*	Compliant

\*There is no individual scoring of criterion within these standards, rather an assessment of whether or not the Trust is 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 Trust obtains Independent Assurance from the following sources:

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

#### ***Internal Audit***

The Trust utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis. Internal Audit's follow up review on the status of implementation of previous recommendations, which should have been implemented by 31/03/20, determined that a total of 75% were fully implemented, with 24% partially implemented and 1% not 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 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 2020/21.

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In 2019/20 Internal Audit reviewed the following systems:

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
Payments to Staff – Women, Children and Families Division	Limited	Improvements required to the Timesheet management and Staff in Post processes which are both actively under review/development.
Non Pay Expenditure – Nursing and User Experience Division	Satisfactory	N/A
Core Human Resources (HR) Processes in respect of Payments to Staff	Limited	Control enhancements were recommended when an employee holds more than one post, when data was input for new starts and more regular challenge and review of user roles within the Human Resources, Payroll and Travel System (HRPTS). Improvements have been made and controls being enhanced in order to implement the recommendations.
Asset Management	Satisfactory	N/A
Patients' Private Property - Acute	Satisfactory	N/A
Charitable Trust Funds	Satisfactory	N/A
Pharmacy Procurement and Contract Management	Satisfactory	N/A
Client Monies in Independent Sector (Residential Homes and Adult Supported Living)	Satisfactory - 5 providers  Limited – 3 providers	Findings related to the management of transactions on behalf of clients and management of cash and corresponding records in 2 homes. Subsequently assurances have been received from the Homes that improvements have been made to record keeping in line with the recommendations.  In one Home visited on behalf of four Trusts, the Trust completed a follow up visit and it has been accepted that all but one recommendation has been fully implemented, with the remaining being partially implemented.
Risk Management	Satisfactory	N/A
Homecare Service	Unacceptable	Findings related to the management of agreed time versus tasks completed by Homecare workers, which was acknowledged as challenge which is being considered by the Regional Domiciliary Care

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AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
		<p>Reform group and the Electronic Care Monitoring System Development Group. It is generally accepted that the current currency of time is not a reasonable one and instead should be a person-centred outcome-focused measure.</p> <p>Additionally, Management indicate that while there was an under-delivery against agreed care time for the sample tested, all tasks were completed to a satisfactory and as the sample related to re-ablement service user, and it would be expected to show more of a fluctuation in their daily level of dependence and amount of time needed to support them. Under-utilisation based on time, would typically be used to meet the needs of other service users on rotas who required higher levels of care on the same day.</p> <p>Recommendations also focussed on the updating of Service User Records on reasons why a visit did not take place and ensuring that all care plans were reviewed and updated in line with agreed Standards.</p> <p>At 31/03/20 7 of the 9 recommendations were accepted as fully implemented with progress ongoing on the remaining 2.</p>
Acute Discharges – Input from Pharmacy	Satisfactory	N/A
Management of Community Equipment	Unacceptable	20 recommendations were made in relation to this audit, the key findings related to management and control of and maintenance, servicing, inspections and defects and contract management. In respect of new installations recommendations were made regarding timely completion and review of feasibility studies and quality assurance of post verification of work completed.



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AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
		<p>For stock control managed by both the contractor and the Trust, there were recommendations made regarding oversight and record keeping. There were also recommendations made to improve the governance and oversight of the community equipment process.</p> <p>Management accepted all recommendations and at 31/03/20 it was accepted by Internal Audit that 17 of the 20 (85%) recommendations were fully implemented with the remaining 3 partially implemented.</p>
Management of Medical Staff	Limited	<p>Internal Audit last performed this audit in 2018/19 and noted that while the assessment showed as limited significant progress was observed.</p> <p>In respect of consultant job plans there were 23% not in place and the process for developing plans for Associate Specialists and Specialty Doctors was not yet in place. There were also a number of payments made which were highlighted as a potential for under or over payment which were reviewed and corrected by the Trust as necessary. Work continues to progress the rate of completed Job Plans.</p>
Cyber Security IT audit – Managing User Privileges and ICT Risk Management	<p>Satisfactory – Managing User Privileges</p> <p>Satisfactory – ICT Risk Management</p>	<p>It was found that whilst there was a strong suite of access controls, processes for internal movements could be enhanced.</p> <p>Whilst a comprehensive ICT Operational Risk register is in place, there are 2 potential risks that Internal Audit would have expected to also be included and it was noted that the Trust had not specifically detailed the overall amount of risk which could be tolerated. It was also recommended that appropriate ICT risk management focussed training and education should be provided to all ICT staff.</p>

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AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
Management of Food Allergens	Limited	While noting that meals did not contain allergens control improvements were highlighted with regards to the management of recording allergies for each meal and completion of the draft policy.
Complaints and Incidents in the Community Setting	Limited (Draft report which due to COVID-19 contingencies will be finalised in 2020/21)	<p>Findings and recommendations related to the reporting process for community incidents and which need to be reported within the Trust's system and by whom to ensure appropriate oversight and learning over all incidents. All community incident reporting requires to be agreed within all relevant Divisions and enhancement of reporting and procedures is required.</p> <p>Management are currently reviewing the findings across Divisions and are working to agree a final response on this report.</p>
Medication Incident Management	Limited (Draft report which due to COVID-19 contingencies will be finalised in 2020/21)	<p>It was found that the control over incident reporting in the Independent Sector was not robust and improvements regarding management and recording within the Trust's Datixweb system required improvement.</p> <p>Management are reviewing the findings and working to agree a final response to this audit report.</p>

## ACCOUNTABILITY REPORT

### ***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 2019	Limited
Payroll Shared Service – as at March 2020	Satisfactory – Elementary Payroll Shared Services Processes  Limited – Timesheets, Management of Overpayments and reconciliations.
Recruitment Shared Service	Satisfactory – Recruitment Shared Services Processes  Limited – eRecruit System Functionality
Accounts Payable Shared Service	Satisfactory
Accounts Receivable Shared Service	Satisfactory

### ***RQIA***

The Trust has received the following reports in 2019/20 from RQIA and have reviewed and taken action where applicable.

Final reports:

- Review of Emergency Mental Health Service Provision across Northern Ireland, September 2019;
- Review of the Implementation of the Developing Eyecare Partnerships Strategy, September 2019; and
- Review of General Paediatric Surgery in Northern Ireland, December 2019.

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Draft reports:

- No draft reports have been received.

New reviews commenced:

- No new reviews have commenced.

Hospital Inspection Programme:

- Phase 3: Outpatients inspection commenced in May 2019.

RQIA carried out a number of inspections (announced/unannounced) across Trust services during 2019/20. Each generates an Action Plan that is monitored by the Divisional Governance Teams, with updates on progress against actions/recommendations being provided to RQIA. These are then reviewed by RQIA to oversee progress or sign off in terms of completeness of actions.

### 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 DoH; 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

##### ***Client Charging***

The NHSCT has reviewed all charges made by service providers in relation to client charges and is satisfied that no assessed care needs are being charged to service users, where the cost of these should be paid for by the Trust. There is still some works being completed however this is considered routine associated with the ongoing care and support of clients in supported living settings and reviews of services. This issue should now be closed as an Internal Control divergence.

## ACCOUNTABILITY REPORT

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

#### ***Joint Advisory Group (JAG) Accreditation Margaret O'Hagan/Megan West***

The Endoscopy Service at Whiteabbey Day Procedure Unit received notification from JAG on 28 January 2020 advising that 'the service had not been able to demonstrate adherence to JAG standards and accreditation had been withdrawn.' Full JAG assessment will be required to regain accreditation.

In preparation for re-assessment the service had provided evidence against all 8 key areas which JAG had advised were required. In their correspondence JAG did not highlight which specific standard(s) were not met therefore a formal letter has been forwarded to JAG requesting this information so that targeted work can be taken to ensure standards are met and demonstrated as per JAG guidance for future assessment. Bowel Cancer Screening is continuing on Whiteabbey site during this time as there is no alternative JAG accredited site and no option of ceasing the service.

#### ***Unscheduled Care***

In response to the recognised capacity gap in Antrim Area Hospital, the Trust has submitted an Outline Business Case to the DoH for a 72-bedded ward block on the Antrim Area Hospital site, which is being considered as part of the DoH's 10-year capital priorities. 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. In the interim, the Trust has secured a temporary 24-bedded ward, which opened to patients in July 2019.

The Trust has successfully implemented a range of reforms in Unscheduled Care including the development of an *Ambulatory Emergency Care* area in Antrim Emergency Department (ED). Ambulatory pathways or Same Day Emergency Care seeks to provide timely medical assessment and urgent follow up to prevent the need for hospital admission. Regional data would suggest that the Trust performs well on ambulatory care and this is evidenced in the rate of emergency admissions and emergency bed day usage per head of population when compared regionally.

Transformation funding has supported further expansion of Antrim DAU in 2019/20, alongside the creation of a *Programmed Treatment Unit* (PTU), which treats patients for planned procedures on an ambulatory basis, thus avoiding unnecessary inpatient stays. Both DAU and PTU have been fully utilised to address demand-related issues and effectively manage increasing pressure on inpatient beds.

The *Acute Care at Home* Programme was also realised through Transformation Funding and Phase 2 of the programme, *Anticipatory Care* has already demonstrated a decrease in Causeway ED attendances, despite only being in the testing phase. This project focuses on the proactive Medical and AHP support into care homes in the Causeway locality.

## ACCOUNTABILITY REPORT

Causeway Hospital has developed a *Direct Assessment Unit* focused on the assessment and treatment of frail elderly patients and this footprint was extended in time for Winter 2019/20 to support increased throughput and appropriate hospital admission avoidance. Causeway DAU also interfaces with the Anticipatory Care Project providing a pathway and telephone support to the Anticipatory Care General Practitioners.

A new *Acute Medical Model* has been tested and rolled out within Antrim Hospital in September 2019. Based around a 22-bedded *Acute Assessment Area*, this model is realising its full potential by ensuring patients are assessed as standard practise by a consultant physician after admission from ED, maximising opportunities for ambulatory pathways and facilitating early senior decision-making.

### ***Domiciliary Care and Care Home Placements***

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.

Within domiciliary care an increasing reliance on what is termed 'secondary' domiciliary care Providers, whose rates are generally higher than those of 'primary' providers, has increased the average cost of an hour of domiciliary care provision. A Project Board has been established to progress procurement, with the intention to tender the service during the latter part of 2020/21. This will ensure going forward the cost paid reflects the true market price.

In the Nursing Care Home sector, increased tariffs are being driven by Providers' need to access agency Nursing staff, and the increase in complex needs of residents including dementia related care. The Trust continues to engage with the regional Commissioner to seek the enhancement of tariff rates to reflect these issues.

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

The Trust continues to broadly deliver on funded / commissioned SBA activity. In a number of areas, notably for some in-patient and day case specialties, the Trust and the Regional Commissioner agree that the SBA methodology is not appropriate and are working to develop more meaningful currencies.

Demand for Elective Care (In-patients, Day Cases and Out-patients) continues to outstrip Trust commissioned capacity and with limited funding available for transfer to the Independent Sector, as well as increased red flag demand that is not suitable for Independent Sector activity, the numbers of patients waiting as well as the length of time waiting, continue to grow significantly.

This is particularly evident in Cancer Services. Despite significant additional activity, with capacity diverted from General Surgery to Breast Services, it has not been possible to maintain 100% performance against the 14 day target. This is also reflected in an increased demand for breast surgery (first definitive treatment) with regard to the 32 day target and subsequent breaches. Challenges remain in the 62 day target, these largely in Respiratory and Surgical pathway specialties, reflecting a lack of funded out-patient and Endoscopy diagnostic capacity.

## ACCOUNTABILITY REPORT

Demand continues to increase across all elective Allied Health Professional (AHP) Services. Additional funding has been allocated to fund permanent Physiotherapy posts, which has had a positive impact, though Physio input to Rheumatology and Women's Health services remains with a shortfall to meet demand. Investment is also needed in Speech and Language Therapy, Occupational Therapy and Dietetics to meet demand above funded capacity.

Some additional Waiting List Initiative funding is expected to be made available and this will be utilised as far as possible, noting the limited availability of AHP workforce.

A Project Board has been established with the intention of reviewing how domiciliary care is delivered and with the anticipated outcome that the service will be tendered during 2020/21.

With regard to Psychological Services, challenges continue regarding achievement of the 13 week access target and this is likely to continue due to demand and work force capacity.

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. There has been a 94% increase since 2015/16 and we are seeing year on year increases in referral rates. Whilst resources provided have increased workforce, increasing demand is exceeding the extra capacity. Since October 2018 numbers waiting for assessment had been decreasing. However, this improvement has not been sustainable given the significant increase in referrals for assessment and the increase in referrals to support those with an historical diagnosis of ASD.

Whilst the service has recruited to vacant posts, this recruitment process remains ongoing due to internal appointments. The service has been utilising waiting list initiative monies and non-recurrent monies to recruit temporary staff which has increased capacity to address the backlog of referrals awaiting assessment to commence and those awaiting intervention programmes. However, this had led to an increase in internal waits for diagnostic assessments to be completed and intervention packages to be delivered.

New improved care pathways for service delivery in all 3 components of the service have been implemented which has reduced time taken to complete diagnosis, allowed effective use of the increased staffing compliment and enhanced clinical governance around service delivery.

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 pathway and model to improve access and experience in the medium to longer term.

## ACCOUNTABILITY REPORT

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

The Trust performance on C difficile infections as at March 2020 was 47 cases against an annual PHA target of 49. The Trust performance on MRSA bloodstream infections as at March 2020 was 9 cases against an annual PHA target of 7.

Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle continues Trust-wide with particular focus on areas of clinical practice, environmental maintenance and cleanliness to prevent Healthcare Acquired Infections.

The Trust has maintained focus on the ongoing reduction plans in the overall antibiotic use including Tazocin and Meropenem. The use of the Antibiotic Review Kit (ARK) study, a research programme aiming to safely reduce antibiotic use in hospitals has been extended.

Monitoring of additional targets for healthcare associated Gram-negative bloodstream infections (HAGNBSI) has occurred from 2018/19. There were 76 HAGNBSI during the 2019/20 year, against a target of 75.

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 and therefore this issue remains on our Principle Risk Register.

### ***Dysphagia***

As previously reported a SAI was reported to HSCB in early 2015 involving a patient who died following an episode of choking. The majority of interviews have been completed in the joint Police Service Northern Ireland (PSNI) and Health and Safety Executive Northern Ireland (HSENI) investigation into this incident, and it is anticipated that the investigation is nearing completion. The Trust has raised some concerns about the investigation process in a complaint to the HSENI. The Trust is advised that on completion of the investigation the file will be forwarded to the Public Prosecution Service for consideration.

A review of elective Adult and Language Therapy (SLT) services 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 had improved as a consequence of Waiting List Initiative resources invested during 2018/19; however, this improvement was not sustained without additional recurrent funding therefore waiting times are again increasing. The HSCB and the Trust both acknowledge that there is currently a capacity gap of 4.0WTE Band 6 staff in the adult SLT team.

The Trust Dysphagia Group continues to co-ordinate and take forward the management of Dysphagia across the NHSCT, including the implementation of the International Diet Descriptors Standardisation Initiative (IDDSI) which commenced on the 15 October 2018 as indicated in 'HSC (SQSD) 16/18 Resources to Support the Safer Modification of Food and Drink'. The Trust Policy has been revised and reissued, however there remains a gap in regional consensus about the management of children younger than 3 years of age who have dysphagia.



## ACCOUNTABILITY REPORT

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 and implemented as far as possible. Some suppliers have continued using dual labelling therefore the timeframes of the implementation plan had been extended. This work is supported by the Dysphagia Support Team funded through transformation monies. This Dysphagia Support Team is also supporting Dysphagia audits across all sites and action plans to support implementation and embedding of the revised Dysphagia policy have been developed. The team also support the roll out of recommendations from the Regional Dysphagia Working Group. The PHA has not confirmed if this team will be funded in 2020/21.

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.

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

The Regional vacancy rate for Nurses is reported at 13.5%. This results in significant use of agency nurses to meet our duty of quality of Quality and the 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, these posts contribute to improve clinical outcomes and provide a career pathway for acute nurses leading to improved retention;
- Proactive nurse recruitment includes rolling fortnightly and web based recruitment, bespoke and Trust wide recruitment events, Nurse vacancies are monitored and reported monthly;
- Attendance of Trust teams to recruit graduate nurses at Scottish and English University Recruitment Fairs has taken place;
- Retire and return guidance has been finalised;
- Voluntary transfer policy is operational;
- A second agency is being utilised through regional tender to increase International Nurse recruitment;
- A Nurse Utilisation Group has been established to increase efficiency of nursing resource;
- Development of Advanced Nurse Practitioner and Specialist practitioner roles continues;
- Open University Roadshows have been provided across trust sites to promote application to preregistration programmes; and
- Graduate level Masters in Nursing rotational programme has been commenced through confidence and supply transformational funding .

## ACCOUNTABILITY REPORT

### ***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 although there may be an improvement in this for 2020/21 it is likely that this situation will remain essentially unchanged 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, we have had notable success in recruitment to Emergency Medicine with 4 substantive consultants in post and further appointments expected in due course. We have also seen some permanent consultant appointments to General Internal Medicine in Causeway Hospital. 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 as appropriate where recruitment is unsuccessful;
- We have set up a clinical skills group to explore 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 (although this has been impacted to some degree by the concern regarding the Pension Annual allowance);
- 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, across ENT, Surgery and Medicine. We have seen Consultant appointments in this year, including hard to fill positions in Histopathology / Cytopathologist, Anaesthetics, Haematology, Care of the Elderly and Acute Medicine.

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

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, however 1 young person is currently being cared for in a bespoke arrangement with a staffing level of 2:1 ratio. Availability of care placements continues to be challenging, especially for 16+ young people. The Trust's Escalation Panel overseeing placement availability remains in place and has noted a particular shortfall for placements for children with disabilities. All Trusts have indicated similar pressures and the HSCB is prioritising children with disabilities in the forthcoming months.

## ACCOUNTABILITY REPORT

### ***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 (now known as Risk and Assurance) 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. The Audit Report issued in March 2020 provided a split level of assurance, satisfactory in respect of elementary PSSC processes and limited assurance in respect of timesheets, management of overpayments and reconciliations. Internal Audit highlighted there had been successful delivery of pay awards and pension band review processes and that 10 of 17 previous recommendations were now considered implemented.

## **ACCOUNTABILITY REPORT**

While there continues to be improvements in performance there remain a number of outstanding Internal Audit recommendations which PSC is proactively working with the Trust and other regional HSC customers to address.

### ***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 (IG) Improvement Plan and individual Divisional Information Governance Action Plans are in place. Progress continues to be closely scrutinised during 2019/20 with Action Plans being reviewed at internal Accountability meetings.

Since April 2019, 5 incidents have been reported to the ICO (until end January 2020). All are now closed and no further regulatory action taken by the ICO.

Divisions are identifying where there is sharing of personal information with external organisations and reviewing the governance and contractual arrangements in place to ensure that the arrangements are robust and compliant with data protection requirements.

### ***Financial Position***

Whilst the Trust achieved a breakeven financial position in the year to 31 March 2020, it is important to note that this was achieved following the receipt of significant non-recurring funding, one off contingency measures, expenditure reductions and planned in year slippage on investments. As a result, the Trust is aware that the underlying recurrent deficit position it carries coupled with further in-year emergent pressures ensures that these significant budgetary challenges will continue throughout 2020/21. Planning for the year 2020/21 has been on-going both at Departmental and Trust level. The Trust continues to carry a recurrent underlying deficit of £29.5m and is tracking the additional costs relating to the Trust's response to the COVID-19 response and will continue to work proactively with the HSCB, PHA and DOH on a plan to address these pressures in 2020/21.

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

## **ACCOUNTABILITY REPORT**

### ***Winter Resilience***

The Trust has developed a Winter Resilience Plan for 2019/20. The areas of focus and actions reflect on previous plans and their impact, as well as new and emerging pressures. 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. Additional capacity of 24 beds has been provided in Antrim Area Hospital from July however there has been no ability to expand bed capacity in Causeway Hospital. Our efforts have been to focus on optimising new and developing ambulatory care pathways at both sites, expanded community and primary care capacity (including Out of Hours provision) and additional workforce capacity (medical, nursing, labs, admin and AHPs) at the acute sites. Close co-operation with our Partners is embedded, including with other Trusts, NIAS, Primary Care and Social Care provision. A focus on Staff wellbeing, take up of the flu vaccine, infection control measures and patient experience persists.

### ***Cyber Security***

The Trust, like all health and social care trusts regionally, had received an audit report during 2018/19 with recommendations to strengthen cyber security and resilience arrangements. Several 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. The appointment of the new Chief Digital Information Officer (DoH) has given new energy and urgency to the development of the regional technical architecture and collaborative governance arrangements necessary to begin to address this shared cyber issue.

The Trust is engaged and working alongside all HSC bodies in the Regional Cyber Security Programme to strengthen HSCNI's stance to Cyber Security. Some Business Cases have now been approved and this has provided momentum to the development of regional Policies and Standards. This will be alongside the technical infrastructure to increase the Trust's resilience. The Trust has been successful in retaining the ISO27001 standard for Information Security by external audit and has taken part in regional audit programme for 2019/20 and has achieved a Satisfactory rating for the areas audited.

### ***Falls***

The Trust continues to monitor the number of falls, and falls resulting in moderate to severe injuries. The 'FallSafe' bundle monthly KPI audits continue, and compliance reviewed on a monthly basis. In-patient falls resulting in moderate to severe harm continue to be investigated, with identified areas for improvement / learning, disseminated within the Trust and the PHA.

## **ACCOUNTABILITY REPORT**

### ***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. All schemes for which the Trust submitted business cases approved by the Trust Senior Management Team in 2018/19 were subsequently funded. As per HSCB, allocation letters 023 dated 16 April 2019 and 014 dated 8 April 2019 from HSCB and PHA respectively represent formal approval for all 2018/19 Confidence and Supply business cases.

The Trust approved and submitted a further 11 Confidence and Supply business cases in 2019/20 and has received all corresponding funding with associated formal approval confirmed in allocation letters 019 and 010 dated 8 April 2020 from HSCB and PHA respectively. The Trust continues to work with the DoH to understand the future of Confidence and Supply schemes and their associated funding or cessation.

### ***Community Equipment***

The Trust is in receipt of an unacceptable assurance report from its Internal Auditor in respect of control of Community Equipment. 5 priority 1 and 15 priority 2 recommendations were issued relating to management of stock, installations, servicing and maintenance, contract management and governance and oversight of this area. All priority 1 recommendations have now been implemented and 13 of 15 priority 2 recommendations have already been fully implemented and submitted for update and confirmation by Internal Audit. The remaining recommendations are being reviewed with the installation of an asset monitoring system required for community stores assets.

### ***Homecare Service***

An Internal Audit into in-house domiciliary care services was found to be unacceptable. The priority 1 finding was in relation to the number of minutes home care staff spent on average in 43 service users homes. The time spent was reported to be approximately 70% of the time recorded on the care plan, as assessed by professional staff. Although the time was less than the predicted time on the care plan, there were no concerns that the tasks required were not fully met. Equally, there was no checking against the rota that the time available was not spent with other service users on the same rota. Time required does fluctuate, particularly on reablement rotas.

The Trust will continue to work with the regional domiciliary reform group to move away from the time based allocation of service to the regionally agreed outcomes based model. In the interim, the Trust will work with professional staff and care workers to adjust time recorded on the care plan on a more frequent basis.

A detailed Action Plan has been developed to meet all Internal Audit recommendations, some of which the Trust has control over and others will be dependent on regional progression, eg, Domiciliary Care Monitoring system. In the absence of regional work the Trust has developed a Service User Record audit form to ensure that Internal Audit requirements can be evidenced. Actions are progressing with over 90% compliance achieved on all Service User reviews, staff on-site supervisions and appraisals.

## **ACCOUNTABILITY REPORT**

### ***Neurology***

The Trust has for some time been operating with a single-handed neurology consultant, supported by outreach clinics from the Belfast Health and Social Care Trust to the Causeway area. While funding has been allocated for a second consultant, recruitment has been unsuccessful on a number of occasions. The Trust's consultant is due to retire in the next few months and this presents a risk to the continuity of this service for the Trust population. The Trust has engaged fully with the commissioner and other Trusts, however to date no solution has been found to maintain the provision of on-site consultant neurology presence, or to maintain the current level of elective capacity. The Trust continues to engage with HSCB and BHSC to agree a workable model.

### ***Mental Capacity Act***

The DoH, requires health and social care trusts to proceed with a partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for the purpose of providing a statutory framework for the Deprivation of Liberty from 2 December 2019. The NHSCT maximised the opportunity to test out processes and practice from October to December and were adequately prepared for the live implementation.

There are sufficient numbers of staff identified and trained to carry out the functions required however additional training has been provided throughout Jan and February to upskill key staff in the recognition that the training designed by the DOH did not fully prepare staff for the new functions. Training and competence building will continue throughout the next 12 months

Progress has been made to agree regional thresholds for patients who are non-ambulant or have palliative care needs. A plan has been worked up to ensure patients cared for in deprivation of liberty control situations will have their authorisations sought pre 2 December 2020.

Our ability to treat patients in the hospital using short term detention orders requires further development and a period of preparation has been agreed up to 1 April 2020. Failure in these arrangements would impact adversely on performance and consequently patient safety and care.

There is a further financial risk given the gap between the funding identified for this regionally and the Trust's preliminary cost. Estimates. The Trust has put in place lead directors, programme lead and programme structures and processes aimed at managing this risk and ensuring compliance with legislation.

### **New Divergences**

#### ***Assurance Framework for Foster Care***

In response to internal and external reviews associated with the regulations and guidance for fostering, the Trust is progressing a review of its fostering assurance framework to ensure there are robust governance arrangements associated with the delivery of foster care. This will be subject to ongoing monitoring by senior management.

## ACCOUNTABILITY REPORT

### ***Unaccompanied Young People***

There has been an increase in the number of unaccompanied young people entering Northern Ireland. There are currently 21 children placed in regional facilities. Each Trust has been asked to identify placements for 3 unaccompanied young people, however due to demand for placements within the Trust for children who need to be admitted to care, it has not been possible to fulfil this request. The Trust continues to engage in regional discussions regarding this area of pressure.

### ***Fit Testing***

On 12 June 2020 the Trust received an alert from the Public Health Authority regarding a potential issue with some of the fit testing completed by an external contractor in a number of HSC Trusts, including the Northern Trust, during the COVID-19 surge period. The fit testing contractor has subsequently advised the Trust that, in a number of cases, the fit testing equipment was calibrated to a setting not applied in Northern Ireland but which was in line with World Health Organisation recommendations. As a precautionary measure, to reassure staff that the masks are being fitted to the appropriate standards, the Trust has urgently taken forward a review of all fit testing completed during this period and is making contact with all staff whose results are affected, to advise them of the issue and to arrange to reschedule them for retesting as soon as possible. A broadcast email and helpline was also established from 22 June 2020 to address any concerns raised by staff. The Trust will be implementing additional measures to review and monitor fit testing outcomes moving forward to ensure that this situation cannot recur.

### **Conclusion**

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

Further to 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 Trust has operated a sound system of internal governance during the period 2018/19.



**Mrs Jennifer Welsh – Interim Accounting Officer**  
**25 June 2020**



## **ACCOUNTABILITY REPORT**

## **REMUNERATION AND STAFF REPORT**

### **Remuneration Report**

#### *Scope of the report*

The Remuneration Report summarises the remuneration policy of 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 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 2019/20 are:

- Mr Bob McCann;
- Mr Jim McCall; and
- Mrs Geraldine McGahey (member since 1 September 2019).

Mr Glenn Houston had been a member until 31 August 2019.

The Remuneration Committee met on two occasions during the financial year 2019/20 to consider the starting salaries of the new Senior Executives appointed in year, 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 2019/20.

## ACCOUNTABILITY REPORT

### *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 DoH.

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 2019/20 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 had been no pay award approved for Senior Executives since the 2016/17 award which related to performance for 2015/16. A pay award was applied in November 2019 for Medical and Dental staff for 2018/19. There has been no 2019/20 pay award for Medical and Dental Staff during the year, however, an accrual has been included within the financial statements to reflect monies that may become due.

A pay award issued for Agenda for Change staff for 2019/20, which include Divisional Directors, this was applied retrospectively in March 2020 and for Non-Executive Director contracts retrospectively to August 2017.

### *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.

## ACCOUNTABILITY REPORT

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

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.

## ACCOUNTABILITY REPORT

### 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>2019/20</b>	<b>2018/19</b>
Band of Highest Paid Director Remuneration	£180 - £185K	£180 - £185K
Median Remuneration	£29,854	£29,315
<b>Ratio</b>	<b>6.11</b>	<b>6.23</b>
<b>Range of Staff Remuneration</b>	<b>£17,652 - £247,196</b>	<b>£16,943 - £259,210</b>

The midpoint of remuneration of the highest paid director in the Trust was £182,500 (2018/19 £182,500). This was 6.11 times (6.23 2018/19) the median remuneration of the workforce, which was £29,854. The ratio calculation for 2019/20 has indicated minimal movement from 2018/19. The calculation of the median excludes agency staff because inclusion of these costs had a limited impact on the ratio.

## ACCOUNTABILITY REPORT

### Senior Employees' Remuneration (audited)

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Trust were as follows (it should be noted that there were no bonuses paid to any Director in 2019/20 or 2020/21):

Name	2019/20				2018/19				2019/20				
	Salary £000s	(10) 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 31/3/19 £000s	CETV at 31/3/20 £000s	Real increase in CETV £000s
<b>Non-Executive Members</b>													
B McCann	30 - 35	100	N/A	30 - 35	30 - 35	100	N/A	30 - 35	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	100	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	N/A	N/A	N/A	N/A	N/A

## ACCOUNTABILITY REPORT

Executive Team and Divisional Directors	2019/20				2018/19				2019/20				
	Salary £000s	(11) 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	(12) CETV at 31/3/19 £000s	CETV at 31/3/20 £000s	Real increase in CETV £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	170 - 175	0	17,000	190 – 195	165 - 170	0	25,000	185 - 190	0 to 2.5 + lump sum 2.5 to 5	40 to 45 + lump sum 120 - 125	856	934	37
J Welsh	95 - 100	100	20,000	115 – 120	95 - 100	3,700	40,000	140 – 145	0 to 2.5 + lump sum 0	30 to 35 + lump sum 65 to 70	537	573	21
O Harkin	85 - 90	200	19,000	105 – 110	85 - 90	200	1,000	90 - 95	0 to 2.5 + lump sum 0	55 to 60 + lump sum 0	757	797	20
E Brownlees (3)	15 - 20	100	(3,000)	15 – 20	75 - 80	200	(7,000)	65 - 70	N/A	N/A	N/A	N/A	N/A
K Hargan (4)	45 - 50	0	15,000	60 – 65	N/A	N/A	N/A	N/A	0 to 2.5 + lump sum 0	15 to 20 + lump sum 0	224	253	17
J Reid (5)	10 – 15	200	14,000	25 – 30	N/A	N/A	N/A	N/A	0 to 2.5 + lump sum 0	5 to 10 + lump sum 0	85	105	15
E McEaney	75 – 80	100	(6,000)	65 – 70	75 - 80	100	(5,000)	65 - 70	0 to 2.5 + lump sum 0 to 2.5	30 to 35 + lump sum 95 to 100	704	741	4
V Callaghan (6)	35 – 40	100	(5,000)	30 – 35	50 - 55	100	0	50 - 55	N/A	N/A	N/A	N/A	N/A
M Dargan (7)	45 - 50	100	52,000	95 - 100	N/A	N/A	N/A	N/A	2.5 to 5 + lump sum 2.5 to 5	25 to 30 + lump sum 55 to 60	410	477	48
M Roulston (8)	0	0	0	0	25 - 30	0	(4,000)	20 - 25	N/A	N/A	N/A	N/A	N/A
P Hughes	90 – 95	200	31,000	120 – 125	80 - 85	100	63,000	145 - 150	0 to 2.5 + lump sum 5 to 7.5	45 to 50 + lump sum 140 to 145	1,043	1,139	44
O Donnelly (9)	90 – 95	100	(12,000)	75 – 80	85 - 90	300	(12,000)	75 - 80	N/A	N/A	N/A	N/A	N/A
B Donaghy	85 - 90	300	(8,000)	75 – 80	85 - 90	700	18,000	100 - 105	0 to 2.5 + lump sum 0 to 2.5	35 to 40 + lump sum 115 to 120	866	910	4
W Magowan	90 - 95	0	20,000	110 – 115	85 - 90	0	41,000	125 - 130	0 to 2.5 + lump sum 2.5 to 5	30 to 35 + lump sum 90 to 95	617	678	31
M O'Hagan	90 - 95	0	(9,000)	80 – 85	85 - 90	600	11,000	100 - 105	0 to 2.5 + lump sum 0 to 2.5	35 to 40 + lump sum 115 to 120	806	846	3
N Martin (10)	35 - 40	0	25,000	60 – 65	N/A	N/A	N/A	N/A	0 to 2.5 + lump sum 0 to 2.5	15 to 20 + lump sum 30 to 35	231	264	22

*The Executive Team (ref page 5) 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 page 37.*

## ACCOUNTABILITY REPORT

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.

## ACCOUNTABILITY REPORT

### Senior Employees' Remuneration - Notes

Notes to tables above:

- (1) Left 31/08/18. Estimated full year salary £5 - £10K.
- (2) A Stevens left 31/03/2020 and is beyond the threshold for calculation of CETV/Real Increase therefore this is not applicable in 2018/19 or 2019/20.
- (3) E Brownlees left 04/07/2019. Estimated full year salary £75 - £80K.
- (4) K Hargan commenced Directorship 16/09/2019. Estimated full year salary £80 - £85K.
- (5) J Reid Interim Directorship during period 01/07/19 – 15/09/19. Estimated full year salary £70 - £75K.
- (6) V Callaghan left 30/08/2019. Estimated full year salary £75 – 80K.
- (7) M Dargan commenced Directorship 01/09/2019. Estimated full year salary £75 - £80K.
- (8) M Roulston left 31/07/18. Estimated full year salary £75 - £80k
- (9) O Donnelly is beyond the threshold for calculation of CETV/Real Increase therefore this is not applicable in 2019/20 or 2018/19.
- (10) N Martin commenced Interim Directorship 01/10/2019. Estimated full year salary £70 - £75K.
- (11) Benefits in kind relate to the taxable benefits in kind on travel expenses reimbursed and leased cars where applicable.
- (12) CETVs as at 31/03/19 for all Directors may have been adjusted by HSC Pensions Branch based on the current framework prescribed by the Institute and Faculty of Actuaries.



## ACCOUNTABILITY REPORT

### Staff Report Staff Costs (Audited)

The following tables set out the NHSCT's staff costs:

Staff costs comprise:	2020		Total £000s	2019 Total £000s
	Permanently employed staff £000s	Others £000s		
Wages and salaries	374,234	49,845	424,079	391,989
Social security costs	32,307	0	32,307	30,692
Other pension costs	71,716	0	71,716	48,068
<b>Sub-Total</b>	<b>478,257</b>	<b>49,845</b>	<b>528,102</b>	<b>470,749</b>
Less recoveries in respect of outward secondments			2,197	2,414
<b>Total net costs</b>			<b>525,905</b>	<b>468,335</b>
Staff costs charged to capital projects during the year			780	421
Total net costs of which:			<b>£000s</b>	<b>£000s</b>
Northern HSC Trust			527,277	470,286
Charitable Trust Fund			45	42
			<b>527,322</b>	<b>470,328</b>

### 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

## ACCOUNTABILITY REPORT

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) 2019/20</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>

## ACCOUNTABILITY REPORT

### Average number of persons employed (Audited)

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

	2020		2019	
	Permanently employed staff No	Other No.	Total No.	Total No.
Medical and dental	547	111	658	635
Nursing and midwifery	3,267	280	3,547	3,395
Professions allied to medicine	878	28	906	875
Ancillaries	796	80	876	864
Administrative and clerical	1,605	88	1,693	1,634
Ambulance staff	0	0	0	0
Works	144	10	154	145
Other professional and technical	634	8	642	584
Social Services	2,249	114	2,363	2,311
Other	0	0	0	0
<b>Total average number of person employed</b>	<b>10,120</b>	<b>719</b>	<b>10,839</b>	<b>10,443</b>
Less average staff number relating to capitalised staff costs	17	0	17	12
Less average staff number in respect of outward secondments	46	0	46	61
<b>Total net average number of person employed</b>	<b>10,057</b>	<b>719</b>	<b>10,776</b>	<b>10,370</b>

Of which:

	2020 Composition
Northern HSC Trust	10,775
Charitable Trust Fund (re-charged)	1
	<b>10,776</b>

### Trust Management Costs

	2020 £000s	2019 £000s
Trust Management Costs	30,588	27,957
<b>Income:</b>		
RRL	865,806	721,355
Income per Note 4	59,074	56,833
Non cash RRL for movement in clinical negligence provision	(31,421)	18,036
<b>Total Income</b>	<b>893,459</b>	<b>796,224</b>
<b>% of total income</b>	<b>3.4%</b>	<b>3.5%</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.

## ACCOUNTABILITY REPORT

### Retirements due to ill-health

During 2019/20 there were 31 (28 in 2018/19) early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £81K (£83K in 2018/19). 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	
	2020	2019	2020	2019	2020	2019
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	0	0	0	0
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	0	0	0	0

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 (Northern Ireland) Order 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

## ACCOUNTABILITY REPORT

### Staff Composition by Gender

The following table provides an analysis of the number of employed staff as at 31 March 2020 by gender:

	Directors*		Non-Executive Directors		Senior Staff**		Other Staff		Trust Total	
	No	As%	No	As %	No	As %	No	As %	No	As %
Female	8	62%	1	14%	26	76%	10,631	85%	10,666	85%
Male	5	38%	6	86%	8	24%	1,807	15%	1,826	15%
<b>Total</b>	<b>13</b>		<b>7</b>		<b>34</b>		<b>12,438</b>		<b>12,492</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 6.26% by the DoH for staff absence. The Trust absence for 2019/20 was 6.96% (2018/19 6.59%).

### Off Payroll Engagements

The Trust did not have any 'off-payroll' engagements in 2019/20 that were in excess of £245 per day and/or that lasted longer than 6 months.

### Consultancy

Expenditure on Consultancy (funded through Charitable Trust Funds) in 2019/20 was £4,989 (2018/19 £5,878).

## **ACCOUNTABILITY REPORT**

### **ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT**

#### **Financial Resources**

The Trust managed expenditure of £925 million in 2019/20.

The Trust employed an average of 10,776 staff serving a population of approximately 470,000 residents and manages a wide and geographically dispersed estate valued in excess of £404m.

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 2019/20 identified a recurrent gap of £29.4m, 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 2019/20 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 2020/21 with a substantial underlying funding gap (£29.4m) which it continues to review with Commissioners and DoH. This process will need to take account of a number of uncertainties, the additional cost of COVID-19 including unavoidable cost pressures, demand and EU Exit. 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.

## **ACCOUNTABILITY REPORT**

### **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 Interim 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.

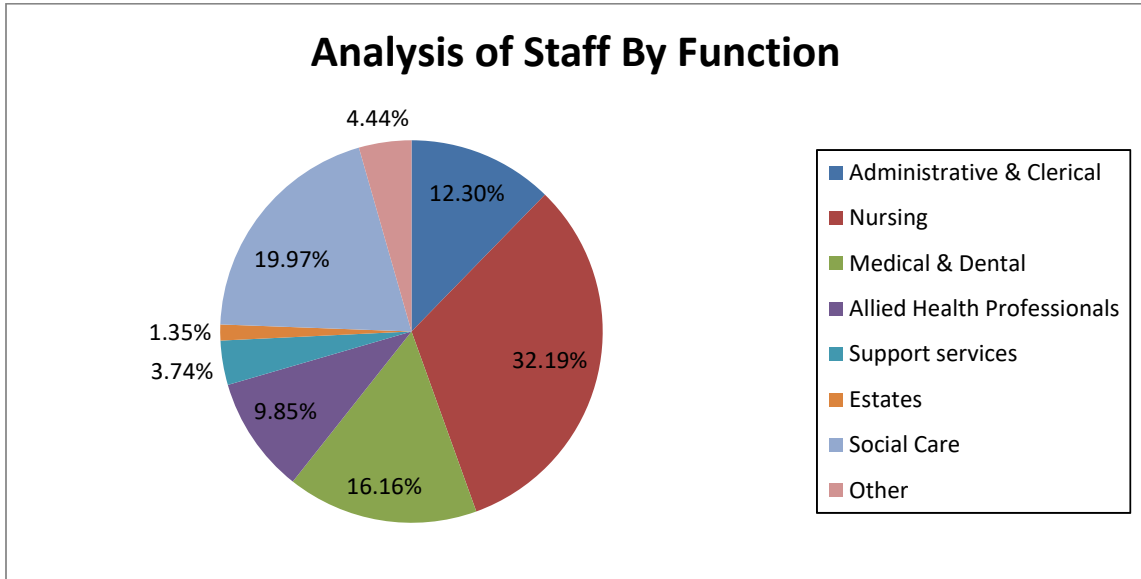
### **Income and Expenditure**

The information below provides an analysis of Trust's income and a breakdown of expenditure in 2019/20:

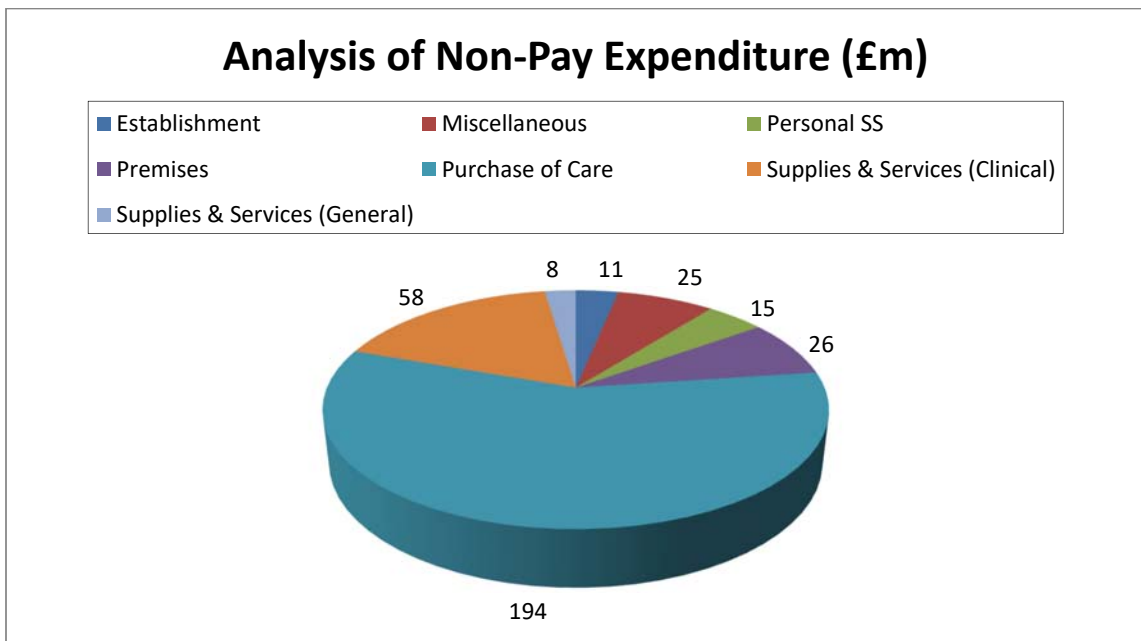
The largest cost incurred by the Trust is staff salaries, representing over 57% (£527m) of total expenditure covering a range of staff groups such as nursing, medical, diagnostic, social services and allied health professionals.

The chart below shows the percentage of Payroll spend (£527m) for the professional staff groups with the largest spend residing in the nursing category.

## ACCOUNTABILITY REPORT



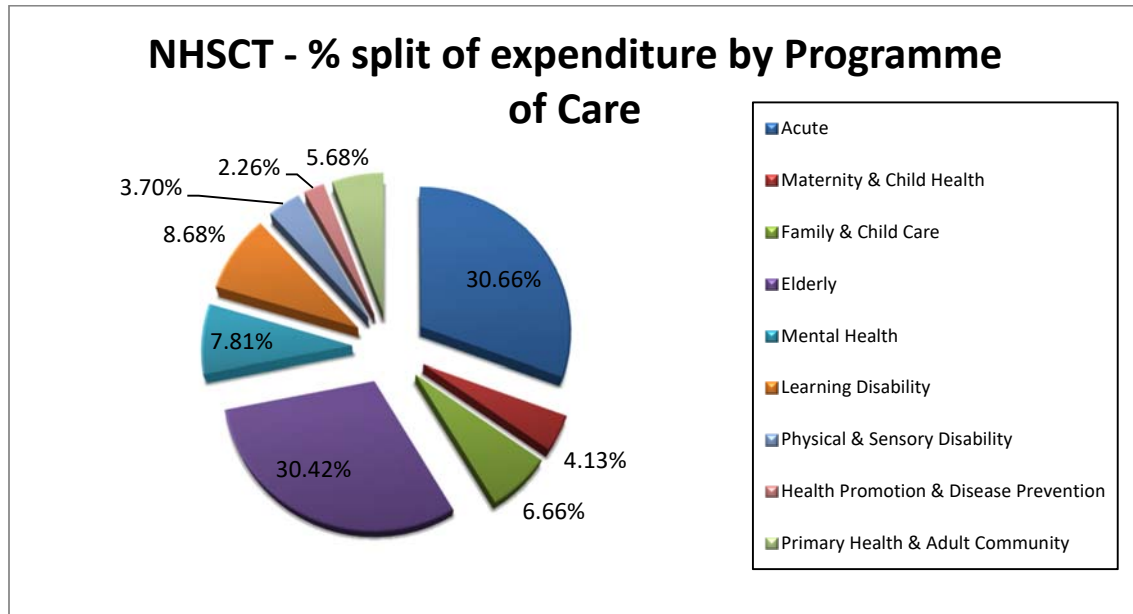
The Trust spent £337m non-pay expenditure (revenue) and the chart below provides an analysis of this.





## ACCOUNTABILITY REPORT

In 2019/20 the Trust provided services for a range of programmes of care as detailed in the graph below (source Trust Financial Returns 2018/19).



### Income

The majority of income, over 93%, comes from DoH, 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 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 2020/21 will continue to be financially challenging for the Trust, it is expected that the Trust will continue to operate on a “going concern” basis.

## ACCOUNTABILITY REPORT

### Capital Development Programme

For the 2019/20 financial year the Trust managed gross capital expenditure to the value of £15.6m 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 2019/20, with a minor surplus against the Capital Resource budget of £52k due to the impacts of COVID-19 on the completion of schemes.

Capital Scheme	Expenditure 2019/20 £m	Total Value of Project £m
Ballymena Health and Care Centre	£0.33m	£25.00m
Medical Devices	£2.98m	£2.98m
24 Bed Modular Ward A5 Antrim Area Hospital	£0.41m	£2.90m
Vehicle Replacement	£1.06m	£1.06m
ICT	£2.81m	£2.81m
Building Management Systems Upgrade	£1.35m	£1.35m
Theatre Lights Antrim Area Hospital	£0.32m	£0.32m
Expansion of ED Causeway Hospital	£0.20m	£0.20m
Car Parking and Accommodation Mid Ulster Hospital	£0.33m	£0.33m
Health and Safety Enhancements at Antrim Area Hospital	£0.23m	£0.23m
Improvement and Health and Safety works at Holywell Hospital	£0.80m	£0.80m
Endoscopy Suite at Whiteabbey Hospital	£0.16m	£0.16m
Health and Safety Works at Ross Thompson	£0.13m	£0.13m

### 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.

## ACCOUNTABILITY REPORT

In 2019/20 Charitable Trust Fund income amounted to £663k and expenditure was £807k including £5k notional audit fee. Total fund balances as at 31 March 2020 amounted to £5,486k.

Investments showed an unrealised loss of £236k on their share valuation at 31 March 2020 due to the prevailing market conditions.

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 2019/20. This is subject to audit.

### Losses and Special Payments (Audited)

Losses Statement	2019/20		2018/19
	Number of Cases	£000	£000
Total Number of Losses	184		
Total Value of Losses		138	162

Individual Losses over £250,000	2019/20		2018/19
	Number of Cases	£	£
Cash Losses	0	0	0
Administrative Write Offs	0	0	0
Fruitless Payments	0	0	0
Store Losses	0	0	0

Special Payments	2019/20		2018/19
	Number of Cases	£000	£000
Total Number of Special Payments	54		
Total Value of Special Payments		3,931	1,528

Special Payments over £250,000	2019/20		2018/19
	Number of Cases	£	£
Compensation Payments			
- Clinical Negligence	3	2,906,213	0
- Public Liability	0	0	0
- Employers Liability	0	0	0
- Other	0	0	0
Ex-gratia payments	31	19,045	19,294
Extra contractual	0	0	0
Special severance payments	0	0	0
<b>Total Special Payments</b>	<b>34</b>	<b>2,925,258</b>	<b>19,294</b>

## **ACCOUNTABILITY REPORT**

### **Other Payments**

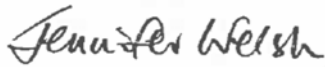
There were no other payments made during the year.

### **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 2020, has been applied to the purposes intended by the NI Assembly and that transactions conform to the authorities which govern them.

The Trust maintains a Gifts and Hospitality Register and decisions on acceptance are made in line with Policy.

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

A handwritten signature in black ink that reads "Jennifer Welsh". The signature is written in a cursive style with a small flourish at the end.

**Mrs Jennifer Welsh – Interim Accounting Officer**  
**25 June 2020**

## **NORTHERN HEALTH AND SOCIAL CARE TRUST – PUBLIC FUNDS**

### **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 2020 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 2020 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.

#### **Emphasis of Matter**

I draw attention to Note 1.3 of the financial statements, which describes the material valuation uncertainties for Land and Buildings due to the consequences of the COVID-19 pandemic. My opinion is not modified in respect of the matter.

#### **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.

#### **Conclusions relating to going concern**

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

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

#### **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**

A report on the valuation of land and buildings is not considered necessary, as the circumstances are beyond the control of management.



*KJ Donnelly*  
Comptroller and Auditor General  
Northern Ireland Audit Office  
106 University Street  
Belfast  
BT7 1EU  
7 July 2020

**ANNUAL ACCOUNTS 2019/20 – FINANCIAL  
STATEMENTS AND NOTES TO THE ACCOUNTS**

## **FINANCIAL STATEMENTS**

### **Introduction**

The financial statements and notes to the accounts of the Trust for 2019/20 are included on pages 102 to 144.

The Patients and Residents Monies Accounts for 2019/20 are included on pages 145 to 146.

Charitable Trust Fund Accounts for 2019/20 are issued separately however they are consolidated within the public fund accounts to meet the requirements of the relevant consolidation accounting policy.



# **FINANCIAL STATEMENTS**

## **NORTHERN HSC TRUST**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020**

#### **FOREWORD**

These accounts for the year ended 31 March 2020 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 DoH.

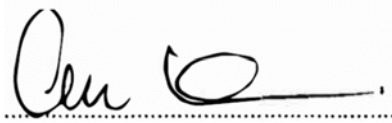
**FINANCIAL STATEMENTS**

**NORTHERN HSC TRUST**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020**

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

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 102 to 144) 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**

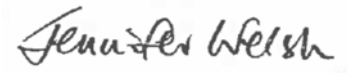
**25 June 2020**

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 102 to 144) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



..... **Chairman**

**25 June 2020**



..... **Interim Chief Executive**

**25 June 2020**

## FINANCIAL STATEMENTS

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

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

	NOTE	2020 £000s			2019 £000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Income</b>							
Revenue from contracts with customers	4.1	52,990	0	52,990	50,929	0	50,929
Other operating income*	4.2	6,084	514	6,598	5,904	597	6,501
<b>Total operating income</b>		<b>59,074</b>	<b>514</b>	<b>59,588</b>	<b>56,833</b>	<b>597</b>	<b>57,430</b>
<b>Expenditure</b>							
Staff costs		(527,277)	(45)	(527,322)	(470,287)	(42)	(470,329)
Purchase of goods and services	3	(270,834)	0	(270,834)	(245,897)	0	(245,897)
Depreciation, amortisation and impairment charges	3	(28,251)	0	(28,251)	(20,153)	0	(20,153)
Provision expense	3	(32,674)	0	(32,674)	17,599	0	17,599
Other expenditures	3	(65,782)	(757)	(66,539)	(59,397)	(790)	(60,187)
<b>Total operating expenditure</b>		<b>(924,818)</b>	<b>(802)</b>	<b>(925,620)</b>	<b>(778,135)</b>	<b>(832)</b>	<b>(778,967)</b>
<b>Net operating expenditure</b>		<b>(865,744)</b>	<b>(288)</b>	<b>(866,032)</b>	<b>(721,302)</b>	<b>(235)</b>	<b>(721,537)</b>
Finance income	4.2	0	149	149	0	94	94
<b>Net expenditure for the year</b>		<b>(865,744)</b>	<b>(139)</b>	<b>(865,883)</b>	<b>(721,302)</b>	<b>(141)</b>	<b>(721,443)</b>
Revenue Resource Limit (RRL) and capital grants	23.1	865,806	0	865,806	721,355	0	721,355
Add back charitable trust fund net expenditure*		0	139	139	0	141	141
<b>Surplus / (Deficit) against RRL</b>		<b>62</b>	<b>0</b>	<b>62</b>	<b>53</b>	<b>0</b>	<b>53</b>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>							
Items that will not be reclassified to net operating costs:	NOTE	2020 £000s			2019 £000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
Net gain/(loss) on revaluation of property, plant and equipment	5.1 /5.2 /9	21,530	0	21,530	9,006	0	9,006
Net gain/(loss) on revaluation of intangibles	6.1 /6.2 /9	0	0	0	0	0	0
Net gain/(loss) on revaluation of charitable assets		0	(236)	(236)	0	276	276
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March</b>		<b>(844,214)</b>	<b>(375)</b>	<b>(844,589)</b>	<b>(712,296)</b>	<b>135</b>	<b>(712,161)</b>

The notes on pages 106 to 144 form part of these accounts.

\* 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 2020

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	2020		2019	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	428,695	428,695	419,789	419,789
Intangible assets	6.1/6.2	4,067	4,067	4,338	4,338
Financial assets	8	0	4,111	0	4,545
<b>Total Non Current Assets</b>		<b>432,762</b>	<b>436,873</b>	<b>424,127</b>	<b>428,672</b>
<b>Current Assets</b>					
Assets classified as held for sale	10	548	548	778	778
Inventories	11	4,309	4,309	3,313	3,313
Trade and other receivables	13	16,954	16,966	16,656	16,684
Other current assets	13	3,912	3,912	3,457	3,457
Financial assets	8	0	1,000	0	800
Cash and cash equivalents	12	4,775	5,145	1,841	2,371
<b>Total Current Assets</b>		<b>30,498</b>	<b>31,880</b>	<b>26,045</b>	<b>27,403</b>
<b>Total Assets</b>		<b>463,260</b>	<b>468,753</b>	<b>450,172</b>	<b>456,075</b>
<b>Current Liabilities</b>					
Trade and other payables	14	(102,847)	(102,854)	(80,490)	(80,532)
Intangible current liabilities	14	0	0	(348)	(348)
Provisions	15	(13,509)	(13,509)	(7,037)	(7,037)
<b>Total Current Liabilities</b>		<b>(116,356)</b>	<b>(116,363)</b>	<b>(87,875)</b>	<b>(87,917)</b>
<b>Total assets less current liabilities</b>		<b>346,904</b>	<b>352,390</b>	<b>362,297</b>	<b>368,158</b>
<b>Non Current Liabilities</b>					
Provisions	15	(57,131)	(57,131)	(36,470)	(36,470)
<b>Total Non Current Liabilities</b>		<b>(57,131)</b>	<b>(57,131)</b>	<b>(36,470)</b>	<b>(36,470)</b>
<b>Total assets less total liabilities</b>		<b>289,773</b>	<b>295,259</b>	<b>325,827</b>	<b>331,688</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		157,880	157,880	136,462	136,462
SoCNE reserve		131,893	131,893	189,365	189,365
Other reserves - charitable fund		0	5,486	0	5,861
<b>Total equity</b>		<b>289,773</b>	<b>295,259</b>	<b>325,827</b>	<b>331,688</b>

The financial statements on pages 102 to 105 were approved by the Board on 25 June 2020 and were signed on its behalf by;

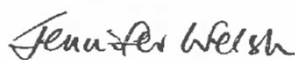
The notes on pages 106 to 144 form part of these accounts.

Signed



(Chairman)

25 June 2020



Signed

(Interim Chief Executive)

25 June 2020

## FINANCIAL STATEMENTS

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

The Statement of Cash Flows shows the changes in cash and cash equivalents of the 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	2020 £000s	2019 £000s
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating expenditure		(866,032)	(721,537)
Adjustments for non cash transactions		60,758	2,171
(Increase)/decrease in trade and other receivables		(737)	(377)
(Increase)/decrease in inventories		(996)	(701)
Increase/(decrease) in trade payables		21,974	(1,419)
<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		(2,513)	(1,304)
Movements in payables relating to the purchase of intangibles		(217)	(98)
Use of provisions	15	<u>(5,541)</u>	<u>(2,572)</u>
<b>Net cash inflow/(outflow) from operating activities</b>		<b>(793,304)</b>	<b>(725,837)</b>
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	(11,450)	(14,755)
(Purchase of intangible assets)	6	(1,381)	(1,041)
Proceeds of disposal of property, plant & equipment		55	57
Proceeds on disposal of assets held for resale		607	402
Proceeds from sale of investments		(2)	492
Other investing activities		<u>149</u>	<u>94</u>
<b>Net cash outflow from investing activities</b>		<b>(12,022)</b>	<b>(14,751)</b>
<b>Cash flows from financing activities</b>			
Grant in aid		<u>808,100</u>	<u>741,550</u>
service concession arrangements		<u>0</u>	<u>0</u>
<b>Net financing</b>		<b>808,100</b>	<b>741,550</b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		<b>2,774</b>	<b>962</b>
<b>Cash &amp; cash equivalents at the beginning of the period</b>	12	2,371	1,409
<b>Cash &amp; cash equivalents at the end of the period</b>	12	5,145	2,371

The notes on pages 106 to 144 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 2020

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
<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>
<b>Changes in Taxpayers Equity 2019/20</b>					
Grant from DoH		808,100	0	0	808,100
Other reserves movements including transfers (Comprehensive Net Expenditure for the year)		112 (865,744)	(112) 21,530	0 (375)	0 (844,589)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	60	0	0	60
<b>Balance at 31 March 2020</b>		<b>131,893</b>	<b>157,880</b>	<b>5,486</b>	<b>295,259</b>

The notes on pages 106 to 144 form part of these accounts.

## **FINANCIAL STATEMENTS**

### **NOTES TO THE ACCOUNTS**

#### **STATEMENT OF ACCOUNTING POLICIES**

##### **1. Authority**

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

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

## FINANCIAL STATEMENTS

- 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 2020 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. Subsequently, there was no valuation change in February or March 2020.

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.



## FINANCIAL STATEMENTS

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that *market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of uncertainty in terms of informing opinions of value*. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore the need for further future valuations will remain under consideration, subject to resources.

### 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

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.

## FINANCIAL STATEMENTS

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.

## FINANCIAL STATEMENTS

### 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.

## FINANCIAL STATEMENTS

### 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.

## FINANCIAL STATEMENTS

### Grant in aid

Funding received from other entities, including DoH 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.

## FINANCIAL STATEMENTS

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 STATEMENTS

- 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.

## FINANCIAL STATEMENTS

### 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	0.51%
	Medium term	5 – 10 years	0.55%
	Long term	10 - 40 years	1.99%
	Very long term	40+ years	1.99%
Inflationary	Year 1		1.90%
	Year 2		2.00%
	Into perpetuity		2.00%

The discount rate to be applied for employee early departure obligations is +0.50% with effect from 31 March 2020.

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.



## FINANCIAL STATEMENTS

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. However, in respect of the emergent COVID-19 situation and pressure on the Trust during the month of March 2020, a review was carried out regarding the impact this situation had on untaken leave and an adjustment was made to reflect this.

## **FINANCIAL STATEMENTS**

### **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 DoH. 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 2019/20 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 22 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.

## **FINANCIAL STATEMENTS**

### **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 latest advice from HM Treasury and the Financial Reporting Advisory Board, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021'. Management consideration of the impact on introduction of IFRS 16 on initial application remains under consideration and will be fully determined in 2020-21.

## FINANCIAL STATEMENTS

The IASB issued new and amended standards (IFRS 10, IFRS 11 and 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 2021/22, 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 2020

#### 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	2020 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2019 Other Expenditure £000s	Total Expenditure £000s
Community Care	88,980	96,771	185,751	83,000	87,547	170,547
Surgical & Clinical Services	103,638	30,974	134,612	94,562	29,185	123,747
Medicine & Emergency Medicine	84,221	16,397	100,618	72,098	16,460	88,558
Medical Directorate	12,141	2,792	14,933	10,413	2,666	13,079
Women, Children and Families	92,324	29,047	121,371	83,615	27,059	110,674
Mental Health, Learning Disability & Community Wellbeing	76,552	113,723	190,275	67,503	105,059	172,562
Nursing User Experience	32,934	6,533	39,467	28,724	5,843	34,567
Other Trust Directorates	36,487	40,329	76,816	30,372	31,473	61,845
<b>Expenditure for Reportable Segments net of Non Cash Expenditure*</b>	<b>527,277</b>	<b>336,566</b>	<b>863,843</b>	<b>470,287</b>	<b>305,292</b>	<b>775,579</b>
<b>Non Cash Expenditure*</b>			<b>60,975</b>			<b>2,556</b>
<b>Total Expenditure per Net Expenditure Account</b>			<b>924,818</b>			<b>778,135</b>
<b>Income Note 4</b>			<b>59,074</b>			<b>56,833</b>
<b>Net Expenditure</b>			<b>865,744</b>			<b>721,302</b>
<b>Revenue Resource Limit</b>			<b>865,806</b>			<b>721,355</b>
<b>Surplus / (Deficit) against RRL</b>			<b>62</b>			<b>53</b>

\*Adjusted for Auditors Remuneration and profit on disposal of Property, Plant and Equipment

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### NOTE 2 (continued)

Costs are allocated to each of the individual Directorates based on similarity of the nature of service provided. Management accounts are also prepared by Directorates to aid decision making by the Board, which include key performance indicators such as:

- RRL budget forecast and breakeven targets;
- deliverables within funding programmes such as demography, Confidence and Supply; new service development;
- funded staffing levels;
- agency, bank and overtime staff costs;
- R&D targets; and
- SLAs for independent sector domiciliary care and private homes.

#### Community Care

- Integrated Community Teams including Eldercare and Physical Disability Social Work, District Nursing, Occupational Therapy and Treatment Rooms to GP Practices
- Eldercare and Physical Disability Nursing Home, Residential Homes, Supported Living, Domiciliary, Respite and Day Care Services
- Specialist and Community Palliative Care services
- Community Beds including rehabilitation and step up/down
- AHP and Specialist Services including Podiatry, Specialist OT, Acute OT, Recovery and Re-ablement services, Continence and Hospital Diversion

#### Surgical and Clinical Services

- General and Breast Surgery (including in-patient, days and endoscopy)
- Theatre and Anaesthetics
- Gastroenterology, ENT and Audiology
- Cancer and OPD Services
- Dental services (including Community)
- Diagnostics and AHPs (including Pathology, Radiology and Physiotherapy)
- Administrative support to all Acute Divisions

#### Medicine and Emergency Medicine

- Emergency and Urgent Assessment pathways of care
- Acute Medicine (including Hospital Social Work)
- Alternatives to admission and Ambulatory pathways (including Care of Elderly Stroke and Rehabilitation)
- In Hospital Specialist Medical pathways (including Rheumatology, Cardiology, Renal, Endocrine, Neurology, Cardiology, Frail Elderly, Diabetes and Dietetics)

#### Medical Directorate

- Medical Management and Education
- Decontamination Services
- Pharmacy Clinical, Dispensing and Procurement Services
- Regional Medicines Optimisation and Innovation Centre

#### Women, Children and Families

- Includes all devices to children and adolescents including Paediatric Wards, Neo Natal unit, provision of complex care support to children in the community
- Maternity and Women's Health including Community Midwifery services
- Regional Sexual Assault and Referral Centre

## **FINANCIAL STATEMENTS**

- Specialist Services such as Family Planning and Sexual Health Services
- Corporate Parenting including Adoption, Fostering, Family Support and Residential Services
- Safeguarding and Family Support, Early Years Services and Disability Services including Respite.
- Health Visiting and School Nursing
- Early Intervention and CAMHS
- Speech and Language Services to both Adults and Children
- Other Services include Autism and ADHD, Paediatric Occupational Therapy
- Social Services and Training and Governance Unit
- Business and Governance support to Division

### **Mental Health, Learning Disability and Community Wellbeing**

- Acute Mental Health including Dementia and Addictions, Crisis Response Home Treatment and Mental Health Liaison to Antrim and Causeway Hospitals
- Community Teams for Learning Disability, Adult Mental Health and Older People Mental Health including dementia service users
- Specialist Services including Condition Management, Recovery College, Wellness, Wellbeing Hubs, OT, Forensic, Promote, Brain Injury, Personality Disorders and Eating Disorders services
- Psychology Services including Learning Disability and Acute Health psychology
- Community Health, Wellbeing and Planning
- Mental Health including Dementia and Learning Disability Nursing Homes, Residential Homes, Supported Living, Domiciliary Care, Respite, Adult Centre and Day Opportunity Services

### **Nursing User Experience**

- Includes all Corporate Support Services to Hospitals and Community facilities (Catering, Domestic Services, Laundry, Portering and Transport)
- Governance including Clinical Audit, Complaints, Health and Safety and Risk Management
- Corporate Nursing Services including Infection Control, Tissue Viability, Patient Pathways, Workforce and Practice Development.

### **Other Trust Directorates**

- Chief Executive's Office
- Estate Services, Finance Directorate and Human Resources
- Strategic Development and Business Services
- Northern Prototype/ICP initiative (Confidence and Supply transformational project)
- Research and Development

**FINANCIAL STATEMENTS**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020**

**NOTE 3 EXPENDITURE**

	2020 £000s			2019 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Operating Expenses are as follows:-</b>						
Staff costs*:						
Wages and salaries	423,254	45	423,299	391,527	42	391,569
Social security costs	32,307	0	32,307	30,692	0	30,692
Other pension costs	71,716	0	71,716	48,068	0	48,068
Purchase of care from non-HSC bodies	194,515	0	194,515	175,845	0	175,845
Personal social services	14,367	0	14,367	13,635	0	13,635
Recharges from other HSC organisations	2,969	0	2,969	2,487	0	2,487
Supplies and services - Clinical	57,609	0	57,609	53,142	0	53,142
Supplies and services - General	7,616	0	7,616	6,951	0	6,951
Establishment	11,211	0	11,211	10,769	0	10,769
Transport	2,867	0	2,867	2,772	0	2,772
Premises	26,193	0	26,193	23,862	0	23,862
Bad debts	12	0	12	31	0	31
Rentals under operating leases	868	0	868	1,139	0	1,139
Research & development expenditure	1	0	1	7	0	7
BSO services	5,991	0	5,991	5,555	0	5,555
Training	1,798	0	1,798	1,739	0	1,739
Professional fees	1,061	0	1,061	927	0	927
Patients travelling expenses	102	0	102	131	0	131
Costs of exit packages not provided for	0	0	0	0	0	0
Elective care	1,073	0	1,073	990	0	990
Other charitable expenditure	0	757	757	0	790	790
Miscellaneous expenditure	8,313	0	8,313	5,310	0	5,310
<b>Non cash items</b>						
Depreciation	22,476	0	22,476	21,656	0	21,656
Amortisation	1,869	0	1,869	1,755	0	1,755
Impairments	3,906	0	3,906	(3,258)	0	(3,258)
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(10)	0	(10)	(57)	0	(57)
Increase / Decrease in provisions (provision provided for in year less any release)	32,720	0	32,720	(15,499)	0	(15,499)
Cost of borrowing of provisions (unwinding of discount on provisions)	(46)	0	(46)	(2,100)	0	(2,100)
Auditors remuneration	60	5	65	59	5	64
Add back of notional charitable expenditure	0	(5)	(5)	0	(5)	(5)
<b>Total</b>	<b>924,818</b>	<b>802</b>	<b>925,620</b>	<b>778,135</b>	<b>832</b>	<b>778,967</b>

\* Further detailed analysis of staff costs is located in the Staff Report on page 84 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 2020

#### NOTE 4 INCOME

##### 4.1 Income from Contracts with Customers

	2020 £000s			2019 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
GB/Republic of Ireland Health Authorities	149	0	149	240	0	240
Non-HSC:- Private patients	94	0	94	116	0	116
Non-HSC:- Other	1,358	0	1,358	1,222	0	1,222
Clients contributions	47,636	0	47,636	45,455	0	45,455
Seconded staff	2,197	0	2,197	2,414	0	2,414
Other income from non-patient services	1,556	0	1,556	1,482	0	1,482
<b>Total</b>	<b>52,990</b>	<b>0</b>	<b>52,990</b>	<b>50,929</b>	<b>0</b>	<b>50,929</b>

##### 4.2 Other Operating Income

	2020 £000s			2019 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Other income from non-patient services	5,867	0	5,867	5,519	0	5,519
Donations / Government grant / Lottery funding for non current assets	61	0	61	63	0	63
Charitable income received by charitable trust fund	0	514	514	0	597	597
Investment income	0	149	149	0	94	94
Research and development	0	0	0	0	0	0
Research and development income released	0	0	0	0	0	0
Profit on disposal of land	156	0	156	322	0	322
Interest receivable	0	0	0	0	0	0
<b>Total</b>	<b>6,084</b>	<b>663</b>	<b>6,747</b>	<b>5,904</b>	<b>691</b>	<b>6,595</b>

#### TOTAL INCOME

<b>59,074</b>	<b>663</b>	<b>59,737</b>	<b>56,833</b>	<b>691</b>	<b>57,524</b>
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FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 5.1 Consolidated Property, plant & equipment - year ended 31 March 2020

	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 2019	57,326	369,980	24,087	1,936	52,052	8,653	18,137	558	532,729
Indexation	0	0	0	0	372	67	0	0	439
Additions	0	6,697	256	911	3,632	1,066	1,374	27	13,963
Donations / Government grant / Lottery funding	0	45	0	0	16	0	0	0	61
Reclassifications*	(229)	2,559	(430)	(2,129)	0	0	0	0	(229)
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	564	(37,966)	(2,286)	0	0	0	0	0	(39,688)
Impairment charged to the SoCNE	(3,433)	(2,706)	(492)	0	0	0	0	0	(6,631)
Impairment charged to the revaluation reserve	(9)	(6,334)	(893)	0	0	0	0	0	(7,236)
Reversal of impairments (indexation)	0	0	0	0	2	0	0	0	2
Disposals	0	(30)	0	0	(1,203)	(340)	(889)	0	(2,462)
									0
<b>At 31 March 2020</b>	<b>54,219</b>	<b>332,245</b>	<b>20,242</b>	<b>718</b>	<b>54,871</b>	<b>9,446</b>	<b>18,622</b>	<b>585</b>	<b>490,948</b>
<b>Depreciation</b>									
At 1 April 2019	0	54,802	3,632	0	36,895	6,179	11,049	383	112,940
Indexation	0	0	0	0	202	40	0	0	242
Reclassifications	0	2	(2)	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	(60,157)	(3,564)	0	0	0	0	0	(63,721)
Impairment charged to the SoCNE	0	(2,364)	(360)	0	0	0	0	0	(2,724)
Impairment charged to the revaluation reserve	0	(4,067)	(469)	0	0	0	0	0	(4,536)
Reversal of impairments (indexation)	0	0	0	0	1	0	0	0	1
Disposals	0	(30)	0	0	(1,203)	(340)	(852)	0	(2,425)
Provided during the year	0	14,084	905	0	4,199	789	2,461	38	22,476
<b>At 31 March 2020</b>	<b>0</b>	<b>2,270</b>	<b>142</b>	<b>0</b>	<b>40,094</b>	<b>6,668</b>	<b>12,658</b>	<b>421</b>	<b>62,253</b>
<b>Carrying Amount</b>									
At 31 March 2020	<b>54,219</b>	<b>329,975</b>	<b>20,100</b>	<b>718</b>	<b>14,777</b>	<b>2,778</b>	<b>5,964</b>	<b>164</b>	<b>428,695</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>
<b>Asset financing</b>									
Owned	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695
<b>Carrying Amount</b>									
At 31 March 2020	<b>54,219</b>	<b>329,975</b>	<b>20,100</b>	<b>718</b>	<b>14,777</b>	<b>2,778</b>	<b>5,964</b>	<b>164</b>	<b>428,695</b>

\* The reclassification of Land (£229k) is in respect of Assets Held for Sale (see Note 10)

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:

	2020 £000s	2019 £000s
Donations (CTF)	38	63
Contribution to Asset Works	23	0
<b>Total</b>	<b>61</b>	<b>63</b>

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 5.2 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)
<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 1 April 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>	<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>

**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>

**Carrying amount comprises:**

Northern HSC Trust at 31 March 2020	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695
	<b>54,219</b>	<b>329,975</b>	<b>20,100</b>	<b>718</b>	<b>14,777</b>	<b>2,778</b>	<b>5,964</b>	<b>164</b>	<b>428,695</b>
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>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### NOTE 6.1 Consolidated Intangible assets - year ended 31 March 2020

	Software Licenses £000s	Total £000s
<b>Cost or Valuation</b>		
At 1 April 2019	14,789	14,789
Indexation	0	0
Additions	1,598	1,598
Donations / Government grant / Lottery funding	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	(17)	(17)
At 31 March 2020	<b>16,370</b>	<b>16,370</b>

#### Amortisation

At 1 April 2019	10,451	10,451
Indexation	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	(17)	(17)
Provided during the year	1,869	1,869
At 31 March 2020	<b>12,303</b>	<b>12,303</b>

#### Carrying Amount

At 31 March 2020	<b>4,067</b>	<b>4,067</b>
At 31 March 2019	<b>4,338</b>	<b>4,338</b>

#### Asset financing

Owned	4,067	4,067
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
<b>Carrying Amount</b>		
At 31 March 2020	<b>4,067</b>	<b>4,067</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>2020</b>
	<b>£000s</b>
Donations	0

**FINANCIAL STATEMENTS**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020**

**NOTE 6.2 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>

<b>Amortisation</b>		
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>

<b>Carrying Amount</b>		
At 31 March 2019	<b>4,338</b>	<b>4,338</b>
At 1 April 2018	<b>4,954</b>	<b>4,954</b>

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

<b>Asset financing</b>		
Owned	4,954	4,954
<b>Carrying Amount</b>		
At 1 April 2018	<b>4,954</b>	<b>4,954</b>

**Carrying amount comprises:**

Northern HSC Trust at 31 March 2020	4,067	4,067
	4,067	4,067
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

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### 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.

	2020			2019		
	Non-Current Assets £000s	Assets £000s	Liabilities £000s	Non-Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	5,345	0	0	5,561	0	0
Additions	200	0	0	2,699	0	0
Disposals	(198)	0	0	(3,191)	0	0
Revaluations	(236)	0	0	276	0	0
Balance at 31 March	<u>5,111</u>	<u>0</u>	<u>0</u>	<u>5,345</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	5,111	0	0	5,345	0	0
	<u>5,111</u>	<u>0</u>	<u>0</u>	<u>5,345</u>	<u>0</u>	<u>0</u>

The only other financial instruments held by the Trust as at 31 March 2020 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 2018/19.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### NOTE 8 INVESTMENTS AND LOANS

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

	Held in UK £000s	Held outside UK £000s	2020 Total £000s	2019 Total £000s
Investments in a Common Deposit Fund or Investment Fund	4,011	0	4,011	4,445
Short Term Investments and Deposits	1,000	0	1,000	800
Other investments	100	0	100	100
<b>Total market value of fixed asset investments</b>	<b>5,111</b>	<b>0</b>	<b>5,111</b>	<b>5,345</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### NOTE 9 IMPAIRMENTS

	2020	
	Property, plant & equipment £000s	Total £000s
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	3,906	3,906
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	2,700	2,700
<b>Total value of impairments for the period</b>	<b>6,606</b>	<b>6,606</b>

	2019	
	Property, plant & equipment £000s	Total £000s
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>



## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

	Land	
	2020 £000s	2019 £000s
Opening Balance at 1 April	778	467
Transfers in*	229	181
(Disposals)	(459)	(80)
Revaluation / (Impairment)	0	210
Closing Balance at 31 March	548	778

\* Transfers in of £229k 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 2019/20 refer to land assets at the following sites: Ballee (Sold August 2019), Moylinney (Sold November 2019), Rathmoyle, Audley, Norfolk and MUH Laneway. The latter four remain as held for sale at 31 March 2020.

#### NOTE 11 INVENTORIES

Classification	2020 £000s		2019 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	3,655	3,655	2,600	2,600
Building & engineering supplies	115	115	96	96
Laboratory materials	247	247	253	253
Heat, light and power	142	142	214	214
Other	150	150	150	150
<b>Total</b>	<b>4,309</b>	<b>4,309</b>	<b>3,313</b>	<b>3,313</b>

The above total includes £370k in stock across the Trust retained in relation to items specifically in respect of EU Exit contingency.

The year end programme of manual stock counts was significantly affected by COVID-19 and the associated lockdown, therefore, was possible only in respect of fuel stock. Year end manual stock measurement was, therefore, modelled on the basis of the trend in stock changes over preceding years. Pharmacy stock count is not manual but based on the pharmacy system perpetual stock check process

#### NOTE 12 CASH AND CASH EQUIVALENTS

	2020 £000s			2019 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Balance at 1st April	1,841	530	2,371	1,190	219	1,409
Net change in cash and cash equivalents	2,934	(160)	2,774	651	311	962
<b>Balance at 31st March</b>	<b>4,775</b>	<b>370</b>	<b>5,145</b>	<b>1,841</b>	<b>530</b>	<b>2,371</b>
<b>The following balances at 31 March were held at</b>	<b>2020</b>			<b>2019</b>		
	Trust	£000s CTF	Consolidated	Trust	£000s CTF	Consolidated
Commercial banks and cash in hand	4,775	370	5,145	1,841	530	2,371
<b>Balance at 31st March</b>	<b>4,775</b>	<b>370</b>	<b>5,145</b>	<b>1,841</b>	<b>530</b>	<b>2,371</b>

#### NOTE 12.1 RECONCILIATION OF LIABILITIES ARISING FROM FINANCIAL ACTIVITIES

The Trust did not have any liabilities arising from financial activities (GiA receipt) in 2019/20.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2020 £000s			2019 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Amounts falling due within one year</b>						
Trade receivables	9,998	0	9,998	9,629	0	9,629
VAT receivable	5,943	0	5,943	5,204	0	5,204
Other receivables - not relating to fixed assets	1,013	12	1,025	1,823	28	1,851
<b>Trade and other receivables</b>	<b>16,954</b>	<b>12</b>	<b>16,966</b>	<b>16,656</b>	<b>28</b>	<b>16,684</b>
Prepayments	1,916	0	1,916	1,738	0	1,738
Accrued income	1,996	0	1,996	1,719	0	1,719
Contract assets	0	0	0	0	0	0
<b>Other current assets</b>	<b>3,912</b>	<b>0</b>	<b>3,912</b>	<b>3,457</b>	<b>0</b>	<b>3,457</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>						
<b>Trade and other receivables</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other current assets falling due after more than one year</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>16,954</b>	<b>12</b>	<b>16,966</b>	<b>16,656</b>	<b>28</b>	<b>16,684</b>
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>3,912</b>	<b>0</b>	<b>3,912</b>	<b>3,457</b>	<b>0</b>	<b>3,457</b>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>20,866</b>	<b>12</b>	<b>20,878</b>	<b>20,113</b>	<b>28</b>	<b>20,141</b>

The balances are net of a provision for bad debts of £1,721k (2019 £1,397k)

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

14.1 Trade payables and other current liabilities

	2020 £000s			2019 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Amounts falling due within one year</b>						
Other taxation and social security	24,915	0	24,915	14,443	0	14,443
Trade capital payables - property, plant and equipment	8,003	0	8,003	5,873	0	5,873
Trade capital payables - intangibles	316	0	316	99	0	99
Trade revenue payables	30,422	0	30,422	21,293	0	21,293
Payroll payables	34,132	0	34,132	30,392	0	30,392
Clinical negligence payables	23	0	23	60	0	60
BSO payables	1,020	0	1,020	622	0	622
Other payables	67	7	74	69	42	111
Accruals	2,623	0	2,623	6,714	0	6,714
Accruals - relating to property, plant and equipment	587	0	587	204	0	204
Deferred income	739	0	739	721	0	721
Contract liabilities	0	0	0	0	0	0
<b>Trade and other payables</b>	<b>102,847</b>	<b>7</b>	<b>102,854</b>	<b>80,490</b>	<b>42</b>	<b>80,532</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	0	0	0	348	0	348
<b>Intangible current liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>348</b>	<b>0</b>	<b>348</b>
<b>Total payables falling due within one year</b>	<b>102,847</b>	<b>7</b>	<b>102,854</b>	<b>80,838</b>	<b>42</b>	<b>80,880</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>102,847</b>	<b>7</b>	<b>102,854</b>	<b>80,838</b>	<b>42</b>	<b>80,880</b>

The Trust did not have any loans payable at either 31 March 2020 or 31 March 2019.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2020

	Clinical negligence £000s	Other £000s	2020 £000s
<b>Balance at 1 April 2019</b>	39,128	4,379	43,507
Provided in year	32,314	1,442	33,756
(Provisions not required written back)	(849)	(187)	(1,036)
(Provisions utilised in the year)	(5,036)	(505)	(5,541)
Cost of borrowing (unwinding of discount)	(44)	(2)	(46)
<b>At 31 March 2020</b>	<b>65,513</b>	<b>5,127</b>	<b>70,640</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 increase 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

	2020 £000s	2019 £'000
Arising during the year	33,756	4,629
Reversed unused	(1,036)	(20,128)
Cost of borrowing (unwinding of discount)	(46)	(2,100)
	<b>32,674</b>	<b>(17,599)</b>

#### Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2020 £000s
Not later than 1 year	12,284	1,225	13,509
Later than 1 year and not later than 5 years	5,260	767	6,027
Later than 5 years	47,969	3,135	51,104
At 31 March 2020	<b>65,513</b>	<b>5,127</b>	<b>70,640</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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

	Clinical negligence £000s	Other £000s	2019 £000s
Balance at 1 April 2018	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)
At 31 March 2019	<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.

#### 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 2020

#### NOTE 16 CAPITAL COMMITMENTS

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

	<b>2020</b>	<b>2019</b>
	<b>£000s</b>	<b>£000s</b>
Property, plant & equipment	474	730
	<u>474</u>	<u>730</u>

#### NOTE 17 COMMITMENTS UNDER LEASES

##### 17.1 Finance Leases

The Trust did not have any finance leases as at 31 March 2020 or 31 March 2019.

##### 17.2 Operating Leases

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

	<b>2020</b>	<b>2019</b>
	<b>£000s</b>	<b>£000s</b>
<b>Obligations under operating leases comprise</b>		
<b>Buildings</b>		
Not later than 1 year	690	738
Later than 1 year and not later than 5 years	647	853
Later than 5 years	0	29
	<u>1,337</u>	<u>1,620</u>
<b>Other</b>		
Not later than 1 year	129	97
Later than 1 year and not later than 5 years	108	102
Later than 5 years	0	0
	<u>237</u>	<u>199</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.

	<b>2020</b>	<b>2019</b>
	<b>£000s</b>	<b>£000s</b>
<b>Obligations under operating leases issued by the Trust comprise</b>		
<b>Land &amp; Buildings</b>		
Not later than 1 year	104	117
Later than 1 year and not later than 5 years	130	166
Later than 5 years	361	599
	<u>595</u>	<u>882</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 404,000kgs 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 2019/20 this benefit was estimated to be valued at £189K; 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) A shop in Causeway Hospital is leased to a local business.

## **FINANCIAL STATEMENTS**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020**

#### **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 2019/20 and 2018/19.

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

The Trust had no on balance sheet (SoFP) PFI contracts and other service concession arrangements in 2019/20 and 2018/19.

#### **NOTE 19 OTHER FINANCIAL COMMITMENTS**

The Trust did not have any other financial commitments at either 31 March 2020 or 31 March 2019.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### 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.

	2020 £000s	2019 £000s
Clinical negligence	1,315	1,287
Public liability	35	29
Employers' liability	146	250
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
Total	<u>1,496</u>	<u>1,566</u>

#### Unquantifiable Contingent Liabilities

The Department of Justice has power to set the personal injury discount rate for Northern Ireland in consultation with the Government Actuary and the Department of Finance. The rate is currently 2.5% however, the Department has consulted the statutory consultees on a proposed change to the rate to - 1.75%. Once their responses are received, the Minister will consider these and make a final decision. As a final decision on this consultation remains outstanding at this time significant uncertainty remains around the timing and the financial effect therefore it is not currently possible to quantify the potential impact on the Trust of any change in discount rate. In Northern Ireland the discount rate currently has to be set in accordance with legal principles set out by the House of Lords in *Wells v Wells*. However, the Department also proposes to take forward a consultation on changing how the rate is set. Both England and Wales and Scotland have already made primary legislation which changed how their discount rates are set and have reviewed their rates under these new legislative frameworks.

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. The Supreme Court is currently considering whether to hear an appeal of this decision. This is an extremely rare and complex case with a significant number of issues that still need to be worked through and HSC implications determined and resolved, including further legal advice with regards to the impact of 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 HSC sector will need further extensive consideration. Until there is further clarity on the specifics, based on the inherent uncertainties in the final decision that will be made from an HSC perspective, and the fact that there is currently neither legally nor constructively an obligation for the HSC, a possible obligation exists and a reliable estimate cannot be provided at this time, until the HSC implications are fully explored and concluded.

#### 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.

Other than investments in the CTF, the Trust did not have any financial instruments at either 31 March 2020 or 31 March 2019.

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



## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

#### NOTE 21 RELATED PARTY TRANSACTIONS

The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 – Related Party Transactions. 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 Trust entered into the following material transactions with the following related parties.

#### **HSC Bodies**

The Trust is an arm's length body of DoH, and as such the DoH 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 DoH is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the five health and social care 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 2019/20. Set out below are details of the amount paid to these organisations during 2019/20. 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.

2019/20	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	780	0	46	0
Northern Ireland Housing Executive	Housing Authority	14	189	0	0
North Regional College	Education and Training	2	0	0	0
Belfast Metropolitan College	Education and Training	1	0	0	0

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

Mr Glenn 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, Northern Ireland Housing Executive and is a member of the Board of Governors of Belfast Metropolitan College.

Mr Bob McCann (Chairman) was the GB Chair of the North Regional College, between October 2019 and January 2020.

## FINANCIAL STATEMENTS

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	5
Belfast Metropolitan College	Education and Training	1	0	0	0
NI Medical and Dental Training Agency	Postgraduate Medical Education	0	6,123	0	0
NI Chest, Heart and Stroke Association	Registered Chest, Heart and Stroke Charity	41	0	0	0

Mr William Graham (Non-Executive Director) was a member of the Direct Labour Organisation Performance and Development Committee of the Board of Northern Ireland Housing Executive until April 2019.

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

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

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 2019/20. The details are set out below. Again, the officers listed had no involvement in the decisions to procure the services from the organisations concerned.

2019/20	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
Northern Ireland NHS Confederation	NI Health and Social Care Representative Group	5	0	0	0

## FINANCIAL STATEMENTS

Healthcare Financial Management Association	Healthcare Financial Management and Governance Representative Group	4	0	3	0
Aware (Mental Health Voluntary Group)	Registered Mental Health Charity	1	0	0	0
Macklin Group	Private Nursing Homes	4,513	0	48	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 (Left 31 March 2020).

Mr Owen Harkin (Executive Director of Finance and Interim Deputy Chief Executive from 1 April 2020) is a past Chair of NI Branch, member of Board of Trustees and current Vice President for national organisation of Healthcare Financial Management Association.

Mrs Eileen McEneaney (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).

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
Northern Ireland NHS Confederation	NI Health and Social Care Representative Group	18	0	0	0
Healthcare Financial Management Association	Healthcare Financial Management and 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

## NOTE 22 THIRD PARTY ASSETS

The Trust held £6,960k cash at bank and in hand at 31 March 2020 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 2020

#### NOTE 23 Financial Performance Targets

##### 23.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for NHSCT is calculated as follows:

	<b>2020 Total £000s</b>	<b>2019 Total £000s</b>
HSCB	788,681	704,062
PHA	9,206	8,371
SUMDE & NIMDTA	6,241	6,117
Non cash RRL (from DoH)	60,819	2,234
<b>Total agreed RRL</b>	<u>864,947</u>	<u>720,784</u>
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(61)	(63)
Adjustment for Research and Development under ESA10	920	634
<b>Total Revenue Resource Limit to Statement Comprehensive Net Expenditure</b>	<u><u>865,806</u></u>	<u><u>721,355</u></u>

##### 23.2 Capital Resource Limit

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

	<b>2020 Total £000s</b>	<b>2019 Total £000s</b>
Gross capital expenditure	15,622	17,261
Less charitable trust fund capital expenditure (Receipts from sales of fixed assets*)	(61)	(63)
	<u>(459)</u>	<u>(80)</u>
Net capital expenditure	15,102	17,118
Capital Resource Limit	16,074	17,754
Adjustment for Research and Development under ESA10	(920)	(634)
<b>Overspend/(Underspend) against CRL</b>	<u><u>(52)</u></u>	<u><u>(2)</u></u>

\* 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 2020

#### 23.3 Financial Performance Targets

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

	<b>2019/20</b> <b>£000s</b>	<b>2018/19</b> <b>£000s</b>
Net Expenditure	(865,744)	(721,302)
RRL	<u>865,806</u>	<u>721,355</u>
Surplus / (Deficit) against RRL	62	53
Break Even cumulative position (opening)	(4,193)	(4,246)
Break Even cumulative position (closing)	<u><u>(4,131)</u></u>	<u><u>(4,193)</u></u>
<b>Materiality Test:</b>		
	<b>2019/20</b> <b>%</b>	<b>2018/19</b> <b>%</b>
Break Even in year position as % of RRL	<u>0.01%</u>	<u>0.01%</u>
Break Even cumulative position as % of RRL	<u>-0.48%</u>	<u>-0.58%</u>

The NHSCT has achieved it's breakeven target in 2019/20.

#### NOTE 24 EVENTS AFTER THE REPORTING PERIOD

The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020 came into operation on 24 April 2020 and allows those workers who are unable to take annual leave as result of the pandemic to carry over up to four weeks' annual leave into the next two leave years. Any exemption will apply only to circumstances where workers are unable to take their leave as a result of the outbreak, and carry over of annual leave will be limited to the next two leave years. The change in regulations may lead to an increase in the value of accrued annual leave carried over in the next two years. It is not possible for the Trust to give a reasonable estimate of the impact at this time.

#### Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 7 July 2020.

## **FINANCIAL STATEMENTS**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020**

#### **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, 2020**

**ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS / RESIDENTS**

Previous Year	<b>RECEIPTS</b>		
£		£	£
5,550,000	Balance at 1 April, 2019	5,950,000	
452,884	1. Investments (at cost)	422,271	
9,110	2. Cash at Bank	8,210	6,380,481
	3. Cash in Hand		
2,988,491	Amounts Received in the Year		3,264,103
18,987	Interest Received		44,576
<b>9,019,472</b>	<b>TOTAL</b>		<b>9,689,160</b>
<b>PAYMENTS</b>			
2,638,991	Amounts Paid to or on behalf of Patients/Residents		2,728,936
	Balance at 31 March, 2020		
5,950,000	1. Investments (at cost)	6,500,000	
422,271	2. Cash at Bank	444,664	
8,210	3. Cash in Hand	15,560	6,960,224
<b>9,019,472</b>	<b>TOTAL</b>		<b>9,689,160</b>
<b>Schedule of Investments held at 31 March, 2020</b>			
Cost Price £		Nominal Value £	Cost Price £
5,950,000	<b>Investment</b>		
	Invested: 20/03/20 to 01/10/20	3,500,000	3,500,000
	Invested: 02/10/19 to 01/10/20	3,000,000	3,000,000

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**

**25 June 2020**

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



**Interim Chief Executive**

**25 June 2020**

## **FINANCIAL STATEMENTS**

### **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 2020 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 2020 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.

##### **Conclusions relating to going concern**

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

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



## FINANCIAL STATEMENTS

### Responsibilities of the Trust for the account

As explained more fully in the Statement of Trust's Responsibilities in relation to Patients'/Residents' Monies, the Trust is responsible for the preparation of the account.

### Auditor's responsibilities for the audit of the account

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

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

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

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*

*7 July 2020*

## GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
AFC	Agenda for Change
AHPs	Allied Health Professionals
AIAO	Assistant Information Asset Owners
ALBs	Arm's Length Bodies
ARK	Antibiotic Review Kit
ASD	Autistic Spectrum Disorder
ASSIST	Advice Support Services and Initial Screening Team
BEIS	Business, Energy and Industrial Strategy
BHSCT	Belfast Health & Social Care Trust
BSO	Business Services Organisation
CAMHS	Child and Adolescent Mental Health Services
CARE	Career Average Revalued Earnings
CDI	Clostridium Difficile
CETV	Cash Equivalent Transfer Value
CAS	Controls Assurance Standard
CDIFF	Clostridium Difficile
COVID-19	Disease caused by a new strain of coronavirus. CO stands for corona, VI for virus, D for disease
CPE	Carbapenemase Producing Enterobacterales
DAU	Direct Assessment Unit
DoH	Department of Health
DoF	Department of Finance
ED	Emergency Department
EEEEG	Equality, Engagement, Experience and Employment Group
ENT	Ear, Nose and Throat
ESA	European System of Accounts
EU	European Union
FRem	Financial Reporting Manual
GDC	General Dental Council

GDPR	General Data Protection Regulation
GMC	General Medical Council
GNB	Gram Negative Bacilli
GP	General Practitioner
HAGNBSI	Healthcare Associated Gram-negative Bloodstream Infections
HCAI	Healthcare Acquired Infection
HPSS	Health and Personal Social Services
HR	Human Resources
HRPTS	Human Resources, Payroll and Travel System
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSENI	Health and Safety Executive Northern Ireland
IAA	Information Asset Administrators
IAO	Information Asset Owners
IAS	International Accounting Standards
IASB	International Accounting Standards Board
ICO	Information Commissioner's Office
ICT	Information Communication Technology
IDDSI	International Diet Descriptors Standardisation Initiative
IFRS	International Financial Reporting Standards
IG	Information Governance
IHRD	Inquiry into Hyponatraemia Related Deaths
IQI	Innovation and Quality Improvement
IPC	Infection Prevention and Control
ISAM	Self-administration of Insulin
ISO	International Organisation for Standardisation
ITS	Information Technology Services
JAG	Joint Advisory Group
KPI	Key Performance Indicator
LCG	Local Commissioning Group

LPS	Land and Property Services
LTR	Light Touch Regime
MCA	Mental Capacity Act
MEP	Modern Energy Partners
MHRA	Medicines and Healthcare Products Regulatory Agency
MPMNI	Managing Public Money NI
MRICS	Member of Royal Institution of Chartered Surveyors
MRSA	Methicillin-resistant Staphylococcus Aureus
MSFM	Management Statement Financial Management
N/A	Not Applicable
NEDs	Non-Executive Directors
NEST	National Employment Saving Trust
NHS	National Health Service
NHSCT	Northern Health and Social Care Trust
NI	Northern Ireland
NIAS	Northern Ireland Ambulance Service
NICE	National Institute of Health and Care Excellence
NIMDTA	Northern Ireland Medical and Training Agency
NIPSO	NI Public Services Ombudsman
ONS	Office for National Statistics
OPD	Out Patients Department
OSC	Oversight Scrutiny Committee
OT	Occupational Therapy/Therapist
PAM	Privileged Access Management
PCC	Patient Client Council
PFI	Private Finance Initiative
PHA	Public Health Agency
PiPA	Purposeful Inpatient Admission
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
PTU	Programmed Treatment Unit
Q2020	Quality 2020
QI	Quality Improvement
RAMP	Reform and Modernisation Programme
REaCH	Responsive Education and Collaborative Health
R&D	Research & Development
RQIA	Regulation and Quality Improvement Authority
RRL	Revenue Resource Limit
SAI	Serious Adverse Incident
SBA	Service and Budget Agreement
SIRO	Senior Information Risk Owner
SLT	Speech and Language Therapy
SPoC	Single Point of Contact
SQSD	Safety Quality Standards
TDP	Trust Delivery Plan
TEF	Training Evaluation Forms
WTE	Whole Time Equivalent
UK	United Kingdom
VAT	Value Added Tax
VOIP	Voice Over Internet Protocol
WEEE	Waste Electrical and Electronic Equipment