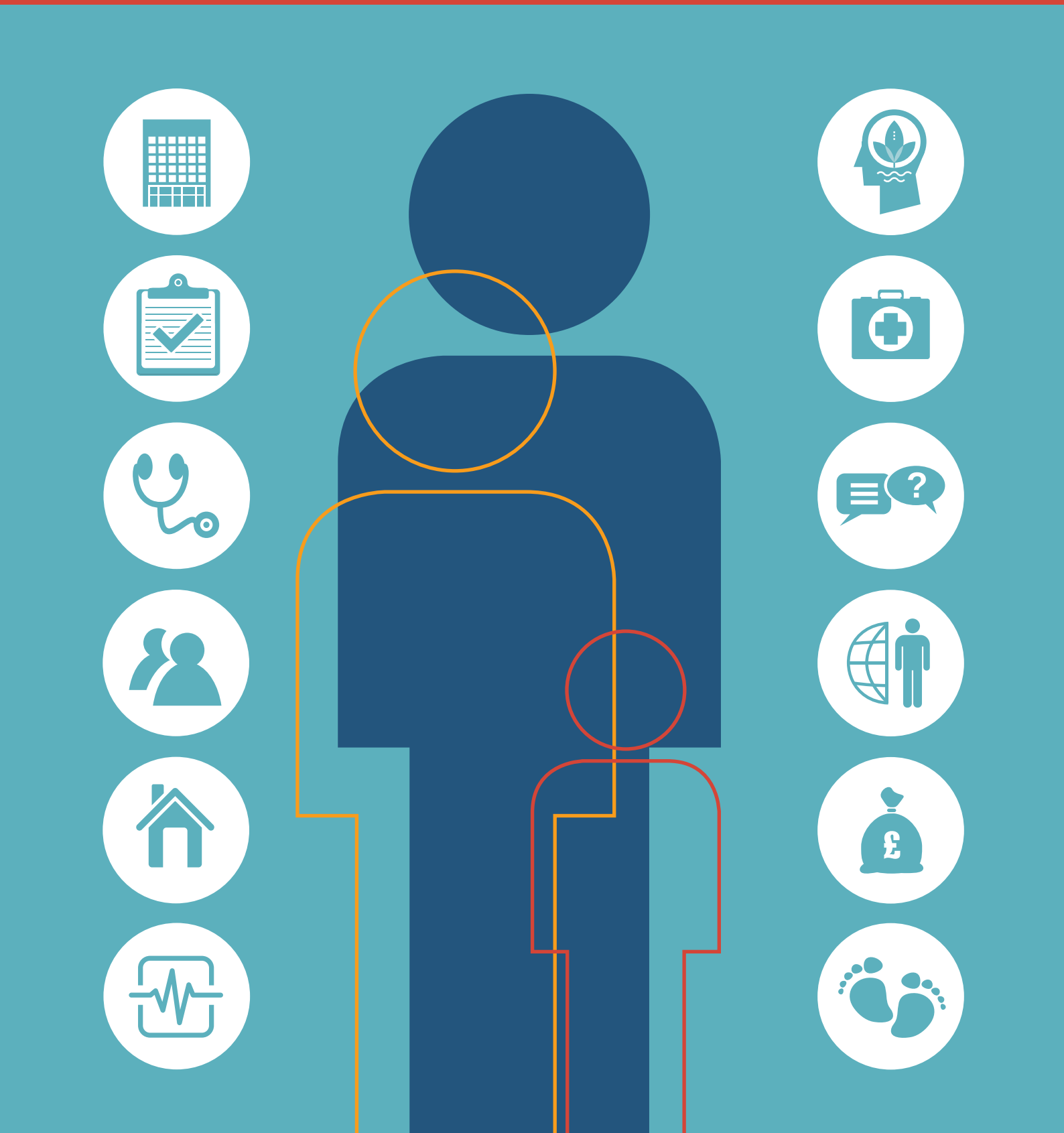
Belfast Health and Social Care Trust
caring supporting improving together

# 2017-18

## ANNUAL REPORT & ACCOUNTS



# Belfast Health and Social Care Trust
# Annual Accounts
# for the year ended 31 March 2018

Laid before the Northern Ireland Assembly under Article 90 (5)
of the Health and Personal Social Services (NI) Order 1972
(as amended by the Audit and Accountability Order 2003)
by the Department of Health
on
29 June 2018

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# Chairman's Foreword

This is the eleventh Annual Report for Belfast Health and Social Care Trust, and I can report that in spite of ongoing financial pressures, the Trust has met all of its financial commitments.

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

The greatest asset in the Trust are the people who work for it – they are what makes it unique and it is a privilege to witness their commitment, skill and dedication to continually improving services for the benefit of our patients, clients and carers.

This Annual Report reflects on some of our many achievements, as well as acknowledging the challenging environment we continue to navigate.

Every year the Trust holds an awards ceremony to recognise innovation, encourage service improvement and celebrate the importance of care being delivered with compassion and respect.

The 'extra mile' category in this year's Chairman's Awards was won by the supPORTERS, the radiotherapy porters, who bring years of experience providing gentle empathetic support to their role of transporting cancer patients around the hospital. They are goodwill ambassadors not only for the radiotherapy department but the Trust as a whole, living out the Trust Values as they go about their daily business.

Another success at the awards was an entry entitled 'Putting our backs into it!' The orthopaedic team looked creatively at ways to address the length of waiting lists and came up with 'mega clinics' held at the weekends which have now seen over 1000 outpatients who would otherwise still be waiting!

Elsewhere, in January 2018 in the Mater Hospital our midwifery led unit celebrated its 1,000th birth since the unit opened in 2013, providing local women with the choice of a home from home experience for labour and childbirth.

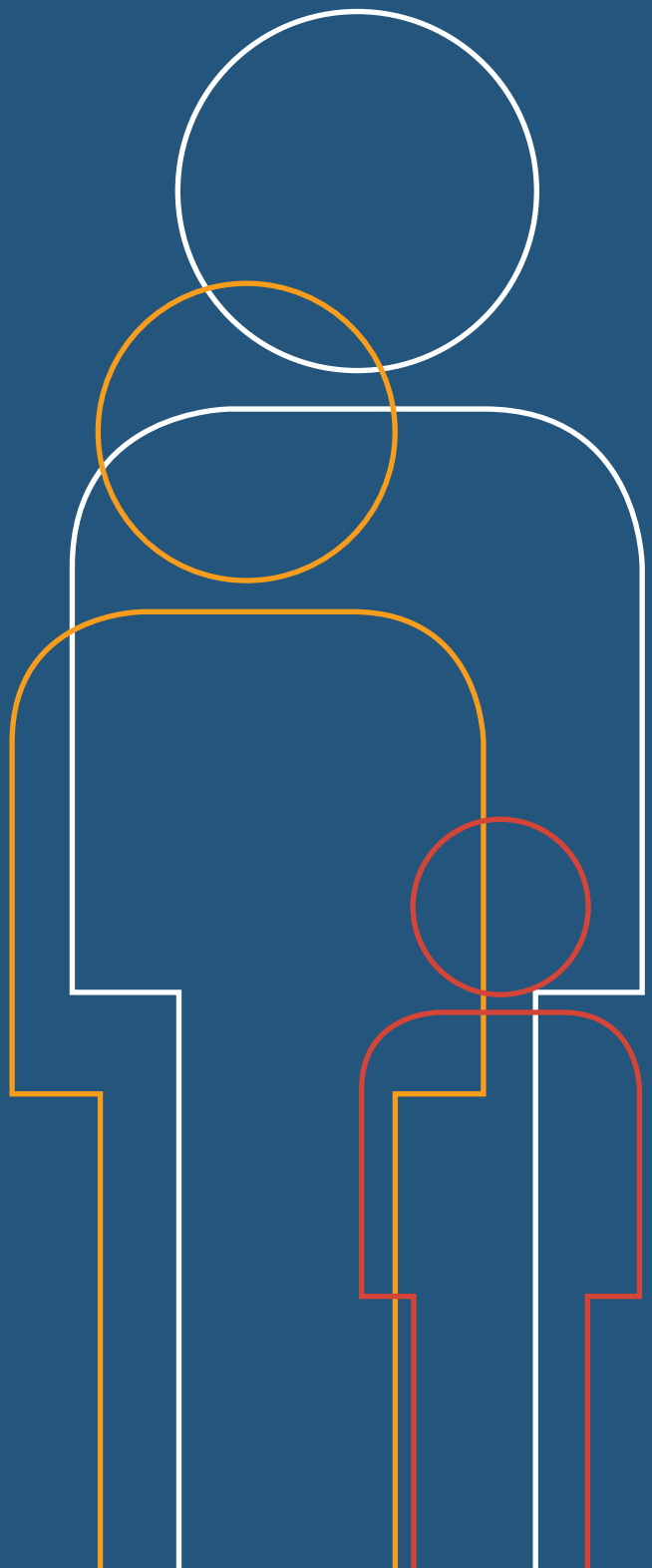
I would also like to record the Trust's appreciation and thanks to the many thousands of carers who play such a vital role in supporting patients and clients in their own homes. Their role is invaluable and the Trust through its publication of a new carers strategy will continue to value and support their contribution.

The pages that follow provide a snapshot of the wide-ranging support that Belfast Trust and its people provide to the population of Northern Ireland. Without doubt the last twelve months have been challenging and undoubtedly these challenges will also be present in the coming year however I am confident that the committed staff of the Trust will continue to rise to meet these challenges for the benefit of the people we have the privilege to serve.

I would like to thank my non-executive colleagues on the board of directors as well as the executive team for their continued support. In particular, I pay tribute to Chief Executive Martin Dillon, who continues to navigate our ship with clarity and wisdom.

Peter McNaney, Chairman

# 1. Performance Report



# Performance Report

## Performance Overview

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

### Chief Executive's Statement

I am now over a year in post and I am, every day, aware of the huge privilege afforded me in heading this great organisation. I have taken every opportunity to get out and about across the Trust to meet as many staff as possible. Indeed, in some cases I have been given the privilege of accompanying them on visits to patients and service users. Everywhere I have met staff giving of their best and I have been struck time and again by the wonderful sense of vocation which results in care delivered with compassion. Without exception, I have met staff who really do go the extra mile.

I can report that this year, in spite of ongoing financial pressures, we met all of our financial commitments. Demand for our services continues to rise, as do public expectations; the money does not always keep pace with these increases – and we certainly need more money. This means we have to explore how to provide care in different ways, and the agenda for transformation is one which we must tackle. In particular, the system needs to build greater capacity in Primary, Community and Social Care.

We apply quality improvement methodology consistently across the organisation and all of our service areas are constantly seeking to improve the care they provide to our patients and service users. I am pleased to report that in 2017 we launched a Quality Improvement Strategy (2017 – 2020) which outlines how we will create the conditions for the Belfast Trust to become a leader in providing safe, effective and compassionate care.

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

This year has not been without its challenges.

January 2018 saw the publication of the Report into the Inquiry into Hyponatraemia related Deaths. We welcomed the publication and have reviewed the recommendations to learn from our mistakes.

# Performance Report

We were not as open and transparent as we could and should have been, and opportunities to learn from each other to make our care safer were missed – for this we are truly sorry.

During the Summer and early Autumn we faced significant financial uncertainty. We know we are working in a tightened financial climate and that our services need major reform. While these debates are happening we, in the meantime, try to deliver the safest, most empathetic care that we can. I am very much committed to continuing to build on the reform already happening in our Trust, and to working with colleagues to steer our way through extremely difficult financial circumstances over the next number of years. It is recognised across the health and social care system that we face significant workforce challenges. Here in Belfast Trust we are working with colleagues to address these challenges in respect of the supply, attraction, and retention of critical medical, nursing, and social care staff which is critical to us delivering a transformed service in years to come.

Our Emergency Departments came under significant pressure over the winter months and indeed continuing into spring. Our entire care system felt the effects and while robust plans were put in place to make sure that those in most need received the right care at the right time, the immense pressure has undoubtedly had a knock-on effect on people waiting for routine surgery and on the Trust's ability to meet the Department of Health performance targets. I would like to pay tribute to all Belfast Trust staff – everyone who pitched in, doing whatever they could to keep us moving. Last winter was a confirmation if confirmation were necessary, of the critical need for a fundamental transformation to how we do things.

The work that Belfast Trust staff do to continually improve and transform service delivery is inspiring. We saw and heard about many great examples of this at the Chairman's Awards and other celebratory events throughout this year and of course there are quite a few examples in the pages of this Annual Report.

Martin Dillon
Chief Executive, Belfast Trust

# Performance Report

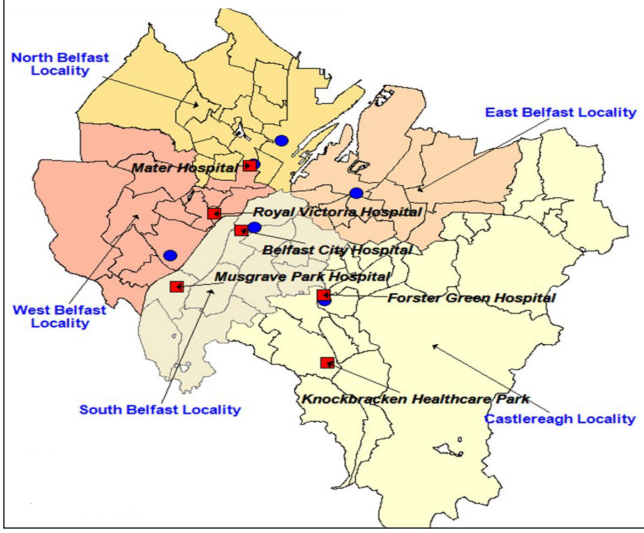
## Trust Purpose and Activities

The Belfast Trust is the largest integrated Health and Social Care Trust in the United Kingdom, delivering care to a population of approximately 340,000 across the City. We provide the majority of regional specialist services across Northern Ireland including the Regional Trauma Centre. We have an annual budget of £1.4 billion and a workforce of over 21,000 staff (full time and part time). The Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland.

### Our Annual Activity

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

### Our Locality




**Map Key**

= Hospital Site

= Wellbeing and Treatment Centre (WTC)
G – Grove WTC
C – Carlisle WTC
S – Shankill WTC
BH – Beech Hall WTC
B – Bradbury WTC
K – Knockbreda WTC
H – Holywood Arches WTC

## Belfast Demographic Profile and Population Health

**A population breakdown and some of the recognised population health statistics are summarised below**

### Belfast population 339,579

| Age | Population |
|---|---|
| 85+ yrs | 7,211 |
| 75-84 yrs | 16,687 |
| 65-74 yrs | 25,609 |
| 40-64 yrs | 100,339 |
| 26-39 yrs | 69,385 |
| 16-25 yrs | 53,395 |
| 11-15 yrs | 18,323 |
| 5-10 yrs | 25,646 |
| 0-4 yrs | 22,984 |

**Estimates suggest Age >75 and Age <16 will both increase by 5.3% by 2020**

In addition,
21% of people have a disability
12% have caring responsibiities
6-10% are from the LGBT community

Figures from 2014/15 from NISRA, NINIS and DHSSPS

**Life expectancy at birth**
**Male: 76.2** (NI average 78.3)
**Female: 81.3** (NI average 82.3)

**Childhood obesity**
**11.3% of Year 8 obese**
(NI average 7.3%)

**234 births to teenage mothers**
(28% of total births to teenage mothers in NI)

**70% of 3-5 year olds registered with a dentist**
(NI average 73.9%)

**24% of adults smoke**
(NI average 20%)

**19.1% of mums-to-be smoke during pregnancy**
(NI average 14.1%)

**25% of adults drink alcohol above weekly safe levels**
(NI average 20%)

**45% of mothers breast feeding on discharge from hospital**
(NI average 45.5%)

**93 deaths from suicide**
(30% of total deaths from suicide in NI)

**38.8% meeting 5-a-day fruit & veg recommendation**
(NI average 43.2%)

# Performance Report

## Our Purpose

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

## Our Vision

The vision for the Belfast Trust is that we will, within a short period of time, become one of the safest, most effective and compassionate Trusts in the United Kingdom.

Our guiding principles:

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

## Our values

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

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

- Treat everyone with **respect and dignity** – our colleagues, our patients, our clients and stakeholders
- Be **open and transparent** in all our dealings, building a reputation for being trustworthy, providing timely, accessible and appropriate information, keeping people informed

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

## Our objectives

Our Strategic objectives support the achievement of the Trust's Vision and are well embedded throughout the organisation. The way that our services are planned and developed each year is described under these five objectives:

- **A Culture of Safety and Excellence** – We will foster an open and learning culture, and put in place robust systems to provide assurance to our users and the public regarding the safety and quality of services.
- **Continuous Improvement** – We will seek to be a leading edge Trust through innovation at all levels in the organisation.
- **Partnerships** – We will work collaboratively with all stakeholders and partners to improve health, social care and well-being and tackle inequalities and social exclusions.
- **Our People** – We will achieve excellence in the services we deliver through the efforts of a skilled, committed and engaged workforce.
- **Resources** – We will work to optimise the resources available to us to achieve shared goals.

# Safety and Excellence

## Quality Improvement (QI)

Belfast Trust is committed to being a leader in the provision of safe, effective and compassionate care. We apply quality improvement methodology consistently across the organisation and all of our service areas are constantly seeking to improve the care they provide to our patients and service users.

In 2017 we launched a Quality Improvement Strategy (2017-2020) which outlines how we will create the conditions for the Belfast Trust to become a leader in providing safe, effective and compassionate care. To realise and embed this culture and to support our staff, we have identified five key principles to focus our safety and quality efforts:

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

To help us achieve our goals, the Trust is training significant numbers of staff to lead and support improvement work. Approximately 212 staff have been trained in 2017-18 via our in-house Quality Improvement training programmes: Safety Quality Belfast (SQB), Specialist Trainees Engaged in leadership Programme (STEP) and SAS Doctor Training in Improvement and Driving Excellence (StRIDE). The Trust is on target to have 1,000 staff trained to lead and support improvement work by 2020. These training programmes have facilitated the delivery of over 60 improvement projects across the Trust. This includes projects to improve services in mental health, autism, community nursing, and to reduce harm from medication errors, healthcare associated infections amongst many other areas of focus.

In 2017-18 the Trust also commenced delivery of the Scottish Improvement Leadership (ScIL) programme for Directors and Divisional Management Teams. This programme has seen 26 of our most senior staff trained in leading change using quality improvement methodology and has generated 26 improvement projects. Participants will graduate later in 2018 and a second cohort of ScIL will commence in the autumn.

Many other training programmes within the Trust also have an element of Quality Improvement teaching.

As part of the SAFEtember campaign, the HR Learning and Development team offered Quality 2020 Level 1 training every day throughout the month of September. The training was delivered across 45 teams to 572 staff. A further 185 staff completed the eLearning programme.

To-date 9,198 Trust staff have undertaken Level 1 training, exceeding the 30% target set by the DoH for 2017-18.

The Trust continues to focus improvement work on the areas outlined in our Quality Improvement Plan. There is a target of reducing harm by 10% for each year of the QI Plan, cumulating in a 30% reduction by 2020. There has been 10% or more improvement in a number of areas including:

- The number of learning events taking place
- Reduction of inpatient falls
- Independent audit of hand hygiene
- Number of deaths recorded on MMR system
- Recording and monitoring of paediatric fluid balance.

## Oral Health Team – looking after your smiles!

In the last year, the Oral Health Improvement Team have gone above and beyond to spread the word about how to look after our smiles! They are a small team of four based in Knockbracken and they deliver oral health promotion programmes to many children from the Special Educational Needs schools (SENs) within the Belfast Trust area, not to mention training with parents and teachers! In addition, the team have successfully implemented a Regional Oral Health Programme for pre-school children 'Happy Smiles' launched in October 2016. This has involved delivering and implementing to nursery settings throughout the Trust and has reached out to not only children but their families too. It has provided invaluable information and advice on both tooth brushing, instruction and dietary advice and has involved the participation from principals, their staff, parents and children.

In addition to their work in schools, the Oral Health Team work in partnership with managers and staff in Residential and Nursing homes to deliver training and support. Older people in care homes are at a higher risk of oral health problems and related conditions and because of high levels of dependency and dementia the residents will rely on staff to look after their oral care. It is therefore essential, that staff understand the importance of good oral hygiene and have the knowledge and skills to deliver this aspect of personal care effectively and confidently to the people they look after.

The team also deliver oral health sessions to Adult training and Day Care centres, their staff as well as children and adults from numerous organisations within the Belfast Trust. This includes the Northern Ireland Chest Heart and Stroke, Community Roots, sporting organisations, NVQ childcare students and to our very own Trust staff at Bwell health fairs.

## Continuous Improvement

### Acute Oncology/Haematology Unit

The Acute Oncology/Haematology Unit (AOHU) is situated on level 2 of the Cancer Centre and since opening in June 2017 has seen and cared for 945 patients. The opening times are 8am to midnight each day including public holidays and weekends. The unit is staffed by a dedicated team of nursing and medical staff from across the Oncology and Haematology Services and provides a pathway for unscheduled patients who run into problems and complications while receiving treatment for cancer.

Previously patients attending for scheduled anti-cancer therapies have suffered delays in treatment owing to a lack of space to manage their care. This was largely due to unscheduled patients presenting via the helpline for assessment and treatment of anti-cancer therapy effects and complications. Because of the urgent nature of these patients, they required space to be managed, which inevitably impacted on scheduled patients. This led to a poor patient experience at a time when anxiety levels are already raised. We also noted increased levels of stress among staff working in the department as they were not resourced to care for ill patients awaiting admission but rather to deliver treatments to day patients. The managerial team alongside operational staff believed there to be a better way to manage this work so after much discussion, it was decided to develop a dedicated facility for the management of patients presenting via the unscheduled route.

To achieve our aim we:

- Established a multi-disciplinary team
- Carried out a scoping exercise to identify a suitable location for a dedicated facility
- Re-profiled beds to accommodate a facility being created
- Carried out a programme of Estates works to construct a facility
- Took expressions of interest to transfer to the facility
- Developed an operational protocol for the facility

## Enhanced care for haemodialysis patients

It is a fact that almost one third of the chronic haemodialysis population has diabetes. An audit of diabetic patients was carried out to evaluate attendance at diabetic outpatient clinics, retinal screening and podiatry, which showed that a significant number were not attending routine review clinics to help them manage their diabetes.

To make things simpler and improve care for this group of patients we can now bring diabetic management to the patients bedside, while their haemodialysis is ongoing. This has led to reduction in missed outpatient appointments that can be allocated elsewhere, reducing appointment waiting times.

The patients are reviewed routinely by the diabetic team, which includes a diabetes consultant, diabetes specialist nurses and a dietician. Haemodialysis nurses refer patients on admission, assist with glycaemic monitoring, reinforce education and provide support.

A foot assessment tool has been designed and introduced by haemodialysis nurses in collaboration with the podiatry department. The haemodialysis nurses carry out a monthly foot check and provide patients with education on how to care for their feet. This tool means that haemodialysis nurses now have stronger links with the podiatry service and patients can be referred and reviewed on the day a problem is identified. Podiatrists and vascular surgeons also come to the unit and review any acute issues to ensure early intervention and prevent further complications, minimising inpatient admissions.

The ophthalmology service has become involved, and retinal screening has been offered to those patients who have not already availed of it. This is provided in the dialysis unit and enables patients to attend either immediately before or after their haemodialysis appointment. All our haemodialysis patients have now had retinal screening.

This patient-centred, approach has greatly improved the diabetes care provided to our haemodialysis population. It has been co-designed with patients, which is why it is so successful. It is a “one stop shop” that patients value. Non-dialysis days can be spent doing things patients enjoy, leading to an improved quality of life.

## Haemovigilance Service Activity and Continuous Improvements

The Haemovigilance department continues to ensure that clinical transfusion practice, education, incident investigation with onward reporting and feedback are all in line with current guidelines and relevant recommendations.

In the last year 1,301 staff received face to face training from the Haemovigilance team, along with the 1,518 staff who did online transfusion training.

Improvements in databases for Right Patient Right Blood competency are continuing for all staff groups with a robust system of ensuring agency staff and medical work shadowing students are trained to practice prior to commencement of their posts.

From potential wastage of blood components in the clinical area of £32,512, Haemovigilance investigations resulted in a reduction to £10,496.

Red Blood Cell units purchased from NI Blood Transfusion service reduced by 40% and Platelets also by approximately 40% in Haematology, partly due to encouraging single unit transfusions – follow ups to determine other factors are being carried out.

Improvement projects led or carried out by Haemovigilance include, the introduction of an Integrated Transfusion Record, the design and introduction of transfusion tools for clinical use and organising and implementing a course in Non-Medical Authorisation of blood.

## Learning Disability Day Service – how we can make it better!

Over the last 18 months Belfast Trust's Learning Disability Day Services have been involved in a new way of engaging with our service users. Using the Appreciative Inquiry methodology (Appreciative Inquiry is a change management approach), staff, carers and service users trained together to use a different approach to improvement. Instead of focusing on what is going wrong, questions have been asked – 'what is good?' 'what do you like?' 'how can we make it better?'.

Attention is focused on what everyone values and appreciates in day centres today, and building on this, what our possibilities for improvement and transformation are for the future. This innovative approach is all inclusive of the people who use these vital services. There are eight Learning Disability day centres in Belfast, with 628 service users, 170 staff and over 600 family carers. The engagement process included 22 focus groups for staff, family carers and service users, plus questionnaires and in total 450 people contributed. The responses helped us uncover a wealth of innovative, creative and passionate ideas from the Learning Disability community and together we are now developing concrete priorities which will create a shared vision for the future. This has been about people building trust and relationships and demonstrating the collective strength of empowering people in respectful participation. It is a first step, but already we are reaping benefits. This will become an integral part of delivering a quality, person centred service for every person with a Learning Disability and their carers in Belfast Trust.

## Oesophageal cancer – moving the patient through diagnostics faster!

Dealing with the possibility of a cancer diagnosis is frightening and having to wait for diagnostic details simply adds to the patients anxiety. In 2016 an improvement group was set up to identify ways to speed up the diagnostic journey for patients diagnosed with oesophageal cancer. A comprehensive pathway audit and extensive stakeholder consultation was carried out with the

relevant multidisciplinary teams across the region to generate engagement and improvement ideas.

The overall target from GP Red Flag referral to treatment is 62 days. To achieve this target the group identified that diagnosis of cancer had to be made by day 17, which would have to include a possible outpatient visit, an OGD and a staging CT scan. To achieve this, focused actions were taken forward on improving the turnaround time to triage from referral, improving the number of patients going directly from referral to OGD and reducing the turnaround time to CT. The project group set out to see if an improvement could be made on the number of patients going straight to scope. Analysis of a sample of patient pathways by three clinicians showed the average wait for a referral to be triaged was four days and that an improvement could be made to the percentage of patients sent straight to scope. This analysis was communicated to the gastroenterologists and surgeons across all three sites and recommendations were agreed and implemented.

A repeat analysis a year later in 2017 showed an improvement in triage time across all three sites from an average of four days to two days. Since this analysis, E-triage has been implemented which will further improve the time to triage of red flag referral to day 0/day 1. The analysis also showed an increase in patients sent straight to scope from 51% to 60%.

The Clinical Lead for OG worked with the Surgical Service to reduce the waiting time for staging laparoscopy. The waiting time has been reduced from eight days to within one to four days. This was achieved by streamlining the communication to the patient following MDM (multi-disciplinary meeting) discussion and referral to the service.

The improvement group suggested that the CT and PET CT should be requested simultaneously on clinical diagnosis at OGD to reduce waiting times. Radiology colleagues agreed to implement this strategy and it was further agreed that if the patient had metastatic disease that the PET would be cancelled by the MDM. Simultaneous requesting of PET and CT was subsequently implemented and has improved the overall waiting time.

A further area for improvement was to reduce the waiting time for the staging CT requested at OGD from 14 days to three days. To achieve this, the Cancer Services team met with the Service Improvement lead in the Radiology Department to discuss the possibility of a reduced turnaround time for Staging CT from 14 days to three. Figures for each site were obtained and it was agreed that if the process was streamlined for CT request then the turnaround time would be reduced to three days from OGD. To help streamline this referral process an OG cancer pack was introduced to the endoscopy units in Belfast Trust. The wait from OGD to CT has reduced from +14 days in August 2016 to within five days from June 2017.

Regional education and encouragement has been given to local units for implementation of these ideas to try to help improve timeframes for local patients and to try to improve on timeframe for ITT (Intertrust Transfer).

Overall the waiting time has reduced for OG cancer patients internal to the Belfast Trust. While the improvement team have made improvements across the pathway for Belfast Trust OG patients, there is still a need for regional improvements to the pathway of all OG cancer patients referred to the Belfast Trust for treatment.

## Partnerships

### Community support for dementia service

Belfast Trust in partnership with Clanmil Housing Association are in the process of opening a new supported housing development for people living with dementia in west Belfast. A dementia friendly West group was established at the same time as the builders came on site with a view to increasing awareness and understanding of dementia across the community in west Belfast. DF West is a partnership with Belfast City Council, Age Friendly Belfast and a range of organisations including Alzheimer's Association, Dementia NI members and an Older People's Forum.

A local artist worked with pupils in St Joseph's primary school after they went through dementia awareness training and on that theme, they produced a number of art pieces that will be displayed in the new building. A competition was also run with the local school and the Older Peoples Forum looking for a name for the new building, and the youngsters came up with the name 'Cullingtree Meadows.'

### Family Support Hubs

The growth of the Family Support Hub model across Belfast has created a network of local family support service providers from community, voluntary and statutory organisations, working in partnership to provide an early response to families who need support to help them to achieve good outcomes. The Family Support Hubs in Belfast form part of a regional network across Northern Ireland. Belfast Trust, acting on behalf of the Belfast Area Outcomes Group, has direct involvement in developing and supporting the Belfast Family Support Hub Network.

A core element of the support provided by our Early Intervention Support Team is the development and roll out of an annual training schedule. The provision of a range of training/capacity building opportunities for Hub lead and Hub member organisations is not only key in building knowledge, capacity and skills across the service delivery organisations grouped around Hubs, it is also a way of recognising their commitment to the network.  Over 325 practitioners from organisations who are

partners in the Hub Networks have benefited from tailored training co-ordinated by Belfast Trust. The Hub Network training schedule continues to evolve in response to needs identified by Family Support Hubs.

A broad range of Trust professionals in the Children's Community Services Directorate and beyond, have provided and continue to provide invaluable support to the Hub Network. Gateway, CAMHS (Child and Adolescent Mental Health Service) and Health Visiting teams have allocated a named professional link to individual Hubs to provide advice and consultation in relation to Hub referrals where required. Staff from our Children's Assessment and Early Intervention Service, (CAEIS), CAMHS, the Learning and Development Team and the Information Governance Department, have developed bespoke training to respond to training needs identified by Family Support Hub member organisations.

In addition to building the capacity of the Hub Network, Trust teams have an opportunity to learn more about community based family support services and develop links with the sector. This outreach approach and exchange of professional knowledge and skills illustrates the commitment of Trust staff to partnership working with the community and voluntary sector, to ensure that Family Support Hubs can respond effectively to the needs of local families.

## Our People

### Supporting our staff

As an employer of choice, at Belfast Trust, we recognise the need to support, help and improve the working lives and health and wellbeing of our staff. We are committed to promoting equality and to attracting and retaining highly skilled and experienced staff.

### Supporting working parents

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

- We provide a Childcare Scheme each summer across four sites, accommodating 285 families and almost 500 children
- 100% of parents rated the scheme "value for money" and "excellent" overall
- We piloted a Halloween Childcare Scheme during 30 October – 3 November 2017, offering 35 places. Based on the extremely positive evaluation and feedback, we will consider developing further schemes at other school holiday periods

- We offer childcare vouchers in partnership with Employers for Childcare which can provide working parents savings on national insurance contributions.

## Supporting Staff as Carers

We have a range of initiatives that support staff as carers and have co-developed in partnership with Carers co-ordinator, a Carers Framework offering support and guidance. This proactive and engaging approach enhances employee health and wellbeing and supports all staff as carers. Through a collaborative and partnership approach, across services and with external stakeholders including Carers NI, staff can access advice on benefits, avail of health and wellbeing support and interventions, request flexible working arrangements and our special leave policies can assist staff to balance their caring commitments with their job.

## Mental Health Charter

Cognisant of the fact that approximately one in four adults will be affected by mental health in their lifetime, the Trust as an employer and health care provider has signed up to the Mental Health Charter with the Equality Commission for NI. This demonstrates our commitment to promoting good mental health for our service users and staff.

## Mind Ur Mind Toolkit

Mind Ur Mind Toolkit. This innovative resource is designed to be a single reference tool for anyone affected by a mental health issue, to be able to gain an understanding of signs, symptoms and information on the wide range of support and assistance available both internal and external to the Trust. The toolkit will also be useful for managers in terms of holistically supporting staff with a mental health issue. The Toolkit can be accessed from the HUB and or the bwell website and is designed to be used by Trust staff, their families and friends.

## Supporting Staff Development

The Trust continues to offer a wide range of learning and development opportunities for staff, these are promoted through the annual Learning & Development Portfolio.

In 2017-18 over 13,500 Trust staff participated in a training intervention. This includes 6,191 staff completing Quality 2020 level 1 training, 1,421 staff attending a Values workshop, 131 undertaking Customer Care Training, 2,455 completing Equality Training, 71 attending New Managers Toolkit on HR processes, 661 staff attending Staff Development Review (SDR) training and a further 221 staff completing a programme leading to an accredited qualification awarded by either ILM or ProQual.

## Nurse Leadership Programme

The Nurse Leadership Programme has been developed and delivered in partnership between HR Learning and Development and Central Nursing. The programme provides Nurse Leaders with an opportunity to understand how they can influence and support transformational change. With input from a range of Senior Managers and Directors, the programme has also provided learners with an opportunity to hear key messages to support engaging, involving and empowering staff. To-date eight cohorts have completed the programme.

## Launch of Trust Digital Welcome Publication

The new Digital Welcome publication was launched in June 2017. The publication developed in collaboration with the Corporate Communications Team is emailed to all new staff prior to them taking up post. The publication was developed using Page Tiger interactive publishing software and can be accessed on multiple devices including mobile phones, tablets and PC's. New staff are finding it an interesting, enjoyable and useful resource. To-date, the publication has now been viewed by over 3,000 staff with extremely positive feedback.

## Awards & Recognition

The Trust won the Legal Island 'Northern Ireland Equality and Diversity Awards in March 2018' for 'Best Gender Initiative' and were highly commended for 'Best Disability Initiative'. Overall, the awards gave a wonderful opportunity for sharing best practice in mainstreaming employment equality and diversity and acknowledged the efforts of the Trust to be one of the safest, most effective and compassionate health and social care organisations.

Our family friendly practices and innovative approach to supporting our staff were recognised by Employers For Childcare and we were highly commended at their annual awards in September 2017.

Vitality Health and the Financial Times identified the Trust as one of the UK's healthiest workplaces in recognition of our bwell initiatives that improve staff health and wellbeing.

## Keeping it Smoke Free!

Belfast Trust continues to be Smoke Free in status across all our sites. In line with a Department of Health Directive, Belfast Trust became Smoke Free in March 2016 and a one year follow-up survey of all those who engage with Belfast Trust showed 80% of respondents continue to support our Smoke Free policy. While this policy has proven challenging for some, the public health benefits to be gained are significant and hence as a responsible healthcare provider and employer, the Smoke Free policy will continue to be promoted and supported throughout the Trust.

## Performance Analysis

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

At Trust Board meetings, the Board are provided with data on performance across the Ministerial Targets through the Trust Performance Report. This data is also reported monthly to Executive Team. In 2017-18 the Trust worked to deliver the Ministerial Performance Targets as per the Commissioning Plan Directions 2018. The Trust did not fully deliver on performance targets related to the following key areas:

- Inpatient and Daycase Access waiting times (55% wait no longer than 13 week and 52 weeks max waiting time)
- Outpatient Access waiting times (50% wait no longer than 9 weeks waiting and 52-week max waiting time)
- Health Care Acquired Infections (HCAI): MRSA and C.Difficile
- Hip fracture (48 hour target)
- Emergency Department (ED) waiting times (4-hour and 12-hour targets)
- Cancer (62-day pathway)
- Mental Health Access (CAMHS - no patient waits longer than 9 weeks, Adult Mental Health - no patient waits longer than 9 weeks, Dementia - no patient waits longer than 9 weeks, and Psychological Therapies - no patient waits longer than 13 weeks)
- Diagnostic waiting times (9 weeks, 26 weeks, and 2 day urgents)
- Allied Health Professional waiting times (no patient waits longer than 13 weeks)
- Discharges – Learning Disability (99% of discharges take place within 7 days and no patients wait longer than 28 days for discharge)
- Hospital Cancelled appointments (20% reduction)
- Complex Discharges (90% of patients discharged within 48 hours and no patients wait longer than 7 days for discharge).

## Performance: In-patients and Daycases

By March 2018 the Trust's aim was that 55% of patients should be waiting no longer that 13 weeks for inpatient/daycase treatment and no patient wait longer than 52 weeks. Currently 31% of patients on the inpatient/daycase waiting list are waiting less than 13 weeks with 7,446 patients waiting over 52 weeks.

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

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

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

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

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

# Performance Report

## Performance: Outpatients

The Trust treated more than 600,000 outpatients over the last year. The Trusts aim was that by March 2018, 50% of patients should be waiting no longer that nine weeks for an outpatient appointment and no patient wait longer than 52 weeks. Currently 27% of patients on the outpatient waiting list are waiting less than nine weeks with 32,000 waiting over 52 weeks.

The Trust continues to have a shortfall in capacity in a number of specialties, which has impacted on the delivery of the 52 week maximum waiting time target. We continue efforts to improve services through a High Level Outpatient Modernisation project which has an ongoing focus on streamlining patient pathways, review of workforce, administration and infrastructure and maximising use of technology.

An example of a collaborative approach to address the reduction of outpatients waiting to see a spinal surgeon is the very successful Mega Clinics, six of which were carried out in the year 2017-18. Compared to the number of people referred for a spinal outpatient assessment, a relatively small number will be referred on for spinal surgery, however this decision cannot be made until the patient has a spinal assessment and routine referrals can wait for up to three years. Mega Clinics provide a way of reviewing this large backlog of patients, facilitating appropriate investigations and ensuring that only those who require surgery receive an onward referral to a spinal surgeon.

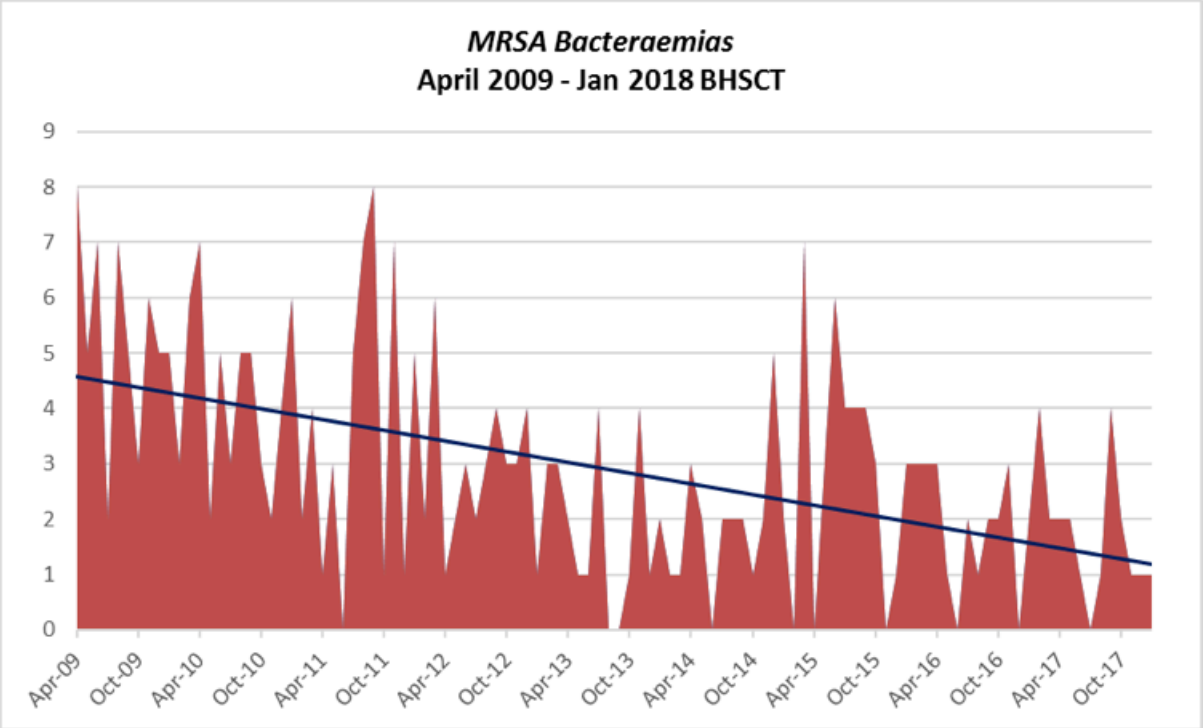
Up to 30 specialists from all Trusts in Northern Ireland are supervised by spinal surgeons. They include physiotherapists and GPs with an interest in orthopaedics all working through the Orthopaedic ICATS services. This enables each clinic to see around 200 patients, in fact in the year 2017-18 we saw over 1,000 patients, who would otherwise probably still be on the waiting list.

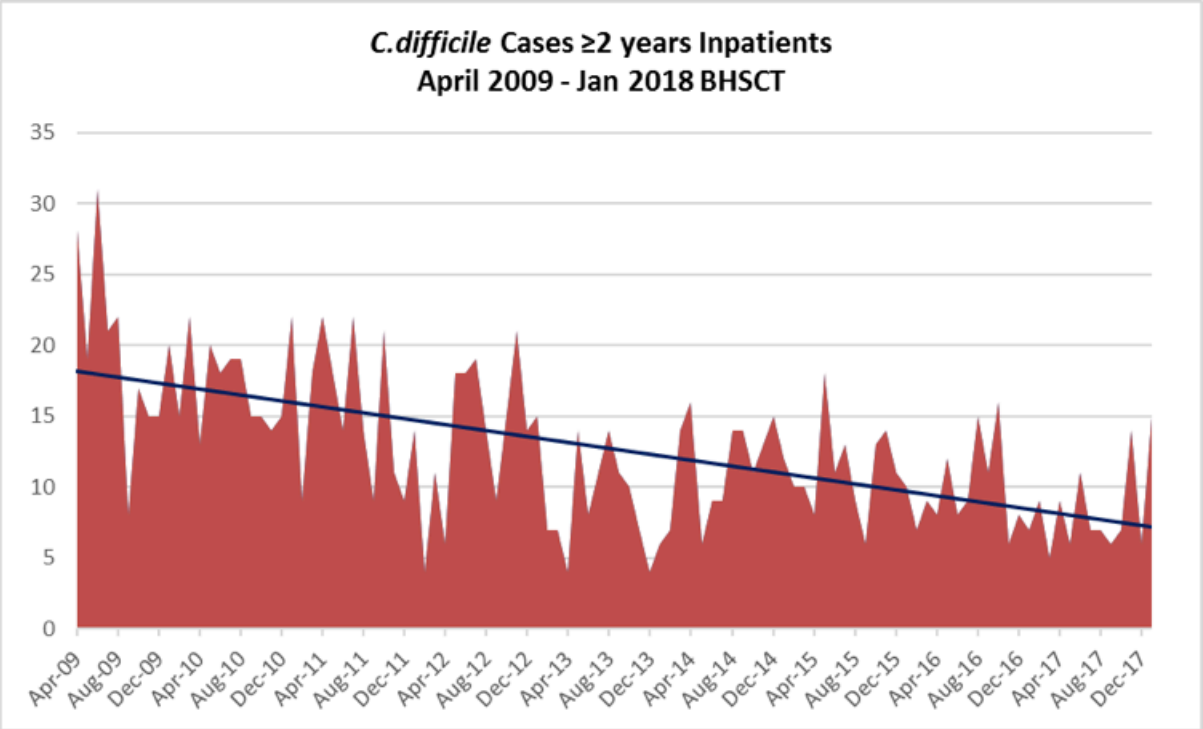
## Performance: Infection Control

One of the aims of our Quality Improvement Plan (QIP) 2017-2020 is to “reduce harm from Healthcare Associated Infection”. The Trust’s QIP 2017-2020 states that this will be achieved through ongoing engagement with Risk Assessment, Hand Hygiene (HH), Aseptic Technique, Antimicrobial Stewardship and Cleaning.

Over the past year the Belfast Trust has delivered in relation to the two key ‘indicator’ organisms of MRSA and Clostridium difficile.

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




While recognising this improvement, we must acknowledge that the Trust has not achieved the level of reduction mandated in the Ministerial reduction target in either 2016-17 or 2017-18.

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

Without doubt this is disappointing, it should be noted that performance at this point in 2017-18 is improved from our position at this point in 2016-17. In total, 109 cases of Clostridium difficile and 20 cases of MRSA bacteraemia had been reported at this point last year, whilst 102 cases of Clostridium difficile and 18 cases of MRSA bacteraemia have been reported this year.

Infection Prevention and Control (IPC) is everybody's business and all staff must have role appropriate training in relation to IPC. This year 5,614 members of staff undertook IPC training specific to their role and some of the role specific training on offer includes a wound care course for Band 3 staff, infection control elearning, an IPC study day, an MRSA drop–in session and an induction for staff nurses. We plan to continue to provide a wide range of role specific training in the incoming year and remain open to requests for bespoke training.

In total, 431 audits of clinical practice and of clinical environments were carried out by the IPCT in the year using a range of tools to assess practices and clinical settings, and in the coming year the IPCT intend to review and refresh all audit tools used by the team. Tying in with this work is a quality improvement project, which examines novel approaches in relation to presentation of IPC audit results in an impactful and easily accessible way.

In relation to Hand Hygiene (HH) auditing, the IPCT are in the process of identifying 10 wards and areas across the organisation to include an ED, an ICU, a paediatric ward, a medical ward, a surgical ward etc that are reflective of their Directorate. The IPCT will carry out an independent HH audit in that area once every quarter. This will enable us to look at performance across the year and will make it possible to do some trend analysis on an ongoing basis. We hope that these wards and their data will act as a thermometer for performance in relation to HH across the organisation.

The IPCT plan to undertake an independent RQIA style audit in all augmented care areas in the incoming year and will continue to undertake responsive auditing as required.

Every ward/department has a 'Link' person who attends regular meetings with the IPC nurses to update their knowledge and skills so that they can act as a resource for their colleagues and can participate in auditing their area of work. Two intensive study days were held this year, one for staff working in primary care and one for secondary care staff.

The IPCT are planning to deliver a bespoke five day training course for IPC link staff across the organisation, the course is already fully subscribed and depending on how it is evaluated may become a regular annual calendar event.

## Performance: Fractures

The Trusts aim was to ensure that 95% of clinically appropriate patients wait no longer than 48 hours for treatment of hip fractures. In 2017-18 77% of patients were treated within 48 hours. A new multi-disciplinary modernisation group was established during 2017-18 to improve the attainment of this target.

## Performance: Emergency Department

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

In 2017-18 our performance for patients treated within 4 hours was 71% which remains the same as last year however this is in the face of growing demand in ED. The number of patients attending ED has risen from last year by 5,500 which is a 3% increase. The number of patients waiting more than 12 hours was 3,050. While this represents 2% of total attendances the Trust strongly feels this is unacceptable and is working hard to improve performance.

The Trust has initiated a number of innovative practices to avoid pressure in ED and additional admissions in the face of increased demand. These include an increased capacity in Clinical Assessment Unit (CAU) which is now extended to the Mater, last year 30,000 patients attended the CAU. A range of hospital and enhanced community support initiatives have helped deal with the increased unscheduled demand the Trust is facing.

We had a robust winter resilience plan including the Christmas & New year period; with increased weekend medical ward rounds, increased escalation beds, over 40% front line staff having flu vaccination and site coordinators appointed to have a two hourly focus on patient flow.

However, several challenges remain including nursing and middle grade doctor recruitment, timely patient placement in the right specialty ward and discharging patients with complex needs into the community. Looking forward we have already started planning for next winter, establishing workstreams looking at a new Emergency Care model, which will provide alternative pathways for non-elective patients presenting to the hospital and ensuring that patients are assessed and treated in the right place at the right time. We also have an ED flow workstream which will use Systems Engineering methodology to process map patient journeys to identify more effective patient pathways.

## Performance: Cancer

The Trust aimed to ensure that 95% of patients urgently referred with a suspected cancer began their treatment within 62 days. Over the year 50% of patients had their cancer treatment commenced within 62 days.

During 2017-18, all urgent suspected breast cancer referrals should be seen within 14 days. For the year the overall Trust performance was 96%, 100% being met in 6 out of the 12 months.

The Trust continues to focus on improving performance against the 62 day target, however there are continued challenges with capacity and late transfers from other Trusts in Northern Ireland.

Actions and improvements undertaken in 2017-18 include:

- Reduction in overall waiting times for patients with oesophageal cancer through implementation of a three day turnaround for staging CT scans, decrease in triage turnaround, increase in number of patients going straight to scope, implementation of an endoscopy cancer pack and simultaneous requesting of CT and PET scans
- Recruitment of additional Hepatopancreaticobiliary (HPB) surgeons has improved surgical waiting times for patients with HPB cancer
- Secured agreement that red flag lung cancer referrals from GP's would have their CT performed within seven days of receipt of referral. This ensures the images and report are available at Respiratory Red Flag OP clinic and the patient is seen with their CT scan within 14 days of referral
- Streamlining of the referral process for red flag CT lung biopsies - reducing days on pathway for confirmed cancers from referral to date of CT biopsy
- Increase in red flag CT capacity on BCH site and overall improvement in red flag CT reporting turnaround times
- Improved CT Colonography waiting times and dedicated CT Colonography Slot for confirmed Colorectal Cancers. The turnaround time for CT Colonography has reduced from six weeks to three weeks and could be two weeks if some internal issues regarding prescribing are resolved
- Pilot introducing a five day turnround for staging CT scans for colorectal and head and neck cancers commenced 1st March 2018. This will reduce overall waiting times for patients with confirmed cancer on colorectal and head and neck pathways
- Investment approved for a second PET scanner. Additional in house PET lists are undertaken monthly and red flag patients routinely sent to Dublin to try and improve PET waiting times
- Investment in a robot and additional theatre sessions for the urological cancer service has been secured. Once implemented patients will be treated for robotic prostatectomies locally in

Northern Ireland which should reduce their overall waiting time

- Improved waiting times for discussion at the Specialist Urological Cancer MDT are carried out through implementation of a local South Eastern Trust MDM
- Escalations on urological diagnostic capacity and actions are taken on a weekly basis to improve waiting times through additional waiting list clinics and converting routine clinics to red flag where possible
- Re-introduction of the gynae oncology PTL meeting to support a preventative approach to 62 day breaches where possible
- Implementation of E-Triage across some Tumour Sites has reduced the number of days it takes to triage red flag referrals
- Head and Neck breach review meetings are held monthly to discuss patients who breached the cancer pathway and a regional audit of the head and neck patient pathway was undertaken in November 2017. The audits were discussed at the Head and Neck Audit day and a number of collaborative ideas were discussed to try to improve the head and neck pathway
- Implementation of a Neuro ECR referral to MDM has streamlined the referral to MDM and the Neuro–Oncology service has ensured that all patients referred have completed datasets and investigations required for in depth discussion and appropriate decision making
- A pilot for referral from MDM to Oncology is currently underway with Colorectal and Urology. This was implemented to try to improve the waiting time from MDM decision to Oncology appointment
- Breast service maintained performance against the 14 day target and are accepting referrals from Southern Trust area to help improve regional waiting times.

## Performance: Mental Health Services

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

In March 2018, 235 patients were waiting longer than nine weeks to access mental health services. This is a significant decrease from 2016-17 when 618 patients waited over nine weeks and is due to a major service improvement initiative.

Of these, 96 were waiting to be seen by Primary Mental Health teams, five by eating disorder service, five by community mental health, 56 by CAMS teams, two forensic services and 71 for addiction services.

In relation to psychological therapies, there were 577 breaches of 13 week target which is an

increase on last year. Of these, 108 were waiting for Adult Mental health, 26 childrens Learning disability, 10 adult learning disability, 257 adult health psychology, 43 childrens psychology, and 133 psychosexual.

The service has worked hard to reduce the numbers breaching these targets over the past year. A number of waiting list initiatives were undertaken across the service and there was considerable success in reducing the numbers of individual service users who had to wait longer, with Community Mental Health Services and Addictions reducing total waiting numbers by 80% since August 2017, and Child and Adolescent Mental Health Services reducing total numbers waiting by more than 60% from August 2017.

## Performance: Diagnostic Waiting Times

Although significant additional non-recurrent support is in place, this will not address the total backlog of patients waiting greater than nine weeks. Business cases were submitted to the Health and Social Care Board for these areas and recurrent investment to increase capacity was made available in 2017-18. Although this investment will greatly increase capacity in high volume services there will still be areas where delivering to nine week waiting time will remain a challenge.

## Performance: Allied Health Professional Waiting Times

The Trust continues to discuss levels of capacity and demand for these services with the HSCB.

## Performance: Discharges – Learning Disability

The Belfast Trust has specific plans and identified placements for all patients recorded as delayed discharge and expects to significantly reduce the numbers of delayed discharges during 2017-18.

## Performance: Hospital Cancelled Appointments

Review of booking practices and recording is ongoing across specialties.

## Performance: Complex Discharges

The Community Service Plan is focusing on four key areas to support improvement in performance: Discharge to Assess; Domiciliary Care; Reablement; and Acute Care at Home, with the aim of reducing the number of complex delayed discharges.

## Performance: Children in Care

The Trust is subject to a number of standards in relation to looking after children under our care. The Trust meets these standards in most areas. This year we managed to ensure that 76% of children leaving our care were in either training, education or employment, maintaining the performance compared with 75% last year.

## Performance: Renal Services

The Trust carried out a total of 132 kidney transplants during 2017-18. This is an increase on last years figure of 124 representing a 6% increase.

## Quality and Safety

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

**Mortality Rates** - Crude percentage mortality rates during 2017-18 are 2.3% in the Trust against 2.8% in the peer, this is a consistent picture with previous years measurements. The Trust also uses statistical modelling to analyse deaths as crude rates do not take account of the many features of illness and disease and how these contribute to mortality rates. When these more refined statistical models are used they also show that the Trust compares well in terms of its expected and actual mortality rate.

**Readmission Rates** - Readmission rates are affected by many issues and not all are related to quality of hospital care, however these are still an important indicator of quality of care. Readmissions are measured for those patients readmitted to hospital as an emergency within 30 days of a previous stay in hospital The Trust has a readmission rate of 6.8% against a Northern Ireland average of 7.5%.

# Financial Resources

## Size and Scale

The Belfast Trust had an operating expenditure budget of £1.4 billion in 2017-18 which makes it one of the largest healthcare Trusts in the UK in budgetary terms. The Trust employs over 19,100 (whole time equivalent) staff, including temporary staff, and manages an estate worth over £1.24 billion.

## Financial Environment

The increasingly difficult financial climate facing the public sector and the wider economy continued to be felt by the Belfast Trust and its staff in 2017-18.

In order to maintain safe and effective services with less income in real terms, the Trust implemented a savings plan of £22.3m in 2017-18. The plan was focused on the delivery of recurrent cash-releasing efficiencies of £8.9m (40%), with non-recurrent measures of £13.4m making up the remaining 60% of the plan. In addition, the Trust planned to maintain a workforce vacancy control savings target of £18m in 2017-18. In total, these measures are equivalent to around 3% of the Trust's total 2017-18 budget. These plans were approved by HSCB as part of the Trust's overall Trust Delivery Plan. It is widely acknowledged that efficiency savings are becoming more difficult to achieve year-on-year without adversely impacting patients and clients. Nevertheless, at the end of the year the Trust had delivered approximately 85% of its overall savings target, with the remainder being addressed by in-year slippage resulting from delays in the implementation of a range of service developments, and non-recurrent contingency measures.

The Trust continues to experience cost increases during 2017-18 particularly in relation to growth in agency costs and high cost drugs, increased use of interventional radiology and other advanced clinical technologies, children's community services and care packages.

During the year, the Trust implemented a number of service developments and improvements, including acute at home services, further resettlements in relation to learning disability clients and the expansion of ambulatory care, high cost drugs and imaging services.

Despite the enormous challenges and increased demand for our services, the Trust achieved financial balance in 2017-18 while continuing to drive forward its quality and safety agenda. It should be noted, however, that this outcome was attributable largely to a significant level of one-off funding and non-recurrent measures, including slippage on new investments.

## Financial Targets

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

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

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

## Financial Governance

The Trust has continued to maintain sound systems of internal control which are designed to safeguard public funds and assets. The same high degree of security is maintained over Patients' and Residents' Monies and Charitable Trust Funds administered by the Trust. Our internal control framework relies on a combination of robust internal governance structures, policies and procedures, control checks and balances, self-assessments and independent reviews. The Chief Executive's assurances in respect of this area are set out in the Governance Statement for 2017-18.

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

## MORE – Maximising Outcomes, Resources and Efficiencies

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

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

The programme has been successful in delivering around 3% year-on-year cash releasing/ productivity efficiencies over the past ten years, totalling over £300m.

# Performance Report

The scale of challenges which the health and social care sector will face over the next few years is significant and 2018-19 is expected to be yet another difficult year from a financial perspective.

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

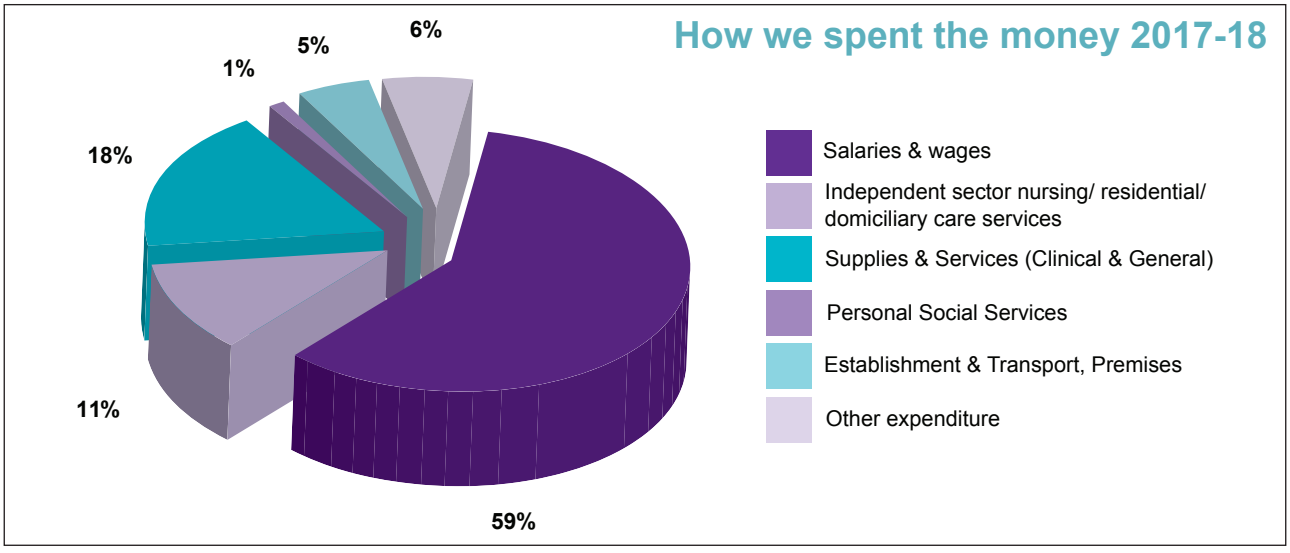
## Income and Expenditure

The information below provides an analysis of Trust's income and a breakdown of expenditure in 2017-18.

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

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

The chart below shows how the Trust spent this money in 2017-18. The largest cost incurred by the Trust is staff salaries, representing almost 59% of total expenditure. Within this pay total, the Trust spent £203 million on doctors and dentists, £271 million on nurses and midwives and £92 million on social work/social care and domiciliary/homecare staff. Significant non-pay costs include £258 million (18% of total expenditure) for clinical and general supplies such as drugs and medical equipment and £153 million (11% of expenditure) for residential, nursing and domiciliary care delivered by other organisations on the Trust's behalf. The chart below shows the breakdown of expenditure into its key components.



## Investing in Staff

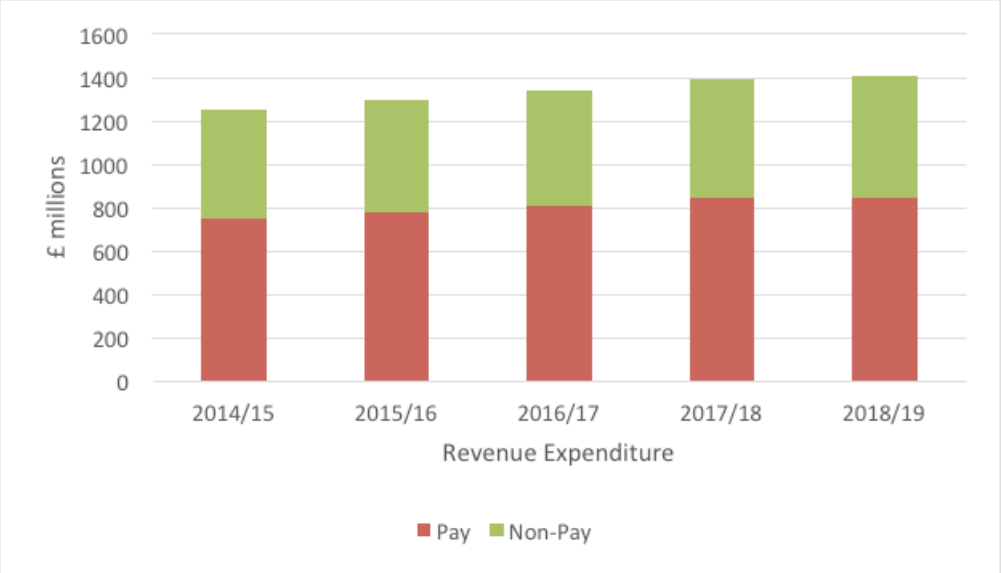
The Trust spends around £847 million on staff salaries, employing circa 19,100 staff (whole time equivalents) across a diverse range of professional groups. The Trust endeavours to ensure that staff are effectively deployed to improve the safety and responsiveness of our services. In addition to a number of Human Resource employee related schemes, the Trust provides taxable benefits to staff through a number of salary sacrifice schemes, as follows:

- Childcare vouchers
- Cycle to work scheme
- Translink Tax Smart scheme
- Private car lease scheme.

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

## Long Term Expenditure Trends

The table below shows the actual revenue expenditure, broken down by pay and non-pay categories, incurred by the Trust from 2015-16 to 2017-18. The figures for 2018-19 represent the Trust's forecasted expenditure based on budget planning work completed in conjunction with HSCB and DoH. The 2018-19 figure may change as the year progresses.



## Investing in Facilities

Belfast Health and Social Care Trust has a fixed asset base of £1.24 billion. The Trust continues to maintain and develop this infrastructure to provide the facilities required to support patient and client care.

In 2017-18 the capital funding allocation for the Trust was £63.938m, of which £48.453m related to major specific capital projects and £15.485m was for various minor capital projects funded from the Trust's General Capital Allocation. Expenditure on larger schemes included:

| Capital Scheme | Expenditure £m | Total Approved Value of Project £m |
|---|---|---|
| RGH Maternity | 5.2 | 73.9 |
| Acute Mental Health In Patient Unit | 15.1 | 36.6 |
| Children's Hospital | 10.4 | 219.4 |
| Urology Robot* | 1.8 | 2.0 |
| ICT Schemes | 10.9 | 10.9 |

*Includes charitable donation from Men Against Cancer

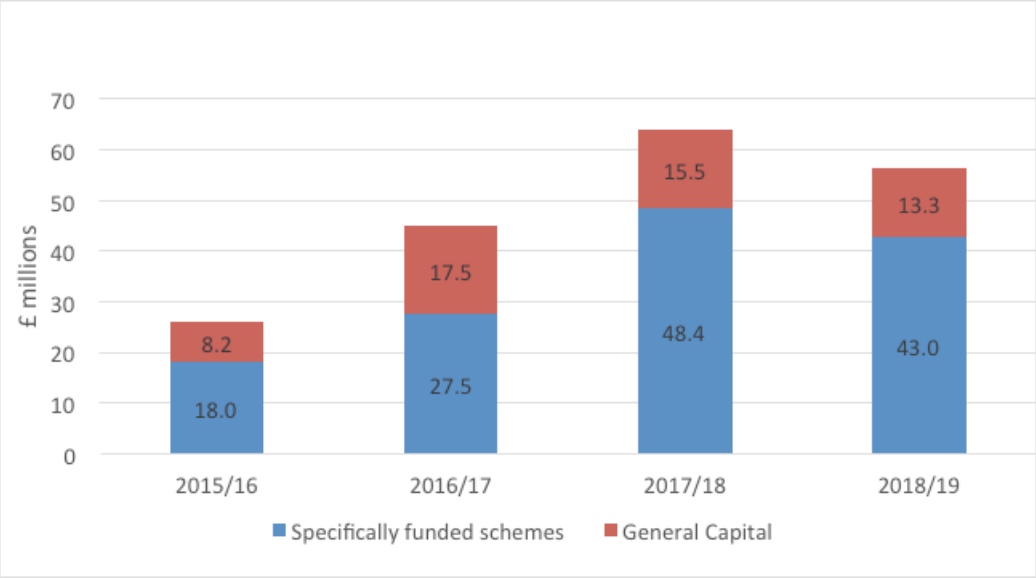
Other specifically funded schemes include an orthopaedic theatre at Musgrave Park, centralisation of the BCH Endoscopy Decontamination Service, work on the RGH site to support the Children's Congenital Heart Disease Network, the development of an RGH Energy Centre and a scheme to facilitate the Helicopter Emergency Medical Service at the RGH site.

The work on the Acute Mental Health In-Patient Unit is ongoing with construction progressing in line with project timetables. It is anticipated that the scheme will complete in early 2019. Design and enabling work for the new Children's Hospital is continuing. The Full Business case for the Maternity Hospital has been approved and the scheme is now on site.

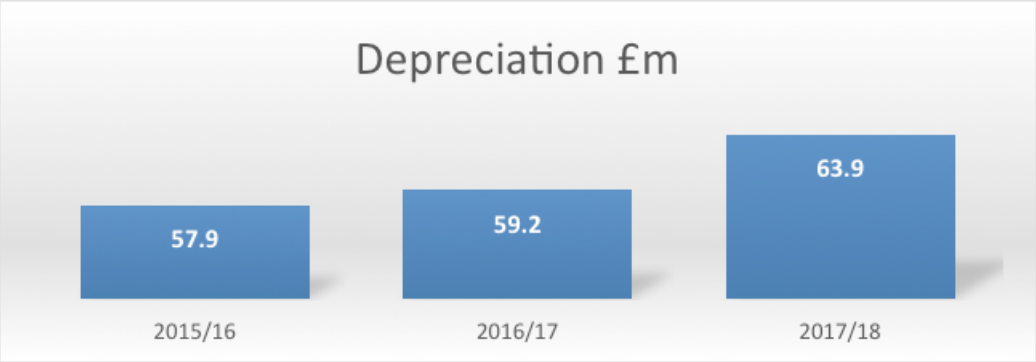
In 2017-18 there has also been investment in numerous IT projects ranging from replacing PCs to rolling out mobile devices and the Wifi network to improve service delivery.

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

The Trust's funding and spending each year on specifically funded schemes fluctuates based on the number, scale and stage approved schemes have reached. General capital funding is allocated to the Trust each year by the DoH. The table below shows the capital expenditure incurred by the Trust from 2015-16 to 2017-18. The figures for 2018-19 represent the Trust's opening capital allocation for 2018-19. The 2018-19 figure may change as the year progresses.




As a result of the Trust's capital expenditure and asset base, the Trust incurs depreciation charges each year as the asset value is written off. The depreciation charge, for which the DoH provide financial cover, is as follows for the least 3 years. The main reason for the increase in depreciation in 2017-18 is that this is the first full year the Critical Care Building was accounted for as an operational asset.




## Research and Development

New treatments or procedures are often made available for the first time to patients in the Trust through clinical trials. There is considerable evidence that patients who take part in clinical trials have better outcomes and research which aims to improve the care and management of patients is an important part of the Trust's overall activity, extending right across the health and social care spectrum.

Staff within the Trust work closely with colleagues in partner organisations, including local universities, other Trusts, major charities and local and international companies to allow access to new treatments at the earliest possible opportunity in as many areas as possible. Patients and clients of the Trust play an important role in suggesting research ideas and work closely with researchers throughout the research process.

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

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

## Donations and Fundraising

Charitable donations help us to improve the quality of care we provide to our patients and clients across the Trust. During 2017-18 the Trust received donations, income and legacies totalling approximately £1m and a further £1.2m in investment income. The donated income is received mainly from former patients, clients and their relatives in recognition of the Trust's work. Individual donors are too numerous to mention, but examples of improvements we have made as a result of donations and legacies received during 2017-18 include:

- The provision of a Therapeutic Garden in Muckamore Abbey Hospital
- The purchase of a Pill Packing facility for pharmacy, to allow patients to be discharged with their medication in blister packs
- The introduction of the Belfast Bike Scheme onto BHSCT location to be used by patients and staff
- The provision of a dedicated staff member to work with patients using art therapy as a medium of rehabilitation and the provision of equipment to be used
- Additional seating areas for the oncology department for patients and visitors comforts
- The refurbishment of the West Wing RVH for the provision of a research and teaching facility of medical staff

- The refurbishment of the Medical Outpatients Centre in Musgrave Park Hospital to improve the patient experience
- The purchase of tattoo equipment to be used with burns and oncology patients
- The publication of a book depicting the history of the Belfast City Hospital
- Purchase of additional ventilators
- Purchase of reclining chairs for patient comforts
- The facilitation of a nursing celebration day to recognise the work and achievements of the nursing staff within the BHSCT over the past.

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

The Charitable Funds Section,
1st floor, Dorothy Gardiner Unit
Knockbracken Healthcare Park
Saintfield Road, Belfast
BT8 8BH
Tel: 028 9504 5393
E-mail: charitabletrustfunds@belfasttrust.hscni.net

## Sustainability Report

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

The Trust continues to implement the sustainable Development strategy 2016-2020, which identifies methodologies for achieving significant benefits, including health and wellbeing, improving quality and cost savings by adopting an approach based on the sound principles of sustainable development, focusing on environmental issues, economic considerations and social impacts.

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

### Reducing carbon emissions

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

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

As a Trust we continue to implement a wide range of carbon reduction projects such as installation of LED lighting, additional insulation, variable speed drives, energy monitoring equipment and solar thermal panels.

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

### Partnerships

The Trust's Estates Department have continued their collaboration projects and research with Queen's University Belfast as well as private businesses focussing on Sustainability, Healthcare Engineering and Estates Risk. The aim of the collaborations are to ensure the Trust is at the leading edge of new technology and to promote the Trust as an ideal location to locate

research and development projects. These partnerships will provide research and development opportunities with the aim of improving performance, health & wellbeing and reducing risk.

## Responsible waste management

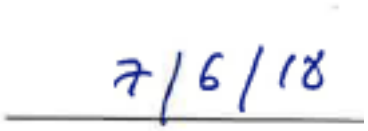
The focus of the Trust's waste management initiatives is to reduce the volume of waste produced in the Trust and to maximise recycling and recovery opportunities in collaboration with our waste contractors. The Trust converts 100% of its clinical waste into a renewable energy source and all of the food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

# Performance Report

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

- Performance Overview
- Performance Analysis

Martin Dillon
Chief Executive



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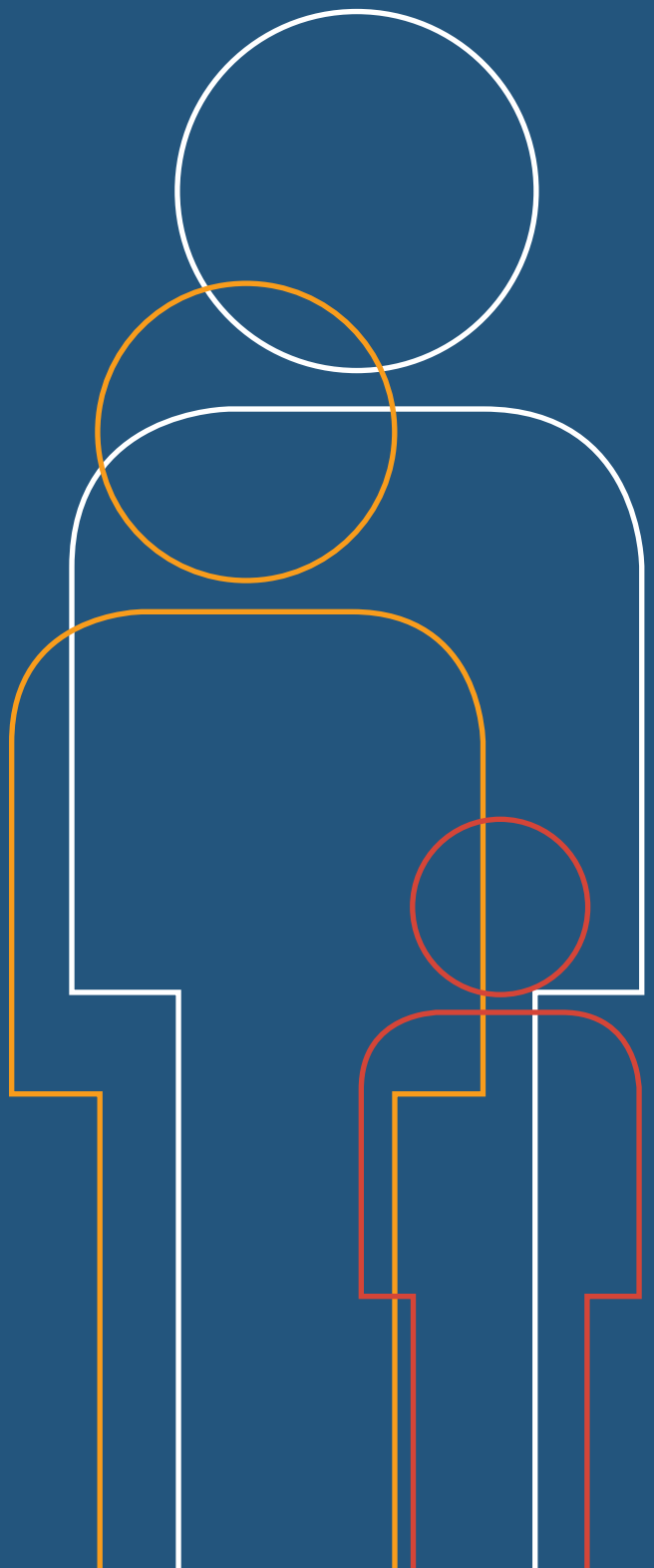
# 2. Accountability Report



# Accountability Report

## Overview

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

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

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

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

## Corporate Governance Report

### Directors' Report

#### Board of Directors

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:

#### Directors

- Mr Martin Dillon, Chief Executive
- Dr Cathy Jack, Deputy Chief Executive/Medical Director appointed Deputy Chief Executive July 2017
- Ms Bernie Owens, Director of Unscheduled and Acute Care
- Mr Damian McAlister, Director of Human Resources/Organisational Development until February 2018
- Mrs Jacqui Kennedy, Interim Director of Human Resources/Organisational Development from February 2018
- Mr Aidan Dawson, Director of Specialist Hospitals and Women's Health

- Miss Brenda Creaney, Director of Nursing and User Experience
- Mrs Caroline Leonard, Interim Director of Surgery and Specialist Services from February 2017 appointed Director of Surgery and Specialist Services in June 2017
- Mrs Maureen Edwards – Interim Director of Finance, Estates and Capital Planning from February 2017 appointed Director of Finance, Estates and Capital Planning in June 2017
- Mr Cecil Worthington, Director of Social Work/Children's Community Services and Interim Director of Adult Social and Primary Care until September 2017
- Mr John Growcott, Interim Director of Social Work/Children's Community Services from October 2017
- Mrs Marie Heaney – Director of Adult Social and Primary Care from July 2017
- Mrs Jennifer Welsh, Director of Performance, Planning and Informatics until November 2017
- Mrs Jennifer Thompson – Interim Director of Performance, Planning and Informatics from November 2017.

### Non-Executive Directors

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

A declaration of Board Members' interests has been completed and is available on request from the Chief Executive's office, Belfast Health and Social Care Trust Headquarters, A Floor, Belfast City Hospital, 51 Lisburn Road, Belfast BT9 7AB. The executive and senior management of the Trust, along with the Director of Finance of the Trust have the responsibility for the preparation of the accounts and Annual Report. They have provided the auditors with the relevant information and documents required for the completion of the audit. The responsibility for the audit of the Trust rests with the Northern Ireland Audit Office. The Chief Executive has confirmed there is no relevant audit information of which the Trust's auditors are unaware.

# Accountability Report

The Directors confirm that they have taken steps to ensure they are aware of the relevant audit information, and have established that the Trust's auditors are aware of the information.

The Trust's external auditor is the Northern Ireland Audit Office who have appointed Price Waterhouse Coopers to carry out the detailed audit work to support the C&AG's opinion. The notional cost of the audit for the year ending 31 March 2018 which pertained solely to the audit of the accounts is £65,200 made up as follows, public funds £60,000 and Charitable Trust Funds £5,200. This is reflected within miscellaneous expenditure within note 3 to the accounts.

## Complaints Management

In the patient-centred environment of the Belfast Trust, patients, relatives and carers are encouraged to express their views about the treatment and services that they receive.

We recognise the need to have an effective process for managing comments, concerns, complaints and compliments about any aspect of care or treatment provided or commissioned by the Belfast Trust in hospital or community settings.

It is essential that all concerns and complaints are received positively, investigated promptly and thoroughly, and responded to sympathetically. Timely and effective action will be taken where appropriate to prevent recurrence when services provided have fallen below acceptable standards.

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

- The process of making a complaint is easy for patients
- Patients' issues are investigated in a fair, thorough and timely manner
- Appropriate actions are taken to address the investigation findings in a way that fully resolves the matter for the complainant.

The Complaints Review Group – made up of senior staff from across the Trust – meets quarterly to discuss and monitor complaints received, identify any trends in complaint subjects and consider any learning which can be shared to improve the services we deliver.

The complaints department continues to provide training for staff on the importance of providing excellence in care and when care is not at the standard it should be, how to deal with complaints locally.

The number of complaints received for the financial year 2017-18 was 1,650. Further information on the monitoring of complaints is contained in the Complaints Annual Report, which is published on our website. The Trust Complaints Team can be contacted at complaints@belfasttrust.hscni.net or Tel: 028 9504 8000.

## Statement of Accounting Officers Responsibilities

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

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

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Belfast Health and Social Care Trust will continue in operation
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Belfast Health and Social Care Trust
- Pursue and demonstrate value for money in the services the Belfast Care and Social Care Trust provides and in its use of public assets and the resources it controls.

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

# Governance Statement

### Introduction/Scope of Responsibility

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

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

- With HSC Board commissioners, through service level agreements, to deliver health and social services to agreed specifications. The Trust has established engagement processes with the HSC Board (which includes the Public Health Authority (PHA) for appropriate areas). For example, regular meetings are held with Local Commissioning Group (LCG) representatives to discuss local services and a Specialist Services Liaison Group (with representatives from the Trust, HSC Board and PHA) meets to review issues associated with regional services. A range of other engagement processes are in place ie. a Transformation Advisory Board and Implementation Group to address the implementation of the Delivery Together Transformation Programme
- 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
- With the DoH, through the performance of functions and meeting statutory financial duties. These are monitored through formal reporting mechanisms and Accountability Review meetings which are held twice yearly and relevant Trust senior staff are in attendance.

### Compliance with Corporate Governance Best Practice

The Board of the Belfast HSC Trust applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of the Belfast HSC Trust does this by undertaking continuous assessment of its compliance with Corporate Governance best practice for example by complying with relevant controls assurance standards, completing an annual ALB Board Governance self-assessment and action plan. The Trust's self-assessment for 2017-18 is complete and will be presented to Trust Board workshop in June 2018. The self-assessment covers a number of areas including Board composition and commitment; Board evaluation, development and learning; Board insight and foresight; and Board engagement and involvement.

The self-assessment for 2017-18 is not indicating any new Trust Board performance issues. This will be subject to an independent review.

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

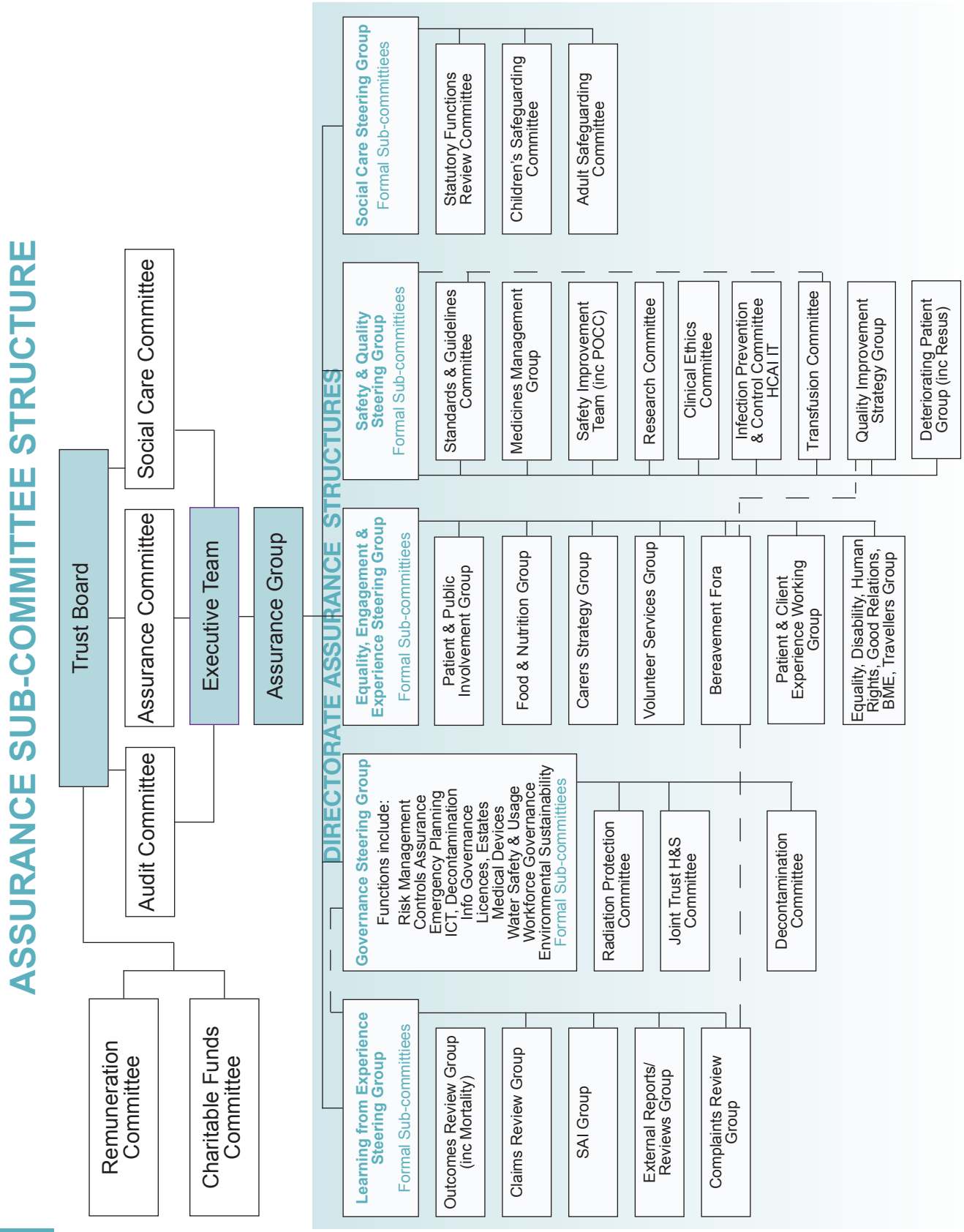
### Governance Framework

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

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

# Accountability Report

The following diagram demonstrates the Trust's assurance framework structure:



# Accountability Report

The role of the Trust Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions. Throughout the year the Trust Board has been briefed on control issues by the Chairs of the Audit Committee and Assurance Committee. The Trust held eight public Trust Board meetings and seven Trust Board workshops during 2017-18. Standing agenda items included reports from the Chief Executive, performance, quality, and financial performance reports.

The Trust Board development programme workstreams regarding complaints, performance, stakeholder engagement and Board redesign have now been completed and any ongoing matters are dealt with in the normal course of business. In June 2017 the Trust Board attended a Quality Improvement development programme to enhance the Trust Board's improvement journey.

Trust Board attendance records for 2017-18 were as follows:

| **Non Exec** | **No. of meetings attended** | **No. of possible meetings** |
|---|---|---|
| Peter McNaney | 6 | 8 |
| Martin Bradley | 8 | 8 |
| David Jones | 4 | 8 |
| Nuala McKeagney | 7 | 8 |
| Paddy Loughran | 7 | 8 |
| Anne O'Reilly | 7 | 8 |
| Miriam Karp | 7 | 8 |
| Gordon Smyth | 8 | 8 |
| **Executive Directors** | | |
| Martin Dillon | 8 | 8 |
| Brenda Creaney | 6 | 8 |
| Maureen Edwards | 8 | 8 |
| Cathy Jack | 7 | 8 |
| Cecil Worthington | 4 | 4 |
| John Growcott | 3 | 3 |
| **Directors** | | |
| Aidan Dawson | 5 | 8 |
| Marie Heaney | 5 | 6 |
| Caroline Leonard | 8 | 8 |
| Damian McAlister | 7 | 7 |
| Bernie Owens | 5 | 8 |
| Jennifer Welsh | 5 | 6 |
| Jennifer Thompson | 2 | 2 |
| Jacqui Kennedy | 1 | 1 |

The Audit Committee provides the Trust Board with an independent and objective review on its financial systems of internal control. The Chair of the Audit Committee provides the Board with an Annual Report each year. This committee met four times during the year and members achieved 90% attendance. The Audit Committee completes the National Audit Office Audit Committee self-assessment checklist on an annual basis to assess its effectiveness. No performance related issues were identified by Audit Committee members during the year. The work of the Internal Audit and External Audit functions is fundamental to providing assurances on the on-going effectiveness of the system of internal financial control. In addition, the controls assurance standards and the annual self-assessment against the standards provide an important assurance to the Audit and Assurance Committee.

The Assurance Committee met on four occasions during the year and members achieved 63% attendance. It is comprised of Non-Executive Directors, Directors and the Trust Chief Executive and Chairman. The Assurance Committee's role is to assist the Board of Directors in ensuring an effective Assurance Framework is in operation for all aspects of the Trust's undertakings, other than finance. The Assurance Committee is also responsible for ensuring there is a robust system in place for identifying principal risks and significant gaps in controls/assurance for consideration by the Board of Directors.

The Remuneration Committee is responsible for advising the Board on the remuneration of the Chief Executive and Directors of the Trust, guided by DoH policy and best practice. The Committee is chaired by the Trust Chairman and two other Non-Executive Directors and met once during 2017-18 achieving 100% attendance.

The Charitable Funds Advisory Committee oversees the management and governance of funds in line with the Trust's Standing Financial Instructions. The Committee is chaired by the Trust Chairman. The Assurance, Remuneration and Charitable Funds Advisory Committees met in accordance with their Terms of Reference throughout the year and no performance related issues were raised by the Board Governance Self-Assessment.

## Business Planning

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

The Trust's Corporate Plan sets out the vision and purpose, core values and objectives that will shape the strategic direction and priorities. The Trust has overarching corporate objectives. These are:

- To provide safe, high quality and effective care
- To modernise and reform our services

- To improve health and wellbeing through engagement with our users, communities and partners
- To show leadership and excellence through organisational and workforce development
- To make the best use of resources to improve performance and productivity.

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

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

- Directorate Annual Performance Plans
- Service / Team Annual Plans
- Individual Objectives.

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

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

## Risk Management

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

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

# Accountability Report

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

The Risk Management Strategy was last updated in July 2017.

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

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

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

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

## Information Risk

Information risk has to be managed in a robust way within Belfast Trust and not be seen as something that is the sole responsibility of IT or Information Governance (IS) staff. Assurances need to be provided in a consistent manner. To achieve this, participation from all Directorates in the Information Governance Board (IGB) ensures involvement throughout the organisation in terms of information handling and the management of information risk. The Information Governance Board (IGB) oversees all aspects of information governance including data protection, ICT security, corporate records, freedom of information and data quality. This body takes responsibility to develop a culture of good practice that values, protects and uses information for the public good.

The Director of Performance, Planning and Informatics acts as the Senior Information Risk Owner and has a key role in considering how organisation goals will be impacted by information risks and how those risks may be managed. Information Asset Owners (IAO's) have been identified across the Trust and have responsibility for the identification and management of risk in their particular areas. Any significant information governance risks are recorded as part of the Trust's risk register process.

The Information governance department continues to promote good practice in the handling of personal identifiable information within the Trust. IG provides a framework to ensure that personal identifiable information is dealt with legally, securely, efficiently and effectively. Trust employees have a clear structure to deal consistently with the many different rules about how information is handled, including those set out in legislation and in a range of appropriate policies and procedures.

During 2017-18 much of the focus of IG activity was in preparation for the implementation of the new General Data Protection Regulation (GDPR). The Trust has developed an action plan addressing the gaps which need to be in place to respond to this new legislation in May 2018.

In terms of assurance the Trust continues to monitor progress of achievement against the Controls Assurance Standard in relation to Information Management and is pleased to report an improved score of 86%. In additional staff from IG undertake internal information governance audits and provide feedback to Information Asset Owners as to the actions that can be taken to improve information handling processes.

The Information Commissioners Office (ICO) undertook an audit throughout Trusts in Northern Ireland to review IG Training. The ICO identified a number of areas of good practice within the Belfast Trust including the commitment from senior staff of the importance of data protection compliance, the use of a wide variety of awareness raising activities for information governance/ data protection and the high uptake of use of risk and audit tools.

Data protection awareness training is mandatory and 59% of staff have attended training in the last 3 years. IG staff continue to deliver a range of training programmes face to face and online and a

leaflet is being devised for distribution to all staff to compliment the other forms of training. The use of data access agreements is promoted as a means to ensure legitimate sharing of information in a controlled and secure manner, this provides assurance in third party use of Trust information.

Throughout the year the IGB has monitored the information governance incidents that have occurred and have reported three incidents to the Information Commissioners Office. These related to a miss-sent email, unauthorised access to systems and accidental destruction of records. Following investigation by the ICO, no further action was taken.

## Public Stakeholder Involvement

The Trust remains committed to ensuring that the statutory duty for Personal and Public Involvement (PPI) is embedded into all aspects of its business, in line with the regional PPI Standards. The Trust continues to work on creating opportunities for PPI and co-production with service user and carers. PPI is included in the Trust Assurance Framework committee structure. This has recently been reviewed and PPI will now report via the Partnership, Equality and Engagement group. PPI is reflected in the Trust Corporate Plan and is subsequently included in Directorate and Divisional management plans. There continues to be a wide range of user engagement opportunities throughout the Trust, both corporately and within clinical Directorates, which allow people to become involved in the development, improvement and evaluation of Trust services. Their involvement and feedback also helps to identify risk and helps shape our business. With the Trusts ongoing commitment to Quality Improvement, there is a commitment to ensuring that PPI is core to this work. In addition, there are a number of Trust-wide User Forums and specific Service User groups facilitated by and linked to the Trust which can provide opportunities for service user and other stakeholders to engage in decision making, feedback processes and associated risk issues. A range of PPI training for staff continues to be delivered and the regionally developed PPI e-learning module continues to be widely promoted amongst staff. An Appreciative Inquiry pilot has been developed within the Trust to pilot a new approach to engagement and co-production. The Appreciative Inquiry pilot is being championed by the Non-Executive Director for PPI and the Executive lead for PPI, two pilot projects have been developed to date – one within Learning Disability Day Opportunities and one within Dementia Care. The Appreciative Inquiry pilots are taking an assets based approach to co-design and are being develop with carers and services users as a core part of the process.

## Assurance

The Assurance Framework describes the relationship between organisational objectives, identifies potential risks to their achievement and the key controls through which these risks will be managed, as well as the sources of assurance surrounding the effectiveness of these controls. The Assurance Framework incorporates the Risk Management Policy and establishes the context in which the Trust Management Plan was developed, as well as determining the mechanism through which assurances were provided to the Trust Board. The Assurance Framework lays out the

sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes. The Assurance Committee regularly challenges or seeks verification of the quality of evidence coming to it.

The Assurance Framework was reviewed and updated in 2016 to reflect changes in Trust structure and the process for setting objectives in response to DoH and HSCB commissioning targets. A brief outline of the membership and role of the Charitable Trust Fund Advisory and Remuneration Committee was also included. The updated Assurance Framework was approved by the Assurance Committee of the Trust Board in June 2016. The Assurance Framework allows an integrated approach to performance, targets and standards which include controls assurance standards and quality standards for health and social care. A review of the Assurance Framework is underway that will factor in the recent recommendations outlined within the O'Hara report to further strengthen arrangements.

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

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

Belfast Trust is actively scoping the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the DoH. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

## Controls Assurance Standards

The Trust assessed its compliance with the 22 Controls Assurance Standards which were defined by the Department. The Trust achieved the following levels of compliance for 2017-18.

| Standard | DoH Expected Level of Compliance | 2016-17 Trust Level of Compliance | 2017-18 Trust level of Compliance | Verified by |
|---|---|---|---|---|
| Building, Land, Plant and Non-Medical Equipment | 75% - 99% (Substantive) | 84% Substantive | 84% Substantive | Self Assessment |
| Decontamination of Medical Devices | 75% - 99% (Substantive) | 78% Substantive | 80% Substantive | Self Assessment |
| Emergency Planning | 75% - 99% (Substantive) | 87% Substantive | 89% Substantive | Internal Audit |
| Environmental Cleanliness | 75% - 99% (Substantive) | 87% Substantive | 87% Substantive | Self Assessment |
| Environmental Management | 75% - 99% (Substantive) | 83% Substantive | 82% Substantive | Self Assessment |
| **Financial Management (core standard)** | 75% - 99% (Substantive) | 91% Substantive | 91% Substantive | Internal Audit |
| Fire Safety | 75% - 99% (Substantive) | 88% Substantive | 81% Substantive | Self Assessment |
| Fleet and Transport Management | 75% - 99% (Substantive) | 87% Substantive | 87% Substantive | Self Assessment |
| Food Hygiene | 75% - 99% (Substantive) | 91% Substantive | 91% Substantive | Self Assessment |
| **Governance (core standard)** | 75% - 99% (Substantive) | 94% Substantive | 94% Substantive | Internal Audit |
| Health & Safety | 75% - 99% (Substantive) | 88% Substantive | 91% Substantive | Self Assessment |
| Human Resources | 75% - 99% (Substantive) | 90% Substantive | 90% Substantive | Internal Audit |
| Infection Control | 75% - 99% (Substantive) | 96% Substantive | 95% Substantive | Self Assessment |
| Information Communication & Technology | 75% - 99% (Substantive) | 86% Substantive | 88% Substantive | Self Assessment |
| Information Management | 75% - 99% (Substantive) | 81% Substantive | 86% Substantive | Self Assessment |
| Management of Purchasing | 75% - 99% (Substantive) | 81% Substantive | 83% Substantive | Self Assessment |
| Medical Devices and Equipment Management | 75% - 99% (Substantive) | 81% Substantive | 81% Substantive | Self Assessment |
| Medicines Management | 75% - 99% (Substantive) | 80% Substantive | 81% Substantive | Self Assessment |
| Research Governance | 75% - 99% (Substantive) | 93% Substantive | 93% Substantive | Self Assessment |
| **Risk Management (core standard)** | 75% - 99% (Substantive) | 86% Substantive | 86% Substantive | Internal Audit |
| Security Management | 75% - 99% (Substantive) | 87% Substantive | 87% Substantive | Self Assessment |
| Waste Management | 75% - 99% (Substantive) | 88% Substantive | 87% Substantive | Self Assessment |

All 22 standards maintained substantive compliance by achieving an overall score of 75% or above.

All standards maintained or improved their compliance scores with the exception of:

- Environmental Management had a decrease in overall score from 83% to 82% due to the position of chairperson of the Trust Environment and Sustainability Group being vacant for a period and subsequently the group had not met since mid 2017
- Fire Safety decreased overall from 88% to 81% because several individual scores were reduced to reflect the limited assurance of a recent Internal Audit report and the results of benchmarking with the other Trusts
- Infection Control decreased overall 96% to 95% as a number of IPC policies are now out of date and require updating
- Waste Management decreased overall from 88% to 87% as the revised Waste Policy was not implemented in 2017, as well as the uptake of the training not being as high for e-Learning as would have been expected.

The Trust recognise the significant internal control issues identified in Internal Audit reports and have reflected these in the self-assessment scores for any individual criteria affected.

As part of the review of Controls Assurance Standards the Trust received confirmation that the Controls Assurance Standards process will cease from 1 April 2018. Policy Leads from the Department of Health have been in further contact with the Trust regarding potential replacement(s).

## Sources of Independent Assurance

The Trust obtains Independent Assurance from the following main sources:

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

All the Laboratories within the Belfast Trust have moved towards UKAS accreditation and are in the process of being awarded full accreditation to ISO 15189 standards.

The Trust's Regional Fertility Centre's Human Fertilisation and Embryology Authority (HFEA) licence was successfully renewed in March 2017.

The Trust Blood Bank service has been deemed compliant with the Blood Safety and Quality Regulations (2005) by submission of compliance reports to the Medicines and Health Care Regulatory Agency (MHRA) for the 2017-18 financial year for all three Blood Banks (BCH, RVH, MIH).

The Trust's Post Mortem Services and Stem Cell Bank were inspected by the Human Tissue Authority (HTA) in August 2017 and January 2018 respectively and were found to meet the required standards to retain their HTA Licences. The Trust's Organ Donation and Transplantation HTA Licence is due for routine re-inspection in May 2018, and a date is awaited for Bone Bank routine re-inspection. The Trust chose to terminate the HTA Licence for Research in 2017 due to no human material having been stored under the Licence since its implementation.

The Trust's Radiopharmacy facilities were re-inspected by the Medicines and Health Care Regulatory Authority (MHRA) in November 2017. A number of non-compliances were identified and an action plan continues to be progressed to address these.

The British Standards Institute (BSI) is the Notified Body who audits compliance of the Central Decontamination Units (CDU) in RVH and MPH as well as the Endoscopy Decontamination Unit (EDU and Phase 2b) against the relevant Medical Devices Directives. The Trust is audited biannually. The Central Decontamination Units in BCH, MPH and RVH were externally audited in October 2017 by a BSI auditor. They were re- accredited with no non-conformances raised for RVH, MPH and BCH. MPH and BCH achieved accreditation to the revised standard of ISO 13485–2016 and RGH successfully achieved part one of the assessment towards ISO 13485-2016 the final assessment visit is scheduled for April 2018.

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

The Trust can confirm that it has effective arrangements in place to ensure the timely and effective implementation of agreed National Institute for Health and Clinical Excellence (NICE) guidance where reasonably practical. Any risks associated with non or partial compliance are highlighted in the Corporate Risk Register/Principal Risk Document and are reported to the HSC Board as required.

The Trust takes a zero tolerance approach to fraud and have a Fraud Policy and Fraud Response Plan in place. Fraud awareness training has been offered and provided to relevant staff and to all new starts via the corporate induction programme. All identified suspected and actual frauds are reported to the Audit Committee and BSO Counter Fraud Services.

## Internal Audit

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

In 2017-18 Internal Audit reviewed the following systems:

| AUDIT ASSIGNMENT | LEVEL OF ASSURANCE |
|---|---|
| Cash Handling in Social Services Facilities | SATISFACTORY - 4 of the 6 Facilities (including 1 Sure Start Scheme)<br>LIMITED - 2 out of 6 Facilities |
| Nursing and User Experience Directorate Review - Catering inc Contract Management | LIMITED |
| Management of Tenant Monies by the Trust in ASL Facilities (Trust Run Facilities) | SATISFACTORY |
| Client Monies in the Independent Sector | SATISFACTORY – 8 homes out of 10 visited<br>LIMITED – 2 homes out of 10 visited |
| Non Pay Expenditure | SATISFACTORY Non-pay expenditure (with the exception of Agency payments)<br>LIMITED – Agency payments |
| Management of Contracts with Voluntary Sector (including Sure Start Schemes) | LIMITED |
| Financial Assessments (including Self Directed Support & Direct Payments) | SATISFACTORY – Financial Assessments<br><br>LIMITED - SDS and Direct Payments |
| Payments to Staff | LIMITED |
| General Ledger | SATISFACTORY |
| Management of Contract Adjudication Groups (CAGs) | SATISFACTORY |
| Attendance at Stock Takes | SATISFACTORY |
| Fire Safety | LIMITED |
| Absence Management | SATISFACTORY – HR processes<br>LIMITED – Directorate Level |

| AUDIT ASSIGNMENT | LEVEL OF ASSURANCE |
|---|---|
| IT Audit | LIMITED – IT incident management and secure configuration<br>SATISFACTORY– Malware prevention |
| Recruitment within the Trust | SATISFACTORY |
| Performance Management & Reporting | SATISFACTORY |
| Patient Flow | LIMITED |
| Adult Social and Primary Care Services Directorate Risk based Audit | SATISFACTORY – Management of Incidents and Patient Supervision at Muckamore<br>LIMITED – Management of Complaints at Muckamore |
| Management of Consultant Medical Staff – Job Planning & Payments | LIMITED |
| Management of Domiciliary Care Contracts | LIMITED |
| Claims Management (Regional Audit) | SATISFACTORY |
| Licence Governance Arrangements | SATISFACTORY |
| Risk Management | SATISFACTORY |

In their annual report, the Internal Auditor reported that there is a satisfactory system of internal control designed to meet the Trust's objectives for the year ended 31 March 2018.

However, limited assurance has been provided in respect of seven audits:

- The Nursing & User Experience Directorate Review: Catering including Contract Management audit received limited assurance on the basis that Knockbracken Foods do not use E-Procurement to order catering goods which may result in the regional contract not being used
- Management of Contracts with Voluntary Sector (including Sure Start Schemes) received limited assurance on the basis that there is no evidence that contracts, including new contracts issued in 2017-18, have been procured in accordance with procurement regulations. In addition, the lack of transparency in the breakdown of costs and contract prices available for many of the Trust's current contracts makes it extremely difficult to determine if value for money has been achieved
- Payments to Staff received limited assurance as significant issues were identified with the management of overpayments, the accuracy of the OM (Organisational Management) Structure, controls around additional payments, completeness of staff drill down/staff in post checks and the substitution rights on the system

- The Management of Fire Safety follow-up report received limited assurance due to weaknesses remaining in relation to staff training, the completion of fire risk assessments and having appropriate evacuation plans in place
- Patient Flow received limited assurance in relation to the management of transfers of Trauma & Orthopaedics patients and records from RVH to Musgrave Park Hospital. Internal Audit found that patient consent and decision to transfer patients as a result of escalation are not documented in patient records
- Management of Consultant Medical Staff – Job Planning & Payments received limited assurance on the basis that a significant percentage (49%) of the Consultant workforce does not have an agreed, current job plan. Further, 12 out of 16 (75%) recommendations made in the 2016-17 audit report remain outstanding, half of these relate to the recommendation that the Trust should revise and issue Job Planning guidance
- Management of Domiciliary Care Contracts received limited assurance as the Trust has limited means of assuring itself on an ongoing basis that care time commissioned and paid for is actually received. In addition, the Trust has continued to roll forward contracts for Domiciliary Care Services without any competitive tendering or market testing.

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

- The Cash Handling in Social Services facilities audit received satisfactory assurance for 4 out of the 6 facilities visited but limited assurance in respect of 2 facilities where there was insufficient evidence of controls around the management of cash handling
- The Management of Client Monies in the Independent Sector audit received a satisfactory assurance for 8 out of the 10 facilities visited but limited assurance in respect of 2 facilities where there were insufficient controls around the management of resident's monies
- The Non-pay Expenditure received overall satisfactory assurance with limited assurance in respect of agency expenditure as based on the sample selected there were no checks made on invoice rates to contract rates
- Financial Assessments (including Self Directed Support (SDS) & Direct Payments) received satisfactory assurance in relation to Financial Assessment and limited assurance in relation to SDS and Direct Payments. Internal Audit reported a low level of compliance in terms of monitoring information being submitted to Finance by SDS and Direct Payment clients and there is a lack of regular, timely reviews of submitted monitoring information
- Absence Management received satisfactory assurance in respect of HR processes but limited assurance at Directorate level due to the significant and frequent issues identified around non-compliance with Trust Absence Management protocol and accuracy of absence recording

- IT Audit received satisfactory assurance in relation to Malware Prevention. Incident Management received Limited assurance based on the lack of integrated governance in respect of Incident Management across the HSCNI network, impacting on the effectiveness of the BHSCT local arrangements. Limited assurance was received in respect of Secure Configuration due to the volume and nature of significant issues identified around continued use of unsupported platforms and other identified security vulnerabilities
- Adult Social and Primary Care Services Directorate Risk Audit received satisfactory assurance in respect of management of incidents and patient supervision at Muckamore. The management of complaints at Muckamore received limited assurance on the basis of the information and data governance issues identified with the complaints files.

A total of 32 significant findings (weaknesses that could have a significant impact on the system under review) were identified during 2017-18, all of which are included in the limited assurance reports detailed above. All significant findings have been considered when identifying possible internal control divergences. Recommendations to address these control weaknesses have been or are being implemented. The Audit Committee have reviewed management responses to Internal Audit recommendations and monitor progress with the implementation of recommendations.

Internal Audit conduct formal follow-up reviews in respect of the implementation of the priority one and two internal audit recommendations agreed in the Internal Audit reports. Internal Audit presented a full report which showed that 95% of agreed actions have been fully or partially implemented.

## Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance within the Belfast HSC Trust. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit Committee, Assurance Committee and sub committees, and a plan to address weaknesses and ensure continuous improvement to the system is in place.

Follow up audits are carried out and the Trust will continue to implement the compliance regime during 2018-19.

## Internal Control Divergences

## Prior Year Control Issues – closed

### Radiation Waste

A blocked sewer pipe caused radioactive sewage to escape from the pipe into an adjacent area outside the Cancer Centre building. This was not in compliance with the site's certificate of authorisation issued under the Radioactive Substances Act (RSA). The incident resulted in an Enforcement Notice issued by NI Environment Agency. Modifications to the waste system were planned and implemented with the agreement of NIEA and completed in September 2016. There was no impact on patients or the public. The modified system for radioactive waste for the Cancer Centre is working well and the Radiation Safety Policy has now been updated. The NI Environment Agency carried out an inspection in August 2017 and confirmed that no non-compliance issues were identified during the visit and the Enforcement Notice has been closed out.

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

### Financial Position

In its Trust Delivery Plan for 2017-18, the Trust identified a potential year-end deficit of £83.7m comprising an underlying deficit of circa £48.6m, a recurrent gap in relation to service developments commenced in 2016-17 of £4.7m, and an income gap of £30.4m. The £30.4m income gap was attributable to emerging cost pressures including the 2017-18 pay award, inflationary and living wage increases, apprenticeship levy and demographic growth pressures. A number of risks and assumptions around income, cost pressures and achievement of substantial savings underpinned the opening financial plan.

The financial forecast was revised a number of times during the year to take account of additional income, expenditure reductions and in-year slippage on investments. This culminated in the submission of an approved Trust Delivery Plan to HSCB at the end of October 2017 which reported a projected year-end deficit of £23.6m. In December, additional non-recurrent funding was allocated to address the residual deficit and this has enabled the Trust to deliver a breakeven financial position in 2017-18.

While the Trust achieved a breakeven financial position in the year to 31 March 2018, 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 of the underlying recurrent funding pressures, which, coupled with further in-year emergent pressures, ensure that significant budgetary challenges will continue into 2018-19.

The outlook for 2018-19 is indicating that the capital and revenue resources will be increasingly constrained. We have been working closely with the HSCB and Department to financially plan for 2018-19 for a number of months. The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28 March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2017-18 financial year and a vote on account for the early months of the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2018-19 financial plan is ongoing between the Trust, HSCB and the Department of Health. However as with other financial years, the Trust remains committed to achieving financial break even.

### BSO Shared Service

The Trust previously reported on the difficulties experienced in stabilisation of the Payroll and Recruitment services provided by BSO Shared Services as part of the Business Services Transformation Project (BSTP) within Northern Ireland.

The Recruitment service which received a limited Internal Audit opinion in 2016-17, has received satisfactory assurance in 2017-18. The issues identified previously in relation to system change requests; improvements required over the accuracy of information recorded on manual files; the e-recruit system and the lack of a formal consistent process for managing queries, have all been adequately addressed.

The Shared Service Centre for Payroll received limited Internal Audit opinions in 2014-15 and 2015-16. In 2016-17, limited assurance was provided in relation to Payroll Processing and an unacceptable assurance was issued in respect of the Payroll System and Payroll Function stability. In response to the 2016-17 audit, a Payroll Shared Services Improvement Customer Assurance Board has been established. The purpose of this group is to ensure HSC customers are involved in addressing ongoing issues within Payroll Shared Services and to provide assurance in progression and quality in relation to payroll. It is jointly chaired by the Director of Finance for BSO and a Trust Director of Finance.

In 2017-18 the assurance provided has improved to limited overall. In reaching this level of assurance, Internal Audit took account of improvements in respect of overpayments identification, calculation, notification and reporting. It also notes progress on the activities within the three workstreams of the Payroll Improvement Project to improve the control environment. However, it also notes that these issues have not been fully resolved and continue to impact on Payroll Function Stability. Additionally, previously identified issues in relation to the underpayment of

Employers Superannuation have not been resolved and issues in relation to P11Ds, P60s and NICs for staff with multiple employments continue to impact. Delays in implementing the National Living Wage have resulted in fines being levied by HMRC.

The Payroll Customer Assurance Board continues to oversee the three workstreams of the Payroll Improvement Project and Belfast Trust are working closely with other HSC customers to provide support to BSO in addressing the ongoing issues.

### Hyponatraemia Inquiry

The Trust has contributed fully to the public inquiry into deaths caused by hyponatraemia. On the 31st January 2018 Sir Justice O'Hara released his report and in his public statement he said that there were four avoidable deaths.

Later that same day in a public statement, the Medical Director stated that the Trust "*will urgently review the recommendations to ensure that all possible steps have been taken to prevent this ever happening again. We made mistakes, we were not as open and transparent as we could and should have been, and opportunities to learn from each other to make our care safer were missed – for this we are truly sorry.*"

The Trust has welcomed the publication and within a week completed a gap analysis of the 96 recommendations to benchmark the Trusts position against the recommendations. An action plan is being developed and a number of actions are already underway.

A Director Oversight Group was promptly established. This is chaired by the Director of Specialist Hospitals & Women's Health and includes in its membership; the Medical Director, Director of Nursing and User Experience, Director of HR and a Non-Executive Director. This will ensure full consideration to all applicable recommendations and that the Trust meets its obligations in relation to the Report.

The annual review of the Assurance Framework will factor in the applicable recommendations contained within the report.

Sir Justice O'Hara raised concerns about historic performance and conduct of members of staff past and present particularly doctors, these concerns are being considered under the framework maintaining high professional standards in the HPSS.

The Trust will fully engage with any future PSNI investigation and Coroner's inquest.

In addition to this the Trust is working with the DoH in benchmarking a number of recommendations relating to Serious Adverse Incidents (SAIs) and submitted a response by the revised deadline of 16 May 2018. The DoH has been clear that much of the work in this respect will need to be regionalised and the HSCB / PHA will be involved appropriately. Similarly, changes to the HSCB / PHA SAI Policy and local policies will require collaborative work.

### Serious Adverse Incidents

A workshop was held in April 2016 and recommendations were made to progress the process of management of SAIs in Belfast Trust.

Recommendations were made in the following areas:

- How we report and investigate near misses and incidents of low harm
- How we review SAIs and identify systemic learning
- How we support SAI Chairs and panel members
- How we share and embed learning from SAIs
- How we support our staff who are involved in incidents.

The workshop was attended by representatives from RQIA, HSCB and DoH. Key recommendations are now being progressed by the Trust.

The Trust is contributing to the regional project led by RQIA/GAIN to Review Learning from SAIs. The Trust has membership on the Project Board and Project Team.

In addition to this, as part of the review of SAIs completed in 2016 work has been underway within BHSCT to implement the recommendations identified as part of this process. Fourteen recommendations were agreed which identified the need for a more streamlined approach to SAIs with additional resource. These included the following:

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

Five medical and dental staff were recruited as SAI chairs in September 2017. RCA Training is scheduled to be delivered within BHSCT in May 2018 to these staff and other key senior staff within the Trust (including Divisional Nurses). From June 2018, chairs will be allocated centrally by the Corporate team to ensure independence from the Service area where the incident occurred. A SAI Chair Forum will be set up support the SAI chairs in their role to further strengthen governance arrangements, it is intended this will meet six monthly. A weekly governance teleconference is now established with representation from key senior staff across Directorates. This weekly call

considers incidents (with a catastrophic severity or an extreme risk grade), new SAIs, new Early Alerts as well as discussing key recommendations from finalised SAI reports submitted to the HSCB. Updates on incidents that required a 'Hot Debrief' would also be covered as part of this. The report originating from these calls is now a standard agenda item at the weekly Executive Team meetings for Senior team consideration.

The monthly established SAI group chaired by the Medical Director continues to review compliance to HSCB timelines as well as challenging the identification of learning and supporting the approval and sharing across BHSCT.

### Prompt Payment Performance

The achievement of the DoH Prompt Payment target of paying 95% of bills within 30 days of receipt is dependent both on procedures within BSO Accounts Payable Shared Service and appropriate actions by the Trust's nominated approvers. The Trust witnessed a fall in compliance during the first year of Shared Services resulting in a prompt payment compliance for 2014-15 of 80.4%. The performance over the next two years improved significantly; 2015-16 was 89.7%, and 2016-17 was 90.2%. In 2017-18 performance has dipped to 88.5%. The fall in compliance this year has largely been due to a problematic system upgrade in October 2017 by the supplier, which resulted in significant delays in the invoice processing and approval process. Two subsequent fixes were applied to the system, it is now performing well again and all backlogs have been cleared. The in-month compliance rate for March 2018 was 91%. The Trust continues to work closely with BSO to ensure that all efforts to improve prompt payment compliance continue. The Trust's performance against a 10-day payment measurement was 72.1% for the 2017-18 year.

### Temporary Suspension of Paediatric attendances at Mater ED

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

In November 2017 a series of pre-consultation events were held with this aim. These events attracted attendance from, community and voluntary groups, local schools, staff and Union representatives. A report on the outcome of these events has been produced.

In addition based on feedback from these events, a smart survey has been developed, this will be issued to all local schools. This will be circulated to all parents and guardians of school-aged children via school communication systems.

Completion of this phase of parental feedback is expected in April 2018. In addition a number of local consultation meetings are planned with the local “Sure Start” organisations over April and May 2018.

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

In 2015-16 the Trust was refused or partially refused a number of DACs due to either their retrospective nature or deficiencies in the contract management process. In 2016-17 we received one refusal in relation to a procurement which was outside of a regional contract and in the current year one DAC was refused due to a delay in the production of a laboratory procurement plan and one partially refused due to its retrospective nature.

The Trust has been working closely with PaLS to identify and address any weaknesses in process to ensure future compliance and has appointed a Procurement Manager who has been focusing on compliance and training for relevant managers. Updated guidance is being issued periodically to all Trust officers with delegated authority for procurement and significant progress has been made in the area of contract management processes.

### Domiciliary Care Services

As part of a regional piece of work on behalf of all HSC Trusts, the BSO Counter Fraud Services conducted a review of payments made to domiciliary care agencies by the Trust in recent years. The review compared the actual hours paid by a variety of independent sector providers (ISPs) to their workforce against the actual hours paid by Trusts to those agencies. Variations were identified and the Trust has now conducted further verification of the findings with differing results.

The BSO review identified a range of issues and the Department of Health established an Oversight Scrutiny Committee to manage the next steps. The Trust has been actively participating in this work and progressing agreed actions as required. BSO Internal Audit carried out a lessons learned review from a HSC wide perspective in relation to the structure of the investigative review and also carried out in depth reviews of domiciliary care in Trusts in 2017-18. These audits were finalised after year-end and the Oversight Scrutiny Committee will now move to scrutinise.

### Social Care Procurement

In order to minimise the risk of non-compliance with the Public Contract Regulations 2015, all DoH Arms Length Bodies are extending CoPE cover for social and health care services in the Light

Touch Regime. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board.

## New Control Issues

### Critical Care

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

In October 2012, approximately one month before the programmed handover date, the main contractor on the Critical Care building detected corrosion in the sealed water system. This resulted in the contractor replacing all five closed water systems and recommissioning the building. This work was completed at no cost to the Trust.

The design team, on behalf of the then Health Estates (now CPD Health Projects), and the Trust accepted handover of the building in April 2015, albeit there was a caveat attached detailing a number of outstanding works along with timeframes for completion of same by the main contractor.

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

While the post contract works were being completed, a number of other defects came to light. These have been resolved using the Trust's measured term contractor. During 2017-18, additional issues were highlighted with the drainage system in the building and a programme of work was commenced to enhance the Trust's ability to maintain these systems if a blockage was to occur. Additional work is also required in relation to theatre ventilation and this is currently being assessed by the design team.

Following mediation with the main contractor on the original scheme the Trust has moved to normalise the contractual management by appointing an estates framework design team to deliver the remaining work in the Critical Care Centre.

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

Since October 2012, the Trust has sought legal advice from DLS, and appointed both senior counsel and junior counsel to provide contractual advice and legal opinion on issues arising from

the delay and on defects that have arisen following handover. The Trust will continue to engage with counsel until all works are complete.

The project currently remains within budget.

### Neurology Recall Exercise

On 1 May 2018, the Belfast Trust recalled 2,528 neurology patients as part of an exercise to ensure that patients of a particular neurology consultant are receiving the best possible clinical care and are on the correct clinical pathway. This action followed an internal Trust review of the consultant's patients and an external review carried out by the Royal College of Physicians (RCP). In terms of the latter, a final report was received on 26 April 2018 and raised a number of concerns. Following receipt of the draft RCP report on 20 March 2018, the Trust, in collaboration with HSCB and PHA, took all necessary steps to address the concerns effectively and expeditiously, including risk stratification of patients and identification of the patient recall cohort.

All 2,528 patients received individual letters on 1 May 2018, requesting that they contact a dedicated line to arrange an appointment with an appropriate consultant. This telephone line for appointments operated on a 9am to 9pm basis for the first seven days. The Trust has committed to reviewing all patients within a 12 week period between May and July 2018. Additional clinics will be undertaken by Trust consultant and locum consultant neurologists and will be supplemented by capacity secured from two independent sector providers. The additional clinics will not impact on the Trust's current core capacity and therefore will not adversely affect other patients. All general practitioners (GPs) in Northern Ireland were sent a letter on the morning of 1 May 2018 advising them of the neurology patient recall. In addition, GPs for all affected patients were notified and a separate contact point has been established for GP queries.

As at 23 May 2018, 2,311 patient appointments have been booked and approximately 1,800 calls to the advice line have been answered. The DoH has established an Oversight Assurance group and HSCB/PHA have established a regional coordination meeting with all HSC Trusts and the two private providers for whom the consultant also worked. The Trust has asked the RCP to undertake an independent governance review of the Belfast Trust neurology service.

The DOH has commissioned the following:

- RQIA to undertake a governance review of outpatient services beginning with the neurology service in the Belfast Trust
- RQIA to commission a review of all of this consultant's patient deaths over the past ten years
- An independent review, led by Brett Lockhart QC, into the Trust's handling of the concerns raised about this consultant from December 2016 to the decision to recall patients in April 2018
- BSO to conduct an audit of the interaction between the consultant's practice in the private sector and the HSC.

### Lease Expenditure

Senior DoH officials have raised non-compliance with lease policy with ALBs through the accountability process and at Accounting Officer level. Assurances have been sought from ALBs that robust processes and systems, including timed action plans to regularise the position, are in place to secure compliance with current lease policy and to ensure irregular expenditure does not occur. The Trust has submitted a timed action plan highlighting a number of issues with specific leases following legal advice and will be working with the DoH and DoF to clarify the position regarding regularity and to take the necessary steps to bring the Trust into full compliance as soon as possible. The maximum value of irregular lease expenditure that may have been incurred in 2017-18 is estimated at £0.1m.

### Maternity and Children's Hospital Executive Flagship Capital Project

In 2017, the DoH raised concerns around the management and governance of two separate elements of the Maternity and Children's Hospital Executive Flagship capital project within the Trust. This was a direct result of increases in size and costs for the project and the timeliness of reporting these. The concerns included the arrangements for internal reporting and approval arrangements within the Trust and the Trust's reporting and approval mechanisms to the Project Board, the HSCB and the DoH. The Trust was asked to take forward a number of action points including the preparation of a business case addendum and a lessons learnt review. The addendum has subsequently been submitted and highlights the fact that with the exception of a moderate increase in clinical accommodation space, the cost of which would be within agreed tolerance levels, the cost increase is attributable to inflationary and construction industry price pressures and increases in plant and communication space associated with both the constrained nature of the site and recent changes in building requirements. In terms of reporting and approval arrangements, the Trust is currently finalising a lessons learned review which will reflect the outcome of a recent Project Approval Report (PAR) on the maternity hospital. The PAR outcome report commended the Trust in terms of its sound project management and robust reporting arrangements. That said, given the size of both the Maternity and Children's schemes, the Trust is strengthening its reporting arrangements, particularly with DoH, to ensure greater transparency in terms of the decision-making, accountability and approval process.

## 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.

Further to considering the accountability framework within the Trust 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 2017-18.

Mr Martin Dillon

Chief Executive

# Remuneration and Staff Report

## Remuneration Report

## Scope of the report

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

## Remuneration Committee

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

Mr Peter McNaney: Chairman
Ms Anne O'Reilly: Non-Executive Director; Mrs Nuala McKeagney: Non-Executive Director.

## Remuneration policy

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

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

## Service contracts

All Senior Executives, except the Medical Director, in the year 2017-18 were employed on the Department of Health (NI) Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for those Senior Executives appointed prior to December 2008, and HSS(SM) 3/2008 for those Senior Executives appointed in the Trust since December 2008.

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

## Notice period

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

## Retirement age

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

## Retirement benefit costs

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

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

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

## Premature retirement costs

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

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

## 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:

| | 2017-18 | | | | |
|---|---|---|---|---|---|
| **Name** | **Salary £000s** | **Benefits in Kind (to nearest £100)** | **Pensions Benefit (to nearest £1000)** | **Total £000s** | **Salary £000s** |
| **Non-Executive Members** | | | | | |
| P McNaney | 35-40 | N/A | N/A | 35-40 | 35-40 |
| M Bradley | 5-10 | N/A | N/A | 5-10 | 5-10 |
| N McKeagney | 5-10 | N/A | N/A | 5-10 | 5-10 |
| P Loughran | 5-10 | N/A | N/A | 5-10 | 5-10 |
| A O'Reilly | 5-10 | N/A | N/A | 5-10 | 5-10 |
| M Karp | 5-10 | N/A | N/A | 5-10 | 5-10 |
| G Smyth | 5-10 | N/A | N/A | 5-10 | 5-10 |
| D Jones | 5-10 | N/A | N/A | 5-10 | 0-5 |
| **Directors** | | | | | |
| M Dillon | 135-140 | N/A | 102,000 | 235-240 | 120-125 |
| C Jack | 185-190 | N/A | (92,000) | 95-100 | 190-195 |
| M Edwards (1) | 90-95 | 200 | 62,000 | 150-155 | 10-15 |
| D McAlister (2) | 80-85 | 200 | N/A | 80-85 | 90-95 |
| J Kennedy (3) | 10-15 | 100 | 43,000 | 55-60 | N/A |
| C Leonard (4) | 90-95 | N/A | 53,000 | 145-150 | 5-10 |
| J Welsh (5) | 55-60 | 2,700 | N/A | 60-65 | 85-90 |
| B Creaney | 75-80 | 200 | 5,000 | 80-85 | 75-80 |
| M Heaney (6) | 60-65 | 800 | 96,000 | 155-160 | N/A |
| A Dawson | 90-95 | 200 | 22,000 | 110-115 | 90-95 |
| J Growcott (7) | 35-40 | N/A | N/A | 35-40 | N/A |
| J Thompson (8) | 25-30 | 100 | 13,000 | 40-45 | N/A |
| B Owens | 85-90 | N/A | 4,000 | 90-95 | 90-95 |
| C Worthington (9) | 45-50 | 100 | N/A | 45-50 | 90-95 |

(1) M Edwards appointed permanent Director 20th June 2017
(2) D McAlister left 16th February 2018, FYE £90-95k
(3) J Kennedy appointed Interim Director 1st February 2018, FYE £80-85k
(4) C Leonard appointed permanent Director 30th June 2017
(5) J Welsh left 30th November 2017, FYE £85-90k
(6) M Heaney appointed permanent Director 21st July 2017, FYE £85-90k
(7) J Growcott appointed Interim Director 1st October 2017, FYE £70-75k
(8) J Thompson appointed Interim Director 27th November 2017, FYE £85-90k
(9) C Worthington retired 30th September 2017, FYE £90-95k

The Benefits in Kind listed above relate to Leased Cars and any profit element on reimbursement of mileage.

## Senior Employees' Remuneration (Cont'd)

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

| 2016-17 | | | 2017-18 | | | | |
|---|---|---|---|---|---|---|---|
| Benefits in kind (to nearest £100) | Pensions Benefit (to nearest £1000) | Total £000s | Real increase in pension and related lump sum at pension age £000s | Total accrued pension at pension age and related lump sum £000s | CETV at 31/03/17 £000s | CETV at 31/03/18 £000s | Real increase in CETV £000s |
| | | | | | * | * | |
| N/A | N/A | 35-40 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | 5-10 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | 5-10 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | 5-10 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | 5-10 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | 5-10 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | 5-10 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | 0-5 | N/A | N/A | N/A | N/A | N/A |
| 100 | 12,000 | 130-135 | 20-22.5 | 215-220 | 1,090 | 1,253 | 122 |
| N/A | 121,000 | 310-315 | (12)-(14.5) | 225-230 | 1,174 | 1,158 | (62) |
| N/A | 23,000 | 35-40 | 7.5-10 | 100-105 | 424 | 488 | 49 |
| 200 | 19,000 | 110-115 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | 5-7.5 | 50-55 | 231 | 275 | 35 |
| N/A | 23,000 | 30-35 | 5-7.5 | 100-105 | 437 | 497 | 44 |
| 3,300 | 19,000 | 105-110 | N/A | N/A | N/A | N/A | N/A |
| 200 | 11,000 | 85-90 | 2.5-5 | 115-120 | 523 | 555 | 13 |
| N/A | N/A | N/A | 17.5-20 | 165-170 | 831 | 971 | 108 |
| 200 | 52,000 | 140-145 | 0-2.5 | 100-105 | 469 | 506 | 19 |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | 0-2.5 | 120-125 | 584 | 618 | 13 |
| N/A | 9,000 | 100-105 | 2.5-5 | 165-170 | 831 | 876 | 15 |
| 200 | N/A | 90-95 | N/A | N/A | N/A | N/A | N/A |

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

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

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

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

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

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

| | 2017-18 | 2016-17 |
|---|---|---|
| Band of Highest Paid Directors Remuneration | £185k-£190k | £190k-£195k |
| Median Remuneration | £28,596 | £28,176 |
| Ratio | 6.56 | 6.83 |

The midpoint of the remuneration band of the highest paid director in the Belfast Health and Social Care Trust in financial year 2017-18 was £187,500 (2016-17, £192,500). This was 6.56 times (2016-17, 6.83) the median remuneration of the workforce, which was £28,596 (2016-17, £28,176).

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

There is a small decrease from 6.83 in 2016-17 to 6.56 2017-18 due to a fall in the banding of the highest paid director.

# Staff Report

## Managing Attendance

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

- From 1 April 2017 to 31 March 2018, sickness absence within the Trust was 6.81%
- During this period, 29% of all employee sickness absence was attributed to Mental Health related issues
- The Trust are committed to supporting employees to manage their mental, emotional and physical well-being through a wide range of initiatives such as Staff Care, Belfast Recovery College, Clinical Psychology Services, Condition Management Programme, Stress Focus Groups, Here 4U, the Mind Ur Mind Toolkit, mental health leaflets and the b well app and website
- Tailored support for managers through the provision of bespoke advice from our experienced HR team, Drop-in clinics, the delivery of mandatory and adhoc attendance management
- Updated Attendance Management Protocol and Toolkit for Managers including a checklist and flow chart
- Trained 320 staff and managers during 1 April 2017 and 31 March 2018
- 25 redeployments, 71 Ill Health Retirements and 101 Ill Health Terminations for period 1 April 2017 to 31 March 2018
- Introduction of Trust-wide HR Attendance Management Clinics
- Monthly & quarterly suite of absence reports and dashboards for directorates
- Case Conference meetings incorporating Occupational Health, Employees and Management
- Developed an action plan following BSO Internal Audit Absence Management audit in partnership with Occupational Health
- Preventing overpayments related to absence – monthly training co-delivered with Finance colleagues.

## Staff Health & Wellbeing

As part of the b well strategy and action plan, we continue to deliver a range of initiatives to promote good health and wellbeing including our b well health fairs and our lunch and learn sessions for staff on:

- Managing the menopause
- Diabetes awareness
- Money matters
- Parenting NI
- Drink, Work & Me
- Mindfulness
- Getting a good night's sleep.

We also continue to deliver a wide range of free Here4U activities and events which continue to be popular among staff and include a diverse range of options from spin classes to choir, boxing to pilates.

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

- Couch 2 5K programmes from the Musgrave Park, Belfast City and Knockbracken Healthcare Park sites, all culminating with participants celebrating by completion of a 5K Park Run locally
- Physical Activity Training
- Mental and Emotional Health and Well Being Training
- ACE Resilience Awareness training
- Belfast Bikes now have Docking Stations on the Royal, City and Mater hospital sites.
- Smoking cessation support for staff
- Choose to Lose weight management programmes
- Spoons Restaurant & Knockbracken Healthcare Dining room offer calorie count labelling with all foods
- All vending Machines within the Trust have been updated and provide a larger range of non-sugary drink options
- The Health Improvement team and b well initiative jointly continue to raise awareness of public health matters through the HUB, bwell website and social media platforms on such varied issues as Mental Health, Eating Disorders, Ovarian Cancer and Oral Health.

## HSC Healthier Workplaces Network

This recognises our work in partnership with Occupational Health and Health Improvement colleagues in our b well Strategy and Action Plans. To ensure a consistent approach to improving workplace health, with a focus on the health and wellbeing needs of our workforce in the context of change, the Trust participates in the HSC Healthier Workplaces Review. Through this shared approach to learning and networking, best practice is shared with other organisations to ensure our b well strategy and action plan is continually updated and reviewed to meet the needs of our staff.

## Employment Equality and Diversity Plan

Equality and diversity are central to the Trust's overall purpose to improve health and wellbeing and reduce inequalities. Our aim is to ensure that the new S75 Equality Action Plan and Disability Action Plan 2018-23 Plan supports the Trust's People Strategy of "caring, supporting, improving, together", where our people are at the core of everything we do for the benefit of the communities we serve. We wish to ensure that equality and diversity are embedded across our organisation and that our employment practices are fair, flexible and enabling so that each member of staff can reach their full potential.

Key areas of progress during the year include;

- Approval by Trust Board of our third Article 55 Review for January 2013 to January 2016
- Undertaken a review of our Affirmative Action Programme
- 12 month work placement programme for those in long term unemployment
- Participation in the Gender Project (In partnership with BITC and PWC)
- A comprehensive programme of training is provided in partnership with Health & Social Inequalities and Employment Law teams and 2,473 staff have been trained since April 2017
- Equality, Good Relations and Human Rights e-learning programme for staff
- Support and promotion of the regional LGBT Network
- Developed a draft Gender Identity and Expression Employment Policy
- Provision of a confidential bullying and harassment support service for staff and support the Trust's Domestic Abuse Support Service
- Provide support to the Disability Steering Group to enable and support the employment of disabled persons
- Developed an employability initiative for people with learning disabilities.

## Workforce Governance

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

Our key areas of progress during the year include:

- Annual safer Recruitment & Employment Practices Audit
- Managers Checklist for Safer Recruitment & Employment Practices
- Managers Checklist for Leavers (currently being piloted with Nursing and AHP staff)
- HR Service User Feedback review
- HR Quality Standards reviewed
- HR Controls Assurance Standards self-assessment completed
- Working Time Regulations Guidance for Staff & Managers
- BRAAT Phase 2 review completed January 2018.

## Supporting Our Staff's Work Life Balance

The Trust has a comprehensive suite of Work Life Policies and a Special Leave Policy that enable staff to balance both home and work commitments and improve their working lives. These are:

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

Last year there were 1,519 applications received with 80% approval rate.

## Staff Composition by Gender

The following table provides an analysis of the number of employed staff as at 31st March 2018

| | Directors | | Non Executive Directors | | Senior Staff [1] | | Other Staff | | Trust Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number | As % | Number | As % | Number | As % | Number | As % | Number | As % |
| Female | 8 | 73% | 3 | 38% | 42 | 65% | 16,280 | 77% | 16,333 | 77% |
| Male | 3 | 27% | 5 | 62% | 23 | 35% | 4,897 | 23% | 4,928 | 23% |
| Total | 11 | | 8 | | 65 | | 21,177 | | 21,261 | |

[1]Senior Staff - defined as Chairs of Division, Assistant/Co-Directors or equivalent

## Off-Payroll Expenditure

The Trust had the following number of off-payroll engagements in excess of £58,200 per annum in place as at 31 March 2018.

| | Number of staff |
|---|---|
| Number of payroll engagements as at 1 April 2017 | 7 |
| Number of new off payroll engagements | 0 |
| Those caught by IR35 | 0 |
| Which consists of: | |
| Number engaged directly and are on payroll | 0 |
| Number of engagements reassessed for consistency/ assurance purposes during the year | 0 |
| Number of engagements changed to IR35 status following the consistency review | 0 |
| Those not caught by IR35 | 0 |
| Number of engagements which have come onto payroll | (7) |
| Number of engagements which have come to an end | 0 |
| Off payroll engagements as at 31 March 2018 | 0 |

## Staff Numbers and Related Costs (Audited)

| Staff costs comprise: | 2018 Permanently employed staff £000s | 2018 Others £000s | 2018 Total £000s | 2017 Total £000s |
|---|---|---|---|---|
| Wages and salaries | 641,256 | 53,229 | 694,485 | 664,493 |
| Social security costs | 65,446 | 538 | 65,984 | 62,710 |
| Other pension costs | 86,312 | 793 | 87,105 | 79,922 |
| Sub-Total | 793,014 | 54,560 | 847,574 | 807,125 |
| Capitalised staff costs | 269 | 0 | 269 | 473 |
| Total staff costs reported in Statement of Comprehensive Expenditure | 792,745 | 54,560 | 847,305 | 806,652 |
| Less recoveries in respect of outward secondments | | | (6,854) | (6,374) |
| **Total net costs** | | | **840,451** | **800,278** |

Total Net costs of which:

| | | |
|---|---|---|
| Belfast HSC Trust | 847,305 | 806,652 |
| Charitable Trust Fund | 0 | 0 |
| Consolidation Adjustments | (432) | (336) |
| Total | 846,873 | 806,316 |

Staff Costs exclude £269k charged to capital projects during the year (2017 £473k)

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

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

## Average number of persons employed

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

| | 2018 | | | 2017 |
|---|---|---|---|---|
| **Staff costs comprise:** | **Permanently employed staff** | **Others** | **Total** | **Total** |
| | **No.** | **No.** | **No.** | **No.** |
| Medical and dental | 1,647 | 208 | 1,855 | 1,807 |
| Nursing and midwifery | 6,365 | 403 | 6,768 | 6,711 |
| Professions allied to medicine | 2,889 | 109 | 2,998 | 2,854 |
| Ancillaries | 1,573 | 110 | 1,683 | 1,696 |
| Administrative & clerical | 2,998 | 304 | 3,302 | 3,231 |
| Ambulance staff | 0 | 0 | 0 | 0 |
| Works | 223 | 0 | 223 | 221 |
| Other professional and technical | 0 | 0 | 0 | 0 |
| Social services | 2,216 | 156 | 2,372 | 2,279 |
| Other | 0 | 0 | 0 | 0 |
| **Total average number of persons employed** | **17,911** | **1,290** | **19,201** | **18,799** |
| Less average staff number relating to capitalised staff costs | 5 | 0 | 5 | 7 |
| Less average staff number in respect of outward secondments | 65 | 0 | 65 | 85 |
| **Total net average number of persons employed** | **17,841** | **1,290** | **19,131** | **18,707** |

| | |
|---|---|
| Of which | |
| Belfast HSC Trust | 19,131 |
| Charitable Trust Fund | 0 |
| Consolidation Adjustments | 0 |
| | 19,131 |

## Staff Benefits

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

## Retirements due to ill-health

During 2017-18 there were 45 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £122k. These costs are borne by the HSC Pension Scheme.

Reporting of early retirement and other compensation scheme - exit packages

| **Exit package cost band** | ***Number of compulsory redundancies** | | ***Number of other departures agreed** | | **Total number of exit packages by cost band** | |
|---|---|---|---|---|---|---|
| | **2018** | **2017** | **2018** | **2017** | **2018** | **2017** |
| <£10,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| £10,001 - £25,000 | 0 | 0 | 0 | 1 | 0 | 1 |
| £25,001 - £50,000 | 0 | 0 | 2 | 1 | 2 | 1 |
| £50,001 - £100,000 | 0 | 0 | 1 | 1 | 1 | 1 |
| £100,001- £150,000 | 0 | 0 | 0 | 2 | 0 | 2 |
| £150,001- £200,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| >£200,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total number of exit packages by type** | 0 | 0 | 135 | 375 | 135 | 375 |
| | **£000s** | **£000s** | **£000s** | **£000s** | **£000s** | **£000s** |
| **Total resource cost** | 0 | 0 | 135 | 375 | 135 | 375 |

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

## Trust Management Costs

| | 2018<br>£000s | 2017<br>£000s |
|---|---|---|
| Trust management costs | 41,160 | 40,276 |
| **Income:** | | |
| RRL | 1,398,911 | 1,336,774 |
| Income per Note 4 | 90,786 | 90,911 |
| Non cash RRL for movement in clinical negligence provision | (38,257) | (29,808) |
| Less interest receivable | 0 | 0 |
| **Total Income** | 1,451,440 | 1,397,877 |
| **% of total income** | **2.8%** | **2.9%** |

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

# Accountability and Audit Report

## Funding Report

### Compliance with regularity of expenditure guidance

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

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

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

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

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

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

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

## Losses And Special Payments (Audited)

| Type of loss and special payment | 2018 No. of Cases | 2018 £ | 2017 £ |
|---|---|---|---|
| **Cash losses** | | | |
| Cash Losses - Theft, fraud etc | 0 | 0 | 10 |
| Cash Losses - Overpayments of salaries, wages and allowances | 0 | 0 | 0 |
| Cash Losses - Other causes | 0 | 0 | 0 |
| | | | **10** |
| **Claims abandoned** | | | |
| Waived or abandoned claims | 0 | 0 | 0 |
| | **0** | **0** | **0** |
| **Administrative write-offs** | | | |
| Bad debts | 312 | 579,372 | 301,968 |
| Other | 0 | 0 | 0 |
| | **312** | **579,372** | **301,968** |
| **Fruitless payments** | | | |
| Late Payment of Commercial Debt | 0 | 0 | 1,097 |
| Other fruitless payments & constructive losses | 0 | 0 | 0 |
| | | | **1,097** |
| **Stores losses** | | | |
| Losses of accountable stores through any deliberate act | 0 | 0 | 0 |
| Other stores losses | 13 | 312,817 | 253,736 |
| | **13** | **312,817** | **253,736** |
| **Special Payments** | | | |
| Compensation payments | | | |
| - Clinical Negligence | 187 | 10,306,236 | 10,036,674 |
| - Public Liability | 17 | 95,717 | 115,456 |
| - Employers Liability | 63 | 523,823 | 783,951 |
| - Other | 11 | 152,120 | 52,496 |
| | **278** | **11,077,896** | **10,988,577** |
| Ex-gratia payments | 42 | 27,551 | 24,616 |
| Extra contractual | 0 | 0 | 0 |
| Special severance payments | 0 | 0 | 0 |
| **Total** | **645** | **11,997,636** | **11,570,004** |

## Special Payments

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

## Other Payments

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

## Losses and Special Payments over £250,000

| Losses and Special Payments over £250,000 | Number of Cases | 2018<br>£ | 2017<br>£ |
|---|---|---|---|
| Cash losses | 0 | 0 | 0 |
| Claims abandoned | 0 | 0 | 0 |
| Administrative write-offs | 0 | 0 | 0 |
| Fruitless payments | 0 | 0 | 0 |
| Stores losses | 0 | 0 | 0 |
| **Special Payments** | | | |
| Compensation payments | | | |
| Clinical negligence and other litigation (these cases are included in the total value of special payments in the table above) | 8 | 4,319,213 | 4,295,868 |
| **TOTAL** | **8** | **4,319,213** | **4,295,868** |

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

# Accountability Report

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

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

Martin Dillon
Chief Executive

Date

**BELFAST HEALTH AND SOCIAL CARE TRUST**

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

**Opinion on financial statements**

I certify that I have audited the financial statements of the Belfast Health and Social Care Trust for the year ended 31 March 2018 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. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of the Belfast Health and Social Care Trust's affairs as at 31 March 2018 and of the group's and the Belfast Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

**Opinion on regularity**

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

**Basis of opinions**

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

**Other Information**

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

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

**Opinion on other matters**

In my opinion:

- 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's 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.

I am required 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 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

**Matters on which I report by exception**

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

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

**Report**

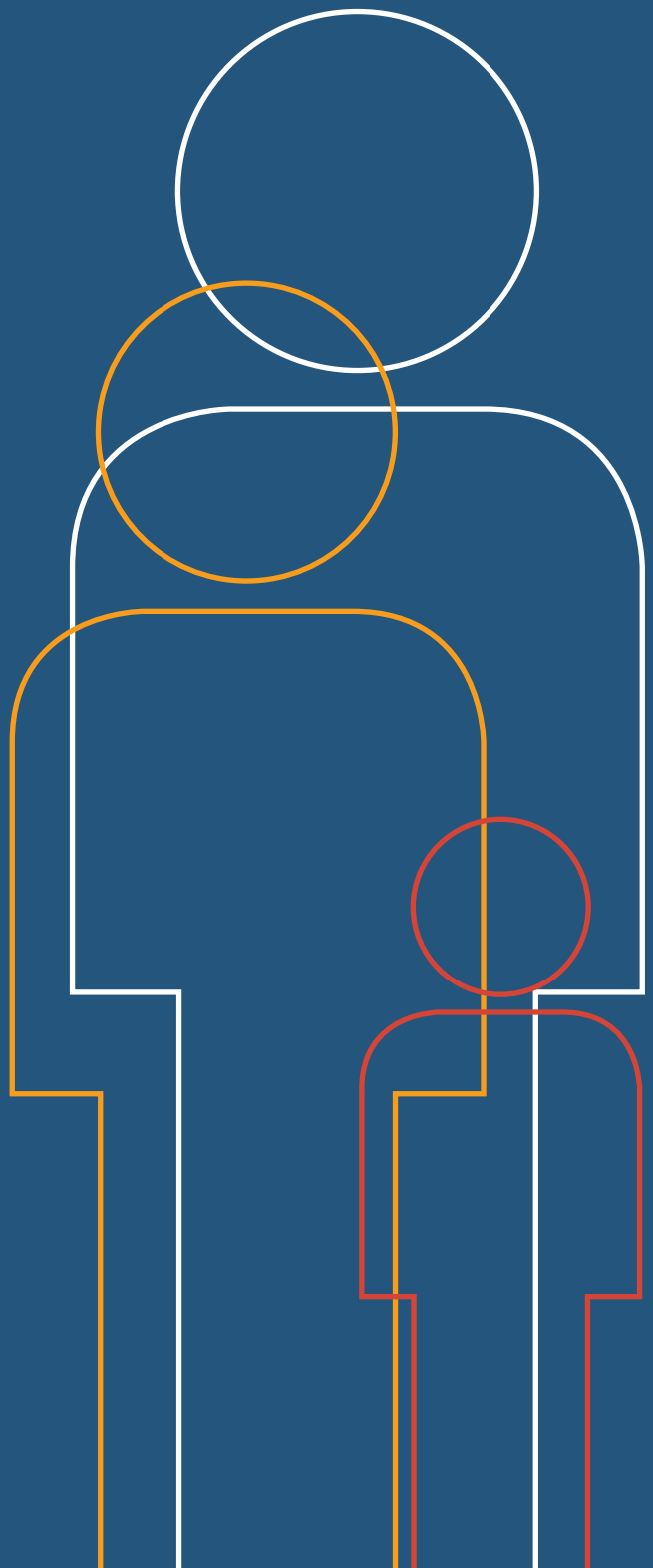
I have no observations to make on these financial statements.

Kieran J Donnelly

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

*22 June 2018*

# 3. Financial Statements



# Financial Statements

## Accounts for the year ended 31 March 2018

### Foreword

These accounts for the year ended 31 March 2018 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health.

## Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2018

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 | 2018 Trust £000s | 2018 Consolidated £000s | 2017 Trust £000s | 2017 Consolidated £000s |
|---|---|---|---|---|---|
| **Income** | | | | | |
| Income from activities | 4.1 | 44,677 | 44,677 | 45,299 | 45,299 |
| Other operating income | 4.2 | 46,109 | 46,412 | 45,612 | 45,844 |
| Deferred income | 4.3 | 0 | 0 | 0 | 0 |
| **Total operating income** | | 90,786 | 91,089 | 90,911 | 91,143 |
| **Expenditure** | | | | | |
| Staff costs | 3 | (847,305) | (846,873) | (806,652) | (806,316) |
| Purchase of goods and services | 3 | (426,238) | (426,216) | (415,548) | (415,530) |
| Depreciation, amortisation and impairment charges | 3 | (53,775) | (53,775) | (52,353) | (52,353) |
| Provision expense | 3 | (38,967) | (38,967) | (31,538) | (31,538) |
| Other expenditures | 3 | (121,430) | (123,433) | (120,241) | (121,653) |
| **Total operating expenditure** | | (1,487,715) | (1,489,264) | (1,426,332) | (1,427,390) |
| **Net operating expenditure** | | **(1,396,929)** | **(1,398,175)** | **(1,335,421)** | **(1,336,247)** |
| Finance income | 4.2 | 0 | 1,195 | 0 | 1,083 |
| Finance expense | 3 | (1,398) | (1,398) | (1,302) | (1,302) |
| **Net expenditure for the year** | | **(1,398,327)** | **(1,398,378)** | **(1,336,723)** | **(1,336,466)** |
| Revenue Resource Limit (RRL) | 24.1 | 1,398,911 | 1,398,911 | 1,336,774 | 1,336,774 |
| Add back charitable trust fund net expenditure | | [redacted] | 51 | [redacted] | (257) |
| **Surplus against RRL** | | **584** | **584** | **51** | **51** |

| **Other Comprehensive Expenditure** | | 2018 Trust | 2018 Consolidated | 2017 Trust | 2017 Consolidated |
|---|---|---|---|---|---|
| **Items that will not be reclassified to net operating costs:** | | **£000s** | **£000s** | **£000s** | **£000s** |
| Net gain on revaluation of property, plant and equipment | 5.1/5.2/8 | 65,651 | 65,651 | 21,468 | 21,468 |
| Net gain on revaluation of intangibles | 6.1/6.2/8 | 0 | 0 | 0 | 0 |
| Net gain/(loss) on revaluation of charitable assets | | 0 | (1,166) | 0 | 6,863 |
| **Items that may be reclassified to net operating costs:** | | | | | |
| Net gain on revaluation of investments | | 0 | 0 | 0 | 0 |
| **Total comprehensive expenditure for the year ended 31 March** | | **(1,332,676)** | **(1,333,893)** | **(1,315,255)** | **(1,308,135)** |

The notes on pages 101 to 134 form part of these accounts.

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

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

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

## Consolidated Statement of Financial Position as at 31 March 2018

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

| | | 2018 | | 2017 | |
|---|---|---|---|---|---|
| | Note | Trust £000s | Consolidated £000s | Trust £000s Restated | Consolidated £000s Restated |
| **Non current assets** | | | | | |
| Property, plant and equipment | 5.1/5.2 | 1,221,999 | 1,221,999 | 1,142,271 | 1,142,271 |
| Intangible assets | 6.1/6.2 | 14,767 | 14,767 | 10,987 | 10,987 |
| Financial assets | 7 | 0 | 47,884 | 0 | 49,005 |
| Trade and other receivables | 12 | 0 | 0 | 0 | 0 |
| Other current assets | 12 | 0 | 0 | 0 | 0 |
| **Total non current assets** | | **1,236,766** | **1,284,650** | **1,153,258** | **1,202,263** |
| **Current assets** | | | | | |
| Assets classified as held for sale | 9 | 315 | 315 | 315 | 315 |
| Inventories | 10 | 15,276 | 15,276 | 15,963 | 15,963 |
| Trade and other receivables | 12 | 44,807 | 44,778 | 41,190 | 40,936 |
| Other current assets | 12 | 1,105 | 1,105 | 1,544 | 1,544 |
| Intangible current assets | 12 | 0 | 0 | 0 | 0 |
| Financial assets | 7 | 0 | 0 | 0 | 0 |
| Cash and cash equivalents | 11 | 14,170 | 14,862 | 14,142 | 15,121 |
| **Total current assets** | | 75,673 | 76,336 | 73,154 | 73,879 |
| **Total assets** | | **1,312,439** | **1,360,986** | **1,226,412** | **1,276,142** |
| **Current liabilities** | | | | | |
| Trade and other payables | 13 | (230,369) | (230,463) | (201,935) | (201,995) |
| Other liabilities | 13 | (1,271) | (1,271) | (1,043) | (1,043) |
| Intangible current liabilities | 13 | 0 | 0 | 0 | 0 |
| Provisions | 15 | (22,604) | (22,604) | (18,171) | (18,171) |
| **Total current liabilities** | | (254,244) | (254,338) | (221,149) | (221,209) |
| **Total assets less current liabilities** | | **1,058,195** | **1,106,648** | **1,005,263** | **1,054,933** |
| **Non current liabilities** | | | | | |
| Provisions | 15 | (90,194) | (90,194) | (67,098) | (67,098) |
| Other payables > 1 year | 13 | (10,062) | (10,062) | (8,610) | (8,610) |
| Financial liabilities | 7 | 0 | 0 | 0 | 0 |
| **Total non current liabilities** | | (100,256) | (100,256) | (75,708) | (75,708) |
| **Total assets less total liabilities** | | **957,939** | **1,006,392** | **929,555** | **979,225** |
| **Taxpayers' Equity and other reserves** | | | | | |
| Revaluation reserve | | 280,454 | 280,454 | 215,451 | 215,451 |
| SoCNE reserve | | 677,485 | 677,485 | 714,104 | 714,104 |
| Other reserves - charitable fund | | 0 | 48,453 | 0 | 49,670 |
| **Total Equity** | | **957,939** | **1,006,392** | **929,555** | **979,225** |

The notes on pages 101 to 134 form part of these accounts.

The financial statements on pages 97 to 134 were approved by the Board on 7 June 2018 and were signed on its behalf by;

Signed: (Chairman) Date 7 June 2018

Signed: (Chief Executive) Date 7/6/2018.

## Consolidated Statement of Cash Flows for the year ended 31 March 2018

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

| | Note | 2018 £000s | 2017 £000s |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Net deficit after interest/Net operating cost | | (1,398,378) | (1,336,466) |
| Adjustments for non cash costs | | 92,705 | 84,009 |
| Increase in trade and other receivables | | (3,403) | (391) |
| *Less movements in receivables relating to items not passing through the NEA* | | | |
| Movements in receivables relating to the sale of property, plant and equipment | | 0 | 0 |
| Movements in receivables relating to the sale of intangibles | | 0 | 0 |
| Movements in receivables relating to finance leases | | 0 | 0 |
| Movements in receivables relating to PFI and other service concession arrangement contracts | | 0 | 0 |
| (Increase)/decrease in inventories | | 687 | (789) |
| Increase in trade payables | | 30,148 | 13,073 |
| *Less movements in payables relating to items not passing through the NEA* | | | |
| Movements in payables relating to the purchase of property, plant and equipment | | (4,142) | (16,803) |
| Movements in payables relating to the purchase of intangibles | | 0 | 0 |
| Movements in payables relating to finance leases | | 0 | 0 |
| Movements in payables relating to PFI and other service concession arrangement contracts | | 1,680 | (1,466) |
| Use of provisions | 15 | (11,438) | (11,346) |
| **Net cash outflow from operating activities** | | (1,292,141) | (1,270,179) |
| **Cash flows from investing activities** | | | |
| Purchase of property, plant & equipment | 5.1,5.2 | (59,479) | (29,305) |
| Purchase of intangible assets | 6.1,6.2 | (8,027) | (3,768) |
| Proceeds of disposal of property, plant & equipment | | 113 | 3 |
| Proceeds on disposal of intangibles | | 0 | 0 |
| Proceeds on disposal of assets held for resale | | 0 | 0 |
| Drawdown from investment fund | | 1,150 | 1,650 |
| Share of income reinvested | | (1,195) | (1,083) |
| **Net cash outflow from investing activities** | | (67,438) | (32,503) |
| **Cash flows from financing activities** | | | |
| Grant in aid | | 1,361,000 | 1,304,000 |
| Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements | | (1,680) | 1,466 |
| **Net cash inflow from financing activites** | | 1,359,320 | 1,305,466 |
| **Net increase/(decrease) in cash & cash equivalents in the period** | | (259) | 2,784 |
| **Cash & cash equivalents at the beginning of the period** | 11 | 15,121 | 12,337 |
| **Cash & cash equivalents at the end of the period** | 11 | 14,862 | 15,121 |

The notes on pages 101 to 134 form part of these accounts.

## Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2018

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

| | Note | SoCNE Reserve £000s | Revaluation Reserve £000s | Charitable Fund £000s | Total Equity £000s |
|---|---|---|---|---|---|
| **Balance at 1 April 2016** | | **745,056** | **195,658** | **42,550** | **983,264** |
| **Changes in Taxpayers' Equity 2016-17** | | | | | |
| Grant from DoH | | 1,304,000 | | | 1,304,000 |
| Transfers between reserves | | 1,675 | (1,675) | 0 | 0 |
| Comprehensive expenditure for the year | | (1,336,723) | 21,468 | 7,120 | (1,308,135) |
| Transfer of asset ownership | | 26 | 0 | 0 | 26 |
| Non cash charges - auditors remuneration | 3 | 70 | | | 70 |
| **Balance at 31 March 2017** | | **714,104** | **215,451** | **49,670** | **979,225** |
| **Changes in Taxpayers' Equity 2017-18** | | | | | |
| Grant from DoH | | 1,361,000 | | | 1,361,000 |
| Transfers between reserves | | 648 | (648) | 0 | 0 |
| Comprehensive expenditure for the year | | (1,398,327) | 65,651 | (1,217) | (1,333,893) |
| Transfer of asset ownership | | 0 | 0 | 0 | 0 |
| Non cash charges - auditors remuneration | 3 | 60 | | | 60 |
| **Balance at 31 March 2018** | | **677,485** | **280,454** | **48,453** | **1,006,392** |

## Notes to the Accounts for the year ended 31 March 2018

### Note 1 Statement of Accounting Policies

**1 Authority**

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

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to HSC Trusts. 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.

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

**1.1 Accounting Convention**

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

**1.2 Currency and Rounding**

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

**1.3 Property, Plant and Equipment**

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

**Recognition**

Property, plant and equipment must be capitalised if:

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

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

**Valuation of Land and Buildings**

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard. The valuation at 31 January 2015 was considered by LPS to be not materially different to 31 March 2018 and there has therefore been no change to the values used.

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

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

Fair values are determined as follows:

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

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

**Assets Under Construction (AUC)**
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use. The Trust has no borrowing costs and as such, no interest is capitalised in this respect.

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

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

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

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

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

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

**1.5 Impairment loss**
If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits, the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the Revaluation Reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an

impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the Revaluation Reserve.

**1.6 Subsequent expenditure**

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

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

**1.7 Intangible assets**

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

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

**Recognition**

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

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

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

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

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

Assets classified as held for sale are not depreciated.

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

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

**1.9 Inventories**

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

**1.10 Income**

Operating Income relates directly to the operating activities of the Trust and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

**Grant in aid**

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

**1.11 Investments**

The Trust does not have any investments.

**1.12 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 of interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

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

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

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

**The Trust as lessor**

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

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

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

DoF has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure, and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to

pay for it. The services received under the contract are recorded as operating expenses.

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

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

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

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

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

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

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

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

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

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

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

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

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

**Off Statement of Financial Position PFI**
The Trust has one off Statement of Financial Position PFI agreement where the asset has been determined under IFRS to belong to the contractor. The Trust does not have the asset on its Statement of Financial Position,

no payments to the contractor are made therefore no financial impact to the Trust is reflected in the Statement of Comprehensive Net Expenditure.

**1.16 Financial instruments**

**Financial Assets**
Financial assets are recognised in 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.

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

Financial liabilities are initially recognised at fair value.

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

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

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

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

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

**1.17 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 rate of:

| Rate | Time Period | Real rate |
|---|---|---|
| Short-term | 0-5 years | -2.42% |
| Medium-term | 5-10 years | -1.85% |
| Long-term | 10+ years | -1.56% |

As at 31 March 2018. The discount rate to be applied for employee early departure obligations is +0.10% with effect from 31 March 2018.

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

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

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

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

**1.18 Contingencies**

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.

**1.19 Employee benefits**

**Short-term employee benefits**

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

**Retirement benefit costs**

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

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

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

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

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

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

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

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

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

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

**1.26 Accounting standards that have been issued but have not yet been adopted**
Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

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

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

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

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

## Notes to the Accounts for the year ended 31 March 2018

### Note 2 Analysis of Net Expenditure by Segment

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

| TRUST ONLY | 2018 | | | 2017 | | |
|---|---|---|---|---|---|---|
| Directorate | Staff Costs £000s | Other Expenditure £000s | Total Expenditure £000s | Staff Costs £000s | Other Expenditure £000s | Total Expenditure £000s |
| Surgery and Specialist Services | 157,213 | 117,131 | 274,344 | 150,925 | 114,570 | 265,495 |
| Adult Social and Primary Care | 171,229 | 160,875 | 332,104 | 166,248 | 154,529 | 320,777 |
| Childrens; Community Services | 45,048 | 27,751 | 72,799 | 42,859 | 27,209 | 70,068 |
| Unscheduled & Acute Care | 230,912 | 102,415 | 333,327 | 219,835 | 99,483 | 319,318 |
| Specialist Hospitals and Women's Health | 127,547 | 51,358 | 178,905 | 124,981 | 55,559 | 180,540 |
| Patient and Client Support Services | 48,634 | 14,281 | 62,915 | 46,739 | 14,276 | 61,015 |
| Research & Development | 6,145 | 2,182 | 8,327 | 6,961 | 1,906 | 8,867 |
| Other Trust Service/Corporate Group | 60,577 | 77,714 | 138,291 | 48,104 | 73,756 | 121,860 |
| **Expenditure for Reportable Segments net of Non Cash Expenditure** | **847,305** | **553,707** | **1,401,012** | **806,652** | **541,288** | **1,347,940** |

| | | |
|---|---|---|
| Non cash expenditure | 88,101 | 79,694 |
| Total expenditure per net expenditure account | 1,489,113 | 1,427,634 |
| Income note 4 | 90,786 | 90,911 |
| Net expenditure | 1,398,327 | 1,336,723 |
| Revenue resource limit | 1,398,911 | 1,336,774 |
| **Surplus against RRL** | **584** | **51** |

## Notes to the Accounts for the year ended 31 March 2018

### Note 3 Operating Expenses

| | 2018 | | 2017 | |
|---|---|---|---|---|
| **Operating expenses are as follows:-** | **Trust £000s** | **Consolidated £000s** | **Trust £000s** | **Consolidated £000s** |
| Staff Costs [1] | | | | |
| Wage and salaries | 694,216 | 693,784 | 659,046 | 658,710 |
| Social security costs | 65,984 | 65,984 | 62,710 | 62,710 |
| Other pension costs | 87,105 | 87,105 | 84,896 | 84,896 |
| Purchase of care from non-HSC bodies | 155,701 | 155,701 | 156,485 | 156,485 |
| Revenue grants to voluntary organisations | 12,241 | 12,241 | 12,584 | 12,584 |
| Capital grants to voluntary organisations | 0 | 0 | 0 | 0 |
| Personal social services | 15,537 | 15,537 | 15,822 | 15,822 |
| Recharges from other HSC organisations | 3,731 | 3,731 | 3,367 | 3,367 |
| Supplies and services - Clinical | 244,945 | 244,925 | 234,091 | 234,076 |
| Supplies and services - General | 12,947 | 12,945 | 12,564 | 12,561 |
| Establishment | 11,890 | 11,890 | 11,601 | 11,601 |
| Transport | 3,609 | 3,609 | 3,376 | 3,376 |
| Premises | 54,680 | 54,591 | 51,193 | 50,932 |
| Bad debts | 385 | 385 | 854 | 854 |
| Rentals under operating leases | 700 | 700 | 728 | 728 |
| Interest charges | 1,398 | 1,398 | 1,302 | 1,302 |
| PFI and other service concession arrangements service charges | 9,363 | 9,363 | 9,220 | 9,220 |
| Clinical negligence - other expenditure | 0 | 0 | 0 | 0 |
| BSO services | 8,914 | 8,914 | 9,041 | 9,041 |
| Training | 2,823 | 2,783 | 2,548 | 2,517 |
| Professional fees | 0 | 0 | 0 | 0 |
| Patients travelling expenses | 881 | 881 | 986 | 986 |
| Costs of exit packages not provided for | 135 | 135 | 375 | 375 |
| Other charitable expenditure | 0 | 2,132 | 0 | 1,708 |
| Miscellaneous expenditure | 9,223 | 9,223 | 10,836 | 10,832 |
| **Non cash items** | | | | |
| Depreciation | 59,692 | 59,692 | 55,168 | 55,168 |
| Amortisation | 4,247 | 4,247 | 4,044 | 4,044 |
| Impairments | (10,164) | (10,164) | (6,859) | (6,859) |
| (Profit) on disposal of property, plant & equipment (excluding profit on land) | (97) | (97) | (3) | (3) |
| Provisions provided for in year | 40,287 | 40,287 | 32,861 | 32,861 |
| Cost of borrowing of provisions (unwinding of discount on provisions) | (1,320) | (1,320) | (1,323) | (1,323) |
| Auditors remuneration | 60 | 65 | 70 | 75 |
| Add back of notional charitable expenditure | 0 | (5) | 0 | (5) |
| **Total** | **1,489,113** | **1,490,662** | **1,427,634** | **1,428,692** |

*[1] 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).*

## Notes to the Accounts for the year ended 31 March 2018

### Note 4 Income

**4.1 Income from activities**

| | 2018 | | 2017 | |
|---|---|---|---|---|
| | Trust £000s | Consolidated £000s | Trust £000s | Consolidated £000s |
| GB/Republic of Ireland Health Authorities | 681 | 681 | 810 | 810 |
| HSC Trusts | 283 | 283 | 385 | 385 |
| Non-HSC:- Private patients | 3,619 | 3,619 | 3,665 | 3,665 |
| Non-HSC:- Other | 2,946 | 2,946 | 3,312 | 3,312 |
| Clients contributions | 37,148 | 37,148 | 37,127 | 37,127 |
| **Total** | **44,677** | **44,677** | **45,299** | **45,299** |

**4.2 Other operating income**

| | 2018 | | 2017 | |
|---|---|---|---|---|
| | Trust £000s | Consolidated £000s | Trust £000s | Consolidated £000s |
| Other income from non-patient services | 34,462 | 34,331 | 33,362 | 33,037 |
| Seconded staff | 6,854 | 6,561 | 6,374 | 6,238 |
| Charitable and other contributions to expenditure by core trust | 91 | 83 | 63 | 52 |
| Donations / Government grant / Lottery funding for non current assets | 1,432 | 1,333 | 1,659 | 1,219 |
| Charitable income received by charitable trust fund | 0 | 985 | 0 | 1,322 |
| Investment income | 0 | 1,195 | 0 | 1,083 |
| Research and development | 3,270 | 3,119 | 4,154 | 3,976 |
| Profit on disposal of land | 0 | 0 | 0 | 0 |
| **Total** | **46,109** | **47,607** | **45,612** | **46,927** |

**4.3 Deferred income**

| | 2018 | | 2017 | |
|---|---|---|---|---|
| | Trust £000s | Consolidated £000s | Trust £000s | Consolidated £000s |
| Income released from conditional grants | 0 | 0 | 0 | 0 |
| **Total** | **0** | **0** | **0** | **0** |

| | | | | |
|---|---|---|---|---|
| **Total Income** | **90,786** | **92,284** | **90,911** | **92,226** |

## Notes to the Accounts for the year ended 31 March 2018

### Note 5.1 Consolidated Property, Plant & Equipment - 2018

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

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

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure in respect of assets held under finance leases and hire purchase contracts is £0 (2017 £0).

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

| | 2018 £000s | 2017 £000s |
|---|---|---|
| Donations | 1,412 | 1,621 |
| Government grant | 0 | 0 |
| Lottery funding | 0 | 0 |

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

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

## Notes to the Accounts for the year ended 31 March 2018

### Note 5.2 Consolidated Property, Plant & Equipment - 2017

| | Land | Buildings (excluding dwellings) | Dwellings | Assets under Construction | Plant and Machinery (Equipment) | Transport Equipment | Information Technology (IT) | Furniture and Fittings | Total |
|---|---|---|---|---|---|---|---|---|---|
| | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| **Cost or Valuation** | | | | | | | | | |
| At 1 April 2016 | 99,525 | 911,645 | 33,648 | 25,282 | 183,474 | 8,514 | 47,210 | 8,253 | 1,317,551 |
| Indexation | 341 | 20,345 | 787 | 0 | 3,656 | 166 | 0 | 0 | 25,295 |
| Additions | 135 | 11,301 | 373 | 13,685 | 11,900 | 1,219 | 5,756 | 112 | 44,481 |
| Donations / Government grant / Lottery funding | 0 | 819 | 0 | 0 | 564 | 0 | 197 | 41 | 1,621 |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers | 0 | 33 | 0 | 0 | (277) | 0 | (85) | 240 | (89) |
| Revaluation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | (21) | (5) | 0 | (17) | 0 | 0 | 0 | (43) |
| Impairment charged to the revaluation reserve | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments (indexn) | 4,595 | 2,381 | 56 | 0 | 0 | 0 | 0 | 0 | 7,032 |
| Disposals | 0 | 0 | 0 | 0 | (24,303) | (36) | 0 | (3) | (24,342) |
| At 31 March 2017 | **104,596** | **946,503** | **34,859** | **38,967** | **174,997** | **9,863** | **53,078** | **8,643** | **1,371,506** |
| **Depreciation** | | | | | | | | | |
| At 1 April 2016 | 0 | 34,459 | 1,294 | 0 | 116,790 | 5,043 | 30,653 | 6,282 | 194,521 |
| Indexation | 0 | 1,281 | 51 | 0 | 2,385 | 110 | 0 | 0 | 3,827 |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers | 0 | 48 | 0 | 0 | (231) | 0 | (36) | 150 | (69) |
| Revaluation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | (1) | 0 | 0 | (11) | 0 | 0 | 0 | (12) |
| Impairment charged to the revaluation reserve | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments (indexn) | 0 | 139 | 3 | 0 | 0 | 0 | 0 | 0 | 142 |
| Disposals | 0 | 0 | 0 | 0 | (24,303) | (36) | 0 | (3) | (24,342) |
| Provided during the year | 0 | 31,518 | 1,128 | 0 | 15,099 | 900 | 5,975 | 548 | 55,168 |
| At 31 March 2017 | **0** | **67,444** | **2,476** | **0** | **109,729** | **6,017** | **36,592** | **6,977** | **229,235** |
| **Carrying Amount** | | | | | | | | | |
| At 31 March 2017 | **104,596** | **879,059** | **32,383** | **38,967** | **65,268** | **3,846** | **16,486** | **1,666** | **1,142,271** |
| At 1 April 2016 | **99,525** | **877,186** | **32,354** | **25,282** | **66,684** | **3,471** | **16,557** | **1,971** | **1,123,030** |
| **Asset financing** | | | | | | | | | |
| Owned | 104,596 | 879,059 | 32,383 | 38,967 | 43,724 | 3,846 | 16,486 | 1,666 | 1,120,727 |
| Finance leased | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| On B/S (SoFP) PFI and other service concession arrangements contracts | 0 | 0 | 0 | 0 | 21,544 | 0 | 0 | 0 | 21,544 |
| **Carrying Amount** | | | | | | | | | |
| At 31 March 2017 | **104,596** | **879,059** | **32,383** | **38,967** | **65,268** | **3,846** | **16,486** | **1,666** | **1,142,271** |
| **Asset financing** | | | | | | | | | |
| Owned | 99,525 | 877,186 | 32,354 | 25,282 | 44,491 | 3,471 | 16,557 | 1,971 | 1,100,837 |
| Finance leased | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| On B/S (SoFP) PFI and other service concession arrangements contracts | 0 | 0 | 0 | 0 | 22,193 | 0 | 0 | 0 | 22,193 |
| **Carrying Amount** | | | | | | | | | |
| At 1 April 2016 | **99,525** | **877,186** | **32,354** | **25,282** | **66,684** | **3,471** | **16,557** | **1,971** | **1,123,030** |
| **Carrying amount comprises:** | | | | | | | | | |
| Trust at 31 March 2018 | 109,825 | 921,361 | 33,989 | 68,873 | 66,929 | 3,631 | 16,139 | 1,252 | 1,221,999 |
| Charitable trust fund at 31 March 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 109,825 | 921,361 | 33,989 | 68,873 | 66,929 | 3,631 | 16,139 | 1,252 | 1,221,999 |
| Trust at 31 March 2017 | 104,596 | 879,059 | 32,383 | 38,967 | 65,268 | 3,846 | 16,486 | 1,666 | 1,142,271 |
| Charitable trust fund at 31 March 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 104,596 | 879,059 | 32,383 | 38,967 | 65,268 | 3,846 | 16,486 | 1,666 | 1,142,271 |
| Trust at 1 April 2016 | 99,525 | 877,186 | 32,354 | 25,282 | 66,684 | 3,471 | 16,557 | 1,971 | 1,123,030 |
| Charitable trust fund at 1 April 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 99,525 | 877,186 | 32,354 | 25,282 | 66,684 | 3,471 | 16,557 | 1,971 | 1,123,030 |

## Notes to the Accounts for the year ended 31 March 2018

### Note 6.1 Consolidated Intangible Assets - 2018

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

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:

| | 2018 £000s | 2017 £000s |
|---|---|---|
| Donations | 20 | 38 |
| Government grant | 0 | 0 |
| Lottery funding | 0 | 0 |

## Notes to the Accounts for the year ended 31 March 2018

### Note 6.2 Consolidated Intangible Assets - 2017

| | Software Licenses £000s | Information Technology £000s | Total £000s |
|---|---|---|---|
| **Cost or Valuation** | | | |
| At 1 April 2016 | 22,681 | 0 | 22,681 |
| Indexation | 0 | 0 | 0 |
| Additions | 3,684 | 0 | 3,684 |
| Donations / Government grant / Lottery funding | 38 | 0 | 38 |
| Reclassifications | 0 | 0 | 0 |
| Transfers | 116 | 0 | 116 |
| Revaluation | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | 0 | 0 |
| Impairment charged to the revaluation reserve | 0 | 0 | 0 |
| Disposals | 0 | 0 | 0 |
| At 31 March 2017 | **26,519** | **0** | **26,519** |
| **Amortisation** | | | |
| At 1 April 2016 | 11,419 | 0 | 11,419 |
| Indexation | 0 | 0 | 0 |
| Reclassifications | 0 | 0 | 0 |
| Transfers | 69 | 0 | 69 |
| Revaluation | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | 0 | 0 |
| Impairment charged to the revaluation reserve | 0 | 0 | 0 |
| Disposals | 0 | 0 | 0 |
| Provided during the year | 4,044 | 0 | 4,044 |
| At 31 March 2017 | **15,532** | **0** | **15,532** |
| **Carrying Amount** | | | |
| At 31 March 2017 | **10,987** | **0** | **10,987** |
| At 1 April 2016 | **11,262** | **0** | **11,262** |
| **Asset financing** | | | |
| Owned | 10,987 | 0 | 10,987 |
| Finance leased | 0 | 0 | 0 |
| On B/S (SoFP) PFI and other service concession arrangements contracts | 0 | 0 | 0 |
| **Carrying Amount** | | | |
| At 31 March 2017 | **10,987** | **0** | **10,987** |
| **Asset financing** | | | |
| Owned | 11,262 | 0 | 11,262 |
| Finance leased | 0 | 0 | 0 |
| On B/S (SoFP) PFI and other service concession arrangements contracts | 0 | 0 | 0 |
| **Carrying Amount** | | | |
| At 1 April 2016 | **11,262** | **0** | **11,262** |
| **Carrying amount comprises:** | | | |
| Trust at 31 March 2018 | 14,767 | 0 | 14,767 |
| Charitable trust fund at 31 March 2018 | 0 | 0 | 0 |
| | 14,767 | 0 | 14,767 |
| Trust at 31 March 2017 | 10,987 | 0 | 10,987 |
| Charitable trust fund at 31 March 2017 | 0 | 0 | 0 |
| | 10,987 | 0 | 10,987 |
| Trust at 1 April 2016 | 11,262 | 0 | 11,262 |
| Charitable trust fund at 1 April 2016 | 0 | 0 | 0 |
| | 11,262 | 0 | 11,262 |

## Notes to the Accounts for the year ended 31 March 2018

### Note 7 Financial Instruments

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

| | 2018 | | | 2017 | | |
|---|---|---|---|---|---|---|
| | Investments £000s | Assets £000s | Liabilities £000s | Investments £000s | Assets £000s | Liabilities £000s |
| Balance at 1 April | 49,005 | 0 | 0 | 42,709 | 0 | 0 |
| Additions | 1,195 | 0 | 0 | 1,083 | 0 | 0 |
| Disposals | (1,150) | 0 | 0 | (1,650) | 0 | 0 |
| Revaluations | (1,166) | 0 | 0 | 6,863 | 0 | 0 |
| Balance at 31 March | 47,884 | 0 | 0 | 49,005 | 0 | 0 |
| Trust | 0 | 0 | 0 | 0 | 0 | 0 |
| Charitable trust fund | 47,884 | 0 | 0 | 49,005 | 0 | 0 |
| | 47,884 | 0 | 0 | 49,005 | 0 | 0 |

**NOTE 7.1 Market value of investments as at 31 March 2018**

| | Held in UK £000s | Held outside UK £000s | 2018 Total £000s | 2017 Total £000s |
|---|---|---|---|---|
| Investment properties | 0 | 0 | 0 | 0 |
| Investments listed on Stock Exchange | 0 | 0 | 0 | 0 |
| Investments in CIF | 47,884 | 0 | 47,884 | 49,005 |
| Investments in a Common Deposit Fund or Investment Fund | 0 | 0 | 0 | 0 |
| Unlisted securities | 0 | 0 | 0 | 0 |
| Cash held as part of the investment portfolio | 0 | 0 | 0 | 0 |
| Investments in connected bodies | 0 | 0 | 0 | 0 |
| Other investments | 0 | 0 | 0 | 0 |
| **Total market value of fixed asset investments** | 47,884 | 0 | 47,884 | 49,005 |

The only financial instruments held directly by the Trust as at 31 March 2018 are cash, trade and other receivables and trade and other liabilities. Details of these can be seen at Notes 11, 12 and 13 respectively.

## Notes to the Accounts for the year ended 31 March 2018

### Note 8 Impairments

| | 2018 | | |
|---|---|---|---|
| | Property, plant & equipment £000s | Intangibles £000s | Total £000s |
| Total value of impairments for the year | (10,151) | 0 | (10,151) |
| Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement) | 13 | 0 | 13 |
| **Impairments charged / (credited) to Statement of Comprehensive Net Expenditure** | **(10,164)** | **0** | **(10,164)** |

| | 2017 | | |
|---|---|---|---|
| | Property, plant & equipment £000s | Intangibles £000s | Total £000s |
| Total value of impairments for the year | (6,859) | 0 | (6,859) |
| Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement) | 0 | 0 | 0 |
| **Impairments charged / (credited) to Statement of Comprehensive Net Expenditure** | **(6,859)** | **0** | **(6,859)** |

## Notes to the Accounts for the year ended 31 March 2018

### Note 9 Assets Classified as Held for Sale

| | Land | | Buildings | | Total | |
|---|---|---|---|---|---|---|
| | 2018 | 2017 | 2018 | 2017 | 2018 | 2017 |
| | £000s | £000s | £000s | £000s | £000s | £000s |
| **Cost** | | | | | | |
| At 1 April | 315 | 315 | 0 | 0 | 315 | 315 |
| Transfers in | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers out | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the revaluation reserve | 0 | 0 | 0 | 0 | 0 | 0 |
| (Disposals) | 0 | 0 | 0 | 0 | 0 | 0 |
| At 31 March | **315** | **315** | **0** | **0** | **315** | **315** |
| **Depreciation** | | | | | | |
| At 1 April | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers in | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers out | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the SoCNE | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairment charged to the revaluation reserve | 0 | 0 | 0 | 0 | 0 | 0 |
| (Disposals) | 0 | 0 | 0 | 0 | 0 | 0 |
| At 31 March | **0** | **0** | **0** | **0** | **0** | **0** |
| **Carrying amount at 31 March** | **315** | **315** | **0** | **0** | **315** | **315** |

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

During the year ended 31 March 2018, no properties were sold.

At 31 March 2018 non current assets held for resale comprise ;

- Land for Supported Housing Muckamore

## Notes to the Accounts for the year ended 31 March 2018

### Note 10 Inventories

| | 2018 | | 2017 | |
|---|---|---|---|---|
| | Trust | Consolidated | Trust | Consolidated |
| **Classification** | **£000s** | **£000s** | **£000s** | **£000s** |
| X-ray | 388 | 388 | 505 | 505 |
| Pharmacy supplies | 7,533 | 7,533 | 7,871 | 7,871 |
| Theatre equipment | 5,071 | 5,071 | 5,484 | 5,484 |
| Community care appliances | 141 | 141 | 123 | 123 |
| Laboratory materials | 881 | 881 | 777 | 777 |
| Fuel | 573 | 573 | 548 | 548 |
| Building & engineering supplies | 688 | 688 | 653 | 653 |
| Other | 1 | 1 | 2 | 2 |
| **Total** | **15,276** | **15,276** | **15,963** | **15,963** |

## Notes to the Accounts for the year ended 31 March 2018

### Note 11 Cash and Cash Equivalents

| | 2018 | | 2017 | |
|---|---|---|---|---|
| | Trust £000s | Consolidated £000s | Trust £000s | Consolidated £000s |
| Balance at 1st April | 14,142 | 15,121 | 11,490 | 12,337 |
| Net change in cash and cash equivalents | 28 | (259) | 2,652 | 2,784 |
| **Balance at 31st March** | **14,170** | **14,862** | **14,142** | **15,121** |

| | 2018 | | 2017 | |
|---|---|---|---|---|
| **The following balances at 31 March were held at** | Trust £000s | Consolidated £000s | Trust £000s | Consolidated £000s |
| Commercial banks and cash in hand | 14,170 | 14,862 | 14,142 | 15,121 |
| **Balance at 31st March** | **14,170** | **14,862** | **14,142** | **15,121** |

## Notes to the Accounts for the year ended 31 March 2018

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

| | 2018 | | 2017 | |
|---|---|---|---|---|
| **Amounts falling due within one year** | **Trust £000s** | **Consolidated £000s** | **Trust £000s** Restated | **Consolidated £000s** Restated |
| Trade receivables | 4,157 | 4,157 | 4,672 | 4,672 |
| VAT receivable | 17,091 | 17,091 | 13,404 | 13,404 |
| Other receivables - not relating to fixed assets | 23,021 | 23,024 | 22,534 | 22,404 |
| Other receivables - relating to property plant and equipment | 538 | 506 | 580 | 456 |
| **Trade and other receivables** | 44,807 | 44,778 | 41,190 | 40,936 |
| Prepayments and accrued income | 1,105 | 1,105 | 1,544 | 1,544 |
| **Other current assets** | 1,105 | 1,105 | 1,544 | 1,544 |
| Carbon reduction commitment | 0 | 0 | 0 | 0 |
| **Intangible current assets** | 0 | 0 | 0 | 0 |
| **Amounts falling due after more than one year** | | | | |
| Trade receivables | 0 | 0 | 0 | 0 |
| **Trade and other receivables** | 0 | 0 | 0 | 0 |
| Prepayments and accrued income | 0 | 0 | 0 | 0 |
| **Other current assets falling due after more than one year** | 0 | 0 | 0 | 0 |
| **Total trade and other receivables** | 44,807 | 44,778 | 41,190 | 40,936 |
| **Total other current assets** | 1,105 | 1,105 | 1,544 | 1,544 |
| **Total intangible current assets** | 0 | 0 | 0 | 0 |
| **Total receivables and other current assets** | **45,912** | **45,883** | **42,734** | **42,480** |

The balances are net of a provision for bad debts of £4,480k (2017 £4,581k)

## Notes to the Accounts for the year ended 31 March 2018

## Note 13 Trade Payables and Other Current Liabilities

### 13.1 Trade payables and other current liabilities

| | 2018 | | 2017 | |
|---|---|---|---|---|
| **Amounts falling due within one year** | **Trust £000s** | **Consolidated £000s** | **Trust £000s** Restated | **Consolidated £000s** Restated |
| Other taxation and social security | 29,563 | 29,563 | 26,330 | 26,330 |
| Trade capital payables - property, plant and equipment | 38,047 | 38,047 | 33,905 | 33,905 |
| Trade revenue payables | 102,196 | 102,196 | 79,532 | 79,532 |
| Payroll payables | 43,133 | 43,133 | 47,029 | 47,029 |
| Clinical negligence payables | 142 | 142 | 251 | 251 |
| BSO payables | 3,051 | 3,051 | 1,735 | 1,735 |
| Other payables | 5,188 | 5,282 | 5,405 | 5,465 |
| Deferred income | 9,049 | 9,049 | 7,748 | 7,748 |
| **Trade and other payables** | 230,369 | 230,463 | 201,935 | 201,995 |
| Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts | 1,271 | 1,271 | 1,043 | 1,043 |
| **Other current liabilities** | 1,271 | 1,271 | 1,043 | 1,043 |
| Carbon reduction commitment | 0 | 0 | 0 | 0 |
| **Intangible current liabilities** | 0 | 0 | 0 | 0 |
| **Total payables falling due within one year** | 231,640 | 231,734 | 202,978 | 203,038 |
| **Amounts falling due after more than one year** | | | | |
| Other payables, accruals and deferred income | 0 | 0 | 0 | 0 |
| Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts | 10,062 | 10,062 | 8,610 | 8,610 |
| **Total non current other payables** | 10,062 | 10,062 | 8,610 | 8,610 |
| **Total trade payables and other current liabilities** | **241,702** | **241,796** | **211,588** | **211,648** |

### Note 13.2 Loans

**Loans**

The Belfast Health and Social Care Trust did not have any loans payable at either 31 March 2018 or 31 March 2017.

## Notes to the Accounts for the year ended 31 March 2018

## Note 14 Prompt Payment Policy

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

The Department requires that Trusts pay their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The Trust's payment policy is consistent with the Better Payments Practice code and Government Accounting rules and its measure of compliance is:

| | 2018 Number | 2018 Value £000s | 2017 Number | 2017 Value £000s |
|---|---|---|---|---|
| Total bills paid | 487,656 | 729,264 | 479,937 | 670,399 |
| Total bills paid within 30 days of receipt of an undisputed invoice | 431,621 | 657,818 | 432,738 | 596,975 |
| % of bills paid within 30 days of receipt of an undisputed invoice | **88.5%** | **90.2%** | **90.2%** | **89.0%** |
| Total bills paid within 10 day target | 351,827 | 556,356 | 361,777 | 502,161 |
| % of bills paid within 10 day target | **72.1%** | **76.3%** | **75.4%** | **74.9%** |

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

| | 2018 £ |
|---|---|
| Amount of compensation paid for payment(s) being late | 0 |
| Amount of interest paid for payment(s) being late | 0 |
| **Total** | 0 |

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

## Notes to the Accounts for the year ended 31 March 2018

### Note 15 Provisions for Liabilities and Charges - 2018

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

| **Comprehensive Net Expenditure Account charges** | 2018 £000s | 2017 £000s |
|---|---|---|
| Arising during the year | 44,907 | 36,591 |
| Reversed unused | (4,620) | (3,730) |
| Cost of borrowing (unwinding of discount) | (1,320) | (1,323) |
| **Total charge within Operating expenses** | **38,967** | **31,538** |

**Analysis of expected timing of discounted flows**

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

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

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

## Notes to the Accounts for the year ended 31 March 2018

### 15.1 Provisions for Liabilities and Charges - 2017

| | Pensions relating to other staff £000s | Clinical negligence £000s | Other £000s | Total £000s |
|---|---|---|---|---|
| Balance at 1 April 2016 | 0 | 54,250 | 10,827 | 65,077 |
| Provided in year | 0 | 33,709 | 2,882 | 36,591 |
| (Provisions not required written back) | 0 | (2,619) | (1,111) | (3,730) |
| (Provisions utilised in the year) | 0 | (10,037) | (1,309) | (11,346) |
| Cost of borrowing (unwinding of discount) | 0 | (1,282) | (41) | (1,323) |
| At 31 March 2017 | **0** | **74,021** | **11,248** | **85,269** |

Provisions have been made for 5 types of potential liability: Clinical Negligence, Employers Liability and Public 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 Pensions Branch. For Clinical Negligence, Employer's and Public 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**

| | Pensions relating to other staff £000s | Clinical negligence £000s | Other £000s | Total £000s |
|---|---|---|---|---|
| Not later than one year | 0 | 16,058 | 2,113 | 18,171 |
| Later than one year and not later than five years | 0 | 17,911 | 1,656 | 19,567 |
| Later than five years | 0 | 40,052 | 7,479 | 47,531 |
| At 31 March 2017 | **0** | **74,021** | **11,248** | **85,269** |

## Notes to the Accounts for the year ended 31 March 2018

### Note 16 Capital Commitments

| | 2018<br>£000s | 2017<br>£000s |
|---|---|---|
| Contracted capital commitments at 31 March not otherwise included in these financial statements | | |
| Property, plant & equipment | 87,005 | 44,428 |
| Intangible assets | 0 | 0 |
| | 87,005 | 44,428 |

## Notes to the Accounts for the year ended 31 March 2018

## Note 17 Commitments Under Leases

### 17.1 Operating Leases

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

| Obligations under operating leases comprise | 2018 £000s | 2017 £000s |
|---|---|---|
| **Land** | | |
| Not later than 1 year | 0 | 0 |
| Later than 1 year and not later than 5 years | 0 | 0 |
| Later than 5 years | 0 | 0 |
| | **0** | **0** |
| **Buildings** | | |
| Not later than 1 year | 362 | 351 |
| Later than 1 year and not later than 5 years | 1,012 | 1,011 |
| Later than 5 years | 250 | 428 |
| | **1,624** | **1,790** |
| **Other** | | |
| Not later than 1 year | 129 | 139 |
| Later than 1 year and not later than 5 years | 100 | 201 |
| Later than 5 years | 0 | 0 |
| | **229** | **340** |

### 17.2 Finance Leases

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

### 17.3 Operating Leases

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

| Obligations under operating leases issued by the Trust comprise | 2018 £000s | 2017 £000s |
|---|---|---|
| **Land & Buildings** | | |
| Not later than 1 year | 639 | 712 |
| Later than 1 year and not later than 5 years | 467 | 748 |
| Later than 5 years | 1,467 | 1,505 |
| | **2,573** | **2,965** |
| **Other** | | |
| Not later than 1 year | 0 | 0 |
| Later than 1 year and not later than 5 years | 0 | 0 |
| Later than 5 years | 0 | 0 |
| | **0** | **0** |

## Notes to the Accounts for the year ended 31 March 2018

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

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

| | 2018 £000s | 2017 £000s |
|---|---|---|
| Estimated capital value of the PFI schemes | | |
| Carparks | 0 | 3,200 |
| | **0** | **3,200** |

Contract start date : 01/04/1996
Contract end date : 27/10/2017 (1)

The Trust had a PFI arrangement for the provision of a carpark at the Royal Group of Hospitals site. The contract with Carpark Services ended on 27 October 2017, the asset reverted to The Trust and is now included in Note 5.1, Property, Plant and Equipment with a revalued NBV of £1.32m as at 31 March 2018.

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

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of on-balance sheet (SoFP) PFI or other service concession transactions was £9,363k (2017: £9,220k). Total future obligations under on-balance sheet PFI and other service concession arrangements are given in the table below for each of the following periods:

| **Minimum lease payments** | 2018 £000s | 2017 £000s |
|---|---|---|
| Due within one year | 3,242 | 2,955 |
| Due later than one year and not later than five years | 10,778 | 11,483 |
| Due later than five years | 12,165 | 11,978 |
| **Total** | 26,185 | 26,416 |
| Less interest element | 12,655 | 14,053 |
| **Present value** | **13,530** | **12,363** |

| **Service elements due in future periods** | 2018 £000s | 2017 £000s |
|---|---|---|
| Due within one year | 1,785 | 1,557 |
| Due later than one year and not later than five years | 5,565 | 5,821 |
| Due later than five years | 6,180 | 4,985 |
| **Total service elements due in future periods** | **13,530** | **12,363** |

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

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

## Notes to the Accounts for the year ended 31 March 2018

### Note 19 Other Financial Commitments

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

### Note 20 Financial Guarantees, Indemnities and Letters of Comfort

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

The Belfast Health and Social Care Trust did not have any financial instruments at either 31 March 2018 or 31 March 2017.

### Note 21 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.

| | 2018<br>£000s | 2017<br>£000s |
|---|---|---|
| Clinical negligence | 4,291 | 3,657 |
| Public liability | 65 | 41 |
| Employers' liability | 368 | 204 |
| Accrued leave | 0 | 0 |
| Injury benefit | 0 | 0 |
| Other | 5 | 5 |
| Total | **4,729** | **3,907** |

A new discount rate which courts must consider when awarding compensation for future financial losses in a lump sum in personal injury cases came into effect in England and Wales in March 2017. The Department of Justice has power to prescribe the discount rate for Northern Ireland (in consultation with the Government Actuary and the Department of Finance). The discount rate has been under active consideration by the Department but any change requires secondary legislation and has not been taken forward in the absence of a Minister. As such, it has not been possible at this time to quantify the potential impact on the Belfast Health and Social Care Trust of any change in the discount rate.

## Notes to the Accounts for the year ended 31 March 2018

### Note 22 Related Party Transactions

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

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

**HSC Bodies**

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

**Non Executive Directors**

Some of the Trust's Non-Executive Directors have disclosed interests with organisations which the Trust purchased services from or supplied services to during 2017-18. Set out below are details of the amount paid to these organisations during 2017-18. In none of these cases listed did the Non-Executive Directors have any involvement in the decisions to procure the services from the organisations concerned.

| | Service Provided by Organisation | Payments to Related Party £000s | Income from Related Party £000s | Amounts owed to Related Party £000s | Amounts due from Related Party £000s |
|---|---|---|---|---|---|
| **2017-18** | | | | | |
| Northern Ireland Water | Water Services | 1,573 | 0 | 104 | 0 |
| Bryson Energy | Environmental Services | 34 | 0 | 0 | 0 |
| Pharmaceutical Society NI | Regulatory and professional body | 1 | 0 | 0 | 0 |
| University of Ulster | Education & Training | 233 | 226 | 9 | 91 |
| Queens Nursing Institute | Nursing Charity | 1 | 0 | 0 | 0 |
| Royal College of Nursing | Nursing Practice & Education | 28 | 0 | 2 | 0 |
| NI Medical Dental Training Agency | Postgraduate Medical Education | 1 | 1,973 | 0 | 5 |
| NI Social Care Council | Social Care Practice & Education | 0 | 8 | 0 | 0 |
| Northern Ireland Fire & Rescue Service | Fire & Rescue Services | 0 | 18 | 0 | 0 |
| Queens University Belfast | Joint appointments, premises, research | 6,775 | 4,177 | 1,574 | 901 |
| **2016-17** | | | | | |
| Northern Ireland Water | Water Services | 1,765 | 0 | 0 | 0 |
| Bryson Energy | Environmental Services | 104 | 0 | 0 | 0 |
| Pharmaceutical Society NI | Regulatory and professional body | 0 | 0 | 0 | 0 |
| University of Ulster | Education & Training | 130 | 78 | 10 | 23 |
| Queens Nursing Institute | Nursing Charity | 0 | 0 | 0 | 0 |
| Royal College of Nursing | Nursing Practice & Education | 6 | 0 | 0 | 0 |
| NI Medical Dental Training Agency | Postgraduate Medical Education | 2 | 1,588 | 0 | 4 |
| NI Social Care Council | Social Care Practice & Education | 0 | 7 | 0 | 0 |
| Northern Ireland Fire & Rescue Service | Fire & Rescue Services | 0 | 18 | 0 | 0 |
| Queens University Belfast | Joint appointments, premises, research | 6,505 | 4,310 | 680 | 1,088 |

## Notes to the Accounts for the year ended 31 March 2018

**Note 22 Related Party Transactions (Cont'd)**

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

Mr P McNaney (Chairman) is a Non Executive Director of Northern Ireland Water and Bryson House, and Chairman of Bryson Energy
Prof M Bradley (Non-Executive Director ) is a visiting Professor Nursing for University of Ulster; is a Fellow of Royal College of Nursing and the Queens Nursing Institute; and is a Council member for the Pharmaceutical Society of NI.

Ms M Karp (Non-Executive Director) is a Lay Representative with Northern Ireland Medical & Dental Training Agency

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

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

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

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

**Other Board Members and Senior Managers**

In a similar way, some other Trust Board members and Senior Managers have disclosed interests in organisations from which the Trust purchased services in 2017-18. The details are set out below. Again, the officers listed had no involvement in the decisions to procure the services from the organisations concerned.

| | Service Provided by Organisation | Payments to Related Party | Income from Related Party | Amounts owed to Related Party | Amounts due from Related Party |
|---|---|---|---|---|---|
| **2017-18** | | **£000s** | **£000s** | **£000s** | **£000s** |
| National Children's Bureau | Publications & Education | 6 | 0 | 2 | 0 |
| Employers for Childcare Charitable Group | Childcare Charity | 0 | 0 | 0 | 0 |
| **2016-17** | | | | | |
| National Children's Bureau | Publications & Education | 8 | 0 | 5 | 0 |
| Employers for Childcare Charitable Group | Childcare Charity | 110 | 0 | 0 | 0 |

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

Mr C Worthington (Director of Social Work & Children's Community Services) is a Non Executive Director for the National Children's Bureau
Mrs J Kennedy (Interim Director of Human Resources) is a Board Member of Employers for Childcare Charitable Group

## Note 23 Third Party Assets

The Trust held £2,750,583 Cash at bank and in hand and £3,603,635 short term investments at 31 March 2018 which relates to monies held by the Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts. A separate audited account of these monies is maintained by the Trust.

## Notes to the Accounts for the year ended 31 March 2018

## Note 24 Financial Performance Targets

### 24.1 Revenue Resource Limit

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

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

| | 2018 Total £000s | 2017 Total £000s |
|---|---|---|
| HSCB | 1,278,726 | 1,225,599 |
| PHA | 14,251 | 13,769 |
| SUMDE & NIMDTA | 19,594 | 19,747 |
| DoH (excludes non cash) | 0 | 0 |
| Other Government Departments | 0 | 0 |
| Non cash RRL (from DoH) | 88,101 | 79,694 |
| **Total agreed RRL** | 1,400,672 | 1,338,809 |
| Adjustment for income received re Donations / Government grant / Lottery funding for non current assets | (1,432) | (1,659) |
| Adjustment for PFI and other service concession arrangements/IFRIC 12 | (498) | (849) |
| Adjustment for research and development under ESA10 | 169 | 473 |
| **Total Revenue Resource Limit to Statement Comprehensive Net Expenditure** | 1,398,911 | 1,336,774 |

### 24.2 Capital Resource Limit

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

| | 2018 Total £000s | 2017 Total £000s |
|---|---|---|
| Gross capital expenditure | 71,648 | 49,824 |
| Less charitable trust fund capital expenditure | (1,432) | (1,659) |
| Less IFRIC 12/PFI and other service concession arrangements spend | (6,270) | (3,184) |
| (Receipts from sales of fixed assets) | (15) | 0 |
| Net capital expenditure | 63,931 | 44,981 |
| Capital Resource Limit | 64,107 | 45,459 |
| Adjustment for research and development under ESA10 | (169) | (473) |
| Underspend against CRL | (7) | (5) |

## Notes to the Accounts for the year ended 31 March 2018

### 24.3 Financial Performance Targets

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

| | 2018 £000s | 2017 £000s |
|---|---|---|
| Net Expenditure | (1,398,327) | (1,336,723) |
| RRL | 1,398,911 | 1,336,774 |
| Surplus against RRL | 584 | 51 |
| Break Even cumulative position(opening) | 634 | 583 |
| Break Even cumulative position (closing) | 1,218 | 634 |

**Materiality Test:**

| | 2018 % | 2017 % |
|---|---|---|
| Break Even in year position as % of RRL | 0.04% | 0.00% |
| Break Even cumulative position as % of RRL | 0.09% | 0.05% |

## Notes to the Accounts for the year ended 31 March 2018

### Note 25 Post Balance Sheet Events

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

### Note 26 Date Authorised For Issue

The Accounting Officer authorised these financial statements for issue on 22 June 2018.

# Account of monies held on behalf of Patients/Residents for the year ended 31 March 2018

## Accounts for the year ended 31 March 2018

### Statement of Trusts Responsibilities in relation to Patients/Residents Monies

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

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

# Financial Statements

## Accounts for the year ended 31 March 2018

### Account of Monies held on behalf of Patients/Residents

| Previous Year | RECEIPTS | | |
|---|---|---|---|
| £ | | £ | £ |
| | Balance at 1 April 2017 | | |
| 4,585,713 | 1. Investments (at cost) | 4,599,911 | |
| 1,039,669 | 2. Cash at Bank | 1,258,243 | |
| 11,160 | 3. Cash in Hand | 16,033 | 5,874,187 |
| 3,170,947 | Amounts Received in the Year | | 3,455,192 |
| 14,198 | Interest Received | | 3,724 |
| **8,821,687** | **TOTAL** | | **9,333,103** |
| | **PAYMENTS** | | |
| 2,947,500 | Amounts Paid to or on behalf of Patients/Residents | | 2,978,885 |
| | Balance at 31 March 2018 | | |
| 4,599,911 | 1. Investments (at cost) | 3,603,635 | |
| 1,258,243 | 2. Cash at Bank | 2,728,443 | |
| 16,033 | 3. Cash in Hand | 22,140 | 6,354,218 |
| **8,821,687** | **TOTAL** | | **9,333,103** |

**Schedule of investments held at 31 March 2018**

| Cost Price £ | Investment | Nominal Value £ | Cost Price £ |
|---|---|---|---|
| 4,599,911 | Bank of Ireland | | 3,603,635 |

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** Maureen Edwards

**Date** 7 June 2018

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

**Chief Executive** Mai Dillon

**Date** 7/6/18.

**BELFAST HEALTH AND SOCIAL CARE TRUST – PATIENTS' AND RESIDENTS' MONIES**

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

**Opinion on account**

I certify that I have audited the Belfast Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2018 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of the Belfast Health and Social Care Trust for the year ended 31 March 2018 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

**Opinion on regularity**

In my opinion, in all material respects the financial transactions recorded in the account statements conform to the authorities which govern them.

**Basis of opinions**

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

**Responsibilities of the Trust for the account**

As explained more fully in the Statement of Trust's Responsibilities in relation to patients'/residents' monies, the Trust is responsible for the preparation of the account.

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

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

I am required 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 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the 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 kept; 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; or

**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*

*22 June 2018*